EDI Support Services
Error Code values for the Professional, Institutional, and Dental 837 Data Interchanges and the 834 Data Interchange

Edit No.	Edit Message	837 Prof	837 Inst	837 Dent	834
A002	Security Information Invalid	X	X	X	X
A003	Interchange Date can't be a future date	X	X	X	X
A005	Creation Date can't be a future date	X	X	X	X
A006	Transaction Set Create Date can't be future date	X	X	X	X
A008	Submitter Last Name is invalid	X	X	X	
A009	Submitter First Name is missing	X	X	X	
A010	Submitter First Name is invalid	X	X	X	
A011	Submitter Middle Name is invalid	X	X	X	
A013	Receiver Name is invalid	X	X	X	
A014	Billing/Pay-To Prov Specialty code invalid	X	X	X	
A015	Currency Country Code Invalid	X	X	X	
A017	If Billing Prov Type = 2 then Tax ID must = 24		X		
A018	Billing Provider Last Name is invalid	X	X	X	
A019	Billing Provider First Name Missing	X		X	
A020	Billing Provider First Name is invalid	X		X	
A021	Billing Provider Middle Name is invalid	X		X	
A022	Billing Provider City is invalid	X	X	X	
A023	Billing Provider State is invalid	X	X	X	
A024	Billing Provider Zip Code is invalid	X	X	X	
A025	Billing Provider Country is invalid	X	X	X	
A026	Tax ID or SSN Number is Required	X	X	X	
A027	Qualifier Code can occur only one time	X	X	X	X
A028	Pay To Provider Last Name is invalid	X		X	
A029	Pay To Provider First Name is Missing	X		X	
A030	Pay To Provider First Name is invalid	X		X	
A031	Pay To Provider Middle Name is invalid	X		X	
A032	Pay To Provider City is invalid	X	X	X	
A033	Pay To Provider State Code is invalid	X	X	X	
A034	Pay To Provider Zip Code is invalid	X	X	X	
A035	Pay To Provider Country Code is invalid	X	X	X	
A036	Subscriber HL Child Code must = zero	X	X	X	
A037	Relationship Code must = 18 (self)	X	X	X	
A038	Relationship Code must = spaces	X	X	X	
A039	Patient Information can not be present	X	X		

Last Updated 01-09-2006

Edit No.	Edit Message	837 Prof	837 Inst	837 Dent	834
A040	Date of Death is a future date	X			
A041	Patient Weight is invalid	X	X		
A042	Subscriber Last Name is invalid	X	X	X	
A043	Subscriber First Name is missing	X	X	X	
A044	Subscriber First Name is invalid	X	X	X	
A045	Subscriber Middle Name is invalid	X	X	X	
A046	Subscriber Generation contains invalid value		X		
A047	ID qualifier invalid for this payer	X	X	X	
A048	Subscriber ID contains invalid values	X	X		
A049	Subscriber City is invalid	X	X	X	
A050	Subscriber State Code is invalid	X	X	X	
A051	Subscriber Postal Zip Code is invalid	X	X	X	
A052	Subscriber Country Code is invalid	X	X	X	
A053	Subscriber Date of Birth is a future date	X	X	X	
A054	Service Date can not be < Subscriber DOB	X	X	X	
A055	Value of "1W" can not be used	X	X	X	
A056	Payer Name is invalid	X	X	X	X
A057	Value of "PI" must be used	X	X	X	
A058	Payer City is invalid	X	X	X	
A059	Payer State Code is invalid	X	X	X	
A060	Payer Zip Code is invalid	X	X	X	
A061	Payer Country Code is invalid	X	X	X	
A062	Responsible Party Last Name is invalid		X		
A063	Responsible Party First Name is missing	X	X		
A064	Responsible Party First Name is invalid	X	X		
A065	Responsible Party Middle Name is invalid	X	X		
A066	Responsible Party City is invalid	X	X		
A067	Responsible Party State is invalid	X	X		
A068	Responsible Party Zip Code is invalid	X	X		
A069	Responsible Party Country is invalid	X	X		
A070	Credit Card Holder Name is invalid		X		
A071	Credit Card Holder First Name is missing		X		
A072	Credit Card Holder First Name is invalid		X		
A073	Credit Card Holder Middle Name is invalid		X		

