Blue Cross & Blue Shield of Rhode Island

Provider Control Report Error Message Code Guide

Version 2.12

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PREFACE

The *BCBSRI PFEx Error Message Code Interpretation* provides trading partners with information regarding the error codes generated by BCBSRI when P (Professional), I (Institutional) , D (Dental), and A (ALL) claims are rejected after electronic submission to Blue Cross & Blue Shield of Rhode Island (hereinafter "BCBSRI").

DISCLAIMER

This document is considered a living document, and as such, the information provided herein will be subject to change prior to and after July 1, 2011 in the event that BCBSRI revises its policies or HIPAA 5010 Transactions and Code Sets law is updated or amended.

Table of Contents

1.0 Introduction

This document provides an interpretation of the error message codes returned to trading partners when submitted electronic claims transactions are rejected by BCBSRI.

2.0 Scope

The code/message explanations found in the table in **Sections 4.0** are generated for BCBSRI Corporate Professional (P), Institutional (I), Dental (D), and All (A) Claim Types.

3.0 Contact Information

BCBSRI will work closely with its trading partners to establish effective communication protocols and to resolve any connectivity issues that may arise regarding the exchange of HIPAA-related electronic transactions.

The following contact information is provided to assist in the process of implementing 837 transactions:

Email Address:	HIPAA.EDI.Support@bcbsri.org
Applicable Web sites:	**www.BCBSRI.com**

Support business hours are Monday through Friday, 8:00 AM to 4:30 PM.

For HIPAA EDI Production Support:

Contact the Information Technology (IT) Service Desk, which supports BCBSRI, at 401-751-1673 or 1-855-721-4211. The business hours are Monday through Friday, 8:00 AM to 4:30 PM.

4.0 Error Message Codes

Column "Applies to Claim Type" values => P-Professional, I-Institutional, D-Dental, A-All

Error Number	Error Message	Error Description	Applies To Claim Type
C401	TOT CHG NOT = TOT LN CHG	Total Charges not equal to Line Charges	A
C402	NO PROV ID FOR COVERAGE	Provider ID for Coverage Type is not present	I,P
C403	PROV ID INVALID COV TYPE	Provider ID for Coverage Type is not valid	I,P
C404	BILL PROV TAX ID MISSING	Billing Provider Tax ID is missing	A
C405	BILLPROV TAXID NOT 9 NUM	Billing Provider Tax ID is not 9 numeric	A
C406	BLPROV NPI/TIN COMBO NOF	Billing Provider Tax ID and NPI combination is not on the BCBSRI Provider database	A
C407	CALL 274-4848 BCHP TIN INV	Unable to find a valid Provider Location Code when member has Blue Chip Coverage	P
C408	PROV NOT AUTH BS CLAIMS	Provider not authorized to submit Blue Shield professional claims	P
C409	PROV NOT AUTH BC CLAIMS	Provider not authorized to submit Blue Cross Institutional claims	I
C410	PROV NOT AUTH DENTAL CLM	Provider not authorized to submit Dental Claims	D
C411	NO BILL PROV LAST/ORG NM	Billing Provider Last Name or Organization Name is not present	A
C412	NO BILL PROV FIRST NAME	Billing Provider Entity Type is 1 (person) and Billing Provider First Name is missing	P, D
C413	BILL PROV ADDR MISSING	Billing Provider Street Address is missing	A
C414	BILL PROV CITY MISSING	Billing Provider City is missing	A
C415	BILL PROV STATE MISSING	Billing Provider State is missing	A
C416	BILL PROV ZIP MISS/INVAL	Billing Provider Zip Code is missing	A
C417	PAYER RESP CODE MISSING	Payer Responsibility Code is not present	A
C418	PAYER RESP CODE INVALID	Payer Responsibility Code is not equal to 'P', 'S', or 'T'	A
C419	PAYER NAME MISSING	Payer Name is missing	A
C420	PAYER ID MISSING	Payer ID is missing	A
C421	PAYER ID NOT VALID	Payer ID is not equal to 00870 or 00370	P, D
C422	PAT CTRL NUM MISSING	Patient Control Number is missing	A
C423	BEN ASSIGN IND MISSING	Patient Benefit Assignment Indicator is missing	A
C424	BEN ASSIGN IND INVALID	Patient Benefit Assignment Indicator is not 'Y' or 'N'	A
C425	MED ASSIGN CD MISSING	Medicare Assignment Code is missing	P
C426	MED ASSIGN CD INVALID	Medicare Assignment Code is not valid	P

