

BATCH DETAIL CONTROL LISTING REPORT (MB001 REPORTS)
SUMMARY OF ERROR MESSAGES FOR X12N 837 4010A1
FOR MEDICARE B - AK, AZ, MT, ND, OR, SD, UT, WA, WY

Report Date 04/15/2011

Edit Number	Loop/Data Element	Name	Description	Edit Logic	EditTypes Claim delete (C) Batch delete (B) File delete (F)	
M001		ISA13	Interchange Control Number	Duplicate File	The interchange Control number in the ISA13 and the Reference Identification in the BHT03 must be unique within the file. The Date in the BHT04 must be expressed in the CCYYMMDD format.	F
M002	Before Loop	DTP01	Date Time Qualifier	Missing/invalid value	The date submitted in the GS04 cannot be a future date. Contact EDISS.	F
M003	Before Loop	DTP02	Date Time Period Format Qualifier	Missing/invalid value	The System-Generated Date Time Period Qualifier must equal D8. Contact EDI Support Services.	F
M005	Before Loop	BHT06	Hierarchical Claim	Edit is set if value is not claim (CH)	Ensure that the BHT in the file is equal to CH.	F
M007	1000A	NM109	Submitter Identifier	Submitter not on file	The submitter id submitted in the NM109 in the Submitter name information is not present on PCF. Please contact EDISS for assistance.	F
M008	2000A	HL01	Hierarchical Id Number	HL edit is set if value is not in order +1	Ensure that the Hierarchical id starts with "1" and is incremented by one each time and HL is used in the transaction. Only numeric values are allowed in HL01.	B
M009	2000A	CUR02	Currency Code	Edit is set if segment is submitted.	Ensure there is no country code present in the Foreign Currency Information.	B
M010	2010AA	REF01	Billing Provider Reference Identification Qualifier	Medicare Prov qual (1C) missing	Providers must submit their Medicare group provider number in the Billing Provider information if they are not submitting the NPI.	B
M011	2010AA	REF01	Billing Provider Reference Identification Qualifier	Med multi qual 1C	Providers may only submit one Medicare group number in the Billing Provider information.	B
M012	2010AA	REF02	Billing Provider Additional Identifier	Billing prov not on file	Please contact EDISS to be set up for this transaction.	B
M013	2010AA	REF02	Billing Provider Additional Identifier	Submitter/billing prov not on file	Please contact EDISS to be set up for this transaction.	B
M016	2010AB	REF01	Pay-To Provider Reference Identification Qualifier	Med multi qual 1c	Providers may only submit one Medicare group number in the Pay-To Provider information.	B

M017	2010AB	REF02	Pay-To Provider Identifier	Prov not on file	Please contact EDISS to be set up for this transaction.	B
M019	2000B	SBR02	Subscriber Individual Relationship Code	Edit is set if value is not self (18)	Ensure that the patient's individual relationship code is equal to 18 (self).	C
M020	2000B	SBR05	Subscriber Insurance Type Code	Value required if Medicare second	Ensure that if the claim is a Medicare Secondary Payer claim that the insurance type code is equal to one of the following values: 12, 13, 14, 15, 16, 41, 42, 43, or 47.	C
M021	2000B	SBR09	Subscriber Claim Filing Indicator Code	Edit is set if value is not Medicare part b (MB)	Ensure that the claim filing code is equal to MB for a Medicare part B claim.	C
M022	2010BA	NM102	Subscriber Entity Type Qualifier	Invalid Medicare value	Ensure that the Entity Type Qualifier in the patient information is equal to 1 (person).	C
M023	2010BA	NM104	Subscriber First Name	Subscriber first name required	Ensure that the patient's first name is included in the patient information.	C
M024	2010BA	NM108	Subscriber Identification Code Qualifier	HIC number qualifier missing	Ensure that the Identification Qualifier preceding the patient's medicare number is MI.	C
M026	2010BA	REF01	Subscriber Reference Identification Qualifier	Invalid Medicare value	Ensure that if a Secondary Identification Number is submitted for a patient, the qualifier is equal to one of the following values: 23 (Client Number) or IG (Insurance Policy Number).	C
M031	2300	CLM02	Total Claim Charge Amount	Must equal sum line charges	Ensure that the total claim amount equals the sum of all of the line charges.	C
M032	2300	CLM02	Total Claim Charge Amount	Max value 99,999.99	The total claim amount cannot exceed 99,999.99.	C
M033	2300	CLM05-3	Claim Frequency Code	Medicare conditions	The Claim Frequency Type Code must equal 1 (original).	C
M034	2300	DTP03	Initial Treatment Date	Cannot be a future date	Ensure that the Initial Treatment Date is not a future date.	C
M035	2300	DTP03	Initial Treatment Date	Edit is set if value is not 19xx or 20xx	The Initial Treatment Date must begin with either 19xx or 20xx.	C
M036	2300	DTP03	Initial Treatment Date	Edit is set if value is not valid date	Ensure that the Initial Treatment Date is a valid date.	C
M037	2300	DTP03	Last Seen Date	Cannot be a future date	Ensure that the Date Last Seen is not a future date.	C
M038	2300	DTP03	Last Seen Date	Edit is set if value is not 19xx or 20xx	Ensure that the Date Last Seen begins with either 19xx or 20xx.	C
M039	2300	DTP03	Last Seen Date	Edit is set if value is not valid date	Ensure that the Date Last Seen is a valid date.	C
M040	2300	DTP03	Acute Manifestation Date	Cannot be a future date	Ensure that the Acute Manifestation Date is not a future date.	C
M041	2300	DTP03	Acute Manifestation Date	Edit is set if value is not 19xx or 20xx	The Acute Manifestation Date must begin with either 19xx or 20xx.	C
M042	2300	DTP03	Acute Manifestation Date	Edit is set if value is not valid date	Ensure that the Acute Manifestation Date is a valid date.	C
M043	2300	DTP03	Last X-Ray Date	Cannot be a future date	Ensure that the Last X-Ray Date is not a future date.	C

M044	2300	DTP03	Last X-Ray Date	Edit is set if value is not 19xx or 20xx	The Last X-Ray Date must begin with either 19xx or 20xx.	C
M045	2300	DTP03	Last X-Ray Date	Edit is set if value is not valid date	Ensure that the Last X-Ray Date is a valid date.	C
M046	2300	DTP03	Related Hospitalization Admission Date	Cannot be a future date	Ensure that the Admission Date is not a future date.	C
M047	2300	DTP03	Related Hospitalization Admission Date	Edit is set if value is not 19xx or 20xx	The Admission Date must begin with either 19xx or 20xx.	C
M048	2300	DTP03	Related Hospitalization Admission Date	Edit is set if value is not valid date	Ensure that the Admission Date is a valid date.	C
M049	2300	DTP03	Related Hospitalization Discharge Date	Cannot be a future date	Ensure that the Discharge Date is not a future date.	C
M050	2300	DTP03	Related Hospitalization Discharge Date	Edit is set if value is not 19xx or 20xx	The Discharge Date must begin with either 19xx or 20xx.	C
M051	2300	DTP03	Related Hospitalization Discharge Date	Edit is set if value is not valid date	Ensure that the Discharge Date is a valid date.	C
M052	2300	AMT01	Credit/Debit Amount Qualifier Code	Invalid Medicare value	Ensure that the Credit/Debit Card Maximum Amount information was not submitted in the claim.	C
M054	2300	AMT02	Patient Amount Paid	Cannot be negative	Ensure that the Patient Paid Amount in the claim is not a negative dollar amount.	C
M055	2300	AMT02	Patient Amount Paid	Max value 99,999.99	Ensure that the Patient Paid Amount does not exceed 99,999.99.	C
M057	2300	REF02	Demonstration Project Identifier	Invalid demo num	Ensure that the Demonstration Project ID is valid.	C
M058	2300	REF02	Clinical Trial Registry Number	Invalid clinical trial number	REF01 is equal to P4 AND the REF02 value is greater than 2 positions in length AND is not 8 positions in length OR the REF02 value is 8 positions in length but contains non-numeric values.	
M059	2300	REF02	Payer Assigned Control Number	Req element missing	Ensure that the Payer Assigned Control number is in the file.	C
M062	2320	SBR	Other Subscriber Information	Subsc seg not found in 2320 loop	Ensure that if other payers are known to potentially be involved in paying on this claim, they are listed.	C
M063	2320	SBR05	Insurance Type Code	Missing/invalid value	Ensure that the Insurance Type Code does not equal MB.	C
M065	2320	AMT02	Payer Paid Amount	D qualifier max value 99,999.99 or translator error switch value = X	Ensure that the Primary Payer Paid amount does not exceed 99,999.99.	C
M066	2320	AMT02	COB Allowed Amount	Max value 99,999.99	Ensure that the Coordination of Benefits does not exceed 99,999.99.	C
M067	2400	SV101-1	Product Or Service Id Qualifier	Procedure qual edit is set if value is not HC	Ensure that the Service ID Qualifier is equal to HC for this service line.	C
M068	2400	SV102	Line Item Charge Amount	Cannot be negative	Ensure that the Line Item Charge is not a negative number.	C

M069	2400	SV102	Line Item Charge Amount	Max value 99,999.99	Ensure that the Line Item Charge does not exceed 99,999.99.	C
M071	2400	SV104	Service Unit Count	Max value ,999.9 ; or 9999999.999	Ensure that the Service Unit Count does not exceed 99,999.99.	C
M072	2400	CR3	Durable Medical Equipment Certification	Not valid for Medicare	Ensure that the Durable Medical Equipment Certification number is not present.	C
M073	2400	CR5	Home Oxygen Therapy Information	Not valid for Medicare	Ensure that the Home Oxygen Therapy Information is not present.	C
M074	2400	CRC01	Code Category	Invalid Medicare value	Ensure that if the claim is for ambulance services, the Ambulance Certification is preceded by a 07 qualifier.	C
M075	2400	DTP03	Service Date	Value is not 19/20xx	The Service Date must begin with 19xx or 20xx.	C
M076	2400	DTP03	Service Date	Value is not valid date	Ensure that the Service Date is a valid date.	C
M077	2400	DTP03	Service Date	Cannot be future date	Ensure that the Service Date is not a future date.	C
M078	2400	DTP03	Service Date	Value is not 19/20xx	Dates within the Service Date Range must begin with 19xx or 20xx.	C
M079	2400	DTP03	Service Date	Value is not valid date	Ensure that dates within the Service Date Range are valid dates.	C
M080	2400	DTP03	Service Date	Cannot be future date	Ensure that the Acute Manifestation Date is not a future date.	C
M081	2400	DTP03	Referral Date	Cannot be future date	Ensure that the Referral Date is not a future date.	C
M082	2400	DTP03	Referral Date	Value is not 19xx or 20xx	The Referral Date must begin with 19xx or 20xx.	C
M083	2400	DTP03	Begin Therapy Date	Cannot be future date	Ensure that the Begin Therapy Date is not a future date.	C
M084	2400	DTP03	Begin Therapy Date	Edit is set if value is not 19xx or 20xx	Ensure that the Begin Therapy Date begins with either a 19xx or 20xx.	C
M085	2400	DTP03	Last Seen Date	Cannot be future date	Ensure that the Last Seen Date is not a future date.	C
M086	2400	DTP03	Last Seen Date	Edit is set if value is not 19xx or 20xx	The Last Seen Date must begin with 19xx or 20xx.	C
M087	2400	DTP03	Test Performed Date	Cannot be future date	Ensure that the Test Performed Date is not a future date.	C
M088	2400	DTP03	Test Performed Date	Edit is set if value is not 19xx or 20xx	The Test Performed Date must begin with 19xx or 20xx.	C
M089	2400	DTP03	Test Performed Date	Edit is set if value is not valid date	Ensure that the Test Performed Date is a valid date.	C
M090	2400	DTP03	Last X-Ray Date	Cannot be future date	Ensure that the Last X-Ray Date is not a future date.	C
M091	2400	DTP03	Last X-Ray Date	Edit is set if value is not 19xx or 20xx	The Last X-Ray Date must begin with 19xx or 20xx.	C
M092	2400	DTP03	Last X-Ray Date	Edit is set if value is not valid date	Ensure that the Last X-Ray Date is a valid date.	C

M093	2400	DTP03	Acute Manifestation Date	Cannot be future date	Ensure that the Acute Manifestation Date is not a future date.	C
M094	2400	DTP03	Acute Manifestation Date	Edit is set if value is not 19xx or 20xx	The Acute Manifestation Date must begin with either 19xx or 20xx.	C
M095	2400	DTP03	Acute Manifestation Date	Edit is set if value is not valid date	Ensure that the Acute Manifestation Date is a valid date.	C
M096	2400	DTP03	Initial Treatment Date	Cannot be future date	Ensure that the Initial Treatment Date is not a future date.	C
M097	2400	DTP03	Initial Treatment Date	Edit is set if value is not 19xx or 20xx	The Initial Treatment Date must begin with either 19xx or 20xx.	C
M098	2400	DTP03	Initial Treatment Date	Edit is set if value is not valid date	Ensure that the Initial Treatment Date is a valid date.	C
M099	2400	PS102	Purchased Service Charge Amount	Cannot be negative	Ensure that the Purchased Service Amount is not a negative number.	C
M100	2400	PS102	Purchased Service Charge Amount	Max value 99,999.99	The Purchased Service Amount cannot exceed 99,999.99	C
M102	2420C	REF02	Service Facility Location Secondary Identifier	Med multi qual 1c	Ensure that there is only one occurrence of the Service Facility Location Medicare number in the transaction.	C
M103	2420D	REF01	Supervising Provider Reference Identification Qualifier	Only one 1g qualifier	Ensure that there is only one occurrence of the Supervising Provider's Upin in the transaction.	C
M105	2420F	REF01	Referring Provider Secondary Reference Identification Qualifier	Only one 1g qualifier	Ensure that there is only one occurrence of the Referring Provider's Upin in the transaction.	C
M106	2000B	HL01	Subscriber Hierarchical Id Number	HL edit is set if value is not in order +1	Ensure that the first instance of the Subscriber Hierarchical ID number is 1, and each instance thereafter is incremented.	C
M107	2000C	HL01	Patient Hierarchical Id Number	Med hl edit is set if value is not in order +1	Ensure that the first instance of the Patient Detail Hierarchical ID number is 1, and each instance thereafter is incremented.	C
M108	2300	REF	Payer Assigned Control Number	Exceeds max segment/qualifier count	Only one System-Generated Payer Assigned Control Number can be present. Contact EDI Support Services.	C
M111	Before Loop	DTP	Date – Receipt Date	Max seg exceeded	Only one System-Generated Receipt Date can be present. Contact EDI Support Services.	F
M112	2400	DTP	Date – Certification Revision Date	Not valid for Medicare	Do not send the line level Certification Revision Date.	C
M113	2400	PWK	DMERC CMN Indicator	Not valid for Medicare	Do not send the line level DMERC CMN Indicator.	C
M121	2300	CLM02	Total Claim Charge Amount	Cannot be negative	The total claim amount cannot be a negative number.	C
M122	2300	AMT02	Total Purchased Service Amount	Max value 99,999.99	The claim level Total Purchased Service Amount cannot exceed 99,999.99.	C
M123	2300	AMT02	Total Purchased Service Amount	Cannot be negative	The claim level Total Purchased Service Amount cannot be a negative number.	C

M124	2320	AMT02	Payer Paid Amount	D qualifier cannot be negative	The claim level Coordination of Benefits (COB) Payer Paid Amount cannot be a negative number.	C
M125	2320	SBR01	Payer Responsibility Sequence Number Code	If 2320/sbr01 = p then 2320/amt01, d qualifier is required	If the claim level Other Subscriber is Primary, the claim level Coordination of Benefits (COB) Payer Paid Amount must be present.	C
M126	2320	SBR01	Payer Responsibility Sequence Number Code	If 2000b/sbr01 = t; if 2320/sbr01=por s then 2320/amt01, d qualifier is required	The claim level Coordination of Benefits (COB) Payer Paid Amount must be present.	C
M129	2320	AMT02	COB Allowed Amount	Cannot be negative	The claim level Coordination of Benefits (COB) Allowed Amount cannot be a negative number.	C
M130	2400	MEA02	Test Result Measurement Qualifier	Medicare conditions	The line level Test Result Measurement Measurement Qualifier must be equal to CON, GRA, or ZO.	C
M131	2000B	SBR01	Payer Responsibility Sequence Number Code	If 2000b/sbr01 = s then must have 2320/sbr01 = p	If the claim is Medicare Secondary, the claim level Other Subscriber (Primary Payer) must be present.	C
M132	2000B	SBR01	Payer Responsibility Sequence Number Code	If 2000b/sbr01 = t then must have 2320/sbr01 = p and 2320/sbr01 = s	If the claim is Medicare Tertiary, the claim level Other Subscriber (Primary or Secondary Payer) must be present.	C
M133	2400	SV103	Unit of Measure Code	If 2400 SV101-3 thru SV101-6 contains anesthesia modifier then 2400 SV103 must contain MJ	If the Service Line contains an Anesthesia Modifier, then the Units or Basis for Measurement Code must be MJ (Minutes).	C
M135	2300	HI01-2	Diagnosis Code	Invalid diag format	Invalid claim level Diagnosis code.	C
M136	2300	HI02-2	Diagnosis Code	Invalid diag format	Invalid claim level Diagnosis code.	C
M137	2300	HI03-2	Diagnosis Code	Invalid diag format	Invalid claim level Diagnosis code.	C
M138	2300	HI04-2	Diagnosis Code	Invalid diag format	Invalid claim level Diagnosis code.	C
M139	2300	HI05-2	Diagnosis Code	Invalid diag format	Invalid claim level Diagnosis code.	C
M140	2300	HI06-2	Diagnosis Code	Invalid diag format	Invalid claim level Diagnosis code.	C
M141	2300	HI07-2	Diagnosis Code	Invalid diag format	Invalid claim level Diagnosis code.	C
M142	2300	HI08-2	Diagnosis Code	Invalid diag format	Invalid claim level Diagnosis code.	C
M143	2320	SBR01	Payer Responsibility Sequence Number Code	Only one primary allowed	Only one Other Subscriber (Primary Payer) can be present at the claim level.	C
M144	2320	SBR01	Payer Responsibility Sequence Number Code	Only one secondary allowed	Only one Other Subscriber (Secondary Payer) can be present at the claim level.	C
M145	2320	SBR01	Payer Responsibility Sequence Number Code	If 2000b/sbr01=t, then 2320/sbr01 must = p	If the claim is Medicare Tertiary, the claim level Other Subscriber (Primary Payer) must be present.	C
M146	2320	SBR01	Payer Responsibility Sequence Number Code	If 2000b/sbr01=t, then 2320/sbr01 must = s	If the claim is Medicare Tertiary, the claim level Other Subscriber (Secondary Payer) must be present.	C
M147	2400	SV101-2	Procedure Code	Invalid proc format	Invalid line level Procedure Code.	C
M148	2400	DTP03	Service Date	Invalid range date	Invalid line level Date of Service.	C
M149	2400	DTP03	Referral Date	Valid date	Invalid line level Referral Date.	C

M150	2400	DTP03	Last Seen Date	Edit is set if value is not valid date	Invalid line level Date Last Seen.	C
M151	---	ISA	Interchange Control Header	Must have at least one valid claim	There must be at least one valid claim submitted.	F
M152	2000A	HL	Billing/Pay-To Provider Hierarchical Level	Must have at least one valid claim	There must be at least one valid claim submitted.	B
M153	2400	DTP04	Begin Therapy Date	Valid date	Invalid line level Begin Therapy Date.	C
M154	2320	SBR05	Insurance Type Code	Invalid primary ins	If the claim level Other Subscriber Payer Responsibility is Primary, then the Insurance Type Code cannot be equal to CP, MB, MC, MI or MP.	C
M155	2400	SV102	Line Item Charge Amount	Decimal placement error	Only 2 decimals are allowed for the line level Service Line Item Charge Amount.	C
M157	2430	CAS03	Adjustment Amount	Max value 99,999.99	The line level Line Adjudication Adjustment Amount cannot exceed 99,999.99.	C
M158	2430	CAS03	Adjustment Amount	Decimal placement error	Only 2 decimals allowed for the line level Line Adjudication Adjustment Amount.	C
M159	2430	CAS06	Adjustment Amount	Max value 99,999.99	The line level Line Adjudication Adjustment Amount cannot exceed 99,999.99.	C
M160	2430	CAS06	Adjustment Amount	Decimal placement error	Only 2 decimals allowed for the line level Line Adjudication Adjustment Amount.	C
M161	2430	CAS09	Adjustment Amount	Max value 99,999.99	The line level Line Adjudication Adjustment Amount cannot exceed 99,999.99.	C
M162	2430	CAS09	Adjustment Amount	Decimal placement error	Only 2 decimals allowed for the line level Line Adjudication Adjustment Amount.	C
M163	2430	CAS12	Adjustment Amount	Max value 99,999.99	The line level Line Adjudication Adjustment Amount cannot exceed 99,999.99.	C
M164	2430	CAS12	Adjustment Amount	Decimal placement error	Only 2 decimals allowed for the line level Line Adjudication Adjustment Amount.	C
M165	2430	CAS15	Adjustment Amount	Max value 99,999.99	The line level Line Adjudication Adjustment Amount cannot exceed 99,999.99.	C
M166	2430	CAS15	Adjustment Amount	Decimal placement error	Only 2 decimals allowed for the line level Line Adjudication Adjustment Amount.	C
M167	2430	CAS18	Adjustment Amount	Max value 99,999.99	The line level Line Adjudication Adjustment Amount cannot exceed 99,999.99.	C
M168	2430	CAS18	Adjustment Amount	Decimal placement error	Only 2 decimals allowed for the line level Line Adjudication Adjustment Amount.	C
M169	2300	CLM02	Total Claim Charge Amount	Decimal placement error	Only 2 decimals allowed for the claim level Total Claim Charge Amount.	C
M170	2300	AMT02	Patient Amount Paid	Decimal placement error	Only 2 decimals allowed for the line level Line Adjudication Adjustment Amount.	C
M171	2300	AMT02	Total Purchased Service Amount	Decimal placement error	Only 2 decimals allowed for the claim level Purchased Service Charge Amount.	C
M172	2320	AMT02	Payer Paid Amount	Decimal placement error	Only 2 decimals allowed for the claim level Payer Paid Amount.	C

M173	2320	AMT02	COB Allowed Amount	Decimal placement error	Only 2 decimals allowed for the claim level Coordination of Benefits (COB) Allowed Amount.	C
M174	2400	SV104	Service Unit Count	Decimal placement error	Only 2 decimals allowed for the line level Service Unit Count (International Units).	C
M176	2400	PS102	Purchased Service Charge Amount	Decimal placement error	Only 2 decimals allowed for the line level Purchased Service Charge Amount.	C
M187	2000C	HL01	Hierarchical ID Number	Not Valid for Medicare	Do not send Dependent Patient Information for Medicare claims.	C
M188	2010CA	NM1	Patient Name	Not Valid for Medicare	Do not send Dependent Patient Information for Medicare claims.	C
M189		ST	Transaction Set	HL Seg Not Numeric	Ensure that the first Heirachical ID number is 1, and each instance thereafter is incremented.	F
M190		ST	Transaction Set	HL Seg Out of Sequence	Ensure that the first Heirachical ID number is 1, and each instance thereafter is incremented.	F
M191	2000A	HL01	Hierarchical ID Number	HL Seg Not Numeric	Ensure that the first Heirachical ID number is 1, and each instance thereafter is incremented.	B
M192	2000B	HL01	Hierarchical ID Number	HL Seg Not Numeric	Ensure that the first Heirachical ID number is 1, and each instance thereafter is incremented.	C
M193	2000C	HL01	Hierarchical ID Number	HL Seg Not Numeric	Ensure that the first Heirachical ID number is 1, and each instance thereafter is incremented.	C
M194	2320	AMT02	Claim Primary Payer Paid Amount	Sum of detail Primary Payer Paid amount does not equal claim Primary Payer Paid amount	If the claim level Payer Paid Amout and Line Adjudication information are sent, the claim level Payer Paid Amount must equal the line level Service Line Paid Amount.	C
M195	2320	AMT02	Claim Primary Payer Allowed Amount	Sum of detail Primary Payer Allowed amount does not equal claim Primary Payer Allowed amount	If Medicare is Primary or Secondary, the line level Approved Amount must equal the line level Coordination of Benefits (COB) Allowed Amount.	C
M196	2300	CN102	Claim OTAF Amount	Sum of detail OTAF amount does not equal claim OTAF amount	When claim level Contract Information is sent, the claim level Contract Amount does not equal the line level Contract Amount.	C
M197	2300	CN102	Claim OTAF Amount	Negative OTAF Amount	The claim level Contract Amount cannot be a negative number.	C
M198	2400	AMT02	Detail Primary Payer Allowed Amount	Negative 2400/AMT02 Amount	The line level Approved Amount cannot be a negative number.	C
M199	2400	CN102	Detail OTAF Amount	Negative 2400/ CN102, CN101=09 Amount	The line level Contract Amount cannot be a negative number.	C
M200	2430	SVD02	Detail Primary Payer Paid Amount	Negative 2430/SVD02 Amount	The line level Line Adjudication Primary Payer Paid Amount cannot be a negative number.	C
M201	2000B	PAT08	Patient Weight	Max Value 999,999.99	The Patient Weight cannot exceed 999,999.99	C
M202	2000B	PAT08	Patient Weight	Decimal placement error	Only 2 decimals are allowed for the Patient Weight.	C
M203	2300	CN102	Contract Amount	Cannot be negative	Claim level Contract Information cannot be negative numbers.	C