Edit No.	Edit Message	837 Prof	837 Inst	837 Dent	834
A074	Patient HL can not be present	X	X	X	
A075	Patient HL must be present	X	X	X	
A076	Patient Last Name is invalid	X	X	X	
A077	Patient First Name is missing	X	X	X	
A078	Patient First Name is invalid	X	X	X	
A079	Patient Middle Name is invalid	X	X	X	
A080	Patient City must be A-Z and no space in 1st char	X	X	X	
A081	Patient State Code is invalid	X	X	X	
A082	Patient Zip Code is invalid	X	X	X	
A083	Patient Country Code is invalid	X	X	X	
A084	Patient Date of Birth can't be a future date	X	X	X	
A085	Patient Acct # must be A-Z, 0-9, space or, . /-	X	X		
A086	Total claim charge amount is invalid	X	X		
A087	Total Claim Charges not = to sum of service lines	X	X	X	
A088	Claim Postal State Code is invalid	X		X	
A089	Claim Country Code is invalid	X		X	
A090	Order Date can't be a future date	X			
A091	Initial Treatment date can't be a future date	X			
A092	Referral Date can't be a future date	X		X	
A093	Date Last Seen can't be a future date	X			
A094	Current Illness/Symptom date can't be future date	X			
A095	Date required when patient condition is acute	X			
A096	Acute manifestation can't be a future date	X			
A097	Similar Illness/Symptom can't be a future date	X			
A098	Accident Date can't be a future date	X		X	
A099	Last Menstrual Period can't be a future date	X			
A100	Last X-ray Date can't be a future date	X			
A101	Hearing/Vision RX Date can't be future date	X			
A102	Date last worked can't be a future date	X			
A103	Admission Date can't be a future date	X	X	X	
A104	Admit Date required with discharge date	X		X	
A105	Discharge Date can't be a future date	X		X	
A106	Discharge Date can't be prior to admit date	X		X	
A107	Assumed/Relinquished Date > File Receive Date	X			

Last Updated 01-09-2006

Edit No.	Edit Message	837 Prof	837 Inst	837 Dent	834
A108	Attachment control number qualifier missing	X	X	X	
A109	Attachment control number missing	X	X	X	
A110	Contract Amount is invalid	X	X		
A111	Contract Percentage is invalid	X	X		
A112	Terms Discount Percent is invalid	X	X		
A113	Credit/Debit Max. Amount is invalid	X	X		
A114	Patient amount paid is > claim total charge	X	X	X	
A115	Patient amount paid is invalid	X	X		
A116	Total purchased service is invalid	X			
A117	Ambulance mileage is invalid	X			
A118	Purpose of round trip req if type transport = X	X			
A119	Treatment series count is invalid	X			
A120	Treatment series period is invalid	X			
A121	Monthly treatment count is invalid	X			
A122	Qualifier Code can occur only three times	X			
A123	Diagnosis Code is invalid	X	X		
A124	A 3rd Diagnosis submitted w/o a 2nd Diagnosis	X	X		
A125	Repriced Allowed Amount is invalid	X	X		
A126	Repriced Savings Amount is invalid	X	X		
A127	Repricing Flat Rate Amount is invalid	X	X		
A128	Repriced Approved Patient Group Amt. is invalid	X			
A129	Home Health Care # of Visits is invalid	X	X		
A130	Home Health Care Frequency count is invalid	X	X		
A131	Referring Provider Last Name invalid	X	X	X	
A132	Referring Provider First Name Missing	X	X	X	
A133	Referring Provider First Name invalid	X	X	X	
A134	Referring Provider Middle Name invalid	X	X	X	
A135	Referring Provider Specialty code is invalid	X	X	X	
A136	Rendering Provider Name can not be present	X		X	
A137	Rendering Provider Name must be present	X			
A138	Rendering Provider Last Name invalid	X		X	
A139	Rendering Provider First Name missing	X		X	
A140	Rendering Provider First Name invalid	X		X	
A141	Rendering Provider Middle Name invalid	X		X	