Error Number	Error Message	Error Description	Applies To Claim Type
C427	PROV SIGN IND MISSING	Provider Signature Indicator is not present	A
C428	PROV SIGN IND INVALID	Provider Signature Indicator is not valid	A
C429	REL INFO CD MISSING	Release of Information Code is missing	A
C430	REL INFO CD INVALID	Release of Information Code is not valid	A
C431	CLM FREQUENCY CD MISSING	Claim Frequency Code Missing	A
C432	CLM FREQUENCY CD INVALID	Claim Frequency Code Invalid	A
C433	ADJ CLM-NO ORIG CLM NUM	Claim Frequency Code indicates an adjustment claim and original BCBSRI claim number is not present	A
C434	ADJ CLM-ORIG CLM NUM INV	Claim Frequency Code indicates an adjustment claim and original BCBSRI claim number invalid	A
C435	INVALID PWK ATTACH CD	Invalid Attachment Paperwork Code	A
C436	ATTACH CNTRL NUM MISSING	Attachment Control Type equals 'BM', 'EL', 'EM, OR 'FX' and no Attachment Control number given	A
C437	POS MISSING	Place of Service is missing	P, D
C438	POS INVALID	Place of Service is not valid	P, D
C439	HSP ADMIT DATE MISSING	Place of Service is Inpatient hospital and Admission Date is not present	P, D
C440	ADMIT DATE INVALID	Admission Date is not a valid Date	P, D
C441	ADMIT DT > RECEIPT DATE	Admission Date is greater than receipt Date	P, D
C442	ONSET DATE INVALID	Onset Date is present but is not a valid date	P
C443	ONSET > 1ST SVC DATE	Onset Date is present but is greater than the first Date of Service	P
C444	ONSET DATE > ADMIT DATE	Onset and Admission Dates are present and Onset Date is greater than Admission Date	P
C445	ACCIDENT DATE MISSING	Either Employment, Auto or Other Accident Indicator is yes but no Accident Date given	P, D
C446	ACCIDENT DATE INVALID	Accident Date not a valid date	P, D
C447	PRIN DX MISSING	Principal Diagnosis is missing	P, I
C448	PRIN DX NOT DEFINITIVE	Principal Diagnosis is not a Definitive Diagnosis	P, I
C449	PRIN DX INVALID PAT SEX	Principal Diagnosis is invalid for Patient's Sex	P, I
C450	PRIN DX INVALID PAT AGE	Principal Diagnosis is invalid for Patient's Age	P, I
C451	OTH DIAG NOT DEFINITIVE	Other Diagnosis is not a Definitive Diagnosis	P, I
C452	OTH DIAG INVALID PAT SEX	Other Diagnosis is invalid for Patient's Sex	P, I

Error Number	Error Message	Error Description	Applies To Claim Type
C453	OTH DIAG INVALID PAT AGE	Other Diagnosis is invalid for Patient's Age	P, I
C454	REF PROV ID INV FORMAT	Referring Provider ID submitted is invalid format	P
C455	REF PROVID INV COVERAGE	Referring Provider ID submitted is invalid for Coverage Type	P
C456	REF PROV ID NOT ON FILE	Referring Provider ID submitted is not on file	P
C457	NO OTH PAY SUB LAST NAME	Other Payer indicated but Other Payer Subscriber Last Name is missing	A
C458	OTH PAY SUB ID MISSING	Other Payer indicated but Other Payer Subscriber ID is missing	A
C459	OTH PAYER NAME MISSING	Other Payer indicated but Other Payer Name is missing	A
C460	OTH PAYER ID MISSING	Other Payer indicated but Other Payer Payer ID is missing	A
C461	2ND CLM-NO OTHPAYER INFO	Claim submitted indicates BCBSRI is not primary, but no Other Payer Information is given	A
C462	NO PRIM PAY SUB LNAME	BCBSRI Secondary or Tertiary and Primary Payer Subscriber Last Name is missing	A
C463	PRIM PAY SUB ID MISSING	BCBSRI Secondary or Tertiary and Primary Payer Subscriber ID is missing	A
C464	PRIM PAYER NAME MISSING	BCBSRI Secondary or Tertiary and Primary Payer Name is missing	A
C465	PRIM PAYER ID MISSING	BCBSRI Secondary or Tertiary and Primary Payer, Payer ID is missing	A
C466	NO PRIM PAYER INS TYPE	BCBSRI Secondary or Tertiary and Primary Payer Insurance Type Code is missing	P
C467	NO PRIM PAYER PAY AMT	BCBSRI Secondary or Tertiary and Primary Payer Paid Amount is missing	A
C468	NO PRIM PAYER PAID DT	BCBSRI Secondary or Tertiary and Primary Payer Paid Date is missing	A
C469	NO PRIM PAYER0 ADJ REASN	BCBSRI Secondary and Primary Payer Paid Amount is zero, but no Adjustment Reason Code given or Patient Responsibility amount given	A
C470	NO 2NDARY PAY SUB LNAME	BCBSRI Tertiary and Secondary Payer Subscriber Last Name is missing	A
C471	NO 2NDARY PAY SUB ID	BCBSRI Tertiary and Secondary Payer Subscriber ID is missing	A
C472	NO 2NDARY PAYER NAME	BCBSRI Tertiary and Secondary Payer Name is missing	A
C473	2NDARY PAYER ID MISSING	BCBSRI Tertiary and Secondary Payer ID is missing	A