M204	2300	HCP02	Repriced Allowed Amount	Cannot be negative	The claim level Repriced Allowed Amount cannot be a negative number.	C
M205	2300	HCP03	Repriced Saving Amount	Cannot be negative	The claim level Repriced Savings Amount cannot be a negative number.	C
M206	2300	HCP05	Repricing Per Diem or Flat Rate Amount	Cannot be negative	The claim level Repriced Per Diem Amount cannot be a negative number.	C
M207	2300	HCP07	Repriced Approved Ambulatory Patient Group Amount	Cannot be negative	The claim level Repriced Approved Ambulatory Patient Group Amount cannot be a negative number.	C
M214	2320	AMT02	Approved Amount	Cannot be negative	The claim level Approved Amount cannot be a negative number.	C
M222	2320	MOA01	Reimbursement Rate	Max Value 999.99	The claim level Medicare Outpatient Adjudication Information Reimbursement Rate cannot exceed 9.99.	C
M223	2320	MOA01	Reimbursement Rate	Decimal placement error	Only 2 decimals allowed for the claim level Medicare Outpatient Adjudication Information Reimbursement Rate.	C
M224	2320	MOA02	HCPCS Payable Amount	Max Value 99,999.99	The claim level Medicare Outpatient Adjudication Information HCPCS Payable Amount cannot exceed 99,999.99.	C
M225	2320	MOA02	HCPCS Payable Amount	Decimal placement error	Only 2 decimals allowed for the claim level Medicare Outpatient Adjudication Information HCPCS Payable Amount.	C
M226	2320	MOA02	HCPCS Payable Amount	Cannot be negative	The claim level Medicare Outpatient Adjudication Information HCPCS Payable Amount cannot be a negative number.	C
M227	2320	MOA08	End Stage Renal Disease Payment Amount	Max Value 99,999.99	The claim level Medicare Outpatient Adjudication Information ESRD Payment Amount cannot exceed 99,999.99	C
M228	2320	MOA08	End Stage Renal Disease Payment Amount	Decimal placement error	Only 2 decimals allowed for the claim level Medicare Outpatient Adjudication Information ESRD Payment Amount.	C
M229	2320	MOA08	End Stage Renal Disease Payment Amount	Cannot be negative	The claim level Medicare Outpatient Adjudication Information ESRD Payment Amount cannot be a negative number.	C
M230	2320	MOA09	Non-Payable Professional Component Billed Amount	Max Value 99,999.99	The claim level Medicare Outpatient Adjudication Information Non-Payable Professional Component Billed Amount cannot exceed 99,999.99.	C
M231	2320	MOA09	Non-Payable Professional Component Billed Amount	Decimal placement error	Only 2 decimals allowed for the claim level Medicare Outpatient Adjudication Information Non-Payable Professional Component Billed Amount.	C

M232	2320	MOA09	Non-Payable Professional Component Billed Amount	Cannot be negative	The claim level Medicare Outpatient Adjudication Information Non-Payable Professional Component Billed Amount cannot be a negative number.	C
M233	2400	CN102	Contract Amount	Cannot be negative	Line level Contract Information cannot be negative numbers.	C
M234	2300	CR102	Patient Weight	Max value 999	The claim/line level Ambulance Transport Information Patient Weight cannot exceed 999.	C
M235	2300	CR106	Transport Distance	Max value 9999	The claim/line level Ambulance Transport Information Ambulance Transport Distance cannot exceed 9999.	C
M236	2400	AMT02	Sales Tax Amount	Cannot be negative	The line level Sales Tax Amount cannot be a negative number.	C
M238	2400	HCP02	Repriced Allowed Amount	Cannot be negative	The line level Repriced Allowed Amount cannot be a negative number.	C
M239	2400	HCP03	Repriced Saving Amount	Cannot be negative	The line level Repriced Savings Amount cannot be a negative number.	C
M240	2400	HCP05	Repricing Per Diem or Flat Rate Amount	Cannot be negative	The line level Repriced Per Diem Amount cannot be a negative number.	C
M241	2400	HCP07	Repriced Approved Ambulatory Patient Group Amount	Cannot be negative	The line level Repriced Approved Ambulatory Patient Group Amount cannot be a negative number.	C
M242	2400	MEA03	Test Result	Max Value 999 or 99.9	The line level Test Result Measurement Qualifier	C
M249	2430	SVD05	Paid Service Unit Count	Max Value 99,999.99	The line level Line Adjudication Paid Service Unit Count cannot exceed 99,999.99.	C
M250	2430	SVD05	Paid Service Unit Count	Decimal placement error	Only 2 decimals allowed for the line level Line Adjudication Adjustment Amount.	C
M251	2440	FRM05	Question Response	Max Value 999.9	The line level Supporting Documentation Question Response cannot exceed 999.9.	C
M252	2440	FRM05	Question Response	Decimal placement error	Only one decimal is allowed for the line level Supporting Documentation Question Response.	C
M253	2300	CR206	Treatment Period Count	Max value 999	The claim level Spinal Manipulation Service Treatment Period Count cannot exceed 999.	C
M254	2300	CR207	Monthly Treatment Count	Max value 99	The claim level Spinal Manipulation Service Monthly Treatment Count cannot exceed 99.	C
M255	2300	CR202	Treatment Count	Max value 999	The claim level Spinal Manipulation Service Treatment Series Total cannot exceed 999.	C
M256	2400	CR102	Patient Weight	Max value 999	The claim level Ambulance Transport Patient Weight cannot exceed 999.	C
M257	2400	CR106	Transport Distance	Max value 9999	The claim level Ambulance Transport Distance cannot exceed 9999.	C
M258	2320	AMT02	Other Payer Patient Paid Amount	Max Value 99,999.99	The claim level Coordination of Benefits (COB) Patient Responsibility Amount cannot exceed 99,999.99.	C

M259	2400	CR202	Treatment Count	Max value 999	The line level Spinal Manipulation Service Treatment Series Count must not exceed 999.	C
M260	2400	CR206	Treatment Period Count	Max value 999	The line level Spinal Manipulation Service Treatment Period Count must not exceed 999.	C
M261	2400	CR207	Monthly Treatment Count	Max value 99	The line level Spinal Manipulation Service Monthly Treatment Count cannot exceed 99.	C
M262	2400	HCP12	Repriced Approved Service Unit Count DA	Max Value 999	If the line level Line Pricing/Repricing Information Unit or Basis for Measurement equals DA, then the Repriced Approved Service Unit Count cannot exceed 999.	C
M263	2400	HCP12	Repriced Approved Service Unit Count UN	Max value 999.9	If the line level Line Pricing/Repricing Information Unit or Basis for Measurement equals UN, then the Repriced Approved Service Unit Count cannot exceed 999.9.	C
M264	2400	HCP12	Repriced Approved Service Unit Count UN	Decimal placement error	Only 2 decimals are allowed for the Repriced Approved Service Unit Count if the line level Line Pricing/Repricing Information Unit or Basis for Measurement equals UN.	C
M265	2400	QTY02	Anesthesia Modifying Units	Max value 99	The line level Anesthesia Modifying Units cannot exceed 99.	C
M267	2410	CTP03	Unit Price	Greater than zero	The line level Drug Pricing Drug Unit Price must be greater than zero.	C
M268	2400	SV504	Monetary Amount	Zero or greater than zero	The line level Durable Medical Equipment Service DME Rental Price must be greater than zero.	C
M269	2400	SV505	Monetary Amount	Zero or greater than zero	The line level Durable Medical Equipment Service DME Purchase Price must be greater than zero.	C
M270	2400	SV503	DME Quantity	Max value	The line level Durable Medical Equipment Service Length of Medical Necessity cannot exceed 999.	C
M271	2400	MEA03	Test Result	Decimal placement	The line level Test Result Measurement Value is incorrect for the Measurement Qualifier R1, R2, or R4.	C
M286	2400	SV101 – 3-6	Procedure Modifier	Invalid length	Invalid line level Procedure Modifier.	C
M287	2430	SVD03 – 3-6	Procedure Modifier	Invalid length	Invalid line level Procedure Modifier.	C
M288	1000A	PER04	Communication number	PER04 data invalid	Invalid Contact Telephone or Fax Number.	F
M289	1000A	PER06	Communication number	PER06 data invalid	Invalid Contact Telephone or Fax Number Extension.	F
M290	1000A	PER08	Communication number	PER08 data invalid	Invalid Contact Telephone or Fax Number Extension.	F
M291	2010AA	PER04	Communication number	PER04 data invalid	Invalid Contact Telephone or Fax Number.	B
M292	2010AA	PER06	Communication number	PER06 data invalid	Invalid Contact Telephone or Fax Number Extension.	B
M293	2010AA	PER08	Communication number	PER08 data invalid	Invalid Contact Telephone or Fax Number Extension.	B

M294	2330B	PER04	Communication number	PER04 data invalid	Invalid Contact Telephone or Fax Number.	C
M295	2330B	PER06	Communication number	PER06 data invalid	Invalid Contact Telephone or Fax Number Extension.	C
M296	2330B	PER08	Communication number	PER08 data invalid	Invalid Contact Telephone or Fax Number Extension.	C
M297	2420E	PER04	Communication number	PER04 data invalid	Invalid Contact Telephone or Fax Number.	C
M298	2420E	PER06	Communication number	PER06 data invalid	Invalid Contact Telephone or Fax Number Extension.	C
M299	2420E	PER08	Communication number	PER08 data invalid	Invalid Contact Telephone or Fax Number Extension.	C
M300	2400	REF01	CLIA Facility ID	F4 not valid w/o modifier 90	If the line level Referring Clinical Laboratory Improvement Amendment (CLIA) Facility Identification is sent, the line level Procedure Modifier 90 must be present, or if the line level Procedure Modifier 90 is sent then the line level Referring CLIA must be present.	C
M301	2400	AMT01/AAE	Approved Amount	Required element missing	If the line level Approved Amount is sent, the line level Line Adjudication Service Line Paid Amount must be present.	C
M302	2300	CN1	Claim Level	Required element missing	If the claim level Contract Information is sent, the claim level Coordination of Benefits (COB) Payer Paid Amount or line level Line Adjudication Service Line Paid Amount must be present.	C
M303	2400	CN1	Contract Information	Required element missing	If the line level Contract Information is sent, the claim level Coordination of Benefits (COB) Payer Paid Amount or line level Line Adjudication Service Line Paid Amount must be present.	C
M304	2320	MT/01/B6 and AMT01	Allowed/Payer Paid Amounts	Required elements missing	If the line level Coordination of Benefits (COB) Allowed Amount and the COB Payer Paid Amount is sent, either the line level Approved Amount or the line level Line Adjudication Service Line Paid Amount (but not both) must be present.	C
M310	2300	3-2HI04-2 HI05-2 HI0	Invalid diagnosis code	Invalid diagnosis code	There must be at least one line level diagnosis pointer per claim.	C
M311	2300	3-2 HI04-2 HI05-2 HI	Invalid diagnosis code	Invalid diagnosis code	Invalid line level Diagnosis Code.	C
M312	2320	AMT01	Invalid MSP amounts	2320/AMT invalid	Invalid claim level Coordination of Benefits (COB) Payer Paid Amount and/or COB Allowed Amount.	C
M313	2410	REF02	Reject Physician Claim	Missing Data	If the line level Procedure Modifier is equal to J1 (Cap No-Pay for Prescription Num), then the line level Prescription Number must be present.	C
M314	2010 AA	NM109	Billing Provider primary Identifier	Unable to identify the provider	The NPI submitted for the Billing Provider must contain ten numeric values.	B

M315	2010 AB	NM109	Pay-To Provider primary Identifier	Unable to identify the provider	The NPI submitted for the Pay-To Provider must contain ten numeric values.	B
M316	2310A	NM109	Referring Provider primary Identifier	Unable to identify the provider	The NPI submitted for the Referring Provider at the claim level must contain ten numeric values.	C
M317	2310B	NM109	Rendering Provider primary Identifier	Unable to identify the provider	The NPI submitted for the Rendering Provider at the claim level must contain ten numeric values.	C
M318	2310C	NM109	Purchased Service Provider primary Identifier	Unable to identify the provider	The NPI submitted for the Purchased Service Provider at the claim level must contain ten numeric values.	C
M319	2310D	NM109	Service Facility Provider primary Identifier	Unable to identify the provider	The NPI submitted for the Service Facility Location at the claim level must contain ten numeric values.	C
M320	2310E	NM109	Supervising Provider primary Identifier	Unable to identify the provider	The NPI submitted for Supervising Provider at the claim level must contain ten numeric values.	C
M321	2420A	NM109	Rendering Provider primary Identifier	Unable to identify the provider	The NPI submitted for the Rendering Provider at the service line level must contain ten numeric values.	C
M322	2420B	NM109	Purchased Service Provider primary Identifier	Unable to identify the provider	The NPI submitted for the Purchased Service Provider at the service line level must contain ten numeric values.	C
M323	2420C	NM109	Service Facility Provider primary Identifier	Unable to identify the provider	The NPI submitted for the Service Facility Location at the service line level must contain ten numeric values.	C
M324	2420D	NM109	Supervising Provider primary Identifier	Unable to identify the provider	The NPI submitted for the Supervising Provider at the service line level must contain ten numeric values.	C
M325	2420E	NM109	Ordering Provider primary Identifier	Unable to identify the provider	The NPI submitted for the Ordering Provider at the service line level must contain ten numeric values.	C
M326	2420F	NM109	Referring Provider primary Identifier	Unable to identify the provider	The NPI submitted for the Referring Provider at the service line level must contain ten numeric values.	C
M327	2010 AA	NM109	Billing Provider primary Identifier	Invalid NPI check digit	Ensure that the NPI submitted for the Billing Provider is a valid NPI.	B
M328	2010 AB	NM109	Pay-To Provider primary Identifier	Invalid NPI check digit	Ensure that the NPI submitted for the Pay-To Provider is a valid NPI.	B
M329	2310A	NM109	Referring Provider primary Identifier	Invalid NPI check digit	Ensure that the NPI submitted for the Referring Provider at the claim level is a valid NPI.	C
M330	2310B	NM109	Rendering Provider primary Identifier	Invalid NPI check digit	Ensure that the NPI submitted for the Rendering Provider at the claim level is a valid NPI.	C

M331	2310C	NM109	Purchased Service Provider primary Identifier	Invalid NPI check digit	Ensure that the NPI submitted for the Purchased Service Provider at the claim level is a valid NPI.	C
M332	2310D	NM109	Service Facility Provider primary Identifier	Invalid NPI check digit	Ensure that the NPI submitted for the Service FacilityLocation at the claim level is a valid NPI.	C
M333	2310E	NM109	Supervising Provider primary Identifier	Invalid NPI check digit	Ensure that the NPI submitted for the Supervising Provider at the claim level is a valid NPI.	C
M334	2420A	NM109	Rendering Provider primary Identifier	Invalid NPI check digit	Ensure that the NPI submitted for the Rendering Provider at the service line level is a valid NPI.	C
M335	2420B	NM109	Purchased Service Provider primary Identifier	Invalid NPI check digit	Ensure that the NPI submitted for the Purchased Service Provider at the service line level is a valid NPI.	C
M336	2420C	NM109	Service Facility Provider primary Identifier	Invalid NPI check digit	Ensure that the NPI submitted for the Service Facility Location at the service line level is a valid NPI.	C
M337	2420D	NM109	Supervising Provider primary Identifier	Invalid NPI check digit	Ensure that the NPI submitted for the Supervising Provider at the service line level is a valid NPI.	C
M338	2420E	NM109	Ordering Provider primary Identifier	Invalid NPI check digit	Ensure that the NPI submitted for the Ordering Provider at the service line level is a valid NPI.	C
M339	2420F	NM109	Referring Provider primary Identifier	Invalid NPI check digit	Ensure that the NPI submitted for the Referring Provider at the line level is a valid NPI.	C
M340	2010 AA	REF02 / NM109	Billing Provider Identifier	Invalid Value	Ensure that the NPI profile for the Billing NPI being sent in the file contains the same provider name, address, legacy number, and tax id or social security number that you enrolled with Medicare. The NPI profile is located on the NPPES website at https	B
M341	2010 AB	REF02 / NM109	Pay-To Provider Identifier	Invalid Value	Ensure that the NPI profile for the Pay-To NPI being sent in the file contains the same provider name, address, legacy number, and tax id or social security number that you enrolled with Medicare. The NPI profile is located on the NPPES website at https:	B
M343	2310B	REF02 / NM109	Rendering Provider Identifier	Required element missing	Ensure that the NPI profile for the Rendering NPI being sent at the claim level contains the same provider name, address, legacy number, and tax id or social security number that you enrolled with Medicare. The NPI profile is located on the NPPES website	C

M347	2420A	REF02 / NM109	Rendering Provider Identifier	Invalid Value	Ensure that the NPI profile for the Rendering NPI being sent at the line level contains the same provider name, address, legacy number, and tax id or social security number that you enrolled with Medicare. The NPI profile is located on the NPPES website	C
M352	1000A	PER06	Communication number	PER06 data invalid	Ensure that the phone or fax number submitted in the Submitter EDI Contact Information is ten numeric. No special characters, such as dashes or parenthesis, should be included in the phone number.	F
M353	1000A	PER08	Communication number	PER08 data invalid	Ensure that the phone or fax number submitted in the Submitter EDI Contact Information is ten numeric. No special characters, such as dashes or parenthesis, should be included in the phone number.	F
M354	2010AA	PER06	Communication number	PER06 data invalid	Ensure that the phone or fax number submitted in the Billing Provider Contact Information is ten numeric. No special characters, such as dashes or parenthesis, should be included in the phone number.	B
M355	2010AA	PER08	Communication number	PER08 data invalid	Ensure that the phone or fax number submitted in the Billing Provider Contact Information is ten numeric. No special characters, such as dashes or parenthesis, should be included in the phone number.	B
M356	2330B	PER06	Communication number	PER06 data invalid	Ensure that the phone or fax number submitted in the Rendering Provider Contact Information at the claim level is ten numeric. No special characters, such as dashes or parenthesis, should be included in the phone number.	C
M357	2330B	PER08	Communication number	PER08 data invalid	Ensure that the phone or fax number submitted in the Rendering Provider Contact Information at the claim level is ten numeric. No special characters, such as dashes or parenthesis, should be included in the phone number.	C
M358	2420E	PER06	Communication number	PER06 data invalid	Ensure that the phone or fax number submitted in the Ordering Provider Contact Information at the line level is ten numeric. No special characters, such as dashes or parenthesis, should be included in the phone number.	C
M359	2420E	PER08	Communication number	PER08 data invalid	Ensure that the phone or fax number submitted in the Ordering Provider Contact Information at the line level is ten numeric. No special characters, such as dashes or parenthesis, should be included in the phone number.	C

M360	1000B	NM109	Receiver Primary Identifier	Invalid Value	Correct carrier number needs to be sent for each state: The designated values can be located in the Carrier Code Listing at http://www.edissweb.com/docs/cgp/carrier_codes.pdf	F
M361	2410	REF01	Reject Missing Data	Missing data	Ensure that if an NDC Code is being submitted, that the Product or Service ID Qualifier being submitted equals N4.	C
M362	2010AA	REF02	Billing Provider Additional Identifier	Invalid value	Ensure that the Social Security Number or Tax ID being submitted in the Billing Provider information is being sent in the correct, nine numeric format.	F
M363	2010AB	REF02	Pay-To Provider Secondary Identification	Invalid Value	Ensure that the Social Security Number or Tax ID being submitted in the Pay-To Provider information is being sent in the correct, nine numeric format.	F
M364	2310A	REF02	Referring Provider Secondary Identifier	Invalid Value	Ensure that the Social Security Number or Tax ID being submitted in the Referring Provider information at the claim level is being sent in the correct, nine numeric format.	C
M365	2310B	REF02	Rendering Provider Secondary Identifier	Invalid Value	Ensure that the Tax ID being submitted in the Rendering Provider information at the claim level is being sent in the correct, nine numeric format.	C
M366	2310C	REF02	Purchased Service Provider Secondary Identifier	Invalid Value	Ensure that the Social Security Number or Tax ID being submitted in the Purchased Service Provider information at the claim level is being sent in the correct, nine numeric format.	C
M367	2310E	REF02	Supervising Provider Secondary Identifier	Invalid Value	Ensure that the Tax ID being submitted in the Supervising Provider information at the claim level is being sent in the correct, nine numeric format.	C
M368	2330D	REF02	Other Payer Referring Provider Identification	Invalid Value	Ensure that the Tax ID being submitted in the Other Payer Referring Provider information is being submitted in the correct nine numeric format.	C
M369	2330E	REF02	Other Payer Rendering Provider Secondary Identifier	Invalid Value	Ensure that the Tax ID being submitted in the Other Payer Rendering Provider information is being submitted in the correct nine numeric format.	C
M370	2330F	REF02	Other Payer Purchased Service Provider Identifier	Invalid Value	Ensure that the Tax ID being submitted in the Other Payer Purchased Service Provider information is being submitted in the correct nine numeric format.	C

M371	2420C	REF02	Service Facility Location Secondary Identification	Invalid Value	Ensure that the Reference Identification Qualifier being submitted for the Service Facility Location Secondary Identification is TJ, and that the Federal Taxpayer's Identification Number is being submitted in the correct nine numeric format.	C
M372	2330H	REF02	Other Payer Supervising Provider Identifier	Invalid Value	Ensure that the Reference Identification Qualifier being submitted for the Other Payer Supervising Provider Secondary Identification is EI, and that the Federal Taxpayer's Identification Number is being submitted in the correct nine numeric format.	C
M373	2420A	REF02	Rendering Provider Secondary Identifier	Invalid Value	Ensure that the Social Security Number or Tax ID being submitted in the Rendering Provider information at the line level is being sent in the correct, nine numeric format.	C
M374	2420B	REF02	Purchased Service Provider Secondary Identifier	Invalid Value	Ensure that the Social Security Number or Tax ID being submitted in the Service Facility Location information at the line level is being sent in the correct, nine numeric format.	C
M375	2420D	REF02	Supervising Provider Secondary Identifier	Invalid Value	Ensure that the Social Security Number or Tax ID being submitted in the Supervising Provider information at the line level is being sent in the correct, nine numeric format.	C
M376	2420E	REF02	Ordering Provider Secondary Identifier	Invalid Value	Ensure that the Social Security Number or Tax ID being submitted in the Ordering Provider information at the line level is being sent in the correct, nine numeric format.	C
M377	2420F	REF02	Referring Provider Secondary Identifier	Invalid Value	Ensure that the Social Security Number or Tax ID being submitted in the Referring Provider information at the line level is being sent in the correct, nine numeric format.	C
M378	2310D	REF02	Laboratory Or Facility Secondary Identifier	Invalid Value	Ensure that the Tax ID being submitted for the Referring Provider at the line level is being sent in the correct nine numeric format.	C
M379	2010AA	REF02	Billing Provider Additional Identifier	Invalid Value	Ensure that the NPI profile for the Billing NPI being sent in the file contains the same provider name, address, legacy number, and tax id or social security number that you enrolled with Medicare. The NPI profile is located on the NPPES website at https	B

M380	2010AB	REF02	Pay-To Provider Secondary Identification	Invalid Value	Ensure that the NPI profile for the Pay-To NPI being sent in the file contains the same provider name, address, legacy number, and tax id or social security number that you enrolled with Medicare. The NPI profile is located on the NPPES website at https:	B
M381	2310B	REF02	Rendering Provider Secondary Identifier	Invalid Value	Ensure that the NPI profile for the Rendering NPI being sent at the claim level contains the same provider name, address, legacy number, and tax id or social security number that you enrolled with Medicare. The NPI profile is located on the NPPES website	C
M382	2420A	REF02	Rendering Provider Secondary Identifier	Invalid Value	Ensure that the NPI profile for the Rendering NPI being sent at the line level contains the same provider name, address, legacy number, and tax id or social security number that you enrolled with Medicare. The NPI profile is located on the NPPES website	C
M384	2300	CLM02	Total Claim Charge Amount	Invalid Value	When 2320AMT01=D and the sum of the line amounts (2430 SVD02) minus the sum of the header adjustments (2320 CAS) does not equal the 2320 AMT02 Note: If the number in the 2330B NM109 does not equal the 2430 SVD01, then the CAS will not be included in the balance.	C
M385	2430	CAS	ADJ RSN CODE	Invalid Value	DTP01 = 573 and 2430 DTP03 (Adjudication date) is not found for the CAS segment	C
M386	2320	CAS	ADJ RSN CODE	Invalid Value	DTP01 = 573 and 2330B DTP03 (Adjudication date) is not found for the CAS segment	C
M387	1000B	NM109	Receiver Primary Identifier	Invalid Value	Ensure that the carrier code being submitted in your file is valid for your state. The designated values can be located in the Carrier Code Listing at https://www.noridianmedicare.com/edi/docs/carrier_codes.pdf .	B
M388	2400	PS101	Purchased Service Provider	Invalid NPI	Ensure that a valid NPI number is sent for the Purchased Service Provider at the service line level.	C
M389	2010AA	NM108	Billing Provider Identification Code Qualifier	Invalid value	Ensure that you are submitting your Billing Provider number in the file.	B
M390	2010AB	NM108	Pay-to Provider Identification Code Qualifier	Invalid value	Ensure that you are submitting your Pay-To Provider NPI in the claim file.	B
M391	2310B	NM108	Rendering Provider Identification Code Qualifier	Invalid value	Ensure that you are submitting your Rendering NPI at the claim level.	C

M392	2420A	NM108	Rendering Provider Identification Code Qualifier	Invalid value	Ensure that you are submitting your Rendering NPI at the service line level.	C
M393	2310A	NM108	Referring Provider Identification Code Qualifier	Invalid value	NM108 is not XX or blank, or NM108 is blank and the loop has a REF segment. Update the Primary Identification for the claim level Referring Provider to NPI and resubmit.	C
M394	2310C	NM108	Purchased Service Provider Identification Code Qualifier	Invalid value	NM108 is not XX or blank, or NM108 is blank and the loop has a REF segment. Update the Primary Identification for the claim level Purchased Service Provider to NPI and resubmit.	C
M395	2310D	NM108	Service Facility Provider Identification Code Qualifier	Invalid value	NM108 is not XX or blank, or NM108 is blank and the loop has a REF segment. Update the Primary Identification for the claim level Service Facility Provider to NPI and resubmit.	C
M396	2310E	NM108	Supervising Provider Identification Code Qualifier	Invalid value	NM108 is not XX or blank, or NM108 is blank and the loop has a REF segment. Update the Primary Identification for the claim level Supervising Provider to NPI and resubmit.	C
M397	2420B	NM108	Purchased Service Provider Identification Code Qualifier	Invalid value	NM108 is not XX or blank, or NM108 is blank and the loop has a REF segment. Update the Primary Identification for the line level Purchased Service Provider to NPI and resubmit.	C
M398	2420C	NM108	Service Facility Provider Identification Code Qualifier	Invalid value	NM108 is not XX or blank, or NM108 is blank and the loop has a REF segment. Update the Primary Identification for the line level Service Facility Provider to NPI and resubmit.	C
M399	2420D	NM108	Supervising Provider Identification Code Qualifier	Invalid value	NM108 is not XX or blank, or NM108 is blank and the loop has a REF segment. Update the Primary Identification for the line level Supervising Provider to NPI and resubmit.	C
M400	2420E	NM108	Ordering Provider Identification Code Qualifier	Invalid value	NM108 is not XX or blank, or NM108 is blank and the loop has a REF segment. Update the Primary Identification for the line level Ordering Provider to NPI and resubmit.	C
M401	2420F	NM108	Referring Provider Identification Code Qualifier	Invalid value	NM108 is not XX or blank, or NM108 is blank and the loop has a REF segment. Update the Primary Identification for the line level Referring Provider to NPI and resubmit.	C
M402	2010AA	REF01	Billing Provider Secondary Identification	Invalid Value	A Billing Medicare provider number is being submitted in your file. Remove the Billing Provider	B
M403	2010AB	REF01	Pay-To Provider Secondary Identification	Invalid Value	A Pay-To Medicare provider number is being submitted in your file. Remove the Pay-To Provider Legacy Identification.	B