Edit No.	Edit Message	837 Prof	837 Inst	837 Dent	834
A142	Rendering Provider Specialty Code is invalid	X		X	
A143	One occurrence must be 1C or 1G for this payer	X	X		
A144	Modifier = QB or QU & Facility Name missing	X			
A145	Attending Physician Information is Required		X		
A146	Subscriber Information Required	X	X	X	
A147	Service Facility Name is invalid	X	X	X	
A148	Purchased Service indicated; Provider ID missing	X			
A149	Service Facility Address missing	X			
A150	Service Facility City is invalid	X	X		
A151	Service Line Date & Assessment Date both Present		X		
A152	Must = 485 or 486		X		
A153	Service Facility State Code invalid	X	X		
A154	Service Facility Postal Zip Code invalid	X	X		
A155	Service Facility Country Code is invalid	X	X		
A156	Supervising Provider Last Name is invalid	X			
A157	Supervising Provider First Name is missing	X			
A158	Supervising Provider First Name is invalid	X			
A159	Supervising Provider Middle Name is invalid	X			
A160	Insurance type code of MP invalid in sequence	X		X	
A161	Claim Level Adjustment Amount is invalid	X	X		
A162	Claim Level Adjustment Quantity is invalid	X	X		
A163	Payer Paid Amount is invalid (COB)	X	X		
A164	Approved Amount Invalid (COB)	X			
A165	Allowed Amount is invalid (COB)	X	X		
A166	Patient Responsibility Amount invalid (COB)	X			
A167	Covered Amount is invalid (COB)	X			
A168	Discount Amount is invalid (COB)	X			
A169	Per Day Limit Amount is invalid (COB)	X			
A170	Patient Paid Amount is invalid (COB)	X			
A171	Tax Amount is invalid (COB)	X			
A172	Total Claim Before Taxes Amount invalid (COB)	X			
A173	Patient signature source code invalid	X			
A174	Outpatient Reimbursement Rate invalid	X			
A175	HCPCS Payable Amount invalid	X			

Edit No.	Edit Message	837 Prof	837 Inst	837 Dent	834
A176	ESRD Paid amount is invalid	X	X		
A177	Non-payable Prof. Component Billed Amt invalid	X	X		
A178	Claim Adjudication > File Receive Date	X	X	X	
A179	Pay To Provider Name is invalid	X	X	X	
A180	Purchased Service Provider Name is invalid	X			
A181	HC or N4 only valid value for this payer	X			
A182	HCPCS Procedure is not valid on payer file	X	X		
A183	Modifier 1, 2, 3 or 4 contains a hyphen	X	X	X	
A184	Line Item Charge amount is invalid	X	X		
A185	Units of Service submitted invalid	X			
A186	Minutes submitted invalid	X			
A187	Line Level Dx Code Pointer must be present	X			
A188	Claim Level Dx Code must be present	X			
A189	Diagnosis Pointer points to blank DX code	X			
A190	Durable Medical Equipment Duration is invalid	X			
A191	Home Oxygen Therapy Cert. period invalid	X			
A192	Arterial Blood Gas quantity is invalid	X			
A193	Oxygen Saturation quantity is invalid	X			
A194	Hospice Employed Provider must be Y or N	X			
A195	Date of Death can't be > Service Date	X		X	
A196	Service Date can not be < Patient DOB	X	X	x	
A197	Current Illness/Symptom Date can't be > DOS	X		X	
A198	Accident Date can not be > Date of Service	X		X	
A199	Last Menstrual Period can not be > DOS	X		X	
A200	Admission Date can't be > Service Date		X		
A201	POS = 21, Admission Date must be present.	X		X	
A202	Date of Service > File Receive Date	X	X	X	
A203	Requires To Date > From Date when units > 1	X			
A204	Service From Date is greater than To Date	X		X	
A205	Purchased Service Information Required	X			
A206	Requires To Date = From Dt when units = 1	X		X	
A207	Begin Therapy Date > File Receive Date	X			
A208	Last Certification Date > File Receive Date	X			
A209	Test Date > File Receive Date	X			

Edit No.	Edit Message	837 Prof	837 Inst	837 Dent	834
A210	Oxygen Blood Gas Test Dt > File Receive Date	X			
A211	Shipped Date > File Receive Date	X			
A212	Anesthesia Modifying Units is invalid	X			
A213	Test Results is invalid	X			
A214	CLIA number submitted is invalid	X			
A215	Oxygen Flow Rate is invalid	X			
A216	Sales Tax Amount is invalid	X			
A217	Approved Amount Invalid	X			
A218	Postage Claimed Amount is invalid	X			
A219	Purchased Service Charge Amount is invalid	X			
A220	Health Care Services # of visits is invalid	X			
A221	Health Care Srv. Frequency count is invalid	X			
A222	Repriced Approved unit count is invalid	X			
A223	Rendering Prov not found on payer prov file	X			
A224	Purchased Service Provider Name is Required	X			
A225	Ordering Provider Last Name is invalid	X			
A226	Ordering Provider First Name missing	X			
A227	Ordering Provider First Name invalid	X			
A228	Ordering Provider Middle Name invalid	X			
A229	Ordering Provider City is invalid	X			
A230	Ordering Provider state code is invalid	X			
A231	Ordering Provider Zip Code is invalid	X			
A232	Ordering Provider Country Code is invalid	X			
A233	Service Line Paid Amount is invalid	X	X		
A234	Paid Service Unit Count is invalid	X	X		
A235	Line Level Adjusted Amount is invalid	X	X		
A236	Line Level Adjusted Units is invalid	X	X		
A237	Line Adjustment Date > File Receive Date	X	X	X	
A238	Question Response Percent is invalid	X			
A239	Purchased Service Provider # invalid	X			
A240	Medicare Secondary Payer Ins Type Code required	X			
A241	Insured Group/Policy Number can not be present	X	X		
A242	Subscriber ID Qualifier is missing	X	X	X	
A243	Subscriber ID Number is missing	X	X	X	