Error Number	Error Message	Error Description	Applies To Claim Type
C474	NO 2NDARY PAYER INS TYPE	BCBSRI Tertiary and Secondary Payer Insurance Type Code is missing	P
C475	NO 2NDARY PAYER PAY AMT	BCBSRI Tertiary and Secondary Payer Paid Amount is missing	A
C476	NO 2NDARY PAYER PAID DT	BCBSRI Tertiary and Secondary Payer Paid Date is missing	A
C477	NO 2NDARY PAYER0-ADJ REA	BCBSRI Tertiary and Secondary Payer Paid Amount is zero, but no Adjustment Reason Code or Patient Responsibility amount given	A
C478	NO 3RD PAYER SUB LNAME	BCBSRI Secondary and Tertiary indicated, but Tertiary Payer Subscriber Last Name is missing	A
C479	3RD PAYER SUB ID MISSING	BCBSRI Secondary and Tertiary indicated but Tertiary Payer Subscriber ID is missing	A
C480	3RD PAYER NAME MISSING	BCBSRI Secondary Primary and Tertiary indicated but Tertiary Payer Name is missing	A
C481	3RD PAYER ID MISSING	BCBSRI Secondary Primary and Tertiary indicated, but Tertiary Payer ID is missing	A
C482	BILL TYPE MISSING	Type of Bill missing on Institutional Claim	I
C483	BILL TYPE INVALID	Type of Bill invalid on Institutional Claim	I
C484	STMT FROM DT MISSING	Statement from Date is missing	I
C485	STMT FROM DT INVALID	Statement from Date is invalid date	I
C486	STMT FROM > RECEIPT DT	Statement from Date is later than the Receipt Date	I
C487	STMT TO DT MISSING	Statement to Date is missing	I
C488	STMT TO DT INVALID	Statement to Date is invalid date	I
C489	STMT TO < STMT FROM DT	Statement to Date is earlier than Statement from Date	I
C490	STMT TO > RECEIPT DT	Statement to Date is later than the Receipt Date	I
C491	ADMIT DATE MISSING	Inpatient Claim and Admission Date is missing	I
C492	ADMIT DATE NOT VALID	Admission Date is not a valid date	I
C493	ADMIT DATE> RECEIPT DAT	Admission Date is later than the Receipt Date	I
C494	ADMIT DATE > STMT TO DT	Admission Date is greater than the Statement to Date	I
C495	ADMIT HOUR MISSING	Inpatient Claim and Admission Hour is missing	I
C496	ADMIT HOUR NOT VALID	Admission Hour is invalid	I
C497	PRIORITY TYPE MISSING	Priority type of admission/visit is missing	I
C498	PRIORITY TYPE INVALID	Priority type of admission/visit invalid	I
C499	POINT OF ORIGIN MISSING	Point of Origin Admission/Visit is missing	I

Error Number	Error Message	Error Description	Applies To Claim Type
C500	PT OF ORIG ADM/VISIT INV	Point of Origin Admission/Visit is invalid	I
C501	PAT STATUS CODE MISSING	Inpatient Claim, Patient status missing	I
C502	PAT STATUS CODE INVALID	Patient Status invalid	I
C503	ADMIT DX MISSING	Institutional Inpatient Claim, Admitting Diagnosis is missing	I
C504	ADMIT DX NOT DEFINITIVE	Admitting Diagnosis is not a Definitive Diagnosis	I
C505	ADMIT DX INVALID PAT SEX	Admitting Diagnosis is not valid for Patient's Sex	I
C506	ADMIT DX INVALID PAT AGE	Admitting Diagnosis is not valid for Patient's Age	I
C507	PROCEDURE CODE INVALID	Procedure Code is invalid	I
C508	PROCEDURE DATE MISSING	Procedure Code present but no corresponding procedure Date given	I
C509	PROCEDURE DATE INVALID	Procedure Date is invalid	I
C510	OCCURRENCE CODE INVALID	Occurrence Code is invalid	I
C511	OCCURRENCE DATE MISSING	Occurrence Code present but no corresponding Occurrence Date given	I
C512	OCCURRENCE DATE INVALID	Occurrence Date is invalid	I
C513	OCCUR SPAN CODE INVALID	Occurrence Span Code is invalid	I
C514	NO OCCUR SPAN FROM DATE	Occurrence Span Code given but Occurrence Span From Date missing	I
C515	NO OCCUR SPAN TO DATE	Occurrence Span Code given but Occurrence Span To Date missing	I
C516	INV OCCUR SPAN FROM DATE	Occurrence Span From Date invalid	I
C517	INV OCCUR SPAN TO DATE	Occurrence Span To Date invalid	I
C518	VALUE CODE INVALID	Value Code is invalid	I
C519	VALUE AMOUNT MISSING	Value Code given but No Value Amount given	I
C520	NO ATTEND PHYS 1ST NAME	Inpatient or Home Health Claim, Attending Physician First Name missing	I
C521	NO ATTEND PHYS LAST NAME	Inpatient or Home Health Claim, Attending Physician Last Name missing	I
C522	NO ATTEND PHYS TAX ID	Inpatient or Home Health Claim, Attending Physician Tax ID missing	I
C523	NO ATTEND PHYS BCBSRI ID	Inpatient or Home Health Claim, Attending Physician BCBSRI Provider ID missing	I
C524	ATT PHYS ID INV FORMAT	Attending Provider BCBSRI ID invalid format	I
C525	ATT PHYS ID NOT ON FILE	Attending Provider ID not on file	I
C526	PRIN DX INV SERVICE DT	Principal Diagnosis has invalid Date of Service	A
C527	OTH DIAG INV SERVICE DT	Other Diagnosis has invalid Date of Service	A