M404	2310B	REF01	Claim Rendering Provider Secondary Identification	Invalid Value	A Rendering Medicare provider number is being submitted at the claim level in your file. Remove the claim level Rendering Provider Legacy	C
M405	2420A	REF01	Detail Rendering Provider Secondary Identification	Invalid Value	A Rendering Medicare provider number is being submitted at the line level in your file. Remove the line level Rendering Provider Legacy Identification and resubmit.	C
M406	2330E	REF01	Other Payer Rendering Provider Secondary Identification	Invalid Value	An Other Payer Rendering Medicare provider number is being submitted at the claim level in your file. Remove the Other Rendering Provider Legacy Identification and resubmit.	C
M407	1000B	NM102	Billing Provider Entity Type Qualifier	Invalid Value	If the Submitter Entity Type Qualifier is 2 (non-person entity), do not include First Name, Middle Name or Suffix Information.	F
M408	2010AA	NM102	Billing Provider Entity Type Qualifier	Invalid Value	If the Billing Provider Entity Type Qualifier is 2 (non-person entity), do not include First Name, Middle Name or Suffix Information.	B
M409	2010AB	NM102	Pay-To Provider Entity Type Qualifier	Invalid Value	If the Pay-To Provider Entity Type Qualifier is 2 (non-person entity), do not include First Name, Middle Name or Suffix Information.	B
M410	2010BA	NM102	Subscriber Entity Type Qualifier	Invalid Value	If the Subscriber Entity Type Qualifier is 2 (non-person entity), do not include First Name, Middle Name or Suffix Information.	C
M411	2010BC	NM102	Responsible Party Entity Type Qualifier	Invalid Value	If the Responsible Party Entity Type Qualifier is 2 (non-person entity), do not include First Name, Middle Name or Suffix Information.	C
M412	2310A	NM102	Claim Referring Provider Entity Type Qualifier	Invalid Value	If the claim level Referring Provider Entity Type Qualifier is 2 (non-person entity), do not include First Name, Middle Name or Suffix Information.	C
M413	2310B	NM102	Claim Rendering Provider Entity Type Qualifier	Invalid Value	If the Rendering Provider Entity Type Qualifier is 2 (non-person entity), do not include First Name, Middle Name or Suffix Information.	C
M414	2310C	NM102	Claim Purchase Service Provider Entity Type Qualifier	Invalid Value	If the claim level Purchased Service Provider Entity Type Qualifier is 2 (non-person entity), do not include First Name, Middle Name or Suffix Information.	C
M415	2330A	NM102	Other Payer Subscriber Name Entity Type Qualifier	Invalid Value	If the claim level Other Subscriber Entity Type Qualifier is 2 (non-person entity), do not include First Name, Middle Name or Suffix Information.	C
M416	2420A	NM102	Detail Rendering Provider Entity Type Qualifier	Invalid Value	If the line level Rendering Provider Entity Type Qualifier is 2 (non-person entity), do not include First Name, Middle Name or Suffix Information.	C
M417	2310A	REF01	Referring Provider Reference Identification Qualifier	Invalid value	REF01 = 1C or 1G. Remove the claim level Legacy Identification (Medicare or UPIN) for the Referring Provider. Ensure the Primary Identification is NPI and resubmit.	C

M418	2310C	REF01	Purchased Service Provider Reference Identification Qualifier	Invalid value	REF01 = 1C or 1G. Remove the claim level Legacy Identification (Medicare or UPIN) for the Purchased Service Provider. Ensure the Primary Identification is NPI and resubmit.	C
M419	2310D	REF01	Service Facility Location Provider Reference Identification Qualifier	Invalid value	REF01 = 1C or 1G. Remove the claim level Legacy Identification (Medicare or UPIN) for the Service Facility Location Provider. Ensure the Primary Identification is NPI and resubmit.	C
M420	2310E	REF01	Supervising Provider Reference Identification Qualifier	Invalid value	REF01 = 1C or 1G. Remove the claim level Legacy Identification (Medicare or UPIN) for the Supervising Provider. Ensure the Primary Identification is NPI and resubmit.	C
M421	2420B	REF01	Purchased Service Provider Reference Identification Qualifier	Invalid value	REF01 = 1C or 1G. Remove the line level Legacy Identification (Medicare or UPIN) for the Purchased Service Provider. Ensure the Primary Identification is NPI and resubmit.	C
M422	2420C	REF01	Service Facility Location Provider Reference Identification Qualifier	Invalid value	REF01 = 1C or 1G. Remove the line level Legacy Identification (Medicare or UPIN) for the Service Facility Location Provider. Ensure the Primary Identification is NPI and resubmit.	C
M423	2420D	REF01	Supervising Provider Reference Identification Qualifier	Invalid value	REF01 = 1C or 1G. Remove the line level Legacy Identification (Medicare or UPIN) for the Supervising Provider. Ensure the Primary Identification is NPI and resubmit.	C
M424	2420E	REF01	Ordering Provider Reference Identification Qualifier	Invalid value	REF01 = 1C or 1G. Remove the line level Legacy Identification (Medicare or UPIN) for the Supervising Provider. Ensure the Primary Identification is NPI and resubmit.	C
M425	2420F	REF01	Referring Provider Reference Identification Qualifier	Invalid value	REF01 = 1C or 1G. Remove the line level Legacy Identification (Medicare or UPIN) for the Referring Provider. Ensure the Primary Identification is NPI and resubmit.	C
M426	2330D	REF01	Other Payer Referring Provider Reference Identification Qualifier	Invalid value	REF01 = 1C or 1G. Remove the claim level Legacy Identification (Medicare or UPIN) for the Other Payer Referring Provider. Ensure the Primary Identification is NPI and resubmit.	C
M427	2330F	REF01	Other Payer Purchased Service Provider Reference Identification Qualifier	Invalid value	REF01 = 1C or 1G. Remove the claim level Legacy Identification (Medicare or UPIN) for the Other Payer Purchased Service Provider. Ensure the Primary Identification is NPI and resubmit.	C
M428	2330G	REF01	Other Payer Service Facility Location Provider Reference Identification Qualifier	Invalid value	REF01 = 1C or 1G. Remove the claim level Legacy Identification (Medicare or UPIN) for the Other Payer Service Facility Location Provider. Ensure the Primary Identification is NPI and resubmit.	C

M429	2330H	REF01	Other Payer Supervising Provider Reference Identification Qualifier	Invalid value	REF01 = 1C or 1G. Remove the claim level Legacy Identification (Medicare or UPIN) for the Other Payer Supervising Provider. Ensure the Primary Identification is NPI and resubmit.	C
M430	2300	REF01	Prior Authorization Or Referral Number	Invalid Value	REF01 contains 9F and the 2310A or 2420F loops are not present	C
M431	2330B	REF01	Other Payer Secondary Reference Identification Qualifier	Invalid Value	2330B REF01 contains 9F and the 2310A or 2420F loops are not present	C
M432	2400	SV107	Composite Diagnosis Code Pointer	Missing Data	The 2400 SV107-2 is present and the SV107-1 is not present. OR The 2400 SV107-3 is present and the SV107-1 and/or the SV107.2 elements contains spaces. OR The 2400 SV107-4 is present and the SV107-1, SV107.2 and/or the SV107.3 elements contains spaces	C
M433	2400	AMT02	Other payer approved/allowed and paid amounts	Primary approved/allowed must be greater than the primary paid	Edit sets if; A 2400/AMT loop segment is present with AMT01=AAE and a 2430/SVD loop segment is present and the allowed amount submitted in 2400/AMT02 is less than the paid amount submitted in 2430/SVD02. Note: Zeros are valid dollar amounts for this edit.	C
0003	Before Loop	ISA01	Authorization Information Qualifier	Missing/invalid value	The Interchange Control Authorization Information Qualifier must be equal to 00 or 03.	F
0005	Before Loop	ISA03	Security Information Qualifier	Missing/invalid value	The Interchange Control Security Information Qualifier must be equal to 00 or 01.	F
0007	Before Loop	ISA05	Interchange Id Qualifier	Missing/invalid value	The Interchange Control Interchange ID Qualifier must be equal to 01, 14, 20, 27, 28, 29, 30, 33, or ZZ.	F
0009	Before Loop	ISA07	Interchange Id Qualifier	Missing/invalid value	The Interchange Control Interchange ID Qualifier must be equal to 01, 14, 20, 27, 28, 29, 30, 33, or ZZ.	F
0013	Before Loop	ISA11	Interchange Control Standards Id	Missing/invalid value	The Interchange Control Standards Identifier must be U.	F
0014	Before Loop	ISA12	Interchange Control Version Number	Missing/invalid value	The Interchange Control Version Number must be 00401.	F
0016	Before Loop	ISA14	Acknowledgement Requested	Missing/invalid value	The Interchange Control Acknowledgement Requested must be equal to 0 or 1.	F
0017	Before Loop	ISA15	Usage Indicator	Missing/invalid value	The Interchange Control Usage Indicator must be equal to P or T.	F
0020	Before Loop	GS	Functional Group Header	Max seg count exceeded	Only one Functional Group Header is allowed per Functional Group.	F
0021	Before Loop	GS01	Functional Identifier Code	Missing/invalid value	The Functional Group Functional Identifier Code must be HC.	F

0027	Before Loop	GS07	Functional Workgroup Responsible Agency Code	Missing/invalid value	The Functional Group Responsible Agency Code must be X.	F
0029	Before Loop	ST	Transaction Set Header	Max seg count exceeded	Only one Transaction Set Header is allowed.	F
0031	Before Loop	ST01	Transaction Set Identifier Code	Missing/invalid value	The Transaction Set Identifier Code must be 837.	F
0032	Before Loop	ST02	Transaction Set Control Number	TXN ctl num not unique	The Transaction Set Control Number must be unique within the file.	F
0033	Before Loop	BHT	Beginning Of Hierarchical Transaction	Max seg count exceeded	Only one Beginning of Heirarchical Transaction is allowed per Transaction Set.	F
0035	Before Loop	BHT01	Hierarchical Structure Code	Missing/invalid value	The Heirarchical Structure Code must be 0019.	F
0036	Before Loop	BHT02	Hierarchical Transaction Set Purpose Code	Missing/invalid value	The Transaction Set Purpose Code must be 00 or 18.	F
0037	Before Loop	BHT03	Hierarchical Originator Application Transaction ID	Missing value	The Originator Application Transaction Identifier must be present.	F
0038	Before Loop	BHT04	Hierarchical Transaction Set Creation Date	Missing/invalid value	The Transaction Set Creation Date must be in CCYYMMDD format.	F
0039	Before Loop	BHT05	Hierarchical Transaction Set Creation Time	Missing/invalid value	The Transaction Set Creation Time must be in HHMM, HHMMSS, or HHMMSSDD format.	F
0040	Before Loop	BHT06	Hierarchical Claim	Missing/invalid value	The Transaction Set Claim or Encounter Identifier must be equal to CH or RP.	F
0041	Before Loop	REF	Transmission Type Identification	Max seg count exceeded	Only one Transaction Set Transmission Type Identification can exist per transaction.	F
0042	Before Loop	REF	Transmission Type Identification	Segment missing	The Transaction Set Transmission Type Identification must be present.	F
0043	Before Loop	REF01	Transmission Reference Identification Qualifier	Missing/invalid value	The Transaction Set Transmission Type Identification Informatio Qualifier must be 87.	F
0045	1000A	NM1	Submitter Name	Req segment missing	Submitter Name Information must be present in the transaction.	F
0046	1000A	NM1	Submitter Name	Max seg count exceeded	Only one Submitter Name can be present in the transaction.	F
0047	1000A	NM102	Entity Type Qualifier	Missing/invalid value	The Submitter Name Entity Type Qualifier must be equal to 1 or 2.	F
0048	1000A	NM103	Submitter Last Or Organization Name	Required element missing	The Submitter Last or Organization Name must be present.	F
0049	1000A	NM104	Submitter First Name	Required when entity type is person	If the Sumitter is a person, then the Submitter First Name must be present.	F
0050	1000A	NM108	Submitter Identification Code Qualifier	Missing/invalid value	The Submitter Name Identification Code Qualifier must be 46.	F
0051	1000A	NM109	Submitter Identifier	Required element missing	The Submitter ID must be present.	F
0054	1000A	PER	Submitter Edi Contact Information	Required per seg not found	The Submitter EDI Contact Information must be present.	F
0056	1000A	PER02	Submitter Contact Name	Required element missing	The Submitter EDI Contact Name must be present.	F
0057	1000A	PER03	Communication Number Qualifier	Missing/invalid value	The Submitter EDI Contact Communication Number Qualifier must be present.	F

0058	1000A	PER04	Submitter Communication Number	Required element missing	The Submitter EDI Contact Communication Number must be present.	F
0059	1000A	PER05	Submitter Communication Number Qualifier	Missing/invalid value	The Submitter EDI Contact Communication Number Qualifier must be equal to ED, EM, FX, or TE and the corresponding Communicaton Number must be present.	F
0060	1000A	PER07	Submitter Communication Number Qualifier	Invalid value	The Submitter EDI Contact Communication Number Qualifier must be equal to ED, EM, FX, or TE and the corresponding Communicaton Number must be present.	F
0061	1000B	NM1	Receiver Name	Max seg count exceeded	Only one Receiver Name can be present.	F
0062	1000B	NM1	Receiver Name	Req nm1 not found in 1000b	Only one Receiver Name can be present.	F
0063	1000B	NM101	Receiver Entity Identifier Code	Invalid value	The Receiver Name Identification Code Qualifier must be 40.	F
0064	1000B	NM102	Receiver Entity Type Qualifier	Invalid value	The Receiver Name Entity Type Qualifier must be 2.	F
0065	1000B	NM103	Receiver Name	Required element missing	The Receiver Last or Organization Name must be present.	F
0066	1000B	NM108	Receiver Identification Code Qualifier	Missing/invalid value	The Receiver Name Identification Code Qualifier must be 46.	F
0067	1000B	NM109	Receiver Primary Identifier	Required element missing	The Receiver Name Identification Code must be present.	F
0070	2000A	HL	Billing/Pay-To Provider Hierarchical Level	Max seg count exceeded	Edit is set if there are more than 1 segment.	B
0073	2000A	HL03	Hierarchical Level Code	Missing/invalid value	Only one Billing/Pay-To Provider Heirarchal Level can be present in the claim file.	B
0074	2000A	HL04	Hierarchical Child Code	Missing/invalid value	The Billing/Pay-To Provider Heirarchal Level Code must be 20.	B
0075	2000A	PRV	Billing/Pay-To Provider Specialty Information	Exceeds max seg count	The Billing/Pay-To Provider Heirarchal Level Child Code must be 1.	B
0077	2000A	PRV01	Billing Provider Code	Missing/invalid value	Only one Billing/Pay-To Provider Taxonomy Code can be present in the claim file.	B
0078	2000A	PRV02	Billing Provider Reference Identification Qualifier	Missing/invalid value	The Billing/Pay-To Provider Taxonomy Provider Code must be equal to BI or PT.	B
0081	2000A	CUR01	Foreign Currency Entity Identifier Code	Missing/invalid value	The Billing/Pay-To Provider Taxonomy Reference Identification Qualifier must be ZZ.	B
0082	2010AA	NM1	Billing Provider Name	Max seg count exceeded	The Foreign Currency Information Entity Identifier Code must be 85.	B
0083	2010AA	NM1	Billing Provider Name	Req seg not found	Only one Billing Provider Name can exist in the claim file.	B
0084	2010AA	NM101	Billing Provider Entity Identifier Code	Missing/invalid value	The Billing Provider Name Information Entity Identifier Code must be 85.	B
0085	2010AA	NM102	Billing Provider Entity Type Qualifier	Missing/invalid value	The Billing Provider Name Information Entity Type Qualifier must be equal to 1 or 2.	B
0086	2010AA	NM103	Billing Provider Last Or Organizational Name	Required element missing	The Billing Provider Last or Organization Name must be present.	B

0087	2010AA	NM104	Billing Provider First Name	Required when entity type is person	If the Billing Provider Entity Type Code is 1 (person), then the Billing Provider First Name must be present.	B
0088	2010AA	NM108	Billing Provider Identification Code Qualifier	Missing/invalid value	The Billing Provider Identification Code Qualifier must be equal to 24, 34, or XX.	B
0089	2010AA	NM109	Billing Provider Identifier	Required element missing	The Billing Provider Tax Identification Code must be 9 digits.	B
0092	2010AA	N3	Billing Provider Address	Max seg count exceeded	Only one Billing Provider Address can exist in the claim file.	B
0093	2010AA	N3	Billing Provider Address	Req seg not found	The Billing Provider Address must be present.	B
0096	2010AA	N4	Billing Provider City/State/Zip Code	Req seg not found	Only one Additional Billing Provider Name can be present.	B
0097	2010AA	N401	Billing Provider City Name	Required element missing	The Billing Provider City Information must be present.	B
0098	2010AA	N402	Billing Provider State Or Province Code	Missing/invalid value	Invalid Billing Provider State code.	B
0099	2010AA	N403	Billing Provider Postal Zone Or Zip Code	Required element missing	The Billing Provider Zip Code must be present.	B
0100	2010AA	REF	Billing Provider Secondary Identification	Exceeds max segs	Only 8 Billing Provider Secondary Identification Numbers can be present.	B
0101	2010AA	REF01	Billing Provider Reference Identification Qualifier	Missing/invalid value	The Billing Provider Secondary Identification Number Qualifier must be equal to 0B, 1A, 1B, 1C, 1D, 1G, 1H, 1J, B3, BQ, EI, FH, G2, G5, LU, SY, U3, X5 or 06, 8U, EM, LU, RB, or TT.	B
0102	2010AA	REF02	Billing Provider Additional Identifier	Required element missing	The Billing Provider Secondary Identification Number must be present.	B
0107	2010AA	PER01	Billing Provider Contact Function Code	Missing/invalid value	The Billing Provider Contact Information Contact Function Code must be equal to 1C.	B
0108	2010AA	PER02	Billing Provider Contact Name	Required element missing	The Billing Provider Contact Name must be present.	B
0109	2010AA	PER03	Billing Provider Communication Number Qualifier	Missing/invalid value	The Billing Provider Contact Communication Number Qualifier must be equal to EM, FX, or TE.	B
0110	2010AA	PER04	Billing Provider Communication Number	Required element missing	The Billing Provider Contact Communication Number must be present.	B
0111	2010AA	PER05	Billing Provider Communication Number Qualifier	Invalid value	The Billing Provider Contact Communication Number Qualifier must be equal to EM, FX, or TE.	B
0112	2010AA	PER07	Billing Provider Communication Number Qualifier	Invalid value	The Billing Provider Contact Communication Number Qualifier must be equal to EM, FX, or TE.	B
0113	2010AB	NM1	Pay-To Provider Name	Max seg count	Only one Pay-To Provider Name can be present.	B
0114	2010AB	NM1	Pay-To Provider Name	Req seg not found in 2010ab	The Pay-To Provider Name must be present.	B

0115	2010AB	NM101	Pay-To Provider Entity Identifier Code	Missing/invalid value	The Pay-To Provider Name Information Entity Identifier Code must be 87.	B
0116	2010AB	NM102	Pay-To Provider Entity Type Qualifier	Missing/invalid value	The Pay-To Provider Name Information Entity Type Code must be equal to 1 or 2.	B
0117	2010AB	NM103	Pay-To Provider Last Or Organization Name	Required element missing	Ensure that the Pay-To Provider last name or Organization name is present.	B
0118	2010AB	NM104	Pay-To Provider First Name	Required when entity type is person	Ensure that the Pay-To Provider first name is present if the Entity Type Qualifier is 1.	B
0119	2010AB	NM108	Pay-To Provider Identification Code Qualifier	Missing/invalid value	Ensure that the Identification Qualifier being sent for the Billing Provider equals 24 for EIN, 34 for SSN, or XX for NPI.	B
0120	2010AB	NM109	Pay-To Provider Identifier	Required element missing	Ensure that if the Tax ID or Social Security Number are being submitted as the Pay-To Provider Primary Identification number, the id is nine numeric values.	B
0123	2010AB	N3	Pay-To Provider Address	Max seg count	Ensure that only one occurrence of the Pay-To Provider Address exists in the file.	B
0124	2010AB	N3	Pay-To Provider Address	Req seg not found in 2010AB	Ensure that the Pay-To Provider Address is included in the file.	B
0127	2010AB	N4	Pay-To Provider City/State/Zip Code	Req seg not found in 2010AB	Ensure that the Pay-To Provider City/State/Zip Code are present.	B
0128	2010AB	N401	Pay-To Provider City Name	Required element missing	Ensure that there is a city being submitted in the Pay-To Provider address.	B
0129	2010AB	N402	Pay-To Provider State Or Province Code	Missing/invalid value	The Pay-To Provider State Code must be present and a valid code. The Country Code must be left blank.	B
0130	2010AB	N403	Pay-To Provider Postal Zone Or Zip Code	Required element missing	The Pay-To Provider Zip Code must be present.	B
0131	2010AB	REF	Pay-To Provider Secondary Identification	Exceeds max segment count	Ensure that the Pay-To Provider information does not have more than five occurrences of Secondary Identifiers.	B
0132	2010AB	REF01	Pay-To Provider Reference Identification Qualifier	Missing/invalid value	Ensure that the qualifier in front of the Pay-To Provider Secondary Identifier matches the identifier.	B
0135	2000B	HL	Subscriber Hierarchical Level	Required segment not found	Ensure that the Subscriber Hierarchical Level is present in the file.	C
0138	2000B	HL02	Subscriber Hierarchical Parent Id Number	Required element missing	Ensure that the Hierarchical Patient ID is present.	C
0139	2000B	HL03	Subscriber Hierarchical Level Code	Missing/invalid value	Ensure that the Hierarchical Level Code equals 22.	C
0140	2000B	HL04	Subscriber Hierarchical Child Code	Missing/invalid value	Ensure that the Hierarchical Child Code equals 0 or 1.	C
0142	2000B	SBR	Subscriber Information	Req seg not found	Ensure that the Subscriber Information is present in the claim.	C
0143	2000B	SBR01	Payer Responsibility Sequence Number Code	Missing/invalid value	Ensure that the Payer Responsibility Number is present and equal to P, S, or T.	C

0144	2000B	SBR02	Subscriber Individual Relationship Code	Invalid value	Ensure that the Individual Relationship Code is equal to 18.	C
0146	2000B	PAT05	Patient Date Time Period Format Qualifier	Invalid value	The Date Time Period Format Qualifier preceding the date of death in the Patient Information must equal D8.	C
0147	2000B	PAT07	Patient Unit Or Basis For Measurement Code	Invalid value	The Unit of Basis for Measurement Code must equal GR.	C
0148	2000B	PAT09	Patient Pregnancy Indicator	Invalid value	The Pregnancy Indicator must equal Y.	C
0149	2010BA	NM1	Subscriber Name	Max seg count exceeded	Ensure that only one occurrence of the Subscriber Name is present in the claim.	C
0150	2010BA	NM1	Subscriber Name	Req nm1 not found	Ensure that the Subscriber Name is present.	C
0151	2010BA	NM101	Subscriber Entity Identifier Code	Missing/invalid value	The Entity Identifier Code in the Subscriber Name must equal IL.	C
0152	2010BA	NM102	Subscriber Entity Type Qualifier	Missing/invalid value	The Entity Type Qualifier in the Subscriber Name must equal 1 or 2.	C
0153	2010BA	NM103	Subscriber Last Name	Required element missing	The Subscriber Last Name or Organization Name must be present.	C
0154	2010BA	NM108	Subscriber Identification Code Qualifier	Missing/invalid value	The Identification Code Qualifier must equal MI or ZZ.	C
0155	2010BA	NM109	Subscriber Primary Identifier	HIC number required	Ensure that the Subscriber Primary Identifier is present.	C
0158	2010BA	N3	Subscriber Address	Max seg count exceeded	Ensure that only one occurrence of the Subscriber Address is present in the claim.	C
0159	2010BA	N3	Subscriber Address	Req N3 seg not found	Ensure that the Subscriber Address is present in the claim.	C
0162	2010BA	N4	Subscriber City/State/Zip Code	Req N4 not found	Ensure that the Subscriber City/State/Zip Code are present.	C
0163	2010BA	N401	Subscriber City Name	Required element missing	Ensure that the Subscriber City Name is present.	C
0164	2010BA	N402	Subscriber State Or Province Code	Missing/invalid value	The Subscriber State Code must be present and a valid code. The Country Code must be left blank.	C
0165	2010BA	N403	Subscriber Postal Zone Or Zip Code	Required element missing	The Subscriber Zip Code must be present.	C
0166	2010BA	DMG	Subscriber Demographic Information	Max seg count exceeded	Only one Subscriber Demographic Information segment can be present.	C
0167	2010BA	DMG01	Subscriber Date Time Period Format Qualifier	Missing/invalid value	The Subscriber Date/Time Period Format Qualifier must be D8.	C
0168	2010BA	DMG02	Subscriber Birth Date	Required element missing	The Subscriber Date/Time Period must be present.	C
0169	2010BA	DMG03	Subscriber Gender Code	Missing/invalid value	The Subscriber Gender Code must be equal to F, M, or U.	C
0170	2010BA	REF	Subscriber Secondary Identification	Exceeds max segs for qual	Only 4 Subscriber Identification Numbers allowed per Identification Number Type.	C