Edit No.	Edit Message	837 Prof	837 Inst	837 Dent	834
A244	Appliance Placement Date can not be future date			X	
A245	If Billing Prov Type = 1, Tax ID can not = EI	X			
A246	Reference Qualifier invalid for this payer	X	X		
A247	Facility Type Code is invalid		X	X	
A248	Claim Frequency Type Code invalid	X	X	X	
A249	Auto Accident State Code must be present		X		
A250	Statement Date > File Receive Date		X		
A251	Statement Thru Dt must be = or > From Dt		X		
A252	Patient Date of Birth can't be > Statement Date		X		
A253	Subscriber DOB can not be > Statement Date		X		
A254	Admission date can not be > Statement Date		X		
A255	Admit Date must be = to Statement Date		X		
A256	Statement From Dt must be = or > Admit Date		X		
A257	Admission Date/Hour is required		X		
A258	Admission Type Code is invalid		X		
A259	Admission Source Code is invalid		X		
A260	Admission Type = 4, admission source is invalid		X		
A261	Admission Source Code required for this TOB		X		
A262	Patient Status Code is invalid		X		
A263	Estimated Amount Due is invalid		X		
A264	Estimated Amount Due is > claim total charge		X		
A265	Original Reference Number [ICN/DCN] is required		X		
A266	Qualifier Code can occur only two times		X		
A267	External Cause of Injury Code is invalid		X		
A268	Principal Procedure Date can't be a future date		X		
A269	Other Procedure Date can't be a future date		X		
A270	Procedure Code Submitted is invalid		X	X	
A271	Date Qualifier must be present		X		
A272	Occurrence Span Code is invalid		X		
A273	Occurrence Span Code date can't be a future date		X		
A274	Occurrence Through Dt < Occur Span From Date		X		
A275	Occurrence Code is invalid		X		
A276	Occurrence Code Date can not be a future date		X		
A277	Value Code is invalid		X		

Last Updated 01-09-2006

Edit No.	Edit Message	837 Prof	837 Inst	837 Dent	834
A278	Value Code Associated Amount is invalid		X		
A279	Condition Code is invalid		X		
A280	Treatment Code is invalid		X		
A281	Claim Quantity is invalid		X		
A282	Repriced Approved Amount is invalid		X		
A283	Count for Visits Prior to Recert. Date invalid		X		
A284	Count for Total Visits Projected is invalid		X		
A285	Attending Physician Name is required		X		
A286	Attending Physician Last Name invalid		X		
A287	Attending Physician First Name is missing		X		
A288	Attending Physician First Name invalid		X		
A289	Attending Physician Middle Name invalid		X		
A290	Attending Provider Specialty code is invalid		X		
A291	Attending Physician Information is missing		X		
A292	Attending Physician UPIN is missing or invalid		X		
A293	Operating Physician Info is missing		X		
A294	Operating Physician Last Name invalid		X		
A295	Operating Physician First Name is missing		X		
A296	Operating Physician First Name invalid		X		
A297	Operating Physician Middle Name invalid		X		
A298	Operating Physician Specialty code is invalid		X		
A299	Operating Physician UPIN is missing or invalid		X		
A300	Other Provider Last Name invalid		X		
A301	Other Provider First Name missing		X		
A302	Other Provider First Name invalid		X		
A303	Other Provider Middle Name invalid		X		
A304	Other Provider Specialty Code is invalid		X		
A305	Other Provider Information is missing		X		
A306	Other Provider UPIN is missing or invalid		X		
A307	Referring Provider Information missing		X		
A308	Referring Provider UPIN invalid	X			
A309	Service Facility Specialty code is invalid		X		
A310	Claim DRG Outlier Amount invalid		X		
A311	Total Medicare Paid Amt invalid (COB)		X		