Error Number	Error Message	Error Description	Applies To Claim Type
C528	PRIN DIAGNOSIS INVALID	Principal Diagnosis is invalid	A
C529	OTHER DIAGNOSIS INVALID	Other Diagnosis is invalid	A
C530	PROVIDER ID IS INVALID	Provider id is invalid	A
C531	REND PROV TAX ID MISSING	Rendering Provider Tax ID is missing	A
C532	REND PRV TAXID NOT 9 NUM	Rendering Provider Tax ID is not 9 numeric	A
C533	PREDETER REQ HAS CLM DOS	Transaction indicates Pre-Determination request but Claim DOS also submitted	D
C534	CLAIM DOS MISSING	Dental claim with no Pre-Determination Indicator and no DOS	D
C535	CLAIM DOS INVALID	Claim DOS is invalid	D
C536	CLAIM DOS > RECEIPT DATE	Claim DOS greater than Receipt Date	D
C537	CLAIM TO DOS INVALID	Claim to DOS present, but not valid date	D
C538	CLAIM TO DOS > RECEIPT	Claim to DOS present and greater than Receipt Date	D
C539	CLAIM TO DOS < FROM DOS	Claim to DOS present and earlier than from DOS	D
C540	TOTAL CHARGES = ZERO	Claim Total Charges equals zero	D
C541	TOOTH STATUS/NO TOOTH#	Tooth Status present but no tooth number provided	D
C542	3RD PAYER-NO OTH PAY INFO	Tertiary Payer – No Other Payer info provided	D
C543	3RD PAYER-NO 2ND PAY INFO	Tertiary Payer – No Secondary Payer info provided	D
C544	SURG PROC INVALID PT SEX	Invalid Patient Sex for Surgical Procedure	I
C545	SURG PROC INVALID PT AGE	Invalid Patient Age for Surgical Procedure	I
C546	ADMIT DX INV SERV DATE	Admit Diagnosis invalid Date of Service	I
C547	ADMIT DIAGNOSIS INVALID	Admit Diagnosis invalid	I
C548	SURG PROC CD-INV SVC DT	Surgical Procedure Code invalid for the Date of Service	I
C549	ATT PHYS TAXID NOT 9 NUM	Attending Physician Tax ID must be 9 numeric digits	I
C550	CALL 274-3103 TIN INVALID	Unable to find a valid Tax ID	I
C551	INVALID LID PREFIX	Invalid Subscriber Identification Prefix	P, I
C552	ATTEND PHYS NPI MISSING	Attending Physician NPI Missing	I
C553	BILL PROV NPI MISSING	Billing Provider NPI Missing	A
C554	MULTIPLE IDS FOR TIN	Multiple Legacy IDs defined for submitted NPI /TaxId	A
C555	MULTIPLE BILLING IDS	Multiple Legacy Billing IDs defined for submitted NPI /TaxId	A
C556	RENDERING NPI MISSING	Rendering Provider NPI missing	P,D
C557	INVALID NPI CHECK DIGIT	Invalid NPI Check Digit	A
C558	NPI NOT ON FILE @ BCBSRI	NPI not on file at BCBSRI	Inactive

Error Number	Error Message	Error Description	Applies To Claim Type
C559	BILL NPI NOF @ BCBSRI	Billing Provider NPI not on file at BCBSRI	A
C560	REND NPI NOF @ BCBSRI	Rendering Provider NPI not on file at BCBSRI	P,D
C561	REFER NPI NOF @ BCBSRI	Referring Provider NPI not on file at BCBSRI	P
C562	ATTEND NPI NOF @ BCBSRI	Attending Provider NPI not on file at BCBSRI	I
C563	NO TAX ID/LOCATION MATCH	Unable to identify pay-to location for submitted Tax ID	A
C564	LID NOT IN MEMBERSHIP DB	Subscriber ID not on Membership database	A
C565	REFERRING NPI MISSING	Referring Provider NPI missing	P
C566	Not Active Error at this Time		
C567	NPI/TAX ID COMBO NOT FND	NPI and Tax ID combination not found on database	P,D
C568	NPI FILING ERROR	NPI FILING ERROR	A
C569	POA IND REQUIRED	Present on Admission Indicator required	I
C570	POA INDICATOR INVALID	Present on Admission Indicator invalid	I
C571	POA MORE/LESS THAN DX	More/Less Present on Admission Indicators than submitted Diagnosis Codes	I
C572	BILL PROV ID MUST BE NPI	Filed Billing Provider Id must be an NPI	I, P, D
C573	REND PROV ID MUST BE NPI	Filed Rendering Provider Id must be an NPI	P,D
C574	REFER PROV ID MUST BE NPI	Filed Referring Provider Id must be an NPI	P
C575	ATTEN PROV ID MUST BE NPI	Filed Attending Provider Id must be an NPI	I
C576	LINE REND ID MUST BE NPI	Filed Service Line Rendering Provider Id must be an NPI	P,D
C577	HOST MED ADV AMB REQ ZIP	Host Medicare Advantage Ambulance Claim requires a Pick-up / Drop-off Zip Code	I
C578	EX INJ DX NOT DEFINITIVE	External Injury Diagnosis Code not Definitive	I
C579	EXT INJ DX INV PAT SEX	External Injury Diagnosis Code is invalid for the submitted Patient's Sex Code	I
C580	EXT INJ DX INV PAT AGE	External Injury Diagnosis Code is invalid for the submitted Patient's Age	I
C581	EXT INJ DX INV DT SVC	External Injury Diagnosis Code is invalid for the submitted Date of Service	I
C582	EXT INJ CODE IS INVALID	External Injury Diagnosis Code is invalid	I
C583	SPACES IN POA DATA	Spaces not allowed in submitted Present on Admission Indicator	I
C584	Z MISSING AT END OF POA	End of POA segment is missing a "Z"	I