0171	2010BA	REF01	Subscriber Reference Identification Qualifier	Missing/invalid value	The Subscriber Identification Number Qualifier must be equal to 1W, 23, IG, or SY.	C
0172	2010BA	REF02	Subscriber Supplemental Identifier	Required element missing	The Subscriber Identification Number must be present.	C
0173	2010BA	REF	Property And Casualty Claim Number	Exceeds max segment/qualifier count	Only one Property and Casualty Claim Number is allowed per claim.	C
0175	2010BA	REF02	Property Casualty Claim Number	Required element missing	The Property can Casualty Claim Number must be present.	C
0176	2010BB	NM1	Payer Name	Max seg count exceeded	Only 1 Destination Payer Name can exist at this level. Other Payers are listed at the claim level.	C
0177	2010BB	NM1	Payer Name	Req nm1 seg not found	The Destination Payer Name must be present.	C
0178	2010BB	NM101	Entity Identifier Code	Missing/invalid value	The Destination Payer Name Entity Identifier Code must be PR.	C
0179	2010BB	NM102	Entity Type Qualifier	Missing/invalid value	The Destination Payer Name Entity Type Qualifier must be 2 (non-person entity).	C
0180	2010BB	NM103	Payer Name	Required element missing	The Destination Payer Organization Name must be present.	C
0181	2010BB	NM108	Payer Identification Code Qualifier	Missing/invalid value	The Destination Payer Identification Code Qualifier must be PI or XV.	C
0182	2010BB	NM109	Payer Identifier	Required element missing	The Destination Payer Identification Number must be present.	C
0185	2010BB	N3	Payer Address	Exceeds max seg count	Only one Destination Payer Address can be present.	C
0188	2010BB	N401	Payer City Name	Required element missing	The Destination Payer City/State/Zip must be present.	C
0189	2010BB	N402	Payer State Or Province Code	Missing/invalid value	The Destination Payer State code is invalid.	C
0190	2010BB	N403	Payer Postal Zone Or Zip Code	Required element missing	The Destination Payer Zip code must be present.	C
0191	2010BB	REF	Payer Secondary Identification	Exceeds max seg count	Only 3 Destination Payer Secondary Identification Numbers can be present.	C
0192	2010BB	REF01	Payer Reference Identification Qualifier	Missing/invalid value	The Destination Payer Secondary Identification Number Qualifier must be equal to 2U, FY, NF, or TJ.	C
0193	2010BB	REF02	Payer Additional Identifier	Required element missing	Only 3 Destination Payer Secondary Identification Number must be present.	C
0194	2010BC	NM1	Responsible Party Name	Max seg count	Only 1 Responsible Party Name can be present.	C
0195	2010BC	NM1	Responsible Party Name	NM1 seg not found in 2010BC loop	The Responsible Party Name must be present.	C
0196	2010BC	NM101	Responsible Party Entity Identifier Code	Missing/invalid value	The Responsible Party Entity Identifier Code must be QD.	C
0197	2010BC	NM102	Responsible Party Entity Type Qualifier	Missing/invalid value	The Responsible Party Entity Type Qualifier must be 1 or 2.	C

0198	2010BC	NM103	Responsible Party Last Or Organization Name	Required element missing	The Responsible Party Last or Organization Name must be present.	C
0199	2010BC	NM104	Responsible Party First Name	Required when entity type is person	If the Responsible Party Entity Type is 1 (person), the Responsible Party First Name must be present.	C
0203	2010BC	N3	Responsible Party Address	Seg N3 not found in 2010BC loop	The Responsible Party Address must be present.	C
0206	2010BC	N4	Responsible Party City/State/Zip Code	Seg N4 not found in 2010BC loop	The Responsible Party City/State/Zip must be present.	C
0207	2010BC	N401	Responsible Party City Name	Required element missing	The Responsible Party City Name must be present.	C
0209	2010BC	N403	Responsible Party Postal Zone Or Zip Code	Required element missing	The Responsible Party State code is invalid.	C
0262	2300	CLM	Claim Information	CLM seg missing	The Responsible Party Zip code must be present.	C
0265	2300	CLM02	Total Claim Charge Amount	Required element missing	The Claim Information segment must be present.	C
0267	2300	CLM05-1	Facility Type Code	Missing/invalid value	The Total Claim Charge Amount must be present.	C
0268	2300	CLM05-3	Claim Frequency Code	Missing/invalid value	The Claim Facility Type Code must be equal to 03, 04, 05, 06, 07, 08, 11, 12, 13, 14, 15, 20, 21, 22, 23, 24, 25, 26, 31, 32, 33, 34, 41, 42, 49, 50, 51, 52, 53, 54, 55, 56, 57, 60, 61, 62, 65, 71, 72, 81, 99.	C
0269	2300	CLM06	Provider Or Supplier Signature Indicator	Missing/invalid value	The Claim Provider Signature Indicator must be equal to N or Y.	C
0270	2300	CLM07	Medicare Assignment Code	Missing/invalid value	The Claim Medicare Assignment Code must be equal to A, B, C, or P.	C
0271	2300	CLM08	Benefits Assignment Certification Indicator	Missing/invalid value	The Claim Benefits Assignment Certification Indicator must be equal to N or Y.	C
0272	2300	CLM09	Release Of Information Code	Missing/invalid value	The Claim Release of Information Code must be equal to A, I, M, N, O, or Y.	C
0273	2300	CLM10	Patient Signature Source Code	Value req when CLM09 not n	If the Claim Release of Information is not N, then the Claim Patient Signature Source Code must be present.	C
0277	2300	CLM11-4	Auto Accident State Or Province Code	Missing/invalid value	The Claim Auto Accident State must be present if the Claim Related Causes code (AA - Auto Accident).	C
0278	2300	CLM12	Special Program Indicator	Invalid value	The Claim Special Program Indicator must be equal to 1, 2, 3, 5, 7, 8, or 9.	C
0279	2300	CLM16	Participation Agreement	Invalid value	The Claim Provider Participation Agreement Code must equal P (Participation Agreement).	C

0280	2300	CLM20	Delay Reason Code	Invalid value	The Claim Delay Reason Code must be equal to 1-11.	C
0285	2300	DTP	Date - Initial Treatment	Exceeds max segment/qualifier count	Only one claim level Initial Treatment Date is allowed.	C
0287	2300	DTP02	Date Time Period Format Qualifier	Missing/invalid value	The claim level Initial Treatment Date Format Qualifier must be D8.	C
0288	2300	DTP03	Initial Treatment Date	Required element missing	The claim level Initial Treatment Date must be present.	C
0293	2300	DTP	Date - Date Last Seen	Exceeds max segment/qualifier count	Only one claim level Date Last Seen is allowed.	C
0295	2300	DTP02	Date Last Seen Time Period Format Qualifier	Missing/invalid value	The claim level Date Last Seen Format Qualifier must be D8.	C
0297	2300	DTP	Date - Onset Of Current Illness/Symptom	Exceeds max segment/qualifier count	Only one claim level Onset of Current Illness/Symptom Date is allowed.	C
0299	2300	DTP02	Date Time Period Format Qualifier	Missing/invalid value	The claim level Onset of Current Illness/Symptom Format Qualifier must be D8.	C
0301	2300	DTP	Date - Acute Manifestation	Max segs for qual list	Only 5 claim level Acute Manifestation Dates are allowed.	C
0303	2300	DTP02	Date Time Period Format Qualifier	Missing/invalid value	The claim level Acute Manifestation Date must be D8.	C
0306	2300	DTP02	Date Time Period Format Qualifier	Missing/invalid value	The claim level Similar Illness/Symptom Onset Date Format Qualifier must be D8.	C
0308	2300	DTP	Date - Accident	Acc Dt req if clm11-1, 2,3=aa, ab, ap, or oa	The claim level Accident Date must be present if the Claim Related Causes is AA (Auto Accident), AB (Abuse), AP (Another Party Responsible), or OA (Other Accident).	C
0309	2300	DTP	Date - Accident	Max seg count exceeded	Only 10 consecutive Accident Dates can be present at the claim level.	C
0311	2300	DTP02	Date Time Period Format Qualifier	Missing/invalid value	The claim level Accident Date Format Qualifier must be D8.	C
0313	2300	DTP	Date - Last Menstrual Period	Exceeds max segment/qualifier count	Ensure that only one occurrence of the Last Menstrual Period Date is being submitted.	C
0314	2300	DTP	Date - Last Menstrual Period	Req when pregnancy is indicated	Ensure that the Last Menstrual Period Date is included in the claim if the pregnancy indicator is Y.	C
0316	2300	DTP02	Date Time Period Format Qualifier	Missing/invalid value	Ensure that the qualifier in front of the Accident Date is D8.	C
0318	2300	DTP	Date - Last X-Ray	Exceeds max segment/qualifier count	Ensure that only one occurrence of the Last X-Ray Date is being submitted.	C
0320	2300	DTP02	X-Ray Date Time Period Format Qualifier	Missing/invalid value	Ensure that the qualifier in front of the Accident Date is D8.	C
0327	2300	DTP	Date - Hearing And Vision Prescription Date	Exceeds max segment/qualifier count	Only one Hearing and Vision Prescription Date can be present at the claim level.	C
0329	2300	DTP02	Date Time Period Format Qualifier	Missing/invalid value	The claim level last X-Ray Date Qualifier must be D8.	C

0331	2300	DTP	Date - Disability Begin	Max segs for qual list	Only 5 Disability Begin Dates can be present at the claim level.	C
0333	2300	DTP02	Disability Begin Date Time Period Format Qualifier	Missing/invalid value	The claim level last Disability Begin Date Qualifier must be D8.	C
0335	2300	DTP	Date - Disability End	Max segs for qual list	Only 5 Disability End Dates can be present at the claim level.	C
0337	2300	DTP02	Disability End Date Time Period Format Qualifier	Missing/invalid value	The claim level Disability End Date Qualifier must be D8.	C
0339	2300	DTP	Date - Last Worked	Exceeds max segment/qualifier count	Only one Date Last Worked Can be present at the claim level.	C
0341	2300	DTP02	Last Worked Date Time Period Format Qualifier	Missing/invalid value	The claim level Date Last Worked Qualifier must be D8.	C
0343	2300	DTP	Date - Authorized Return To Work	Exceeds max segment/qualifier count	Only one Authorized Return to Work Date can be Present at the claim level.	C
0345	2300	DTP02	Authorized Date Time Period Format Qualifier	Missing/invalid value	The claim level Authorized Return to Work Date Qualifier must be D8.	C
0347	2300	DTP	Date - Admission	Exceeds max segment/qualifier count	Only one Admission Date can be present at the claim level.	C
0349	2300	DTP02	Admission Date Time Period Format Qualifier	Missing/invalid value	The claim level Admission Date Qualifier must be D8.	C
0351	2300	DTP	Date - Discharge	Exceeds max segment/qualifier count	Only one Discharge Date can be present at the claim level.	C
0353	2300	DTP02	Discharge Date Time Period Format Qualifier	Missing/invalid value	The claim level Discharge Date Qualifier must be D8.	C
0355	2300	DTP	Date - Assumed And Relinquished Care Dates	Exceeds max seg count for qual list	Only 2 Assumed and Relinquished Care Dates can be present at the claim level.	C
0357	2300	DTP02	Assumed And Relinquished Date Time Period Format Qualifier	Missing/invalid value	The claim level Assumed and Relinquished Care Date Format Qualifier must be D8.	C
0360	2300	PWK01	Attachment Report Type Code	Missing/invalid value	The claim level Supplemental Information Attachment Report Type Code must be equal to 77, AS, B2, B3, B4, CT, DA, DG, DS, EB, MT, NN, OB, OZ, PN, PO, PZ, RB, RR, or RT.	C
0361	2300	PWK02	Attachment Transmission Code	Missing/invalid value	The claim level Supplemental Information Attachment Transmission Code must be equal to AA, BM, EL, EM, or FX.	C
0362	2300	PWK05	Claim Supplemental Identification Code Qualifier	Value req when pwk02=bm, el, em, fx	The claim level Supplemental Information Attachment Identification Code must be AC if the claim level Supplemental Information Attachment Transmission Code is equal to BM, EL, EM, or FX.	C

0363	2300	PWK06	Claim Supplemental Attachment Control Number	Req if pwk02=bm, el, em, fx	The claim level Supplemental Information Attachment Control Number must be present if the claim level Supplemental Information Attachment Transmission Code is equal to BM, EL, EM, or FX.	C
0365	2300	CN101	Contract Type Code	Missing/invalid value	The claim level Contract Information Contract Type Code must be equal to 02, 03, 04, 05, 06, or 09.	C
0366	2300	AMT	Credit/Debit Card Maximum Amount	Exceeds max segment/qualifier count	Only one Credit/Debit Card Maximum Amount can be present at the claim level.	C
0368	2300	AMT02	Credit Or Debit Card Maximum Amount	Required element missing	AMT02 element is missing.	C
0369	2300	AMT	Patient Amount Paid	Exceeds max segment/qualifier count	Only one Patient Amount Paid can be present at the claim level.	C
0372	2300	AMT	Total Purchased Service Amount	Exceeds max segment/qualifier count	Only one Total Purchased Service Amount can be present at the claim level.	C
0375	2300	REF	Service Authorization Exception Code	Exceeds max segment/qualifier count	Only one Service Authorization Exception Code can be present at the claim level.	C
0376	2300	REF01	Service Authorization Reference Identification Qualifier	Missing/invalid value	Claim level Secondary Reference Identification Qualifiers must be equal to 4N, F5, Y, N, EW, 9F, G1, F8, X4, 9A, 9C, LX, D9, 1S, EA, or P4.	C
0377	2300	REF02	Service Authorization Exception Code	Missing/invalid value	The claim level Service Authorization Exception Code must be equal to 1-7.	C
0378	2300	REF	Mandatory Medicare (Section 4081) Crossover Indicator	Exceeds max segment/qualifier count	Only one Mandatory Medicare (section 4081) Crossover Indicator can be present at the claim level.	C
0380	2300	REF02	Medicare Section 4081 Indicator	Missing/invalid value	The claim level Mandatory Medicare (section 4081) Crossover Indicator must equal N or Y.	C
0381	2300	REF	Mammography Certification Number	Exceeds max segment/qualifier count	Only one Mammography Certification Number can be present at the claim level.	C
0383	2300	REF02	Mammography Certification Number	Required element missing	The claim level Mammography Certification Number must be present.	C
0384	2300	REF	Prior Authorization Or Referral Number	Exceeds max seg count for qual list	Only 2 Consecutive Prior Authorization or Referral Numbers can be present at the claim level.	C
0386	2300	REF02	Prior Authorization Or Referral Number	Required element missing	If claim level Prior Authorization or Referral Numbers are sent, the Prior Authorization or Referral Number Reference Information Qualifier must be equal to 9F or G1.	C
0387	2300	REF	Original Reference Number (Icn/Dcn)	Exceeds max segment/qualifier count	Only one Original Reference Number (ICN/DCN) can be present at the claim level.	C

0389	2300	REF02	Claim Original Reference Number	Req element missing when clm05-3=6, 7, 8	If claim level Original Reference Number (ICN/DCN) is sent, the Original Reference Number Reference Information Qualifier must be F8.	C
0390	2300	REF	Clinical Laboratory Improvement Amendment (CLIA) Number	Exceeds max segs for qual	Only 3 consecutive Clinical Laboratory Improvement Amendment (CLIA) Number can be present at the claim level.	C
0392	2300	REF02	Clinical Laboratory Improvement Amendment Number	Required element missing	If claim level Clinical Laboratory Improvement Amendment (CLIA) Number is sent, the CLIA Reference Information Qualifier must be X4.	C
0393	2300	REF	Repriced Claim Number	Exceeds max segment/qualifier count	Only one Repriced Claim Number can be present at the claim level.	C
0395	2300	REF02	Repriced Claim Reference Number	Required element missing	If claim level Repriced Claim Number is sent, the Repriced Claim Number Reference Information Qualifier must be 9A.	C
0396	2300	REF	Adjusted Repriced Claim Number	Exceeds max segment/qualifier count	Only one Adjusted Repriced Claim Number can be present at the claim level.	C
0398	2300	REF02	Adjusted Repriced Claim Reference Number	Required element missing	If the Adjusted Repriced Claim Number is sent, the Adjusted Repriced Claim Number Qualifier must be 9C.	C
0399	2300	REF	Investigational Device Exemption Number	Exceeds max segment/qualifier count	Only one Investigational Device Exemption Number can be present at the claim level.	C
0401	2300	REF02	Investigational Device Exemption Number	Required element missing	If the Investigational Device Exemption Number is sent, the Investigational Device Exemption Number Qualifier must be LX.	C
0402	2300	REF	Claim Identification Number For Clearing Houses And Other Transmission Intermediaries	Exceeds max segment/qualifier count	Only one Claim Identification Number for Clearing houses and Other Transmission Intermediaries can be present at the claim level.	C
0404	2300	REF02	Clearinghouse Trace Number	Required element missing	If the Claim Identification Number for Clearing houses and Other Transmission Intermediaries is sent, the Reference Qualifier must be D9.	C
0405	2300	REF	Ambulatory Patient Group (Apg)	Exceeds max segs for qual	Only one Ambulatory Patient Group Number can be present at the claim level.	C
0407	2300	REF02	Ambulatory Patient Group Number	Required element missing	If the claim level Amublatory Patient Group Number is sent, the Reference Qualifier must be 1S.	C
0408	2300	REF	Medical Record Number	Exceeds max segment/qualifier count	Only one Medical Record Number can be present at the claim level.	C
0410	2300	REF02	Medical Record Number	Required element missing	If the claim level Medical Record Number is sent, the Reference Qualifier must be EA.	C
0411	2300	REF	Demonstration Project Identifier	Exceeds max segment/qualifier count	Only one Demonstation Project Identifier can be present at the claim level.	C
0413	2300	REF02	Demonstration Project Identifier	Required element missing	If the claim level Demonstration Project Identifier is sent, the Reference Qualifier must be P4.	C

0414	2300	K3	File Information	Exceeds max seg count	Only 10 consecutive File Information segments can be present at the claim level.	C
0416	2300	NTE	Claim Note	Exceeds max seg count	Only one Claim Note can be present at the claim level.	C
0417	2300	NTE01	Note Reference Code	Missing/invalid value	The claim level Claim Note Reference Code must be equal to ADD, CER, DCP, DGN, PMT, or TPO.	C
0420	2300	CR101	Ambulance Transport Unit Or Basis For Measurement Code	Invalid value	The claim level Ambulance Transport Information Unit or Basis for Measurement must be LB.	C
0421	2300	CR103	Ambulance Transport Code	Missing/invalid value	The claim level Ambulance Transport Information Ambulance Transport Code must be equal to I, R, T, or X.	C
0422	2300	CR104	Ambulance Transport Reason Code	Missing/invalid value	The claim level Ambulance Transport Information Ambulance Transport Reason Code must be equal to A-E.	C
0423	2300	CR105	Ambulance Transport Unit Or Basis For Measurement Code	Missing/invalid value	The claim level Ambulance Transport Information Unit or Basis for Measurement must be DH.	C
0424	2300	CR106	Transport Distance	Required element missing	The claim level Ambulance Transport Information Transport Distance must be present.	C
0425	2300	CR109	Ambulance Transport Round Trip Purpose Description	Req if cr103=x	If the claim level Ambulance Transport Information Ambulance Transport Code is X (Round Trip), then the Round Trip Purpose Description must be present.	C
0434	2300	CR208	Spinal Manipulation Patient Condition Code	Missing/invalid value	The claim level Patient Condition Code must be equal to A, C, D, E, F, G, or M.	C
0436	2300	CR212	Spinal Manipulation X-Ray Availability Indicator	Missing/invalid value	The claim level X-Ray Availability Indicator must be N or Y.	C
0437	2300	CRC	Ambulance Certification	CRC seg missing when cr1 is used	If claim level Ambulance Transport Information is sent, the claim level Ambulance Certification Information must be present.	C
0438	2300	CRC	Ambulance Certification	Max seg count exceeded	Only 3 consecutive Patient Indicators (Ambulance Certification, Patient Condition: Vision, Homebound) can be present at the claim level.	C
0440	2300	CRC02	Ambulance Certification Condition Indicator	Missing/invalid value	If the claim level Ambulance Certification Indicator is sent, the Certification Condition Indicator must be equal to N or Y.	C
0441	2300	CRC03	Ambulance Condition Code	Missing/invalid value	The claim level Ambulance Certification Condition Code must be equal to 01, 02, 03, 04, 05, 06, 07, 08, 09, or 60.	C

0442	2300	CRC04	Ambulance Condition Code	Invalid value	The claim level Ambulance Certification Condition Code must be equal to 01, 02, 03, 04, 05, 06, 07, 08, 09, or 60.	C
0443	2300	CRC05	Ambulance Condition Code	Invalid value	The claim level Ambulance Certification Condition Code must be equal to 01, 02, 03, 04, 05, 06, 07, 08, 09, or 60.	C
0444	2300	CRC06	Ambulance Condition Code	Invalid value	The claim level Ambulance Certification Condition Code must be equal to 01, 02, 03, 04, 05, 06, 07, 08, 09, or 60.	C
0445	2300	CRC07	Ambulance Condition Code	Invalid value	The claim level Ambulance Certification Condition Code must be equal to 01, 02, 03, 04, 05, 06, 07, 08, 09, or 60.	C
0446	2300	CRC	Patient Condition Information: Vision	Exceeds max segs for qual	Only 3 claim level Patient Condition Information Vision segments can be present at the claim level.	C
0448	2300	CRC02	Patient Condition Certification Condition Indicator	Missing/invalid value	If the claim level Patient Condition: Vision Indicator is sent, the Certification Condition Indicator must be equal to N or Y.	C
0449	2300	CRC03	Patient Condition Indicator	Missing/invalid value	The claim level Patient Condition: Vision Indicator Condition Code must be equal to L1-L5.	C
0450	2300	CRC04	Patient Condition Indicator	Invalid value	The claim level Patient Condition: Vision Indicator Condition Code must be equal to L1-L5.	C
0451	2300	CRC05	Patient Condition Indicator	Invalid value	The claim level Patient Condition: Vision Indicator Condition Code must be equal to L1-L5.	C
0452	2300	CRC06	Patient Condition Indicator	Invalid value	The claim level Patient Condition: Vision Indicator Condition Code must be equal to L1-L5.	C
0453	2300	CRC07	Patient Condition Indicator	Invalid value	The claim level Patient Condition: Vision Indicator Condition Code must be equal to L1-L5.	C
0454	2300	CRC	Homebound Indicator	Exceeds max seg count	Only one Homebound Indicator can be present at the claim level.	C
0456	2300	CRC02	Homebound Certification Condition Indicator	Missing/invalid value	If the claim level Homebound Indicator is sent, the Certification Condition Indicator must be equal to N or Y.	C
0457	2300	CRC03	Homebound Indicator	Missing/invalid value	If the claim level Homebound Indicator is sent, the Homebound Indicator must be IH.	C
0458	2300	HI	Health Care Diagnosis Code	Exceeds max seg count	Ensure all diagnosis codes are accounted in the claim file. Check for preceeding diagnosis elements that are blank.	C

0460	2300	HI01-1	Diagnosis Type Code	Missing/invalid value	Check diagnosis code qualifiers in the claim file. Diagnosis qualifier for the principle diagnosis must be BK.	C
0462	2300	HI02-1	Diagnosis Type Code	Missing/invalid value	Check diagnosis code qualifiers in the claim file. Diagnosis qualifiers must be equal to BF.	C
0464	2300	HI03	Health Care Code Information	Elements edit is set if value is not listed in order	Ensure all diagnosis codes are accounted in the claim file. Check for preceeding diagnosis elements that are blank.	C
0465	2300	HI03-1	Diagnosis Type Code	Missing/invalid value	Check diagnosis code qualifiers in the claim file. Diagnosis qualifiers must be equal to BF.	C
0467	2300	HI04	Health Care Code Information	Elements edit is set if value is not listed in order	Ensure all diagnosis codes are accounted in the claim file. Check for preceeding diagnosis elements that are blank.	C
0468	2300	HI04-1	Diagnosis Type Code	Missing/invalid value	Check diagnosis code qualifiers in the claim file. Diagnosis qualifiers must be equal to BF.	C
0470	2300	HI05	Health Care Code Information	Elements edit is set if value is not listed in order	Ensure all diagnosis codes are accounted in the claim file. Check for preceeding diagnosis elements that are blank.	C
0471	2300	HI05-1	Diagnosis Type Code	Missing/invalid value	Check diagnosis code qualifiers in the claim file. Diagnosis qualifiers must be equal to BF.	C
0473	2300	HI06	Health Care Code Information	Elements edit is set if value is not listed in order	Ensure all diagnosis codes are accounted in the claim file. Check for preceeding diagnosis elements that are blank.	C
0474	2300	HI06-1	Diagnosis Type Code	Missing/invalid value	Check diagnosis code qualifiers in the claim file. Diagnosis qualifiers must be equal to BF.	C
0476	2300	HI07	Health Care Code Information	Elements edit is set if value is not listed in order	Ensure all diagnosis codes are accounted in the claim file. Check for preceeding diagnosis elements that are blank.	C
0477	2300	HI07-1	Diagnosis Type Code	Missing/invalid value	Check diagnosis code qualifiers in the claim file. Diagnosis qualifiers must be equal to BF.	C
0479	2300	HI08	Health Care Code Information	Elements edit is set if value is not listed in order	Ensure all diagnosis codes are accounted in the claim file. Check for preceeding diagnosis elements that are blank.	C