Edit No.	Edit Message	837 Prof	837 Inst	837 Dent	834
A312	Total Medicare Paid Amount invalid		X		
A313	Medicare A Trust Fund Amount invalid (COB)		X		
A314	Medicare B Trust Fund Amount invalid (COB)		X		
A315	Non-covered Charge Amount invalid (COB)		X		
A316	Claim Total Denied Charge Amount (COB) invalid		X		
A317	Covered Days Count is invalid		X		
A318	Lifetime Reserve Days Count invalid		X		
A319	Lifetime Psychiatric Days Count invalid		X		
A320	Claim DRG Amount invalid		X		
A321	Claim Disproportionate Share amt invalid		X		
A322	Claim MSP Pass-through amt invalid		X		
A323	Claim PPS Capital Amount invalid		X		
A324	PPS-Capital FSP DRG Amt invalid		X		
A325	PPS-Capital HSP DRG Amt invalid		X		
A326	PPS-Capital DSH DRG Amt invalid		X		
A327	Old Capital Amount invalid		X		
A328	PPS-Capital IME Amount invalid		X		
A329	PPS-Operating Hospital DRG Amt invalid		X		
A330	Cost Report Day count invalid		X		
A331	PPS-Operating Federal DRG Amt invalid		X		
A332	Claim PPS Capital outlier Amount invalid		X		
A333	Claim Indirect Teaching Amount invalid		X		
A334	Nonpayable Professional Component amt invalid		X		
A335	PPS-Capital Exception Amount invalid		X		
A336	Service Line number is > 450		X		
A337	Value of '0001' not valid on electronic claims		X		
A338	Revenue Code is invalid		X		
A339	Revenue codes 300 - 319 require units > zero		X		
A340	Service Line Days/Units is invalid		X		
A341	Service Line Rate Amount is missing		X		
A342	Service Line Rate Amount is invalid		X		
A343	Service Line Non-Covered charge invalid		X		
A344	Service Date can't = RD8, when statement = D8		X		
A345	Service Dts are outside of Statement Dts range		X		

Edit No.	Edit Message	837 Prof	837 Inst	837 Dent	834
A346	Service Date must = Statement Date		X		
A347	Statement date can't be > service date		X		
A348	Required Orthodontic data element not present			X	
A349	Service Tax Amount is invalid		X		
A350	Facility Tax Amount is invalid		X		
A351	Submitter Contact # contains invalid values	X	X	X	
A352	Credit Card Information can't be present	X	X	X	
A353	Billing Provider Contact # contain invalid values	X	X		
A354	Group Number can not = Subscriber ID	X	X	X	
A355	Claim indicates accident - Accident Date missing	X		X	
A356	Accident Dt present - Accident Indicator missing	X		X	
A357	Pregnancy Indicated - Last Menstrual Date missing	X			
A358	First Referring Provider Qualifier must = DN	X	X	X	
A359	Second Referring Provider Qualifier must = P3	X	X	X	
A360	Adjustment Reason Code is invalid	X	X	X	
A361	Remittance Remark Code is invalid	X	X		
A362	National Plan ID is invalid	X	X	X	
A363	Other Payer Contact # contains invalid values	X		X	
A364	HIEC code is invalid	X			
A365	NDC code is invalid	X			
A366	Place of Service Code is invalid	X			
A367	Ordering Provider Contact # contain invalid values	X			
A368	Insured Group Name must = MEDICARE		X		
A369	Tooth Number is invalid.			X	
A370	Invalid Service Authorization Exception Code			X	
A371	HCPCS Surgical procedure code is invalid		X		
A372	ICD-9 Surgical procedure code is invalid		X		
A373	Service Facility Location info missing			X	
A374	Invalid Claim Adjustment Indicator value	X		X	
A375	Procedure Count must be > 0.			X	
A376	Diagnosis Related Group Code is invalid		X		
A377	Prior Placement Date missing			X	
A378	Replacement Date can not be future date			X	
A379	Other Subscriber City/State/Zip Code missing		X		