Error Number	Error Message	Error Description	Applies To Claim Type
C585	PRIN DX CD QUAL MISSING	Principal Diagnosis Code Qualifier is missing	A
C586	PRIN DX QUAL INVALID	Principal Diagnosis Code Qualifier is invalid	Inactive
C587	ICD VERSION INVALID	ICD-9/10 Code is not allowed at this time	A
C588	ADMIT DX QUAL MISSING	Admitting Diagnosis Qualifier is missing	I
C589	ADMIT DX QUAL INVALID	Admitting Diagnosis Qualifier is invalid	I
C590	REASN VISIT QUAL MISSING	Patient Reason for Visit Qualifier is missing	I
C591	REASN VISIT QUALIF INVAL	Patient Reason for Visit Qualifier is invalid	I
C592	EXT CAUSE INJ QU MISSING	External Cause of Injury Qualifier is missing	I
C593	EXT CAUSE INJ QU INVALID	External Cause of Injury Qualifier is invalid	I
C594	OTH DX QUAL MISSING	Other Diagnosis Code Qualifier is missing	A
C595	OTH DX QUAL INVALID	Other Diagnosis Code Qualifier is invalid	A
C596	PRIN PROC QUAL MISSING	Principal Procedure Qualifier is missing	I
C597	PRIN PROC QUAL INVALID	Principal Procedure Qualifier is invalid	I
C598	OTH PROC QUAL MISSING	Other Procedure Qualifier is missing	I
C599	OTH PROC QUAL INVALID	Other Procedure Qualifier is invalid	I
C600	PAYER3 PAY AMT MISSING	Tertiary Payer Payment Amount is missing	A
C601	PAYER3 PAID DT MISSING	Tertiary Payer Paid Date is missing	A
C602	PAYER3 ADJ REASON MISSNG	Tertiary Payer Adjustment Reason Code is missing	A
C603	PAYER4 SUB LNAME MISSING	4TH Payer record- sub last name missing	A
C604	PAYER4 SUB ID MISSING	4th Payer record- sub id# missing	A
C605	PAYER4 NAME MISSING	4th Payer name missing	A
C606	PAYER4 ID MISSING	4TH Payer id missing	A
C607	PAY4 PRIM PAYER MISSING	Primary Payer is missing to coincide with 4th Payer	A
C608	PAY4 2ND PAYER MISSING	Secondary Payer is missing to coincide with 4th Payer	A
C609	PAY4 3RD PAYER MISSING	Tertiary Payer is missing to coincide with 4th Payer	
C610	FILE CLAIM WITH BEACON	Claim must be filed with Beacon	P, I
C611	TAXONOMY CODE REQUIRED	Taxonomy Code required	I
C612	REV CODE REQ HIPPS CODE	Revenue Code requires HIPPS Code	I
C613	TREATMENT AUTH CODE REQ	Treatment Authorization Code is required	I
C614	HEIGHT & WEIGHT REQUIRED	Height and Weight are required	I