0480	2300	HI08-1	Diagnosis Type Code	Missing/invalid value	Check diagnosis code qualifiers in the claim file. Diagnosis qualifiers must be equal to BF.	C
0483	2300	HCP01	Pricing Methodology	Missing/invalid value	The Pricing Methodology qualifier must be equal to 00, 01, 02, 03, 04, 05, 07, 08, 09, 10, 11, 12, 13, or 14.	C
0484	2300	HCP02	Repriced Allowed Amount	Required element missing	If the Claim Pricing/Repricing Information is sent, it must contain the Repriced Allowed Amount.	C
0485	2300	HCP13	Reject Reason Code	Invalid value	If the Claim Pricing/Repricing Information is sent, the Repricing Reject Reason code must be equal to T1, T2, T3, T4, T5, or T6.	C
0486	2300	HCP14	Policy Compliance Code	Invalid value	If the Claim Pricing/Repricing Information is sent, the Repricing Repricing Policy Compliance code must be equal to 1, 2, 3, 4, or 5.	C
0487	2300	HCP15	Exception Code	Invalid value	If the Claim Pricing/Repricing Information is sent, the Repricing Exception code must be equal to 1, 2, 3, 4, 5, or 6.	C
0488	2305	CR7	Home Health Care Plan Information	Max loop repeat	Only 6 occurrences of the Home Health Care Plan segment is allowed per claim file.	C
0489	2305	CR701	Discipline Type Code	Missing/invalid value	If the Home Health Care Plan Information is sent, the Home Health Discipline Type Code must be equal to AI, MS, OT, PT, SN, or ST.	C
0492	2305	HSD	Health Care Services Delivery	Exceeds max seg count	Only 3 consecutive occurrences of the Health Care Services Delivery segment is allowed at the claim level.	C
0493	2305	HSD01	Health Care Services Visits	Invalid value	If the claim level Health Care Services Delivery Information is sent, the Home Health Quantity Code must equal VS.	C
0494	2305	HSD03	Health Care Services Frequency Period	Invalid value	If the claim level Health Care Services Delivery Information is sent, the Home Health Frequency Period Code must be equal to DA, MO, Q1, or WK.	C
0495	2305	HSD05	Health Care Services Duration Of Visits Units	Invalid value	If the claim level Health Care Services Delivery Information is sent, the Home Health Duration of Visits Code must be equal to 7 or 35.	C

0496	2305	HSD07	Health Care Services Ship, Delivery Or Calendar Pattern Code	Invalid value	If the claim level Health Care Services Delivery Information is sent, the Home Health Ship/Delivery, or Calendar Pattern Code must be equal to 1-7, A-H, J-L, N, O, S, SA, SB, SC, SD, SG, SL, SP, SX, SY, SZ, or W.	C
0497	2305	HSD08	Health Care Services Delivery Pattern Time Code	Invalid value	If the claim level Health Care Services Delivery Information is sent, the Home Health Ship/Delivery Pattern Time Code must be equal to D, E, or F.	C
0498	2310A	NM1	Referring Provider Name	Max seg count	Only two Referring Providers are allowed at the claim level.	C
0499	2310A	NM1	Referring Provider Name	NM1 seg not found in 2310A loop	If the claim level Referring Provider information is sent, the 2310A NM1 segment is required.	C
0501	2310A	NM102	Referring Provider Entity Type Qualifier	Missing/invalid value	If the claim level Referring Provider information is sent, the Entity Type Code must be 1 or 2.	C
0502	2310A	NM103	Referring Provider Last Name	Required element missing	If the claim level Referring Provider information is sent, the Last Name/Organization Name must be present.	C
0503	2310A	NM104	Referring Provider First Name	Required when entity type is person	If the claim level Referring Provider information is sent and the Entity Type Code is 1 (Person), then the First Name is required.	C
0504	2310A	NM108	Referring Provider Identification Code Qualifier	Invalid value	If the claim level Referring Provider information is sent, the Identification Code must be equal to 24, 34, or XX.	C
0506	2310A	PRV01	Referring Provider Code	Missing/invalid value	If the claim level Referring Provider Taxonomy Code is sent, the Provider Code must be equal to RF.	C
0507	2310A	PRV02	Referring Provider Reference Identification Qualifier	Missing/invalid value	If the claim level Referring Provider Taxonomy Code is sent, the Reference Code must equal ZZ.	C
0511	2310A	REF	Referring Provider Secondary Identification	Max seg count exceeded	Only 5 consecutive Referring Provider Secondary Identification segments can be present at the claim level.	C
0513	2310A	REF01	Referring Provider Reference Identification Qualifier	Missing/invalid value	If the claim level Referring Provider Secondary Identification Number is sent, the Reference Qualifier Code must be equal to 0B, 1B, 1C, 1D, 1G, 1H, EI, G2, LU, N5, SY, or X5.	C
0514	2310A	REF02	Referring Provider Secondary Identifier	Required element missing	If the claim level Referring Provider Secondary Identification segment is sent, an identification number must be present.	C
0515	2310B	NM1	Rendering Provider Name	Max seg count exceeded	Only one Rendering Provider is allowed at the claim level.	C

0516	2310B	NM1	Rendering Provider Name	NM1 seg not found in 2310B loop	If the claim level Rendering Provider information is sent, the 2310B NM1 segment is required.	C
0517	2310B	NM101	Rendering Provider Entity Identifier Code	Missing/invalid value	If the claim level Rendering Provider information is sent, the Entity Identifier must be 82.	C
0518	2310B	NM102	Rendering Provider Entity Type Qualifier	Missing/invalid value	If the claim level Rendering Provider information is sent, the Entity Type Code must be 1 or 2.	C
0519	2310B	NM103	Rendering Provider Last Or Organization Name	Required element missing	If the claim level Rendering Provider information is sent, the Last Name/Organization Name must be present.	C
0520	2310B	NM104	Rendering Provider First Name	Required when entity type is person	If the claim level Rendering Provider information is sent and the Entity Type Code is 1 (Person), then the First Name is required.	C
0521	2310B	NM108	Rendering Provider Identification Code Qualifier	Missing/invalid value	If the claim level Rendering Provider information is sent, the Identification Code must be equal to 24, 34, or XX.	C
0522	2310B	NM109	Rendering Provider Identifier	Required element missing	If the claim level Rendering Provider information is sent, the NPI or Tax Identification Number must be present.	C
0525	2310B	PRV01	Rendering Provider Code	Missing/invalid value	If the claim level Rendering Provider Taxonomy Code is sent, the Provider Code must be PE.	C
0526	2310B	PRV02	Rendering Provider Reference Identification Qualifier	Missing/invalid value	If the claim level Rendering Provider Taxonomy Code is sent, the Reference Identification Qualifier must be ZZ.	C
0530	2310B	REF	Rendering Provider Secondary Identification	Exceeds max segment count	Only 5 consecutive Rendering Provider Secondary Identification segments can be present at the claim level.	C
0531	2310B	REF01	Rendering Provider Reference Identification Qualifier	Missing/invalid value	If the claim level Rendering Provider Secondary Identification Number is sent, the Reference Qualifier Code must be equal to 0B, 1B, 1C, 1D, 1G, 1H, EI, G2, LU, N5, SY, or X5.	C
0532	2310B	REF02	Rendering Provider Secondary Identifier	Required element missing	If the claim level Rendering Provider Secondary Identification segment is sent, an identification number must be present.	C
0534	2310C	NM1	Purchased Service Provider Name	Max seg count exceeded	Only one Purchased Service Provider is allowed at the claim level.	C
0535	2310C	NM101	Purchased Service Provider Entity Identifier Code	Missing/invalid value	If the claim level Purchased Service Provider information is sent, the Entity Identifier must be QB.	C
0536	2310C	NM102	Purchased Service Provider Entity Type Qualifier	Missing/invalid value	If the claim level Purchased Service Provider information is sent, the Entity Type Code must be 1 or 2.	C

0537	2310C	NM108	Purchased Service Provider Identification Code Qualifier	Invalid value	If the claim level Purchased Service Provider information is sent, the Identification Code must be equal to 24, 34, or XX.	C
0538	2310C	REF	Purchased Service Provider Secondary Identification	Exceeds max segment count	Only 5 consecutive Purchased Service Provider Secondary Identification segments can be present at the claim level.	C
0539	2310C	REF01	Purchased Service Provider Reference Identification Qualifier	Missing/invalid value	If the claim level Purchased Service Provider Secondary Identification Number is sent, the Reference Qualifier Code must be equal to 0B, 1B, 1C, 1D, 1G, 1H, EI, G2, LU, N5, SY, or X5.	C
0540	2310C	REF02	Purchased Service Provider Secondary Identifier	Required element missing	If the claim level Purchased Service Provider Secondary Identification segment is sent, an identification number must be present.	C
0541	2310D	NM1	Service Facility Location	Max seg count exceeded	Only one Service Facility Location is allowed at the claim level.	C
0542	2310D	NM1	Service Facility Location	NM1 seg not found in 2310D loop	If the claim level Service Facility Location Information is sent, the 2310D NM1 segment must be present.	C
0543	2310D	NM101	Service Facility Entity Identifier Code	Missing/invalid value	If the claim level Service Facility Location Information is sent, the Entity Identifier must be equal to 77, FA, LI, or TL.	C
0544	2310D	NM102	Service Facility Entity Type Qualifier	Missing/invalid value	If the claim level Service Facility Location information is sent, the Entity Type Code must equal 2.	C
0545	2310D	NM108	Service Facility Identification Code Qualifier	Invalid value	If the claim level Service Facility Location information is sent, the Identification Code must be equal to 24, 34, or XX.	C
0548	2310D	N3	Service Facility Location Address	Max seg count exceeded	Only one Service Facility Location Address segment can be present at the claim level.	C
0549	2310D	N3	Service Facility Location Address	N3 seg not found in 2310d loop	If the claim level Service Facility Location information is sent, the Service Facility Location Address must be present.	C
0551	2310D	N4	Service Facility Location City/State/Zip	Exceeds max segment	Only one Service Facility Location Address can be present at the claim level.	C
0552	2310D	N4	Service Facility Location City/State/Zip	N4 seg not found in 2310D loop	If the claim level Service Facility Location information is sent, the Service Facility Location City/State/Zip must be present.	C
0553	2310D	N401	Laboratory Or Facility City Name	Required element missing	If the claim level Service Facility Location information is sent, the Service Facility Location City must be present.	C

0554	2310D	N402	Laboratory Or Facility State Or Province Code	Missing/invalid value	If the claim level Service Facility Location information is sent, the Service Facility Location State must be present.	C
0555	2310D	N403	Laboratory Or Facility Postal Zone Zip Code	Required element missing	If the claim level Service Facility Location information is sent, the Service Facility Location Zip must be present.	C
0556	2310D	REF	Service Facility Location Secondary Identification	Exceeds max seg count	Only 5 consecutive Service Facility Location Secondary Identification segments can be present at the claim level.	C
0557	2310D	REF01	Service Facility Location Reference Identification Qualifier	Missing/invalid value	If the claim level Service Facility Location Secondary Identification Number is sent, the Reference Qualifier Code must be equal to 0B, 1B, 1C, 1D, 1G, 1H, EI, G2, LU, N5, SY, or X5.	C
0558	2310D	REF02	Laboratory Or Facility Secondary Identifier	Required element missing	If the claim level Service Facility Location Secondary Identification segment is sent, an identification number must be present.	C
0559	2310E	NM1	Supervising Provider Name	Max seg count exceeded	Only one Supervising Provider is allowed at the claim level.	C
0560	2310E	NM1	Supervising Provider Name	NM1 seg not found in 2310E loop	If the claim level Supervising Provider Information is sent, the 2310E NM1 segment must be present.	C
0561	2310E	NM101	Supervising Provider Entity Identifier Code	Missing/invalid value	If the claim level Supervising Provider information is sent, the Entity Identifier must be DQ.	C
0562	2310E	NM102	Supervising Provider Entity Type Qualifier	Missing/invalid value	If the claim level Supervising Provider information is sent, the Entity Type Code must equal 1.	C
0563	2310E	NM103	Supervising Provider Last Name	Required element missing	If the claim level Supervising Provider information is sent, the Last Name/Organization Name must be present.	C
0564	2310E	NM104	Supervising Provider First Name	Required element missing	If the claim level Supervising Provider information is sent and the Entity Type Code is 1 (Person), then the First Name is required.	C
0565	2310E	NM108	Supervising Provider Identification Code Qualifier	Invalid value	If the claim level Supervising Provider information is sent, the Identification Code must be equal to 24, 34, or XX.	C
0568	2310E	REF	Supervising Provider Secondary Identifier	Exceeds max seg count	Only 5 consecutive Supervising Provider Secondary Identification segments can be present at the claim level.	C
0569	2310E	REF01	Supervising Provider Reference Identification Qualifier	Missing/invalid value	If the claim level Supervising Provider Secondary Identification Number is sent, the Reference Qualifier Code must be equal to 0B, 1B, 1C, 1D, 1G, 1H, EI, G2, LU, N5, SY, or X5.	C

0570	2310E	REF02	Supervising Provider Secondary Identifier	Required element missing	If the claim level Service Facility Location Secondary Identification segment is sent, an identification number must be present.	C
0571	2320	SBR	Other Subscriber Information	Max/loop seg count exceeded	Only 10 Other Subscribers are allowed at the claim level.	C
0572	2320	SBR01	Payer Responsibility Sequence Number Code	Missing/invalid value	If the claim level Other Subscriber Information is sent, the Other Payer Responsibility Sequence Number must be equal to P, S, or T.	C
0573	2320	SBR02	Individual Relationship Code	Missing/invalid value	If the claim level Other Subscriber Information is sent, the Other Payer Individual Relationship Code must be equal to 01, 04, 05, 07, 10, 15, 17, 18, 19, 20, 21, 22, 23, 24, 29, 32, 33, 36, 39, 40, 41, 43, 53, or G8.	C
0574	2320	SBR05	Insurance Type Code	Missing/invalid value	If the claim level Other Subscriber Information is sent, the Other Payer Insurance Type Code must be equal to 01, 04, 05, 07, 10, 15, 17, 18, 19, 20, 21, 22, 23, 24, 29, 32, 33, 36, 39, 40, 41, 43, 53, or G8.	C
0575	2320	SBR09	Claim Filing Indicator Code	Invalid value	If the claim level Other Subscriber Information is sent, the Other Payer Claim Filing Indicator Code must be equal to 09, 10, 11, 12, 13, 14, 15, 16, AM, BL, CH, CI, DS, HM, LI, LM, MB, MC, OF, TV, VA, WC, or ZZ.	C
0576	2320	CAS	Claim Level Adjustments	Exceeds max segment count	Only 5 consecutive Claim Adjustment segments can be present at the claim level.	C
0577	2320	CAS01	Claim Level Adjustment Group Code	Missing/invalid value	If the claim level Claim Adjustment Information is sent, the Claim Adjustment Group Code must be equal to CO, CR, OA, PI, or PR.	C
0580	2320	AMT	COB Payer Paid Amount	Exceeds max segment/qualifier count	Only one COB Payer Paid Amount can be present at the claim level.	C
0581	2320	AMT01	COB Payer Amount Qualifier Code	Missing/invalid value	If the claim level COB Payer Paid Amount Information is sent, the Amount Qualifier Code must equal D.	C
0583	2320	AMT	COB Approved Amount	Exceeds max segment/qualifier count	Only one COB Approved Amount can be present at the claim level.	C
0586	2320	AMT	COB Allowed Amount	Exceeds max segment/qualifier count	Only one COB Allowed Amount can be present at the claim level.	C
0589	2320	AMT	COB Patient Responsibility Amount	Exceeds max segment/qualifier count	Only one COB Patient Responsibility Amount can be present at the claim level.	C
0592	2320	AMT	COB Covered Amount	Exceeds max segment/qualifier count	Only one COB Covered Amount can be present at the claim level.	C

0595	2320	AMT	COB Discount Amount	Exceeds max segment/qualifier count	Only one COB Discount Amount can be present at the claim level.	C
0598	2320	AMT	COB Per Day Limit Amount	Exceeds max segment/qualifier count	Only one COB Per Day Limit Amount can be present at the claim level.	C
0601	2320	AMT	COB Patient Paid Amount	Exceeds max segment/qualifier count	Only one COB Patient Paid Amount can be present at the claim level.	C
0604	2320	AMT	COB Tax Amount	Exceeds max segment/qualifier count	Only one COB Tax Amount can be present at the claim level.	C
0607	2320	AMT	COB Total Claim Before Taxes Amount	Exceeds max segment/qualifier count	Only one COB Total Claim Before Taxes Amount can be present at the claim level.	C
0609	2320	AMT02	Other Payer Pre-Tax Claim Total Amount	Required element missing	If the claim level COB Total Claim Before Taxes Amount Information is sent, the Amount Qualifier Code must equal T2.	C
0611	2320	DMG	Subscriber Demographic Information	Req seg missing DMG	If the claim level Other Subscriber is a person, then the Other Subscriber Demographic Information must be present.	C
0612	2320	DMG01	Subscriber Date Time Period Format Qualifier	Missing/invalid value	If the claim level Other Subscriber Demographic Information is sent, then the Other Subscriber Demographic Date/Time Period Format Qualifier must equal D8.	C
0613	2320	DMG02	Other Insured Birth Date	Required element missing	If the claim level Other Subscriber Demographic Information is sent, then the Other Subscriber Date of Birth must be present.	C
0614	2320	DMG03	Other Insured Gender Code	Missing/invalid value	If the claim level Other Subscriber Demographic Information is sent, then the Other Subscriber Gender Code must be equal to M, F, or U.	C
0616	2320	OI	Other Insurance Coverage Information	Req seg missing 2320/OI	If the claim level Other Payer Information is sent, then the Other Insurance Coverage Information must be present.	C
0617	2320	OI03	Benefits Assignment Certification Indicator	Missing/invalid value	If the claim level Other Insurance Coverage Information is sent, then the Other Insurance Coverage Assignment of Benefits Indicator Code must equal N or Y.	C
0618	2320	OI04	Patient Signature Source Code	Value req when OI06 not n	If the claim level Other Insurance Coverage Information is sent, then the Other Insurance Coverage Patient Signature Source Code must be equal to B, C, M, P, or S.	C
0619	2320	OI06	Release Of Information Code	Missing/invalid value	If the claim level Other Insurance Coverage Information is sent, then the Other Insurance Coverage Release of Information Code must be equal to A, I, M, N, O, or Y.	C

0622	2330A	NM1	Other Subscriber Name	NM1 seg not in 2330A loop	If the claim level Other Subscriber Information is sent, then the Other Subscriber Name Information must be present.	C
0623	2330A	NM101	Other Subscriber Entity Identifier Code	Missing/invalid value	If the claim level Other Subscriber Name Information is sent, then the Other Subscriber Name Entity Qualifier Code must equal IL.	C
0624	2330A	NM102	Other Subscriber Entity Type Qualifier	Missing/invalid value	If the claim level Other Subscriber Name information is sent, the Entity Type Code must equal 1 or 2.	C
0625	2330A	NM103	Other Insured Last Name	Required element missing	If the claim level Other Subscriber Name information is sent, the Other Subscriber Last Name/Organization Name must be present.	C
0626	2330A	NM104	Other Insured First Name	Required when entity type is person	If the claim level Other Subscriber Name information is sent and the Entity Type Code is 1 (Person), then the First Name is required.	C
0627	2330A	NM108	Other Subscriber Identification Code Qualifier	Missing/invalid value	If the claim level Other Subscriber Name information is sent, the Identification Code must be equal to 24, 34, or XX.	C
0628	2330A	NM109	Other Insured Identifier	Required element missing	If the claim level Other Subscriber Name information is sent, the Identification Number must be present.	C
0631	2330A	N3	Other Subscriber Address	Exceeds max seg count	Only one Other Subscriber Address segment can be present at the claim level.	C
0635	2330A	REF01	Reference Identification Qualifier	Missing/invalid value	If the claim level Other Subscriber Secondary Identification Number is sent, the Reference Qualifier Code must be equal to 1W, 23, IG, or SY.	C
0636	2330A	REF02	Other Insured Additional Identifier	Required element missing	If the claim level Other Subscriber Secondary Identification segment is sent, an identification number must be present.	C
0637	2330B	NM1	Other Payer Name	NM1 not found in 2330B loop	If the claim level Other Subscriber information is sent, the Other Payer Name information must be present.	C
0638	2330B	NM1	Other Payer Name	Max seg count exceeded	Only one Other Payer Name can be present at the claim level.	C
0639	2330B	NM101	Entity Identifier Code	Missing/invalid value	If the claim level Other Payer Name Information is sent, then the Other Payer Name Entity Qualifier Code must equal PR.	C
0640	2330B	NM102	Entity Type Qualifier	Missing/invalid value	If the claim level Other Payer Name information is sent, the Entity Type Code must equal 2.	C
0641	2330B	NM103	Other Payer Last Or Organization Name	Required element missing	If the claim level Other Payer Name information is sent, the Other Payer Organization Name must be present.	C

0642	2330B	NM108	Identification Code Qualifier	Missing/invalid value	If the claim level Other Payer Name information is sent, the Identification Code must be equal to PI or XV.	C
0643	2330B	NM109	Other Payer Primary Identifier	Required element missing	If the claim level Other Payer Name information is sent, the Identification Number must be present.	C
0647	2330B	PER01	Additional Other Payer Contact Function Code	Missing/invalid value	If the claim level Other Payer Contact information is sent, the Other Payer Contact Function Code must be equal to IC.	C
0648	2330B	PER02	Other Payer Contact Name	Required element missing	If the claim level Other Payer Contact information is sent, the Other Payer Contact Name must be present.	C
0649	2330B	PER03	Additional Other Payer Communication Number Qualifier	Missing/invalid value	If the claim level Other Payer Contact information is sent, the Other Payer Communication Number Qualifier Code must be equal to ED, EM, EX, FX, or TE.	C
0650	2330B	PER04	Additional Other Payer Communication Number	Required element missing	If the claim level Other Payer Contact information is sent, the Other Payer Communication Number must be present.	C
0651	2330B	PER05	Additional Other Payer Communication Number Qualifier	Invalid value	If a second claim level Other Payer Communication Number is sent, the Other Payer Communication Number Qualifier Code must be equal to ED, EM, EX, FX, or TE.	C
0652	2330B	PER07	Additional Other Payer Communication Number Qualifier	Invalid value	If a third claim level Other Payer Communication Number is sent, the Other Payer Communication Number Qualifier Code must be equal to ED, EM, EX, FX, or TE.	C
0653	2330B	DTP	Claim Adjudication Date	Exceeds max seg count	Only one Claim Adjudication Date segment can be present at the claim level.	C
0654	2330B	DTP01	Claim Adjudication Date Time Qualifier	Missing/invalid value	If the claim level Claim Adjudication Date is sent, the Claim Adjudication Date/Time Qualifier Code must equal 573.	C
0655	2330B	DTP02	Claim Adjudication Date Time Period Format Qualifier	Missing/invalid value	If the claim level Claim Adjudication Date is sent, the Claim Adjudication Date/Time Period Format Qualifier Code must equal D8.	C
0657	2330B	REF	Other Payer Secondary Identifier	Exceeds max seg count for qual list	Only three Other Payer Secondary Identifiers can be present at the claim level.	C
0658	2330B	REF01	Other Payer Secondary Reference Identification Qualifier	Missing/invalid value	If the claim level Other Payer Secondary Identification Number is sent, the Reference Qualifier Code must be equal to 2U, F8, FY, NF, TJ, 9F, G1, or T4.	C

0659	2330B	REF02	Other Payer Secondary Identifier	Required element missing	If the claim level Other Payer Secondary Identification segment is sent, an identification number must be present.	C
0660	2330B	REF	Other Payer Prior Authorization Or Referral Number	Exceeds max seg count for qual list	Only 3 consecutive Other Payer Secondary Identification segments are allowed at the claim level.	C
0662	2330B	REF02	Other Payer Prior Authorization Or Referral Number	Required element missing	If the claim level Other Payer Prior Authorization/Referral Information is sent, an identification number must be present.	C
0663	2330B	REF	Other Payer Claim Adjustment Indicator	Exceeds max seg count for qual list	Only two Claim Adjustment Indicator segments are allowed at the claim level.	C
0665	2330B	REF02	Other Payer Claim Adjustment Indicator	Missing/invalid value	If the claim level Claim Adjustment Information is sent, the Claim Adjustment Indicator Code must equal Y.	C
0666	2330C	NM1	Other Payer Patient Information	Max seg count exceeded	Only one Other Payer Patient Name Information segments can be present at the claim level.	C
0667	2330C	NM1	Other Payer Patient Information	NM1 seg not found in 2330C loop	If the claim level Other Payer Patient Information is sent, then the Other Payer Patient Name must be present.	C
0668	2330C	NM101	Other Payer Patient Entity Identifier Code	Missing/invalid value	If the claim level Other Payer Patient Name Information is sent, the Other Payer Patient Name Entity Identifier Code must equal 573.	C
0669	2330C	NM102	Other Payer Patient Entity Type Qualifier	Missing/invalid value	If the claim level Other Payer Patient Name Information is sent, the Other Payer Patient Name Entity Type Qualifier Code must equal 1.	C
0671	2330C	NM108	Other Payer Patient Identification Code Qualifier	Missing/invalid value	If the claim level Other Payer Patient Name information is sent, the Identification Code must equal MI.	C
0672	2330C	NM109	Other Payer Patient Primary Identifier	Required element missing	If the claim level Other Payer Patient Name information is sent, the Identification Number must be present.	C
0674	2330C	REF01	Other Payer Patient Reference Identification Qualifier	Missing/invalid value	If the claim level Other Payer Patient Secondary Identification Number is sent, the Reference Qualifier Code must be equal to 1W, 23, IG, or SY.	C
0675	2330C	REF02	Other Payer Patient Secondary Identifier	Required element missing	If the claim level Other Payer Patient Secondary Information is sent, an identification number must be present.	C
0676	2330D	NM1	Other Payer Referring Provider	Max seg count exceeded	Only one Other Payer Referring Provider can be present at the claim level.	C
0677	2330D	NM1	Other Payer Referring Provider	NM1 seg not in 2330D loop	If the claim level Other Payer Referring Provider Information is sent, an The Other Payer Referring Provider Name Information must be present.	C