Edit No.	Edit Message	837 Prof	837 Inst	837 Dent	834
A380	Other Payer City/State/Zip Code missing		X		
A381	Medicare Code value is n/a for Dental			X	
A382	HIPPS Rate Code is invalid		X		
A383	Payer ID not = to Payer ID's thru out this claim		X		
A384	Medicare Provider Number missing	X			
A385	Subscriber LOB not = Billing Provider LOB	X	X	X	
A386	Entity Type Code must = 1 w/ claim filing ind	X	X		
A387	Clearinghouse Trace Number > 20 digits	X		X	
A388	Referring Provider Secondary ID missing	X		X	
A389	Primary Payer info missing	X			
A390	Primary or Secondary Payer info missing	X			
A391	Certification Revision Date missing	X			
A392	Other Payer Claim Adjudication Date missing	X		X	
A393	Admission Type Code required for this TOB		X		
A394	Patient Status Code required for this TOB		X		
A395	Admitting Diagnosis required for this TOB		X		
A396	Service Facility information missing		X		
A397	Patient Signature Source Code missing	X			
A398	Ambulance Admission, Admission Date missing	X			
A399	A 4th Diagnosis submitted w/o a 3rd Diagnosis	X	X		
A400	A 5th Diagnosis submitted w/o a 4th Diagnosis	X	X		
A401	A 6th Diagnosis submitted w/o a 5th Diagnosis	X	X		
A402	A 7th Diagnosis submitted w/o a 6th Diagnosis	X	X		
A403	An 8th Diagnosis submitted w/o a 7th Diagnosis	X	X		
A404	A 9th Diagnosis submitted w/o an 8th Diagnosis	X	X		
A405	A 10th Diagnosis submitted w/o a 9th Diagnosis	X	X		
A406	An 11th Diagnosis submitted w/o a 10th Diagnosis	X	X		
A407	A 12th Diagnosis submitted w/o an 11th Diagnosis	X	X		
A408	A 3rd Procedure submitted w/o a 2nd Procedure		X		
A409	A 4th Procedure submitted w/o a 3rd Procedure		X		
A410	A 5th Procedure submitted w/o a 4th Procedure		X		
A411	A 6th Procedure submitted w/o a 5th Procedure		X		
A412	A 7th Procedure submitted w/o a 6th Procedure		X		
A413	An 8th Procedure submitted w/o a 7th Procedure		X		

Edit No.	Edit Message	837 Prof	837 Inst	837 Dent	834
A414	A 9th Procedure submitted w/o an 8th Procedure		X		
A415	A 10th Procedure submitted w/o a 9th Procedure		X		
A416	An 11th Procedure submitted w/o a 10th Procedure		X		
A417	A 12th Procedure submitted w/o an 11th Procedure		X		
A418	A 3rd Span Info submitted w/o a 2nd Span Info		X		
A419	A 4th Span Info submitted w/o a 3rd Span Info		X		
A420	A 5th Span Info submitted w/o a 4th Span Info		X		
A421	A 6th Span Info submitted w/o a 5th Span Info		X		
A422	A 7th Span Info submitted w/o a 6th Span Info		X		
A423	An 8th Span Info submitted w/o a 7th Span Info		X		
A424	A 9th Span Info submitted w/o an 8th Span Info		X		
A425	A 10th Span Info submitted w/o a 9th Span Info		X		
A426	An 11th Span Info submitted w/o a 10th Span Info		X		
A427	A 12th Span Info submitted w/o an 11th Span Info		X		
A428	A 3rd Occur Info submitted w/o a 2nd Occur Info		X		
A429	A 4th Occur Info submitted w/o a 3rd Occur Info		X		
A430	A 5th Occur Info submitted w/o a 4th Occur Info		X		
A431	A 6th Occur Info submitted w/o a 5th Occur Info		X		
A432	A 7th Occur Info submitted w/o a 6th Occur Info		X		
A433	An 8th Occur Info submitted w/o a 7th Occur Info		X		
A434	A 9th Occur Info submitted w/o an 8th Occur Info		X		
A435	A 10th Occur Info submitted w/o a 9th Occur Info		X		
A436	An 11th Occur Info submitted w/o a 10th Occur Info		X		
A437	A 12th Occur Info submitted w/o an 11th Occur Info		X		
A438	A 3rd Value Info submitted w/o a 2nd Value Info		X		
A439	A 4th Value Info submitted w/o a 3rd Value Info		X		
A440	A 5th Value Info submitted w/o a 4th Value Info		X		
A441	A 6th Value Info submitted w/o a 5th Value Info		X		
A442	A 7th Value Info submitted w/o a 6th Value Info		X		
A443	An 8th Value Info submitted w/o a 7th Value Info		X		
A444	A 9th Value Info submitted w/o an 8th Value Info		X		
A445	A 10th Value Info submitted w/o a 9th Value Info		X		
A446	An 11th Value Info submitted w/o a 10th Value Info		X		
A447	A 12th Value Info submitted w/o an 11th Value Info		X		