Error Number	Error Message	Error Description	Applies To Claim Type
C615	CBSA CODE REQUIRED	CBSA Code is required	I
C616	REASON FOR VISIT REQD-OP	Reason for Visit is required for Outpatient Claims	I
C617	PAT SIG SOURCE INVALID	Patient Signature Source is invalid	P
C618	BILL LOCPLN/REFPRV NOT RI	Bill local plan, referring provider not in RI service area- ITS Host	P
C619	REFER PROV NPI MISSING	Referring provider NPI missing, correct and resubmit	P
C620	TOOTH NUM CLM DN201 INV	Tooth number filed in DN201 is invalid	D
C621	DISCHARGE HR MISSING	Discharge Hour is Missing	I
C622	DIS HR INVALID NOT HH:MM	Discharge Hour must be in Hour:Minute format	
C623	ICD VERSION MIX INVALID	Cannot file both ICD9/ICD10 on same claim, split claim	A
C624	DENTL PREDETERM NOT ALWD	Submitter is not allowed to submit a dental predetermination claim	D
C625	MED CLM-NO XOVER RMKS CD	For Medicare primary/BCBSRI secondary claims, BCBSRI will reject the claim if the Medicare cross-over remarks codes (MA18 or N89) are not present on the claim. Veterans Administration claims are exempt from this edit	I, P
C626	MED CLM-FILED < 30 DAYS	For Medicare primary/BCBSRI secondary claims, BCBSRI will reject the claim if the Medicare adjudication date is less than 30 days from calendar date. Veterans Administration claims are exempt from this edit.	I, P
C627	**SEMI-PVT RM RATE MISSING**	**Inpatient Hospital claims (TOB 11) must have Semi-Private Room Rate in Loop 2300 Value Information Segment (HI*BE) using Value Code 01.**	**I**
C628	Invalid Reason for Visit	Reason for Visit is not Valid	I
C629	MISSING REV CD SNF HIPPS	Revenue code required for Skilled Nursing Facility (SNF) HIPPS	I
C630	MISSING REV CD HHA HIPPS	Revenue Code required for Home Health Agency (HHA) HIPPS	I
L301	GREATER THAN 50 LINES	Greater than 50 lines (Professional or Dental)	P, D
L302	GREATER THAN 999 LINES	Greater than 999 lines (Institutional)	I
L303	NO SERVICE LINES PRESENT	No Service Lines Present	A
L304	SVC LN# NOT CONSECUTIVE	Line Item numbers are not consecutive	A
L305	START SVC DATE MISSING	Line Start Service Date is missing	P, I
L306	START SVC DATE INVALID	Line Start Service Date is not valid	P, I
L307	START SVC > RECEIPT DATE	Line Start Service Date is greater than Receipt Date	P

Error Number	Error Message	Error Description	Applies To Claim Type
L308	START SVC > END SVC DATE	Line Start Service Date is greater than End Service Date	P
L309	END SERVICE DATE MISSING	Line End Service Date is missing	P
L310	END SERVICE DATE INVALID	Line End Service Date is not valid	P
L311	END SERV DT > RECEIPT DT	Line End Service Date is greater than Receipt Date	P
L312	LINE POS INVALID	Line Place of Service is invalid	P
L313	LINE SVC UNITS MISSING	Line Service Units is missing	A
L314	LINE CHGS MISSING	Line Charges is missing	A
L315	LINE DX POINTER MISSING	Line Diagnosis Pointer is missing	P
L316	LINE DX POINTER INVALID	Line Diagnosis Pointer must be a value of "01" through "12"	P
L317	NO DX FOR LINE DX POINTR	No Diagnosis related to the Pointer given at line	P
L318	LINE PROC CODE MISSING	Line Procedure Code missing	A
L319	LINE PROC CD INV DT SVC	Line Procedure Code is invalid for Dates of Service	A
L320	LINE PROC CD INV PT SEX	Line Procedure Code is invalid for Patient's Gender	A
L321	LINE PROC CD INV PT AGE	Line Procedure Code is invalid for Patient's Age	A
L322	LINE PROC CD MOD INV	Line Procedure Code Modifier is invalid	A
L323	LN REND PROV NOT ON FILE	Line Rendering Provider reported is not on BCBSRI database	P
L324	REVENUE CODE MISSING	Line Revenue Code is missing	I
L325	REVENUE CODE INVALID	Line Revenue Code is invalid	I
L326	NDC CODE INVALID	NDC Code Is invalid or not on file at BCBSRI	P,I
L327	NDC CODE INVALID DT SVC	NDC Code Date of Service is invalid	P,I
L328	PROCEDURE CODE INVALID	Procedure Code is invalid	A
L329	LN XXX MOD XX INVALID	Line modifier is invalid	P
L330	LN XXX MOD XX INV W/HSC	Line modifier is invalid with procedure code	P
L331	LN XXX MOD XX ONLY W/E&M	Line modifier only with Evaluation & Management	P
L332	LN XXX MOD XX ONLY SURG	Line modifier only surgery	P
L333	LN XXX MOD XX/XX INV PAIR	Line modifier are an invalid pair	P
L334	LN XXX ANESTH MOD REQ	Line anesthesia modifier required	P
L335	LN XXX MOD XX/XX FILE SEP LNS	Line modifiers must be filed on separate lines	P
L336	PREDETER REQ HAS LN DOS	Do not file Date of Service for dental pre-determination requests	D
L337	DATE RANGE REQ SRV LN DT	Date of Service is required at Line Level	D
L338	INVALID TOOTH NUMBER	Tooth Number at line is invalid	D
L339	INVALID TOOTH SURFACE	Tooth Surface Code is invalid	D
L340	PROCEDURE COUNT = 0	Line Procedure code required	D
L341	INVALID ORAL CAV DESIG	Oral Cavity Designation is invalid	D