0678	2330D	NM101	Other Payer Referring Entity Identifier Code	Missing/invalid value	If the claim level Other Payer Referring Provider Information (Primary Care Provider) is sent, an The Other Payer Referring Provider Name Entity Identifier Code must equal P3.	C
0679	2330D	NM102	Other Payer Referring Entity Type Qualifier	Missing/invalid value	If the claim level Other Payer Referring Provider Name Information is sent, the Other Payer Referring Provider Name Entity Type Qualifier Code must equal 1 or 2.	C
0682	2330D	REF	Other Payer Referring Provider Identification	REF seg missing in 2330D	If the claim level Other Payer Referring Provider Name Information is sent, the Other Payer Referring Provider Secondary Information must be present.	C
0683	2330D	REF01	Other Payer Referring Reference Identification Qualifier	Missing/invalid value	If the claim level Other Payer Referring Provider Secondary Identification Number is sent, the Reference Qualifier Code must be equal to 1B, 1C, 1D, EI, G2, LU, or N5.	C
0684	2330D	REF02	Other Payer Referring Provider Identification	Required element missing	If the claim level Other Payer Referring Provider Secondary Information is sent, an identification number must be present.	C
0685	2330E	NM1	Other Payer Rendering Provider	Max seg count exceeded	Only one Other Payer Rendering Provider is allowed at the claim level.	C
0686	2330E	NM1	Other Payer Rendering Provider	NM1 seg not found in 2330E loop	If the claim level Other Payer Rendering Provider Information is sent, an The Other Payer Rendering Provider Name Information must be present.	C
0687	2330E	NM101	Other Payer Rendering Entity Identifier Code	Missing/invalid value	If the claim level Other Payer Rendering Provider Information is sent, an The Other Payer Rendering Provider Name Entity Identifier Code must equal 82.	C
0688	2330E	NM102	Other Payer Rendering Entity Type Qualifier	Missing/invalid value	If the claim level Other Payer Rendering Provider Name Information is sent, the Other Payer Rendering Provider Name Entity Type Qualifier Code must equal 1 or 2.	C
0691	2330E	REF	Other Payer Rendering Provider Secondary Identification	REF seg missing in 2330e	If the claim level Other Payer Rendering Provider Name Information is sent, the Other Payer Rendering Provider Secondary Information must be present.	C
0692	2330E	REF01	Other Payer Rendering Reference Identification Qualifier	Missing/invalid value	If the claim level Other Payer Rendering Provider Secondary Identification Number is sent, the Reference Qualifier Code must be equal to 1B, 1C, 1D, EI, G2, LU, or N5.	C
0693	2330E	REF02	Other Payer Rendering Provider Secondary Identifier	Required element missing	If the claim level Other Payer Rendering Provider Secondary Information is sent, an identification number must be present.	C

0694	2330F	NM1	Other Payer Purchased Service Provider	NM1 seg not found in 2330F loop	If the claim level Other Payer Purchased Service Provider Information is sent, an The Other Payer Purchased Service Provider Name Information must be present.	C
0695	2330F	NM1	Other Payer Purchased Service Provider	Max seg count exceeded	Only one Other Payer Purchased Service Provider is allowed at the claim level.	C
0696	2330F	NM101	Other Payer Purchase Service Entity Identifier Code	Missing/invalid value	If the claim level Other Payer Purchased Service Provider Information is sent, an The Other Payer Purchased Service Provider Name Entity Identifier Code must equal QB.	C
0697	2330F	NM102	Other Payer Purchase Entity Type Qualifier+D1090	Missing/invalid value	If the claim level Other Payer Purchased Service Provider Name Information is sent, the Other Payer Purchased Service Provider Name Entity Type Qualifier Code must equal 1 or 2.	C
0700	2330F	REF	Other Payer Purchased Service Provider Identification	REF seg missing in 2330F	If the claim level Other Payer Purchased Service Provider Name Information is sent, the Other Payer Purchased Service Provider Secondary Information must be present.	C
0701	2330F	REF01	Other Payer Purchase Service Provider Reference Identification Qualifier	Missing/invalid value	If the claim level Other Payer Purchased Service Provider Secondary Identification Number is sent, the Reference Qualifier Code must be equal to 1A, 1B, 1C, 1D, EI, G2, LU, or N5.	C
0702	2330F	REF02	Other Payer Purchased Service Provider Identifier	Required element missing	If the claim level Other Payer Purchased Service Provider Secondary Information is sent, an identification number must be present.	C
0703	2330G	NM1	Other Payer Service Facility Location	Max seg count exceeded	Only one Other Payer Service Facility Location is allowed at the claim level.	C
0704	2330G	NM1	Other Payer Service Facility Location	NM1 seg not found in 2330G loop	If the claim level Other Payer Service Facility Location Information is sent, an The Other Payer Service Facility Location Name Information must be present.	C
0705	2330G	NM101	Other Payer Service Facility Location Entity Identifier Code	Missing/invalid value	If the claim level Other Payer Service Facility Location Information is sent, an The Other Payer Service Facility Location Name Entity Identifier Code must be equal to 77, FA, LI, or TL.	C
0706	2330G	NM102	Other Payer Service Facility Location Entity Type Qualifier	Missing/invalid value	If the claim level Other Payer Service Facility Location Information is sent, the Other Payer Service Facility Location Name Entity Type Qualifier Code must equal 2.	C
0709	2330G	REF	Other Payer Service Facility Location Identification	REF seg missing in 2330G	If the claim level Other Payer Service Facility Location Information is sent, the Other Payer Service Facility Location Secondary Information must be present.	C

0710	2330G	REF01	Other Payer Service Facility Location Reference Identification Qualifier	Missing/invalid value	If the claim level Other Payer Service Facility Location Secondary Identification Number is sent, the Reference Qualifier Code must be equal to 1A, 1B, 1C, 1D, EI, G2, LU, or N5.	C
0711	2330G	REF02	Other Payer Service Facility Location Identifier	Required element missing	If the claim level Other Payer Service Facility Location Secondary Information is sent, an identification number must be present.	C
0712	2330H	NM1	Other Payer Supervising Provider	Max seg count exceeded	Only one Other Payer Supervising Provider is allowed at the claim level.	C
0713	2330H	NM1	Other Payer Supervising Provider	NM1 seg not found in 2330H loop	If the claim level Other Payer Supervising Provider Information is sent, an The Other Payer Supervising Provider Name Information must be present.	C
0714	2330H	NM101	Other Payer Supervising Entity Identifier Code	Missing/invalid value	If the claim level Other Payer Supervising Provider Information is sent, an The Other Payer Supervising Provider Name Entity Identifier Code must equal DQ.	C
0715	2330H	NM102	Other Payer Supervising Entity Type Qualifier	Missing/invalid value	If the claim level Other Payer Supervising Provider Information is sent, the Other Payer Supervising Provider Name Entity Type Qualifier Code must equal 1.	C
0718	2330H	REF	Other Payer Supervising Provider Identification	REF seg missing in 2330H	If the claim level Other Payer Supervising Provider Information is sent, the Other Payer Supervising Provider Secondary Information must be present.	C
0719	2330H	REF01	Other Payer Supervising Provider Reference Identification Qualifier	Missing/invalid value	If the claim level Other Payer Supervising Provider Secondary Identification Number is sent, the Reference Qualifier Code must be equal to 1A, 1B, 1C, 1D, EI, G2, or N5.	C
0720	2330H	REF02	Other Payer Supervising Provider Identifier	Required element missing	If the claim level Other Payer Supervising Provider Secondary Information is sent, an identification number must be present.	C
0721	2400	LX	Service Line	Max seg count exceeded	Only 50 service lines are allowed per claim.	C
0725	2400	SV1	Professional Service	Required seg missing	If line level claim information is being sent, the Service Line must segment must be present.	C
0727	2400	SV101-1	Product Or Service Id Qualifier	Missing/invalid value	If line level claim information is being sent, the Service Line Service ID Qualifier must be present.	C
0729	2400	SV102	Line Item Charge Amount	Required element missing	If line level claim information is being sent, the Service Line Line Item Charge Amount must be present.	C

0730	2400	SV103	Unit Or Basis For Measurement Code	Missing/invalid value	If line level claim information is being sent, the Service Line Line Unit or Basis for Measurement Code must be equal to F2, MJ, or UN.	C
0731	2400	SV104	Service Unit Count	Required element missing	If line level claim information is being sent, the Service Line Service Units must be present.	C
0733	2400	SV105	Place Of Service Code	Invalid value	If line level claim information is being sent, the Service Line Service Units must be present.	C
0734	2400	SV107-1	Diagnosis Code Pointer	Invalid value	If line level claim information is being sent, the Service Line Diagnosis Pointer must be equal to 1-8.	C
0735	2400	SV107-2	Diagnosis Code Pointer	Invalid value	If line level claim information is being sent, the Service Line Diagnosis Pointer must be equal to 1-8.	C
0736	2400	SV107-3	Diagnosis Code Pointer	Invalid value	If line level claim information is being sent, the Service Line Diagnosis Pointer must be equal to 1-8.	C
0737	2400	SV107-4	Diagnosis Code Pointer	Invalid value	If line level claim information is being sent, the Service Line Diagnosis Pointer must be equal to 1-8.	C
0738	2400	SV109	Emergency Indicator	Missing/invalid value	If line level claim information is being sent, the Service Line EPSD Indicator must equal Y.	C
0739	2400	SV111	EPSDT Indicator	Invalid value	If line level claim information is being sent, the Service Line Family Planning Indicator must equal Y.	C
0740	2400	SV112	Family Planning Indicator	Invalid value	If line level claim information is being sent, the Service Line Family Planning Indicator must equal Y.	C
0741	2400	SV115	Co-Pay Status Code	Invalid value	If line level claim information is being sent, the Service Line Copay Status Code must equal 0.	C
0744	2400	PWK	DMERC CMN Indicator	Exceeds max seg count	Only 1 DMERC CMN Indicator Paperwork is allowed per service line.	C
0745	2400	PWK01	Attachment Report Type Code	Missing/invalid value	If the DMERC CMN Indicator Paperwork is sent, the DMERC Report Type Code must be present.	C
0746	2400	PWK02	Attachment Transmission Code	Missing/invalid value	If the DMERC CMN Indicator Paperwork is sent, the DMERC Report Transmission Code must be equal to AB, AD, AF, AG, or NS.	C
0748	2400	CR101	Ambulance Transport Unit Or Basis For Measurement Code	Invalid value	If the line level Ambulance Transport Information is sent, the Unit or Basis for Measurement Code must equal LB.	C

0749	2400	CR103	Ambulance Transport Code	Missing/invalid value	If the line level Ambulance Transport Information is sent, the Ambulance Transport Code must be equal to I, R, T, or X.	C
0750	2400	CR104	Ambulance Transport Reason Code	Missing/invalid value	If the line level Ambulance Transport Information is sent, the Ambulance Transport Reason Code must be equal to A, B, C, D, or E.	C
0751	2400	CR105	Ambulance Transport Unit Or Basis For Measurement Code	Missing/invalid value	If the line level Ambulance Transport Information is sent, the Ambulance Transport Reason Code must be equal to DH.	C
0752	2400	CR106	Ambulance Transport Distance	Required element missing	If the line level Ambulance Transport Information is sent, the Ambulance Transport Distance must be a numeric value greater than zero.	C
0753	2400	CR109	Ambulance Round Trip Purpose Description	Required if CR103=X	If the line level Ambulance Transport Information is sent and the Ambulance Transport Code indicates Round Trip, the Ambulance Transport Round Trip Purpose Description must be present.	C
0762	2400	CR208	Patient Condition Code	Missing/invalid value	If the line level Spinal Manipulation Information is sent, the Spinal Manipulation Nature of Condition Code must be equal to A, C, D, E, F, G, or M.	C
0764	2400	CR212	X-Ray Availability Indicator	Missing/invalid value	If the line level Spinal Manipulation Information is sent, the Spinal Manipulation X-Ray Availability Indicator Code must be equal to N or Y.	C
0768	2400	CR303	Quantity	Invalid value	Value must be numeric	C
0770	2400	CR501	Certification Type Code	Missing/invalid value	If the line level Home Oxygen Therapy Information is sent, the Home Oxygen Therapy Certification Type Code must be equal to I, R, or S.	C
0771	2400	CR502	Treatment Period Count	Required element missing	If the line level Home Oxygen Therapy Information is sent, the Home Oxygen Therapy Treatment Count must be present.	C
0772	2400	CR512	Oxygen Test Condition Code	Missing/invalid value	If the line level Home Oxygen Therapy Information is sent, the Home Oxygen Therapy Test Condition Code must be equal to E, R, or S.	C
0773	2400	CR513	Oxygen Test Findings Code	Invalid value	If the line level Home Oxygen Therapy Information is sent, the Home Oxygen Therapy Oxygen Test Findings Code must equal 1.	C
0774	2400	CR514	Oxygen Test Findings Code	Invalid value	If the line level Home Oxygen Therapy Information is sent, the Home Oxygen Therapy Oxygen Test Findings Code must equal 2.	C

0775	2400	CR515	Oxygen Test Findings Code	Invalid value	If the line level Home Oxygen Therapy Information is sent, the Home Oxygen Therapy Oxygen Test Findings Code must equal 3.	C
0777	2400	CRC01	Code Category	Missing/invalid value	If the line level Ambulance Certification/Hospice Employee Information is sent, the Code Category must be equal to 07 or 70.	C
0778	2400	CRC02	Certification Condition Indicator	Missing/invalid value	If the line level Ambulance Certification Information is sent, the Yes/No Condition or Response Code must be equal to N or Y.	C
0779	2400	CRC03	Condition Code	Missing/invalid value	If the line level Ambulance Certification Information is sent, the Ambulance Certification Condition Indicator Code must be equal to 01, 02, 03, 04, 05, 06, 07, 08, 09, or 60.	C
0780	2400	CRC04	Condition Code	Invalid value	If the line level Ambulance Certification Information is sent, the Ambulance Certification Condition Indicator Code must be equal to 01, 02, 03, 04, 05, 06, 07, 08, 09, or 60.	C
0781	2400	CRC05	Condition Code	Invalid value	If the line level Ambulance Certification Information is sent, the Ambulance Certification Condition Indicator Code must be equal to 01, 02, 03, 04, 05, 06, 07, 08, 09, or 60.	C
0782	2400	CRC06	Condition Code	Invalid value	If the line level Ambulance Certification Information is sent, the Ambulance Certification Condition Indicator Code must be equal to 01, 02, 03, 04, 05, 06, 07, 08, 09, or 60.	C
0783	2400	CRC07	Condition Code	Invalid value	If the line level Ambulance Certification Information is sent, the Ambulance Certification Condition Indicator Code must be equal to 01, 02, 03, 04, 05, 06, 07, 08, 09, or 60.	C
0784	2400	CRC	Hospice Employee Indicator	Exceeds max segment/qualifier count	Only 1 occurrence of Hospice Information is allowed at the line level.	C
0786	2400	CRC02	Hospice Employed Provider Indicator	Missing/invalid value	If the line level Hospice Employee Information is sent, the Hospice Employed Provider Indicator must be equal to N or Y.	C
0787	2400	CRC03	Condition Indicator	Missing/invalid value	If the line level Hospice Employee Information is sent, the Condition Indicator must equal 65.	C
0796	2400	DTP	Date - Service Date	Exceeds max segment/qualifier count	Only one Service Date is allowed per service line. Only 15 total dates are allowed per service line.	C
0798	2400	DTP02	Date Time Period Format Qualifier	Missing/invalid value	If the line level Date Information is sent, the Date Time Period Format Qualifier must be equal to D8 or RD8.	C

0804	2400	DTP	Date - Referral Date	Exceeds max segment/qualifier count	Only one Referral Date is allowed per service line.	C
0806	2400	DTP02	Referral Date Time Period Format Qualifier	Invalid value	If the line level Date Information is sent, the Date Time Period Format Qualifier must equal D8.	C
0808	2400	DTP	Date - Begin Therapy Date	Exceeds max segment/qualifier count	Only one Therapy Date is allowed per service line.	C
0810	2400	DTP02	Begin Therapy Date Time Period Format Qualifier	Invalid value	If the line level Begin Therapy Date Information is sent, the Date Time Period Format Qualifier must equal RD8.	C
0812	2400	DTP	Date - Last Certification Date	Exceeds max segment/qualifier count	Only one Last Certification Date is allowed per service line.	C
0814	2400	DTP02	Last Certification Date Time Period Format Qualifier	Invalid value	If the line level Last Certification Date Information is sent, the Date Time Period Format Qualifier must equal RD8.	C
0816	2400	DTP	Date - Order Date	Exceeds max segment/qualifier count	Only one Order Date is allowed per service line.	C
0818	2400	DTP02	Order Date Time Period Format Qualifier	Invalid value	If the line level Order Date Information is sent, the Date Time Period Format Qualifier must equal RD8.	C
0820	2400	DTP	Date - Date Last Seen	Exceeds max segment/qualifier count	Only one Date Last Seen is allowed per service line.	C
0822	2400	DTP02	Last Seen Date Time Period Format Qualifier	Invalid value	If the line level Date Last Seen Information is sent, the Date Time Period Format Qualifier must equal RD8.	C
0824	2400	DTP	Date - Test	Exceeds max segment/qualifier count	Only 2 Test Dates are allowed per service line.	C
0826	2400	DTP02	Test Date Time Period Format Qualifier	Invalid value	If the line level Test Date Information is sent, the Date Time Period Format Qualifier must equal RD8.	C
0828	2400	DTP	Date - Oxygen Saturation/Arterial Blood Gas Test	Exceeds max segs for qual	Only one Oxygen Saturation/Arterial Blood Gas Test Date is allowed per service line.	C
0830	2400	DTP02	Oxygen Saturation Date Time Period Format Qualifier	Invalid value	If the line level Oxygen Saturation/Arterial Blood Gas Test Date Information is sent, the Date Time Period Format Qualifier must equal RD8.	C
0832	2400	DTP	Date - Shipped	Exceeds max segment/qualifier count	Only one Shipped Date is allowed per service line.	C
0834	2400	DTP02	Shipped Date Time Period Format Qualifier	Invalid value	If the line level Shipped Date Information is sent, the Date Time Period Format Qualifier must equal RD8.	C
0836	2400	DTP	Date - Onset Of Current Symptom/Illness	Exceeds max segment/qualifier count	Only one Onset of Current Symptom/Illness Date is allowed per service line.	C
0838	2400	DTP02	Onset Date Time Period Format Qualifier	Invalid value	If the line level Onset of Current Symptom/Illness Date Information is sent, the Date Time Period Format Qualifier must equal RD8.	C

0840	2400	DTP	Date - Last X-Ray	Exceeds max segment/qualifier count	Only one Last X-Ray Date is allowed per service line.	C
0842	2400	DTP02	Last X-Ray Date Time Period Format Qualifier	Invalid value	If the line level Last X-Ray Date Information is sent, the Date Time Period Format Qualifier must equal RD8.	C
0844	2400	DTP	Date - Acute Manifestation	Exceeds max segment/qualifier count	Only one Acute Manifestation Date is allowed per service line.	C
0846	2400	DTP02	Acute Manifestation Date Time Period Format Qualifier	Missing/invalid value	If the line level Acute Manifestation Date Information is sent, the Date Time Period Format Qualifier must equal D8.	C
0848	2400	DTP	Date - Initial Treatment	Exceeds max segment/qualifier count	Only one Initial Treatment Date is allowed per service line.	C
0850	2400	DTP02	Initial Treatment Date Time Period Format Qualifier	Missing/invalid value	If the line level Initial Treatment Date Information is sent, the Date Time Period Format Qualifier must equal D8.	C
0852	2400	DTP	Date - Similar Illness/Symptom Onset	Exceeds max segment/qualifier count	Only one Similar Illness/Symptom Onset Date is allowed per service line.	C
0854	2400	DTP02	Similar Illness Date Time Period Format Qualifier	Missing/invalid value	If the line level Similar Illness/Symptom Onset Date Information is sent, the Date Time Period Format Qualifier must equal D8.	C
0860	2400	MEA01	Test Result Measurement Reference Identification Code	Missing/invalid value	If the line level Test Result Information is sent, the Test Result Measurement Reference ID Code must be equal to OG or TR.	C
0862	2400	MEA03	Test Results	Required element missing	If the line level Test Result Information is sent, the Test Result Measurement Value must be present.	C
0864	2400	CN101	Contract Type Code	Missing/invalid value	If the line level Contract Information is sent, the Contract Type Code must be equal to 01, 02, 03, 04, 05, 06, or 09.	C
0865	2400	REF	Repriced Line Item Reference Number	Exceeds max segment/qualifier count	Only one Repriced Line Item Reference Number is allowed per service line.	C
0866	2400	REF01	Repriced Line Item Reference Identification Qualifier	Missing/invalid value	If the line level Reference Information is sent, the Reference Identification Qualifier must be equal to 9B, 9D, 9F, G1, 6R, EW, X4, F4, BT, 1S, TP, OZ, or VP.	C
0867	2400	REF02	Repriced Line Item Reference Number	Required element missing	If the line level Repriced Line Item Reference Information is sent, the Repriced Line Item Reference Number must be present.	C
0868	2400	REF	Adjusted Repriced Line Item Reference Number	Exceeds max segment/qualifier count	Only one Adjusted Repriced Line Item Reference Number is allowed per service line.	C
0870	2400	REF02	Adjusted Repriced Line Item Reference Number	Required element missing	If the line level Adjusted Repriced Line Item Reference Information is sent, the Adjusted Repriced Line Item Reference Number must be present.	C

0871	2400	REF	Prior Authorization Or Referral Number	Exceeds max seg count for qual list	Only 2 Prior Authorization/Referral Numbers are allowed per service line.	C
0873	2400	REF02	Prior Authorization Or Referral Number	Required element missing	If the line level Prior Authorization/Referral Information is sent, the Prior Authorization/Referral Number must be present.	C
0874	2400	REF	Line Item Control Number	Exceeds max segment/qualifier count	Only one Line Item Control Number is allowed per service line.	C
0876	2400	REF02	Line Item Control Number	Required element missing	If the line level Line Item Control Information is sent, the Line Item Control Number must be present.	C
0877	2400	REF	Mammography Certification Number	Exceeds max segment/qualifier count	Only one Mammography Certification Number is allowed per service line.	C
0879	2400	REF02	Mammography Certification Number	Required element missing	If the line level Mammography Certification Information is sent, the Mammography Certification Number must be present.	C
0880	2400	REF	Clinical Laboratory Improvement Amendment (CLIA) Identification	Exceeds max segment/qualifier count	Only one Clinical Laboratory Improvement Amendment (CLIA) Identification Number is allowed per service line.	C
0882	2400	REF02	Clinical Laboratory Improvement Amendment Number	Required element missing	If the line level Clinical Laboratory Improvement Amendment (CLIA) Identification Information is sent, the CLIA Number must be present.	C
0883	2400	REF	Referring Clinical Laboratory Improvement Amendment (CLIA) Facility Identification	Exceeds max segment/qualifier count	Only one Clinical Laboratory Improvement Amendment (CLIA) Facility Identification Number is allowed per service line.	C
0885	2400	REF02	Referring Clia Number	Required element missing	If the line level Clinical Laboratory Improvement Amendment (CLIA) Facility Identification Information is sent, the CLIA Number must be present.	C
0886	2400	REF	Immunization Batch Number	Exceeds max segment/qualifier count	Only one Immunization Batch Number is allowed per service line.	C
0888	2400	REF02	Immunization Batch Number	Required element missing	If the line level Immunization Batch Information is sent, the Immunization Batch Number must be present.	C
0890	2400	REF02	Ambulatory Patient Group Number	Required element missing	If the line level Ambulatory Patient Group Information is sent, the Ambulatory Patient Group Number must be present.	C
0891	2400	REF	Oxygen Flow Rate	Exceeds max segment/qualifier count	Only one Oxygen Flow Rate is allowed per service line.	C
0893	2400	REF02	Oxygen Flow Rate	Required element missing	If the line level Oxygen Flow Rate Information is sent, the Oxygen Flow Rate must be present.	C
0894	2400	REF	Universal Product Number (UPN)	Exceeds max seg/qualifier total	Only one Universal Product Number is allowed per service line.	C
0896	2400	REF02	Universal Product Number	Required element missing	If the line level Universal Product Number Information is sent, the Universal Product Number must be present.	C

0897	2400	AMT	Sales Tax Amount	Exceeds max segment/qualifier count	Only one Sales Tax Amount is allowed per service line.	C
0898	2400	AMT01	Sales Tax Amount Qualifier Code	Missing/invalid value	If the line level Amount Information is sent, the Amount Qualifier Code must be equal to T, AAE, or F4.	C
0900	2400	AMT	Approved Amount	Exceeds max segment/qualifier count	Only one Approved Amount is allowed per service line.	C
0903	2400	AMT	Postage Claimed Amount	Exceeds max segment/qualifier count	Only one Postage Claimed Amount is allowed per service line.	C
0908	2400	NTE	Line Note	Exceeds max seg count	Only one Line Note is allowed per service line.	C
0909	2400	NTE01	Note Reference Code	Missing/invalid value	If the line level Note Information is sent, the Note Reference Code must be equal to ADD, DCP, PMT, or TPO.	C
0914	2400	PS102	Monetary Amount	Invalid value	Value must be numeric	C
0916	2400	HSD01	Health Care Services Visits	Invalid value	If the line level Health Care Services Delivery Information is sent, the Home Health Quantity Code must equal VS.	C
0917	2400	HSD03	Health Care Services Frequency Period	Invalid value	If the line level Health Care Services Delivery Information is sent, the Home Health Frequency Period Code must be equal to DA, MO, Q1, or WK.	C
0918	2400	HSD05	Health Care Services Duration Of Visits Units	Invalid value	If the line level Health Care Services Delivery Information is sent, the Home Health Duration of Visits Code must be equal to 7, 34, or 35.	C
0919	2400	HSD07	Health Care Services Ship, Delivery Or Calendar Pattern Code	Invalid value	If the line level Health Care Services Delivery Information is sent, the Home Health Ship/Delivery, or Calendar Pattern Code must be equal to 1-7, A-H, J-L, N, O, S, SA, SB, SC, SD, SG, SL, SP, SX, SY, SZ, or W.	C
0920	2400	HSD08	Health Care Services Delivery Pattern Time Code	Invalid value	If the line level Health Care Services Delivery Information is sent, the Home Health Ship/Delivery Pattern Time Code must be equal to D, E, or F.	C
0922	2400	HCP01	Line Pricing Methodology	Missing/invalid value	The line level Pricing Methodology qualifier must be equal to 00, 01, 02, 03, 04, 05, 07, 08, 09, 10, 11, 12, 13, or 14.	C
0923	2400	HCP02	Repriced Allowed Amount	Required element missing	If the line level Claim Pricing/Repricing Information is sent, it must contain the Repriced Allowed Amount.	C