Edit No.	Edit Message	837 Prof	837 Inst	837 Dent	834
A448	A 3rd Cond Info submitted w/o a 2nd Cond Info		X		
A449	A 4th Cond Info submitted w/o a 3rd Cond Info		X		
A450	A 5th Cond Info submitted w/o a 4th Cond Info		X		
A451	A 6th Cond Info submitted w/o a 5th Cond Info		X		
A452	A 7th Cond Info submitted w/o a 6th Cond Info		X		
A453	An 8th Cond Info submitted w/o a 7th Cond Info		X		
A454	A 9th Cond Info submitted w/o an 8th Cond Info		X		
A455	A 10th Cond Info submitted w/o a 9th Cond Info		X		
A456	An 11th Cond Info submitted w/o a 10th Cond Info		X		
A457	A 12th Cond Info submitted w/o an 11th Cond Info		X		
A458	A 3rd Treat Code submitted w/o a 2nd Treat Code		X		
A459	A 4th Treat Code submitted w/o a 3rd Treat Code		X		
A460	A 5th Treat Code submitted w/o a 4th Treat Code		X		
A461	A 6th Treat Code submitted w/o a 5th Treat Code		X		
A462	A 7th Treat Code submitted w/o a 6th Treat Code		X		
A463	An 8th Treat Code submitted w/o a 7th Treat Code		X		
A464	A 9th Treat Code submitted w/o an 8th Treat Code		X		
A465	A 10th Treat Code submitted w/o a 9th Treat Code		X		
A466	An 11th Treat Code submitted w/o a 10th Treat Code		X		
A467	A 12th Treat Code submitted w/o an 11th Treat Code		X		
A468	Claim Filing Indicator Code must be present	X	X	X	
A469	Rendering Prov UPIN invalid	X		X	
A470	Purchase Service Prov UPIN invalid	X			
A471	Service Facility UPIN invalid	X		X	
A472	Supervising Provider UPIN invalid	X			
A473	Invalid Procedure Code Qualifier for this LOB	X			
A474	Service Line number is > 449		X		
A475	Referral Date required			X	
A476	Revenue code '0001' is missing		X		
A477	Entity Type must = 1 if middle name present			X	
A478	Entity Type must = 1 if name suffix present			X	
A479	Service Date is NA on Predetermination			X	
A480	Student Status Required - patient is age 19+			X	
A481	ICN/DCN Required when CLM05-3 = 6, 7 or 8			X	

Edit No.	Edit Message	837 Prof	837 Inst	837 Dent	834
A482	ICN/DCN present and CLM05-3 ne 6, 7 or 8			X	
A483	Admission Date present and POS 21 is not			X	
A484	Qualifier Code can occur only five times			X	
A485	Qualifier Code can occur only twenty times			X	
A486	Subscriber ID Number is required	X			
A487	Purchased Service First Name is missing	X			
A488	HCPCS Code values are not the same	X			
A489	Transaction Set Identifier Code is missing				X
A490	Sponsor Name is invalid				X
A491	Invalid value in Sponsor Identifier				X
A492	Invalid value in Payer Identifier				X
A493	TPA / Broker Name is invalid				X
A494	Invalid value in TPA / Broker Identifier				X
A495	Invalid Relationship Code for Subscriber				X
A496	Invalid Relationship Code for Dependent				X
A497	Maintenance Type / Reason Code Mismatch				X
A498	Employment Status Code missing				X
A499	Principal Diagnosis required for this TOB		X		
A500	May not be used for Pre-Determination			X	
A501	Rendering & Asst Surgeon info both present			X	
A502	Asst Surgeon Last Name is invalid			X	
A503	Asst Surgeon First Name is missing			X	
A504	Asst Surgeon First Name is invalid			X	
A505	Asst Surgeon Middle Name is invalid			X	
A506	Asst Surgeon Specialty Code is invalid			X	
A507	Dental Procedure Code is not valid			X	
A508	EPSDT Referral Condition Code not 'NU'	X			
A509	Patient Acct # length is > allowed by payer		X		
A510	Outpatient Diagnosis Qualifier is invalid		X		
A511	Payer does not yet accept qualifier 'XX'	X	X	X	
A512	Qualifier 'ZZ' not yet mandated, may not use	X	X	X	
A513	Qualifier 'XV' not yet mandated, may not use	X	X		
A514	Purchased Service Amount required	X			
A515	CLM11-1 = 'AA', CLM11-4 & CLM11-5 missing	X		X	