Error Number	Error Message	Error Description	Applies To Claim Type
L342	REV CODE INVALID DT SVC	Revenue Code not active on Health Service Code database for submitted Date of Service	I
L343	START SVC < STMT FROM DT	Line Start Date cannot be less than Claim Statement from Date	I
L344	START SVC > STMT TO DATE	Line Start Date cannot be greater than Claim Statement to Date	I
L345	PROC CODE MOD INV DT SVC	Procedure Code Modifier invalid for Date of Service	A
L346	NEED PRIOR PROSTHETIC DT	Prior Prosthetic Date required	D
L347	INV PRIOR PROSTHETIC DT	Invalid Prior Prosthetic Date	D
L348	PRIOR PRSTHTC>RECEIPT DT	Prior Prosthetic Date cannot be greater than Receipt Date	D
L349	LN XX INV UNT QU-ANES CD	Invalid Anesthesia Qualifier or Quantity at the Service Line Level	P
L350	FILE ONE TOOTH PER LINE	File 1 tooth per line on Dental claim	D
P201	PATIENT LNAME MISSING	Patient Last Name is missing	A
P202	PATIENT FNAME MISSING	Patient First Name is missing	A
P203	PATIENT NAME CONTAINS *	Patient Name contains asterisk	A
P204	PATIENT ADDR MISSING	Patient Street Address is missing	A
P205	PATIENT CITY MISSING	Patient City is missing	A
P206	PATIENT ZIP MISSING	Patient Zip Code is missing	A
P207	PATIENT DOB MISSING	Patient DOB is missing	A
P208	PAT DOB > RECEIPT DATE	Patient DOB is greater than Receipt Date	A
P209	PAT GENDER MISSING	Patient Gender is missing	A
P210	PAT GENDER INVALID	Patient Gender is not 'M', 'F', or 'U'	A
P211	PAT STATE MISSING	Patient State is missing	A
P212	PAT DOB INVALID	Patient DOB invalid	A
P213	BILL LOCL PLN/MEM NOT RI	Bill local plan, patient not RI member- ITS HOST	P
S101	SUBSCRIBER ID MISSING	Subscriber ID is missing	A
S102	INVALID SUBSCRIBER ID	Subscriber ID is invalid	A
S103	SUB ID INACTIVE/SERV DT	No Active Coverage for Dates of Service	A
S104	SUBSCRIBER FNAME MISSING	Subscriber First Name is missing	A
S105	SUBSCRIBER LNAME MISSING	Subscriber Last Name is missing	A
S106	SUBSCRIBER NAME HAS *	Subscriber Name must not include asterisk	A
S107	BCBS ID# MISSING	BCBS id missing	A
S108	BCBS ID# > VALID LENGTH	BCBS id must be 13 digits	A
S109	BCBS ID# INVALID	BCBS id invalid	A
S110	BCBS ID# INCORRECT	BCBS id is incorrect	A
S111	FEP ID # INVALID	FEP id invalid	A
S112	OUT OF AREA ID# INVALID	Out of area id invalid	A
S113	SUBMIT SEPARATE CLAIMS	Submit a Separate Claim for each Member Id for the Date of Service	P, I
S114	8 BYTE NDC CODE INVALID	Do Not Submit a Truncated 8-position NDC as the procedure code	P, I
X001	RECEIVER ID IS MISSING	Receiver ID missing	A
X002	INVALID RECEIVER ID	Receiver ID is invalid	A

Error Number	Error Message	Error Description	Applies To Claim Type
X003	MISMATCHED RECEIVER ID	Receiver ID does not match GS Receiver ID	A
X004	SUBMITTER ID IS MISSING	Missing Submitter ID	A
X005	MISMATCHED SUBMITTER ID	Submitter ID does not match GS Sender ID	A
X006	SUBM NOT AUTH FOR BCBSRI	Submitter not Authorized	A
X007	PROV NOT AUTH/ELEC CLMS	Provider not authorized for electronic claims submission	A
X008	SUBM NOT AUTH FOR PROV	Submitter not authorized for Provider	A
X009	CREATION DATE MISSING	Creation Date is missing	A
X010	CREATION > RECEIPT DATE	Creation Date greater than Receipt Date	A
X011	CREATION DATE NOT VALID	Creation Date is not a valid date	A
X012	CREATION TIME MISSING	Creation Time is missing	A
X013	CREATE TIME INVALID	Creation Time is an invalid format	A
X014	NO TRANSMISSION TYPE CD	Transmission Type Code is missing	A
X015	NO SUBMITTER CNTRL NUM	Submitter Control number is missing	A
X016	NO SUBM LAST/ORG NAME	Submitter Last/Organization Name is missing	A
X017	SUBMITTER FNAME MISSING	Submitter Entity Type is 1 (person) and submitter first Name is missing	P, D
X018	RECEIVER NAME MISSING	Receiver Name is missing	A
X019	LOOKUP TABLE IS BLANK	CLC430 lookup Type is blank	A
X020	INVALID LOOKUP TYPE	CLC430 lookup Type is invalid	A
X021	INVALID 835 INDICATOR	CLC430 835 Indicator is invalid	A
X022	835 IND CANNOT BE BLANK FOR PRV\SUB OR REMIT LOOKUP	CLC430 835 Indicator is blank (PS\R lookups)	A
X023	DATE CANNOT BE BLANK	CLC430 Date is blank	A
X024	INV DATE OR DATE FORMAT (MUST BE CCYY-MM-DD)	CLC430 Date is not valid or is in wrong format	A
X025	LOB CANNOT BE BLANK	CLC430 LOB is blank	A
X026	INVALID LINE OF BUSINESS	CLC430 LOB is invalid	A
X027	TRANSACTION TYPE BLANK	CLC430 transaction Type is blank	A
X028	INVALID TRANSACTION TYPE	CLC430 transaction Type is invalid	A
X029	MED LOB CANNOT HAVE TXNS 835D, 837D	CLC430 LOB is "med" with transaction Type 835D\837D	A
X030	STATUS CANNOT BE BLANK	CLC430 status is blank	A
X031	INVALID STATUS	CLC430 status is invalid	A
X032	SUBM NUM BLNK FOR LOOKUP	CLC430 submitter number is blank (S lookup)	A
X033	SUBM NOT ON TABLE FOR DT	CLC430 submitter number not found using CLC430 Date	A
X034	ERROR-SUBM TBL CL70SUBM	DB2 error when reading CL70SUBM (S lookup)	A
X035	SUBM - NO PROD AUTHORITY	Submitter on CL70SUBM does not have "P" for transaction	A
X036	SUBM NOT AUTH FOR THIS TXN	Submitter on CL70SUBM does not have "P" or "T" for transaction	A