0924	2400	HCP09	Product Or Service Id Qualifier	Invalid value	If the line level Claim Pricing/Repricing Information is sent, the Product/Service ID Qualifier must be equal to HC, IV, or ZZ.	C
0925	2400	HCP11	Unit Or Basis For Measurement Code	Invalid value	If the line level Claim Pricing/Repricing Information is sent, the Unit or Basis for Measurement Code must be equal to DA or UN.	C
0926	2400	HCP13	Reject Reason Code	Invalid value	If the line level Claim Pricing/Repricing Information is sent, the Unit or Reject Reason Code must be equal to DA or UN.	C
0927	2400	HCP14	Policy Compliance Code	Invalid value	If the line level Claim Pricing/Repricing Information is sent, the Unit or Policy Compliance Code must be equal to 1, 2, 3, 4, or 5.	C
0928	2400	HCP15	Exception Code	Invalid value	If the line level Claim Pricing/Repricing Information is sent, the Unit or Exception Code must be equal to 1, 2, 3, 4, or 5.	C
0929	2420A	NM1	Rendering Provider Name	Max seg count exceeded	Only one Rendering Provider is allowed at the line level.	C
0930	2420A	NM1	Rendering Provider Name	NM1 not found in 2420A loop	If the line level Rendering Provider information is sent, the Rendering Provider Name segment is required.	C
0931	2420A	NM101	Rendering Provider Entity Identifier Code	Missing/invalid value	If the line level Rendering Provider information is sent, the Entity Identifier must be 82.	C
0932	2420A	NM102	Rendering Provider Entity Type Qualifier	Missing/invalid value	If the line level Rendering Provider information is sent, the Entity Type Code must be 1 or 2.	C
0933	2420A	NM103	Rendering Provider Last Or Organization Name	Required element missing	If the line level Rendering Provider information is sent, the Last Name/Organization Name must be present.	C
0934	2420A	NM104	Rendering Provider First Name	Required when entity type is person	If the line level Rendering Provider information is sent and the Entity Type Code is 1 (Person), then the First Name is required.	C
0935	2420A	NM108	Rendering Provider Identification Code Qualifier	Missing/invalid value	If the line level Rendering Provider information is sent, the Identification Code must be equal to 24, 34, or XX.	C
0936	2420A	NM109	Rendering Provider Identifier	Required element missing	If the line level Rendering Provider information is sent, the NPI or Tax Identification Number must be present.	C
0939	2420A	PRV01	Rendering Provider Code	Missing/invalid value	If the line level Rendering Provider Taxonomy Code is sent, the Provider Code must be PE.	C
0940	2420A	PRV02	Rendering Provider Reference Identification Qualifier	Missing/invalid value	If the line level Referring Provider Taxonomy Code is sent, the Reference Code must equal ZZ.	C

0944	2420A	REF	Rendering Provider Secondary Identification	Exceeds max segment count	Only 5 consecutive Rendering Provider Secondary Identification segments can be present at the line level.	C
0945	2420A	REF01	Rendering Provider Reference Identification Qualifier	Missing/invalid value	If the claim level Rendering Provider Secondary Identification Number is sent, the Reference Qualifier Code must be equal to 0B, 1B, 1C, 1D, 1G, 1H, EI, G2, LU, N5, SY, or X5.	C
0946	2420A	REF02	Rendering Provider Secondary Identifier	Required element missing	If the claim level Rendering Provider Secondary Identification segment is sent, an identification number must be present.	C
0947	2420B	NM1	Purchased Service Provider Name	Max seg count exceeded	Only one Purchased Service Provider is allowed at the line level.	C
0948	2420B	NM1	Purchased Service Provider Name	NM1 seg not found in 2420B loop	If the line level Purchased Service Provider Information is sent, the Purchased Service Provider Name segment must be present.	C
0949	2420B	NM101	Purchased Service Entity Identifier Code	Missing/invalid value	If the line level Purchased Service Provider information is sent, the Entity Identifier must be QB.	C
0950	2420B	NM102	Purchased Service Entity Type Qualifier	Missing/invalid value	If the line level Purchased Service Provider information is sent, the Entity Type Code must be 1 or 2.	C
0951	2420B	NM108	Purchased Service Identification Code Qualifier	Invalid value	If the line level Purchased Service Provider information is sent, the Identification Code must be equal to 24, 34, or XX.	C
0952	2420B	REF	Purchased Service Provider Secondary Identification	Exceeds max segment count	Only 5 consecutive Purchased Service Provider Secondary Identification segments can be present at the line level.	C
0953	2420B	REF01	Purchase Service Provider Reference Identification Qualifier	Missing/invalid value	If the line level Purchased Service Provider Secondary Identification Number is sent, the Reference Qualifier Code must be equal to 0B, 1B, 1C, 1D, 1G, 1H, EI, G2, LU, N5, SY, or X5.	C
0954	2420B	REF02	Purchased Service Provider Secondary Identifier	Required element missing	If the line level Purchased Service Provider Secondary Identification segment is sent, an identification number must be present.	C
0955	2420C	NM1	Service Facility Location	Max seg count exceeded	Only one Service Facility Location is allowed at the line level.	C
0956	2420C	NM1	Service Facility Location	NM1 seg not found in 2420C loop	If the line level Service Facility Location Information is sent, the Service Facility Name segment must be present.	C
0957	2420C	NM101	Service Facility Entity Identifier Code	Missing/invalid value	If the line level Service Facility Location Information is sent, the Entity Identifier must be equal to 77, FA, LI, or TL.	C

0958	2420C	NM102	Service Facility Entity Type Qualifier	Missing/invalid value	If the line level Service Facility Location information is sent, the Entity Type Code must equal 2.	C
0959	2420C	NM108	Service Facility Identification Code Qualifier	Invalid value	If the line level Service Facility Location information is sent, the Identification Code must be equal to 24, 34, or XX.	C
0962	2420C	N3	Service Facility Location Address	Max seg count exceeded	Only one Service Facility Location Address segment can be present at the line level.	C
0963	2420C	N3	Service Facility Location Address	N3 loop not found in 2420C loop	If the line level Service Facility Location information is sent, the Service Facility Location Address must be present.	C
0966	2420C	N4	Service Facility Location City/State/Zip	N4 seg not found in 2420C loop	If the line level Service Facility Location information is sent, the Service Facility Location City/State/Zip must be present.	C
0967	2420C	N401	Laboratory Or Facility City Name	Required element missing	If the line level Service Facility Location information is sent, the Service Facility Location City must be present.	C
0968	2420C	N402	Laboratory Or Facility State Or Province Code	Missing/invalid value	If the line level Service Facility Location information is sent, the Service Facility Location State must be present.	C
0969	2420C	N403	Laboratory Or Facility Postal Zone Or Zip Code	Required element missing	If the line level Service Facility Location information is sent, the Service Facility Location Zip must be present.	C
0970	2420C	REF	Service Facility Location Secondary Identification	Exceeds max segment count	Only 5 consecutive Service Facility Location Secondary Identification segments can be present at the line level.	C
0971	2420C	REF01	Service Facility Location Reference Identification Qualifier	Missing/invalid value	If the line level Service Facility Location Secondary Identification Number is sent, the Reference Qualifier Code must be equal to 0B, 1B, 1C, 1D, 1G, 1H, EI, G2, LU, N5, SY, or X5.	C
0973	2420D	NM1	Supervising Provider Name	Max seg count exceeded	Only one Supervising Provider is allowed at the line level.	C
0974	2420D	NM1	Supervising Provider Name	NM1 seg not found in 2420D loop	If the line level Supervising Provider Information is sent, the Supervising Provider Name segment must be present.	C
0975	2420D	NM101	Supervising Provider Entity Identifier Code	Missing/invalid value	If the line level Supervising Provider information is sent, the Entity Identifier must be DQ.	C
0976	2420D	NM102	Supervising Provider Entity Type Qualifier	Missing/invalid value	If the line level Supervising Provider information is sent, the Entity Type Code must equal 1.	C
0977	2420D	NM103	Supervising Provider Last Name	Required element missing	If the line level Supervising Provider information is sent, the Last Name/Organization Name must be present.	C

0978	2420D	NM104	Supervising Provider First Name	Required element missing	If the line level Supervising Provider information is sent and the Entity Type Code is 1 (Person), then the First Name is required.	C
0979	2420D	NM108	Supervising Provider Identification Code Qualifier	Invalid value	If the line level Supervising Provider information is sent, the Identification Code must be equal to 24, 34, or XX.	C
0982	2420D	REF	Supervising Provider Secondary Identification	Exceeds max segment count	Only 5 consecutive Supervising Provider Secondary Identification segments can be present at the line level.	C
0983	2420D	REF01	Supervising Provider Reference Identification Qualifier	Missing/invalid value	If the line level Supervising Provider Secondary Identification Number is sent, the Reference Qualifier Code must be equal to 0B, 1B, 1C, 1D, 1G, 1H, EI, G2, LU, N5, SY, or X5.	C
0984	2420D	REF02	Supervising Provider Secondary Identifier	Required element missing	If the line level Supervising Provider Service Provider Secondary Identification segment is sent, an identification number must be present.	C
0985	2420E	NM1	Ordering Provider Name	Max seg count exceeded	Only one Ordering Provider is allowed at the line level.	C
0986	2420E	NM1	Ordering Provider Name	NM1 seg not found in 2420E loop	If the line level Ordering Provider Information is sent, the Ordering Provider Name segment must be present.	C
0987	2420E	NM101	Ordering Provider Entity Identifier Code	Missing/invalid value	If the line level Ordering Provider information is sent, the Entity Identifier must be DK.	C
0988	2420E	NM102	Ordering Provider Entity Type Qualifier	Missing/invalid value	If the line level Ordering Provider information is sent, the Entity Type Code must equal 1.	C
0989	2420E	NM103	Ordering Provider Last Name	Required element missing	If the line level Ordering Provider information is sent, the Last Name/Organization Name must be present.	C
0990	2420E	NM104	Ordering Provider First Name	Required element missing	If the line level Ordering Provider information is sent and the Entity Type Code is 1 (Person), then the First Name is required.	C
0991	2420E	NM108	Ordering Provider Identification Code Qualifier	Invalid value	If the line level Ordering Provider information is sent, the Identification Code must be equal to 24, 34, or XX.	C
0994	2420E	N3	Ordering Provider Address	Exceeds max seg count	Only one Ordering Provider Address segment can be present at the line level.	C
0997	2420E	N401	Ordering Provider City Name	Required element missing	If the line level Ordering Provider Address information is sent, the Ordering Provider Zip must be present.	C
0998	2420E	N402	Ordering Provider State Or Province Code	Missing/invalid value	If the line level Ordering Provider information is sent, the Ordering Provider State must be present.	C

0999	2420E	N403	Ordering Provider Postal Zone Or Zip Code	Required element missing	If the line level Ordering Provider information is sent, the Ordering Provider Zip must be present.	C
1000	2420E	REF	Ordering Provider Secondary Identification	Exceeds max seg count	Only 5 consecutive Ordering Provider Secondary Identification segments can be present at the line level.	C
1001	2420E	REF01	Ordering Provider Reference Identification Qualifier	Missing/invalid value	If the line level Ordering Provider Secondary Identification Number is sent, the Reference Qualifier Code must be equal to 0B, 1B, 1C, 1D, 1G, 1H, EI, G2, LU, N5, SY, or X5.	C
1002	2420E	REF02	Ordering Provider Secondary Identifier	Required element missing	If the line level Ordering Provider Service Provider Secondary Identification segment is sent, an identification number must be present.	C
1003	2420E	PER	Ordering Provider Contact Information	Exceeds max seg count	Only one Ordering Provider Contact Information segment can be present at the line level.	C
1004	2420E	PER01	Ordering Provider Contact Function Code	Missing/invalid value	If the line level Ordering Provider Contact information is sent, the Ordering Provider Contact Function Code must be equal to IC.	C
1005	2420E	PER02	Ordering Provider Contact Name	Required element missing	If the line level Ordering Provider Contact information is sent, the Ordering Provider Contact Name must be present.	C
1006	2420E	PER03	Ordering Provider Communication Number Qualifier	Missing/invalid value	If the line level Ordering Provider Contact information is sent, the Ordering Provider Communication Number Qualifier Code must be equal to ED, EM, EX, FX, or TE.	C
1007	2420E	PER04	Ordering Provider Communication Number	Required element missing	If the line level Ordering Provider Contact information is sent, the Ordering Provider Communication Number must be present.	C
1008	2420E	PER05	Ordering Provider Communication Number Qualifier	Invalid value	If a second line level Ordering Provider Communication Number is sent, the Ordering Provider Communication Number Qualifier Code must be equal to ED, EM, EX, FX, or TE.	C
1009	2420E	PER07	Ordering Provider Communication Number Qualifier	Invalid value	If a third line level Ordering Provider Communication Number is sent, the Ordering Provider Communication Number Qualifier Code must be equal to ED, EM, EX, FX, or TE.	C
1010	2420F	NM1	Referring Provider Name	Max seg count exceeded	Only two Referring Provider segments can be present at the line level.	C
1011	2420F	NM1	Referring Provider Name	NM1 seg not found in 2420F loop	If the line level Referring Provider Information is sent, the Referring Provider Name segment must be present.	C

1013	2420F	NM102	Referring Provider Entity Type Qualifier	Missing/invalid value	If the line level Referring Provider information is sent, the Entity Type Code must equal 1.	C
1014	2420F	NM103	Referring Provider Last Name	Required element missing	If the line level Referring Provider information is sent, the Last Name/Organization Name must be present.	C
1015	2420F	NM104	Referring Provider First Name	Required element missing	If the line level Referring Provider information is sent and the Entity Type Code is 1 (Person), then the First Name is required.	C
1016	2420F	NM108	Referring Provider Identification Code Qualifier	Invalid value	If the line level Referring Provider information is sent, the Identification Code must be equal to 24, 34, or XX.	C
1018	2420F	PRV01	Referring Provider Code	Missing/invalid value	If the claim level Referring Provider Taxonomy Code is sent, the Provider Code must be RF.	C
1019	2420F	PRV02	Referring Provider Reference Identification Code	Missing/invalid value	If the claim level Referring Provider Taxonomy Code is sent, the Reference Identification Qualifier must be ZZ.	C
1023	2420F	REF	Referring Provider Secondary Identification	Exceeds max segment count	Only 5 consecutive Referring Provider Secondary Identification segments can be present at the line level.	C
1024	2420F	REF01	Referring Provider Secondary Reference Identification Qualifier	Missing/invalid value	If the line level Referring Provider Secondary Identification Number is sent, the Reference Qualifier Code must be equal to 0B, 1B, 1C, 1D, 1G, 1H, EI, G2, LU, N5, SY, or X5.	C
1025	2420F	REF02	Referring Provider Secondary Identifier	Required element missing	If the line level Referring Provider Service Provider Secondary Identification segment is sent, an identification number must be present.	C
1026	2420G	NM1	Other Payer Prior Authorization Or Referral Number	Max seg count exceeded	Only four Other Payer Prior Authorization or Referral Numbers allowed at the line level.	C
1027	2420G	NM1	Other Payer Prior Authorization Or Referral Number	NM1 seg not found in 2420G loop	If the line level Other Payer Prior Authorization or Referral Number Information is sent, the Other Payer Name segment must be present.	C
1028	2420G	NM101	Other Payer Prior Authorization Entity Identifier Code	Missing/invalid value	If the line level Other Payer Name information is sent, the Entity Identifier must be PR.	C
1029	2420G	NM102	Other Payer Prior Authorization Entity Type Qualifier	Missing/invalid value	If the line level Other Payer Name information is sent, the Entity Type Code must equal 2.	C
1030	2420G	NM103	Other Payer Prior Authorization Payer Name	Required element missing	If the line level Other Payer Name information is sent, the Last Name/Organization Name must be present.	C
1031	2420G	NM108	Other Payer Prior Authorization Identification Code Qualifier	Missing/invalid value	If the line level Other Payer Name information is sent, the Identification Code must be equal to 24, 34, or XX.	C
1032	2420G	NM109	Other Payer Identification Number	Required element missing	If the line level Other Payer Name information is sent, the Payer Identification Number must be present.	C

1033	2420G	REF	Other Payer Prior Authorization Or Referral Number	Max seg count exceeded	Only 2 consecutive Other Payer Prior Authorization or Referral Identification segments can be present at the line level.	C
1034	2420G	REF	Other Payer Prior Authorization Or Referral Number	REF segment missing in 2420G loop	If the line level Other Payer Prior Authorization or Referral Name Information is sent, an identification number must be present.	C
1035	2420G	REF01	Other Payer Prior Authorization Reference Identification Qualifier	Missing/invalid value	If the line level Other Payer Prior Authorization or Referral Name Information is sent, a Reference Identification Qualifier must be present.	C
1036	2420G	REF02	Other Payer Prior Authorization Or Referral Number	Required element missing	If the line level Other Payer Prior Authorization or Referral Information is sent, an identification number must be present.	C
1037	2430	SVD	Line Adjudication Information	Max seg count exceeded	25 consecutive Line Adjudication Information segments can be present per service line.	C
1038	2430	SVD	Line Adjudication Information	SVD seg not found in 2430 loop	If the line level Adjustment Information is sent, the Line Adjudication Number must be present.	C
1044	2430	SVD05	Paid Service Unit Count	Required element missing	If the line level Line Adjudication Number Information is sent, the Paid Service Unit Count must be present.	C
1046	2430	CAS01	Claim Adjustment Group Code	Missing/invalid value	If the line level Claim Adjustment Information is sent, the Claim Adjustment Group Code must be equal to CO, CR, OA, PI, or PR.	C
1049	2430	DTP	Line Adjudication Date	Max seg count exceeded	Only one Claim Paid Date is allowed per service line.	C
1050	2430	DTP	Line Adjudication Date	Required element missing	If the line level Adjudication Information is sent, the Claim Paid Date must be present.	C
1051	2430	DTP01	Line Adjudication Date Time Qualifier	Missing/invalid value	If the line level Adjudication Date Information is sent, the Paid Caim Date Time Period Format Qualifier must equal 573.	C
1052	2430	DTP02	Line Adjudication Date Time Period Format Qualifier	Missing/invalid value	If the line level Adjudication Date Information is sent, the Claim Paid Date Time Period Format Qualifier must equal D8.	C
1054	2440	LQ	Form Identification Code	LQ seg not found in 2440 loop	If the line level Form Identification Information is sent, the Form Identification Code must be present.	C
1055	2440	LQ	Form Identification Code	Max seg count exceeded	Only 5 Form Identification Code segments can be present at the line level.	C
1056	2440	LQ01	Code List Qualifier Code	Missing/invalid value	If the line level Form Identification Information is sent, the Form Identification Code Qualifier must be equal to AS or UT.	C

1060	2440	FRM02	Supporting Documentation Question Response	Invalid value	If the line level Form Identification Information is sent, the Supporting Documentation Yes/No Condition or Response Code Qualifier must be equal to N, W, or Y.	C
1062	After Loop	SE	Transaction Set Trailer	Max seg count exceeded	Only one Transaction Set Trailer is allowed per logical file.	F
1063	After Loop	SE	Transaction Set Trailer	Missing SE	A Transaction Set Trailer is missing.	F
1065	After Loop	SE	Trailer Set Control Number	Must Match Txn Cntl Num (ST02)	The Transaction Set Control Number does not match.	F
1066	After Loop	GE	Function Group Trailer	Max seg count exceeded	Only one Functional Group Trailer is allowed per logical file.	F
1067	After Loop	GE	Function Group Trailer	Missing GE	No GE to match GS.	F
1070	After Loop	IEA	Interchange Control Trailer	Max seg count exceeded	Only one Interchange Control Trailer is allowed per logical file.	F
1071	After Loop	IEA	Interchange Control Trailer	Required IEA segment missing	The Interchange Control Trailer is missing.	F
1073	After Loop	IEA02	Interchange Control Number	Must = ISA13	The Interchange Control Number does not match.	F
1075	1000A	PER01	Contact Function Code	Missing/invalid value	If the Submitter EDI Contact information is sent, the Submitter EDI Contact Function Code must be equal to IC.	F
1076	2300	CLM11	Related Causes Information	Value Req W/DTP01=439	If the claim level Accident Date is sent, then the Claim Patient Signature Source Code must be present.	C
1077	2300	DTP	Date - Similar Illness/Symptom Onset	Max Seg Qual List	Only 10 Similar Illness/Symptom Onset Dates are allowed at the line level.	C
1078	2300	REF02	Clearinghouse Trace Number	Exceeds Max Length	The claim level Claim Identification Number for Clearing houses and other Transmission Intermediaries is limited to 20 characters.	C
1079	2320	OI04	Patient Signature Source Code	Invalid Value	If claim level Other Insurance Coverage Information is sent, the Patient Signature Source Code must be present.	C
1080	2400	CRC	Service Line	More Than 3 CRC Segments for Loop	Only three indicators (Ambulance Certification, Hospice Employee Indicator, DMERC Condition Indicator) can be present per service line.	C
1081	2400	DTP	Service Line	More Than 15 DTP Segments for Loop	Only 15 line level dates can be present per service line.	C
1082	2400	SV107	Composite Diagnosis Code Pointer	Missing value when hi seg in 2300	If the claim level Health Care Diagnosis Code is sent, a Diagnosis Code must be present at the line level.	C
1083	2310A	NM101	Referring Provider Entity Identifier Code	First loop edit is set if value is not DN	If claim level Referring Provider information is sent, the Referring Provider Name information must come before the Primary Care Physician Name information.	C

1084	2310A	NM101	Referring Provider Entity Identifier Code	Second loop edit is set if value is not p3	If claim level Referring Provider information is sent, the Referring Provider Name information must be present.	C
1087	2330D	NM101	Other Payer Referring Entity Identifier Code	Missing/invalid value	If claim level Other Payer Referring Provider information is sent, the Other Payer Referring Provider Name information must come before the Primary Care Physician Name information.	C
1089	2400	LX01	Assigned Number	Edit is set if value is not from +1 by +1, cannot skip	For each claim, the first service line must start with 1 and increment per line.	C
1091	2420F	NM101	Referring Provider Entity Identifier Code	First qualifier not DN	If line level Referring Provider information is sent, the Referring Provider Name information must come before the Primary Care Physician Name information.	C
1092	2420F	NM101	Referring Provider Entity Identifier Code	Second qualifier not P3	If line level Referring Provider information is sent, the second name sent should be the Primary Care Physician Name information.	C
1096	2440	LQ01	Code List Qualifier Code	Missing/invalid value	If Form Identification Code information is sent, the Form Identification Code Qualifier must be present.	C
1097	2010AA	REF01	Credit/Debit Card Reference Identification Qualifier	Credit card info not allowed	Credit/Debit Card Billing Information should not be sent.	B
1098	2000B	SBR09	Subscriber Claim Filing Indicator Code	Missing/invalid value	The Subscriber Claim Filing Indicator Code must be equal to 09, 10, 11, 12, 13, 14, 15, 16, AM, BL, CH, CI, DS, HM, LI, LM, MB, MC, OF, TV, VA, WC, or ZZ.	C
1099	2010BA	NM104	Subscriber First Name	Subscriber first name required	If the Subscriber Name is a person, then the Subscriber First Name is required.	C
1100	2010BD	NM1	Credit/Debit Card Holder Name	Credit card info not allowed	Credit/Debit Card Holder Name information should not be sent.	C
1103	2010BD	REF	Credit/Debit Card Information	Credit card info not allowed	Credit/Debit Card Information should not be sent.	C
1104	2330C	REF01	Other Payer Patient Reference Identification Qualifier	Invalid value	Only one Other Payer Patient information Member Identification Number can be present at the claim level.	C
1105	2010BA	DMG	Subscriber Demographic Information	Loop req for Medicare	If the Subscriber is the patient, then the Subscriber Demographic Information must be present.	C
1106	2010AB	REF02	Pay-To Provider Identifier	Required element missing	If the Pay-to Provider Information is sent, an identification number must be present.	B
1109	2310C	NM1	Purchased Service Provider Name	NM1 seg not found in 2310C loop	If the claim level Purchased Service Provider information is sent, the Purchased Service Name information must be present.	C
1111	2330B	REF	Other Payer Secondary Identifier	Exceeds max seg count for qual list	Only 3 consecutive Other Payer Secondary Identification numbers are allowed at the claim level.	C

1112	2420G	NM109	Other Payer Identification Number	Must match one 2330B/NM109	The line level Other Payer Identification must be equal to 00, 01, 02, 03, 04, 05, 07, 08, 09, 10, 11, 12, 13, or 14.	C
1113	2420G	REF01	Other Payer Prior Authorization Reference Identification Qualifier	Missing/invalid value	The line level Other Payer Prior Authorization or Referral Identification Qualifier must be equal to 9F or G1.	C
1114	___	ISA	Interchange Control Header	Unidentified loop or segment	Contact EDI Support Services to report the issue.	F
1115	2400	REF	Ambulatory Patient Group (APG)	Exceeds max segs for qual	Only 4 Ambulatory Patient Group Numbers are allowed at the line level.	C
1116	2000B	SBR05	Subscriber Insurance Type Code	Edit is set if value is not blank	If Medicare is Primary, the Insurance Type Code should not be sent.	C
1118	___	ISA	Interchange Control Header	Missing ISA	No ISA for the IEA.	F
1119	2300	CLM	Claim Information	Max loop repeat	Only 100 claims are allowed per transaction.	C
1120	2400	DTP	Date - Service Date	Req seg missing	The line level Date of Service must be present.	C
1121	2330A	NM1	Other Subscriber Name	Max Seg Count Exceeded	Only 1 Other Subscriber Name can be present at the claim level.	C
1126	1000A	NM101	Entity Identifier Code	Missing/Invalid Value	The Submitter Name information must be present.	F
1203	2320	AMT02	Approved Amount	Decimal placement error	There was a problem with either the claim level and/or line level Ambulatory Patient Group Number.	C
1204	2320	306C AS09CAS12CA	Adjustment Amount	Max value 99,999.99	A claim level Adjustment Amount cannot exceed 99,999.99	C
1205	2320	306C AS09CAS12CA	Adjustment Amount	Decimal placement error (cas 03)	Only 2 decimal places are allowed for claim level Adjustment Amounts.	C
1213	2320	AMT02	Other Payer Patient Responsibility Amount	Decimal placement error	Only 2 decimal places are allowed for claim level Coordination of Benefits (COB) Patient Responsibility Amount.	C
1215	2320	AMT02	Other Payer Covered Amount	Decimal placement error	Only 2 decimal places are allowed for claim level Coordination of Benefits (COB) Covered Amount.	C
1217	2320	AMT02	Other Payer Discount Amount	Decimal placement error	Only 2 decimal places are allowed for claim level Coordination of Benefits (COB) Discount Amount.	C
1219	2320	AMT02	Other Payer Per Day Limit Amount	Decimal placement error	Only 2 decimal places are allowed for claim level Coordination of Benefits (COB) Per Day Limit Amount.	C
1220	2320	AMT02	Other Payer Patient pd Amount	Max value 99,999.99	The claim level Coordination of Benefits (COB) Patient Responsibility Amount cannot exceed 99,999.99.	C
1221	2320	AMT02	Other Payer Patient pd Amount	Decimal placement error	Only 2 decimal places are allowed for claim level Coordination of Benefits (COB) Patient Paid Amount.	C