Edit No.	Edit Message	837 Prof	837 Inst	837 Dent	834
A516	CLM11-2 = 'AA', CLM11-4 & CLM11-5 missing	X		X	
A517	CLM11-3 = 'AA', CLM11-4 & CLM11-5 missing	X		X	
A518	1 occurrence of the 2320-SBR loop is required	X			
A519	2430-SVD01 ne an occurrence of 2330B-NM109	X			
A520	2320-SBR09 can not = 2000B-SBR09 for this payer		X		
A521	2320-DMG segment is required	X	X	X	
A522	PAT~ (~=seg separator) is not a valid segment	X			
A523	Country Code = US and State Code not present	X		X	
A524	Submitted Code valid only for Medicaid	X			
A525	2310D-NM103 is required	X			
A526	External Cause of Injury Code (E-Code) required		X		
A527	Payer does not allow ICD-9-CM Proc Code on O/P		X		
A528	Payer does not allow Covered Days on O/P		X		
A529	Payer requires Service Line Date of Service		X		
A530	Service Line Date Range (RD8) not allowed on TOB		X		
A531	Acceptable pointer values are 1 - 8, inclusive	X			
A532	Payer required loop is not present		X		
A533	2430-CAS required when 2430-SVD02 NE 2400-SV203		X		
A534	Subscriber Last Name is invalid	X			
A535	2320-CAS required when 2320-AMT02 NE 2300-CLM02	X	X		
A536	2320-CAS required when 2320-AMT02 NE 2300-CLM02	X	X		
A537	2320-CAS required when 2320-AMT02 NE 2300-CLM02	X	X		
A538	MA MSP w/o prior payer adjudication information		X		
A539	MA MSP w/o prior payer adjudication information		X		
A540	Modifier 2 present but Modifier 1 is not	X			
A541	Modifier 3 present but Modifier 2 is not	X			
A542	Modifier 4 present but Modifier 3 is not	X			
A543	Length of NPI value is invalid	X	X	X	
A544	NPI value contains a non numeric value	X	X	X	
A545	1st digit of NPI value not 1, 2, 3 or 4	X	X	X	
A546	2430-DTP required when 2430-SVD is present		X		
A547	2430-CAS required when 2430-SVD02 NE 2400-SV102	X			
A548	2430-CAS required when 2430-SVD02 NE 2400-SV302			X	
A549	MB MSP w/o prior payer adjudication information	X			

EDI Support Services
Error Code values for the Professional, Institutional, and Dental 837 Data Interchanges and the 834 Data Interchange

Edit No.	Edit Message	837 Prof	837 Inst	837 Dent	834
A550	MB MSP w/o prior payer adjudication information	X			
A551	State or Province Code required		X		
ND006	Trading Partner Not Found	X	X	X	X
ND007	Invalid ISA Trading Partner ID	X	X	X	X
ND008	Invalid Application Sender's Code	X	X	X	X
ND009	Invalid Application Receiver's Code	X	X	X	X
ND010	Invalid Entity Number	X	X	X	X
ND011	Invalid Message Format	X	X	X	X
ND012	Invalid Usage Indicator	X	X	X	X
ND013	Functional Group Create Date is less than required	X	X	X	X
ND014	Functional Group Create Date is greater than required	X	X	X	X
ND015	Rendering Prov ID outside of allowed range	X			
ND016	Trading Partner cannot send for this LOB	X	X	X	X
ND017	Invalid HIC Number Submitted	X			
ND018	Minutes Required with Procedure Code Submitted	X			
ND019	Communication Number must be 10 format	X			
ND020	Provider UPIN Invalid	X	X		
ND021	State License Number Required for this LOB		X		
ND022	Billing Provider Identifier is Invalid		X		
ND023	Cannot bill electronically for CDAC services	X	X		
ND024	Medicare Provider Number is Required w/NPI	X	X		
ND025	This payer does not accept voided claims	X	X		
ND026	NPI not allowed for this LOB	X	X	X	X

Last Updated 01-09-2006