Error Number	Error Message	Error Description	Applies To Claim Type
X037	PROV NUM BLANK FOR PROV\SUBM LOOKUP	CLC430 Provider number is blank (PS lookup)	A
X038	SUBM NUM BLANK FOR PROV\SUBM LOOKUP	CLC430 submitter number is blank (PS lookup)	A
X039	835 IND HAS TO BE -N- FOR PROV\SUBM LOOKUP	CLC430 835 Indicator is not "N" (PS lookup)	A
X040	PROV\SUBM NOT ON TBL FOR DATE SPECIFIED	CLC430 Provider\submitter combo not found using CLC430 Date	A
X041	ERROR READING HIPAA TABLE CL70HIPA (PROV\SUBM)	DB2 error when reading CL70HIPA (PS lookup)	A
X042	PROV\SUBM DOES NOT HAVE PROD AUTHORITY	Provider\Submitter on CL70HIPA does not have "P" for transaction	A
X043	PROV\SUBM NOT AUTH FOR THIS TXN	Provider\Submitter on CL70HIPA does not have "P" or "T" for transaction	A
X044	PROV NUM CANNOT BE BLANK FOR REMIT LOOKUP	CLC430 Provider number is blank (R lookup)	A
X045	835 IND HAS TO BE -Y- FOR REMIT LOOKUP	CLC430 835 Indicator is not "Y" (R lookup)	A
X046	LOB MUST BE -PLAN- FOR REMIT LOOKUP	CLC430 Provider number not found using CLC430 Date	A
X047	ERROR - TABLE CL70HIPA (REMIT)	DB2 error when reading CL70HIPA (R lookup)	A
X048	PROV NOT AUTH THIS TXN	Provider on CL70HIPA does not have "P" for transaction	A
X049	SUBM NUM 1ST CHAR INV	Submitter number does not have a P/T/U/D in 1st position	A
X050	INVALID SUBMITTER ID	Invalid submitter ID	A
X051	DUPLICATE BATCH SUBMITTED	Duplicate batch submitted	A
X052	CONTROL NUMBER BLANK	Control Number is blank	A

5.0   Document Version Control

Version Number	Date	Modified By	Comments/Revision Details
1.0	October 28, 2003	Kinkead	Draft
1.1	February 1, 2008	D.Santos L. Merola	Section 4.1-- added to include new NPI error codes and messages
1.2	April 23,2008	L.Merola	Section 4.1--added to include additional NPI error codes and messages and new POA error codes and messages.
1.3	May 1, 2008	L. Merola	Section 4.1-- updated the revised error code messages for C559, C560, C561 and C562

Version Number	Date	Modified By	Comments/Revision Details
1.3a	June 16, 2008	L. Merola D. Santos	Section 3.0--revised contact information Section 4.0: removed C531 – Rendering provider Tax id missing, edit no longer in effect.
1.4	February 15, 2010	L. Merola	Section 4.1-- Updated the error code messages for POA Indicator/Never Events.
1.5	May 2011	K.Reilly	Limited messages to a length of 24 to fit Submitter Reject Reports. HIPAA 5010.
1.6	July 2012	D.Santos	Removed Phone number
1.7	August 2012	D.Santos	Section 4.1- added ITS Host error messages
1.8	October 2012	D.Santos S.Romano	Section 4.1- PFEx replacement project modifications
1.9	January, 2013	D.Santos	Removed obsolete error messages from Section 4.1
2.0	February 24, 2014	S. Romano D.Santos	Added new message C624, C625 , and C626
2.1	April 9, 2014	S. Romano D. Santos	Added new message C627
2.11	August 6, 2014	S. Romano D. Santos	Added new message codes - C628, C629, C630
2.12	October 29, 2014	D.Santos	Updated telephone number for Help Desk