1222	2320	AMT02	Other Pyer Tax Amount	Max value 99,999.99	The claim level Coordination of Benefits (COB) Tax Amount cannot exceed 99,999.99.	C
1223	2320	AMT02	Other Pyer Tax Amount	Decimal placement error	Only 2 decimal places are allowed for claim level Coordination of Benefits (COB) Tax Amount.	C
1224	2320	AMT02	Other Pyer Pre-Tax Clm Total Amount	Max value 99,999.99	The claim level Coordination of Benefits (COB) Total Claim Before Taxes Amount cannot exceed 99,999.99.	C
1225	2320	AMT02	Other Pyer Pre-Tax Clm Total Amount	Decimal placement error	Only 2 decimal places are allowed for the claim level Coordination of Benefits (COB) Total Claim Before Taxes Amount.	C
1228	2400	AMT02	Approved Amount	Decimal placement error	Only 2 decimal places are allowed for the claim level Coordination of Benefits (COB) Approved Amount.	C
1229	2400	AMT02	Approved Amount	Max value 99,999.99	The claim level Coordination of Benefits (COB) Approved Amount cannot exceed 99,999.99.	C
1230	2400	AMT02	Postage Clmed Amount	Decimal placement error	Only 2 decimal places are allowed for the line level Postage Paid Amount.	C
1231	2400	AMT02	Postage Clmed Amount	Max value 99,999.99	The line level Postage Paid Amount cannot exceed 99,999.99.	C
1232	2400	HCP02	Repriced Allowed Amount	Decimal placement error	Only 2 decimal places are allowed for the line level Pricing/Repricing Allowed Amount.	C
1233	2400	HCP02	Repriced Allowed Amount	Max value 99,999.99	The line level Pricing/Repricing Allowed Amount cannot exceed 99,999.99.	C
1234	2430	SVD02	Service Line pd Amount	Decimal placement error	Only 2 decimal places are allowed for the line level Line Adjudication Service Line Paid Amount.	C
1235	2430	SVD02	Service Line pd Amount	Max value 99,999.99	The line level Line Adjudication Service Line Paid Amount cannot exceed 99,999.99.	C
1244	2300	DTP03	Order Dt	Must be valid date	The claim level Order Date must be in CCYYMMDD format.	C
1247	2300	DTP03	Referral Dt	Must be valid date	The claim level Referral Date must be in CCYYMMDD format.	C
1250	2300	DTP03	Onset of Current Illness or Injury Dt	Must be valid date	The claim level Onset of Current Illness/Symptom Date must be in CCYYMMDD format.	C
1253	2300	DTP03	Similar Illness or Symptom Dt	Must be valid date	The claim level Similar Illness/Symptom Date must be in CCYYMMDD format.	C
1256	2300	DTP03	Accident Dt	Must be valid date	The claim level Accident Date must be in CCYYMMDD format.	C
1259	2300	DTP03	Lt Menstrual Period Dt	Must be valid date	The claim level Last Menstrual Period Date must be in CCYYMMDD format.	C
1262	2300	DTP03	Prescription Dt	Must be valid date	The claim level Hearing and Vision Prescription Date must be in CCYYMMDD format.	C
1265	2300	DTP03	Disability From Dt	Must be valid date	The claim level Disability Begin Date must be in CCYYMMDD format.	C

1268	2300	DTP03	Disability TO Dt	Must be valid date	The claim level Disability End Date must be in CCYYMMDD format.	C
1271	2300	DTP03	Assumed or Relinquished Care Dt	Must be valid date	The claim level Assumed/Relinquished Care Date must be in CCYYMMDD format.	C
1274	2330B	DTP03	Adjudication or PYment Dt	Must be valid date	The claim level Adjudication Date must be in CCYYMMDD format.	C
1277	2400	DTP03	Order Dt	Must be valid date	The line level Order Date must be in CCYYMMDD format.	C
1280	2400	DTP03	Oxygen Saturation Test Dt	Must be valid date	The line level Oxygen Saturation/Arterial Blood Gas Test Date must be in CCYYMMDD format.	C
1283	2400	DTP03	Shipped Dt	Must be valid date	The line level Shipped Date must be in CCYYMMDD format.	C
1286	2400	DTP03	Onset Dt	Must be valid date	The line level Onset of Current Symptom/Illness Date must be in CCYYMMDD format.	C
1289	2400	DTP03	Similar Illness or SympTOM Dt	Must be valid date	The line level Similar Illness/Symptom Date must be in CCYYMMDD format.	C
1292	2300	CN102	Contract Amount	Decimal placement error	Only 2 decimal places are allowed for the claim level Contract Amount.	C
1293	2300	CN102	Contract Amount	Max value 99,999.99	The claim level Contract Amount cannot exceed 99,999.99	C
1295	2300	CN103	Contract Percentage	Decimal placement error	Only 2 decimal places are allowed for the claim level Contract Percentage.	C
1296	2300	CN103	Contract Percentage	Max value 99.99	The claim level Contract Percentage cannot exceed 99.99	C
1298	2300	CN105	Terms Discount Percentage	Decimal placement error	Only 2 decimal places are allowed for the claim level Contract Terms Discount Percentage.	C
1299	2300	CN105	Terms Discount Percentage	Max value 99.99	The Contract Terms Discount Percentage cannot exceed 99.99	C
1301	2300	HCP02	Repriced Allowed Amount	Decimal placement error	Only 2 decimal places are allowed for the claim level Repriced Allowed Amount.	C
1302	2300	HCP02	Repriced Allowed Amount	Max value 99,999.99	The claim level Repriced Allowed Amount cannot exceed 99,999.99	C
1304	2300	HCP03	Repriced Saving Amount	Decimal placement error	Only 2 decimal places are allowed for the claim level Repriced Saving Amount.	C
1305	2300	HCP03	Repriced Saving Amount	Max value 99,999.99	The claim level Repriced Saving Amount cannot exceed 99,999.99	C
1307	2300	HCP05	Repricing Per Diem or Flat Rate Amount	Decimal placement error	Only 2 decimal places are allowed for the claim level Repricing Per Diem or Flat Rate Amount.	C
1308	2300	HCP05	Repricing Per Diem or Flat Rate Amount	Max value 99,999.99	The claim level Repricing Per Diem or Flat Rate Amount cannot exceed 999.99	C
1309	2300	HCP07	Repriced ApPRVed AmbulaTOry Patient Gr Amount	Decimal placement error	Only 2 decimal places are allowed for the claim level Repriced Approved Ambulatory Patient Group Amount.	C
1310	2300	HCP07	Repriced Apprvd Ambulatory Patient Gr Amount	Max value 99,999.99	The claim level Repriced Approved Ambulatory Patient Group Amount cannot exceed 99,999.99	C

1333	2320	AMT02	Apprved Amount	Max value 99,999.99	The claim level Coordination of Benefits (COB) Approved Amount cannot exceed 99,999.99.	C
1334	2320	AMT02	Other Pyer Amount	Max value 99,999.99	The claim level Coordination of Benefits (COB) Patient Responsibility Amount cannot exceed 99,999.99.	C
1335	2320	AMT02	Other Pyer Discount Amount	Max value 99,999.99	The claim level Coordination of Benefits (COB) Discount Amount cannot exceed 99,999.99	C
1336	2320	AMT02	Other Pyer Per Day Limit Amount	Max value 99,999.99	The claim level Coordination of Benefits (COB) Per Day Limit Amount cannot exceed 99,999.99	C
1341	2400	CN102	Contract Amount	Decimal placement error	Only 2 decimal places are allowed for the line level Contract Amount.	C
1342	2400	CN102	Contract Amount	Max value 99,999.99	The line level Contract Amount cannot exceed 99,999.99	C
1344	2400	CN103	Contract Percentage	Decimal placement error	Only 2 decimal places are allowed for the line level Contract Percentage.	C
1345	2400	CN103	Contract Percentage	Max value 99.99	The line level Contract Percentage cannot exceed 99.99	C
1347	2400	CN105	Terms Discount Percent	Decimal placement error	Only 2 decimal places are allowed for the line level Contract Terms Discount Percentage.	C
1348	2400	CN105	Terms Discount Percent	Max value 99.99	The Contract Terms Discount Percentage cannot exceed 99.99	C
1350	2400	AMT02	Sales Tax Amount	Decimal placement error	Only 2 decimal places are allowed for line level Coordination of Benefits (COB) Tax Amount.	C
1351	2400	AMT02	Sales Tax Amount	Max value 99,999.99	The line level Coordination of Benefits (COB) Tax Amount cannot exceed 99,999.99.	C
1356	2400	HCP03	Repriced Savings Amount	Decimal placement error	Only 2 decimal places are allowed for the line level Repriced Allowed Amount.	C
1357	2400	HCP03	Repriced Savings Amount	Max value 99,999.99	The line level Repriced Saving Amount cannot exceed 99,999.99	C
1359	2400	HCP05	Repricing Per Diem or Flat Rate Amount	Decimal placement error	Only 2 decimal places are allowed for the line level Repricing Per Diem or Flat Rate Amount.	C
1360	2400	HCP05	Repricing Per Diem or Flat Rate Amount	Max value 99,999.99	The line level Repricing Per Diem or Flat Rate Amount cannot exceed 999.99	C
1362	2400	HCP07	Repriced Apprved Ambulatory Patient Gr Amount	Decimal placement error	Only 2 decimal places are allowed for the line level Repriced Approved Ambulatory Patient Group Amount.	C
1363	2400	HCP07	Repriced ApPRVed AmbulaTOry Patient Gr Amount	Max value 99,999.99	The line level Repriced Approved Ambulatory Patient Group Amount cannot exceed 99,999.99	C
1369	2430	DTP03	Adjudication or PYment Dt	Must be valid date in ccyyymmdd format	Line level dates must be in CCYYMMDD format.	C
1371	2300	DTP03	Estimated Birth Dt	Must be valid date in ccyyymmdd format	The claim level Estimated Date of Birth must be in CCYYMMDD format.	C
1373	2305	HSD02	No of Visits	Max value 999	The claim level Heath Care Services Delivery Number of Visits cannot exceed 999.	C

1374	2305	HSD04	frqy Count	Decimal placement error	Only 2 decimal places allowed for the claim level Health Care Services Delivery Frequency Count.	C
1375	2305	HSD04	frqy Count	Max value 99.9	The claim level Health Care Services Delivery Frequency Count cannot exceed 99.9	C
1377	2400	HSD02	No of Visits	Max value 99.9	The line level Health Care Services Delivery Number of Visits cannot exceed 999.	C
1378	2400	HSD04	frqy Count	Decimal placement error	Only 2 decimal places allowed for the claim level Health Care Services Delivery Frequency Count.	C
1379	2400	HSD04	frqy Count	Max value 99.9	The line level Health Care Services Delivery Frequency Count cannot exceed 99.9	C
1381	2430	S07CAS10CAS13CA	Adjustment Quantity	Max value 9999999	Line level Claim Adjustment Amounts cannot exceed 9999999.	C
1382	2320	S07CAS10CAS13CA	Adjustment Quantity	Max value 9999999	Claim level Claim Adjustment Amounts cannot exceed 9999999.	C
1383	2320	AMT02	COB Covered Amount	Max value 9999999	The claim level Coordination of Benefits Covered Amount cannot exceed 99,999.99	C
1384	Before loop	REF02	Transmission Type Code	Missing/invalid value	The transmission type identification code is incorrect.	F
1386	2000B	N2	Additional Submitter/Provider Name	Invalid value	Do not submit an Additional Submitter Name.	C
1387	2000B	PAT07	Patient Information	Invalid value	If claim level Patient Information is sent, the Unit or Basis for Measurement Code must be GR.	C
1388	2300	CLM11-1	Related Causes Code	Invalid value	The claim level Related Causes Code must be equal to AA, AP, EM, or OA.	C
1389	2300	CLM11-2	Related Causes Code	Invalid value	The claim level Related Causes Code must be equal to AA, AP, EM, or OA.	C
1390	2300	CLM11-3	Related Causes Code	Invalid value	The claim level Related Causes Code must be equal to AA, AP, EM, or OA.	C
1391	2300	DTP	Date	Missing/Invalid value	Only certain dates can appear at the claim level. Consult the Implementation Guide at www.wpc-edi.com .	C
1399	2300	CRC	Early and Periodic Screening, Diagnosis and Treatment Reference	Exceeds maximum segment count	Only one EPSDT Referral is allowed at the claim level.	C
1400	2300	CRC	Early and Periodic Screening, Diagnosis and Treatment Condition	Missing/Invalid value	If claim level EPSDT Referral information is sent, the Certification Condition Indicator must be equal to Y or N.	C
1401	2300	CRC	Early and Periodic Screening, Diagnosis and Treatment Indicator	Missing/Invalid value	If claim level EPSDT Referral information is sent, the Condition Code must be equal to AV, NU, S2, or ST.	C

1402	2300	CRC	Early and Periodic Screening, Diagnosis and Treatment Indicator	Invalid value	If claim level EPSDT Referral information is sent, the Condition Code must be equal to AV, NU, S2, or ST.	C
1403	2300	CRC	Early and Periodic Screening, Diagnosis and Treatment Indicator	Invalid value	If claim level EPSDT Referral information is sent, the Condition Code must be equal to AV, NU, S2, or ST.	C
1404	2300	CRC	Early and Periodic Screening, Diagnosis and Treatment Indicator	Invalid value	If claim level EPSDT Referral information is sent and the Certification Condition Indicator is N, then the Condition Code must be equal to NU.	C
1405	2300	CRC	CRC Indicator	Invalid value	There was a problem with claim level Patient Condition Information.	C
1406	2310C	NM1	Purchased Providers Last Name	Required element missing	If the claim level Purchased Service Provider Name information is present, then the Purchased Service Provider Last Name or Organization Name must be present.	C
1407	2310C	NM1	Purchased Providers First Name	Required entity equals person	If the claim level Purchased Service Provider Name information is present and the Purchased Service Provider is a person, then the Purchased Service Provider First Name must be present.	C
1408	2400	SV109	Emergency Indicator	Invalid value	The line level Service Emergency Indicator must be Y.	C
1417	2400	CR212	X-Ray Availability	Missing/Invalid value	If the line level Service Date is prior to 01/01/2000, the X-Ray Availability Indicator must be present.	C
1418	2400	QTY	Anesthesia Modifying Units	Missing/Invalid value	The line level Anesthesia Modifying Units cannot be present.	C
1419	2400	MEA02	Measurement Qualifier	Missing/Invalid value	The line level Test Results must be equal to GRA, HT, R1, R2, R3, R4, or ZO.	C
1420	2010AA	N2	Additional Submitter/Provider Name	Invalid value	Do not send Additional Billing Provider Name information.	B
1421	2410	LIN02	Procedure/Service Qualifier	Missing/Invalid value	The line level Drug Identification Product or Service ID Qualifier must equal N4.	C
1422	2410	LIN03	Drug Procedure/Service ID	Required element missing	If the line level Drug Identification Product or Service ID Qualifier is present, then the National Drug Code must be present.	C
1423	2410	CTP	Pricing Information	Exceed max segment	Only one line level Drug Pricing information segment is allowed per service line.	C
1424	2410	CTP05	Unit Measurement Code	Missing/Invalid value	The line level Drug Identification Pricing Code Qualifier must be equal to F2, GR, ML, or UN.	C
1425	2410	REF	Drug Reference ID	Exceeds max segment	Only one line level Drug Identification Prescription Number must be present per service line.	C
1426	2410	REF01	Reference ID Qualifier	Missing/Invalid value	The line level Drug Identification Prescription Number Code Qualifier must equal XZ.	C

1427	Before loop	GS08	Verify ID code	Missing/Invalid value	There was a problem with the Functional Group Transaction Version Number.	F
1429	Before loop	REF02	Version ID Code	Version ID code invalid	There was a problem with the Functional Group Transaction Version Number.	F
1430	2400	SV4	Prescription Number	SV4 invalid	There was a problem with the segment used for the line level Prescription Number.	C
1432	2410	CTP03	Set Unit Price	Max value	The line level Drug Informaiton Drug Unit Price cannot exceed 9,999,999.99	C
1433	2410	CTP03	Unit Price	Decimal error	Only 2 decimal places are allowed for the Drug Information Drug Unit Price.	C
1435	2300	CR212	Condition Code	Valid value	If the line level Service Date is prior to 01/01/2000, the X-Ray Availability Indicator must be present.	C
1436	2400	SV101-1	Service ID Qualifier	Valid value	The line level Professional Service Product or Service ID Qualifier must be equal to HC, IV, or ZZ.	C
1437	2400	SV501-1	Product ID Qualifier	Invalid value	The line level Durable Medical Equipment Service Procedure Identifier must equal HC.	C
1438	2400	SV501-2	Service ID Qualifier	Invalid value	The line level Durable Medical Equipment Service Procedure Code must equal the line level Professional Service Procedure Code.	C
1439	2400	SV502	Unit ID Qualifier	Invalid value	The line level Durable Medical Equipment Service Unit or Basis for Measurement Code must equal DA.	C
1440	2400	SV506	Frequency Code	Invalid Value	The line level Durable Medical Equipment Service Rental Unit Price Indicator must be equal to 1,4, or 6.	C
1441	2400	SV504	Monetary Amount	Max value	The line level Durable Medical Equipment DME Service Rental Price cannot exceed 9,999,999.99	C
1442	2400	SV504	Monetary Amount	Invalid decimal	Only 2 decimal places are allowed for the line level Durable Medical Equipment DME Service Rental Price.	C
1443	2400	SV505	Monetary Amount	Max value	The line level Durable Medical Equipment DME Purchase Price cannot exceed 9,999,999.99	C
1444	2400	SV505	Monetary Amount	Invalid decimal	Only 2 decimal places are allowed for the line level Durable Medical Equipment DME Purchase Price.	C
1445	2430	SVD03-1	Product Qualifier	Invalid value	The line level line Adjudication Product or Service ID Qualifier must be equal to HC, IV, or ZZ.	C
1448	2410	All	Quantity	Max value	Line level Drug Identification Information can only be reported 25 times per claim.	C

1450	2400	SV503	DME Quantity	Missing value	If the line level Durable Medical Equipment Service Information is present, the Durable Medical Equipment Length of Medical Necessity must be present.	C
1453	2400	DTP01	Date Time Qualifier	missing/invalid value	Only certain dates can appear at the line level. Consult the Implementation Guide at www.wpc-edi.com .	C
1454	2000A	PRV03	Taxonomy Code	Value must be on table	Invalid Billing/Pay-to Provider specialty information.	B
1455	2310A	PRV03	Taxonomy Code	Value must be on table	Invalid claim level Referring Provider specialty information.	C
1456	2310B	PRV03	Taxonomy Code	Value must be on table	Invalid claim level Rendering Provider specialty information.	C
1457	2420A	PRV03	Taxonomy Code	Value must be on table	Invalid line level Rendering Provider specialty information.	C
1458	2420F	PRV03	Taxonomy Code	Value must be on table	Invalid line level Referring Provider specialty information.	C
1459	000A and 1000	N2	Additional Submitter/Provider Name	Invalid value	Do not send Additional Receiver Name information.	F
1462	2000A		Billing/Pay-To Provider Hierarchical Level	Loop Missing	The claim is missing Billing/Pay-to Provider information.	B
1463	2400		Service Line	Loop Missing	The claim is missing Service Line information.	C
1464	2400	SV504/SV505	Monetary Amount	missing/invalid value	The claim cannot contain both a Durable Medical Equipment Service DME Rental Price and DME Purchased Price on the same service line.	C
1465	2310D		Service Facility Location	Invalid loop	If the claim level Service Facility Location information is sent, then the claim level Facility Type Code cannot be 12 (Home).	C
1466	2310D	NM103	Service Facility Location	Missing data element	If the claim level Service Facility Location information is sent, then the Service Facility Location Laboratory or Facility Name must be present.	C
1467	2420C	NM103	Service Facility Location	Missing data element	If the line level Service Facility Location information is sent, the Service Facility Location Laboratory Name or Facility Name must be present. The claim/line level Place of Service cannot be equal to 12.	C
1468	2300	CLM05-3	Claim Frequency Code	Invalid Value	The Claim Frequency Type Code must be equal to 0-9 or A-Z.	C
1469	2300	CR101	Unit or Basis for Measurement	Missing data element	The claim level Ambulance Transport Information Unit or Basis for Measurement Code must be present.	C

1470	2300	CR102	Patient Weight	Missing data element	The claim level Ambulance Transport Information Patient Weight must be present.	C
1471	2400	CR101	Unit or Basis for Measurement	Missing data element	The line level Ambulance Transport Information Unit or Basis for Measurement Code must be present.	C
1472	2400	CR102	Patient Weight	Missing data element	The line level Ambulance Transport Information Patient Weight must be present.	C
1473	2300	DTP	Admission Date	Missing segment	1)If the claim/line level Facility Type Code is (21,51,61) the claim/line level Admission Date must be present. 2)If the claim/line level Facility Type Code is (41,42) the claim/line level Patient Condition information and the Admission Date is required.	C
1474	2300	DTP03	Admission Date	Invalid date format	The claim level Admission date must be in CCYYMMDD format.	C
1475	2300	CR1	Ambulance Transport Information	Missing segment	If the claim level Facility Type Code is (41, 42), the claim level Ambulance Transport Information must be present.	C
1476	2300	CR109	Round trip Purpose	CR109 data element invalid	If claim level Ambulance Transport Round Trip Purpose Description is sent, the claim level Ambulance Transport Code must be X (Round Trip).	C
1477	2400	CR109	Round trip Purpose	CR109 data element invalid	If line level Ambulance Transport Round Trip Purpose Description is sent, the claim level Ambulance Transport Code must be X (Round Trip).	C
1478	2000A	PRV	Provider Specialty	Segment invalid	Invalid Billing/Pay-to Provider specialty information.	C
1480	2330A	N403	Other Insured Zip code	N403 data invalid	The claim level Other Payer Zip code must be at least 5 digits.	C
1481	2400	PS1	Purchased Service Information	Missing Loops	If PS1 segment is present and the PS102 is greater than zero and either 2310C or 2420B is not present.	C
1482	2300	DTP03	Date Time Qualifier	Invalid Time Format	Time expressions must be submitted in HHMMSS format.	C
1483	2330A	N402	Other Subscriber State Or Province Code	Invalid Value	Invalid State Code.	C
1484	2310A	NM109	Referring provider identification code	Required element missing	The claim level Referring Provider Tax Identification Number must be 9 numeric values.	C
1485	2310C	NM109	Purchased service identification code	Required element missing	The claim level Purchased Service Provider Tax Identification Number must be 9 numeric values.	C
1486	2310D	NM109	Service facility identification code	Required element missing	The claim level Service Facility Location Tax Identification Number must be 9 numeric values.	C

1487	2310E	NM109	Supervising provider identification code	Required element missing	The claim level Supervising Provider Tax Identification Number must be 9 numeric values.	C
1488	2420B	NM109	Purchased service identification code	Required element missing	The line level Purchased Service Provider Tax Identification Number must be 9 numeric values.	C
1489	2420C	NM109	Service facility identification code	Required element missing	The line level Service Facility Location Tax Identification Number must be 9 numeric values.	C
1490	2420D	NM109	Supervising provider identification code	Required element missing	The line level Supervising Provider Tax Identification Number must be 9 numeric values.	C
1491	2420E	NM109	Ordering provider identification code	Required element missing	The line level Ordering Provider Tax Identification Number must be 9 numeric values.	C
1492	2420F	NM109	Referring provider identification code	Required element missing	The line level Referring Provider Tax Identification Number must be 9 numeric values.	C
1493	2300	CLM12	Special Program Indicator	Invalid Value	If the claim level Special Program Indicator is 01, the EPSDT Referral Information must be present.	C
1494	2300	CLM12	Special Program Indicator	Invalid Value	If EPSDT Referral Information is present, the claim level Special Program Indicator must be 01.	C
1495	2010 AA	REF01	Billing Provider secondary identifier	Required element missing	Submit your Tax ID or Social Security Number as the secondary identifier when sending the NPI number for the Billing Provider. Note: The SY qualifier may not be used for Medicare to identify a SSN, use the EI qualifier in this case.	B
1496	2010 AB	REF01	Pay-toPprovider secondary Identifier	Required element missing	If the Pay-To Provider NPI is sent, then the Pay-To Provider Tax Identification code must be present.	B
1497	2310C	NM1	Purchased Provider Name	Required element missing	If the claim level Total Purchased Service Amount is sent, the claim level Purchased Service Provider Information must be present.	C
1498	2300	AMT01	Purchased Amount	Required element missing	If the claim level Purchased Service Provider Information is sent, the claim level Total Purchased Service Amount must be present.	C
1499	2310C	NM1	Purchased Provider Name	Required element missing	If 2310C NM1 segment is present and the 2400/PS1 is not present on at least one detail or the 2400 PS1 segment is present on at least one detail but the PS102 is equal to zero	C

1500	2420B	NM1	Purchased Provider Name	Required element missing	If 2420B NM1 segment is present and the 2400/PS1 is not present on the associated detail or the 2400 PS1 is present on the associated detail but the PS102 is equal to zero	C
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