



Nonprofit corporations and independent licensees  
of the Blue Cross and Blue Shield Association

# **Front End Edit Codes and Descriptions for Professional, Facility and Dental**

**Blue Cross Blue Shield of Michigan  
Electronic Data Interchange**

Front End Edit Codes and Descriptions

Edit Code	Status_Code_1	Status_Code_2	Status_Code_3	Professional	Institutional	Dental	Edit Description	STC12
247	A3	247		Y	Y	Y	247 - LINE RETURNED. REFER TO CLAIM OR OTHER SERVICE LINE EDITS. Please note: this is a default INFORMATIONAL code that is returned at the service line when a claim or another service line edit is generated on the same claim as this service. There is no corrective action required for services that receive a 247. However, the service should be included on the corrected claim when resubmitting.	
275	A3	275		Y	Y	Y	275 - CLAIM RETURNED. REFER TO SERVICE LEVEL EDITS. Please note: this is a default INFORMATIONAL code that is returned at the claim level when a service line edit is generated within the claim. There is no corrective action required at the claim level. However, the full claim should be rebilled with the corrected service line information.	
P232	A3	18		Y			P232 REPLACEMENT/VOID CLMS SHOULD BE DROPPED TO PAPER	
F182	A3	19			Y		F182 100% PAID OR 100% DENIED FEPXOVER CLAIM	
P342	A3	19		Y			P342 FULLY PAID FEP XOVER CLAIM	
P343	A3	19		Y			P343 FULLY DENIED FEP XOVER CLAIM	
BANC	A3	21		Y			BANC AETNA NATL CONT - COFINITY SHOULD NOT RECEIVE	
BCBI	A3	21		Y			BCBI CLAIM LINES BILLED REPEATEDLY, PLEASE RESUBMIT	
BCOF	A3	21		Y			BCOF DOS OLDER THAN 2 YEARS- OUTSIDE FILING LIMIT	
BHDP	A3	21		Y			BHDP HOSPITAL DOES NOT PROVIDE INPATIENT SERVICES	
BINC	A3	21		Y			BINC INVALID CHARGES FOR PRIVATE ROOM	
BION	A3	21		Y			BION INSURANCE INFO ON CLAIM DOES NOT HAVE PPOM OPTION	
BOWD	A3	21		Y			BOWD ORDERS ARE FOR WRONG DRUG OR PATIENT - PLS RESUBMIT	
F213	A3	21			Y		F213 INPATIENT CLAIM DOES NOT INCLUDE POA INDICATOR	
VAEA	A3	21			Y		VAEA DIAG MUST BE KEYED-RESUBMIT CORRECT POA IND	
VAED	A3	21			Y		VAED ALL OTHER POA INDICATORS REQUIRED-RESUBMIT CORRECT POA IND	
VB01	A3	21			Y		VB01 TYPE OF FACILITY AND TYPE BILL CLASS ARE INVALID	
VB02	A3	21			Y		VB02 BILL TYPE IS INVALID	
VHUH	A3	21			Y		VHUH CLAIM PROC INCOMPLETE- RESUBMIT CORRECT POA IND	
VQAA	A3	21		Y	Y		VQAA MEDICARE PAID AMOUNT NOT NUMERIC	
VQAB	A3	21		Y	Y		VQAB OTHER PAYER PAID AMOUNT IS NEGATIVE	
VQAH	A3	21		Y	Y		VQAH MEDICARE ALLOWED AMOUNT IS NOT NUMERIC	

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Edit Code	Status_Code_1	Status_Code_2	Status_Code_3	Professional	Institutional	Dental	Edit Description	STC12
VQAI	A3	21		Y	Y		VQAI MEDICARE DEDUCTIBLE AMOUNT IS NOT NUMERIC	
VQAJ	A3	21		Y	Y		VQAJ MEDICARE COINSURANCE AMOUNT IS NOT NUMERIC	
VQAM	A3	21		Y	Y		VQAM OTHER CARRIER COINSURANCE AMOUNT IS NOT NUMERIC	
V53V	A3	21		Y			V53V COB APPROVED AMOUNT IS NOT NUMERIC	
V53W	A3	21		Y			V53W COB COVERED AMOUNT IS NOT NUMERIC	
V53X	A3	21		Y			V53X COB LIMITED AMOUNT IS NOT NUMERIC	
V53Y	A3	21		Y			V53Y COB TAX AMOUNT IS NOT NUMERIC	
V53Z	A3	21		Y			V53Z COB PRETAX AMOUNT IS NOT NUMERIC	
V90E	A3	21		Y			V90E PATIENT WEIGHT MUST BE NUMERIC	
P321	A3	21	IL	Y			P321 INVALID SUBSCRIBER PREGNANCY INDICATOR	
P039	A3	21	QC	Y			P039 INVALID PATIENT PREGNANCY INDICATOR	
D013	A3	24				Y	D013 SUBMITTER PRODUCTION INDICATOR INVALID	
D014	A3	24				Y	D014 SUBMITTER TEST INDICATOR INVALID	
D015	A3	24				Y	D015 SUBMITTER NOT FOUND ON APPROVED EDI SUBMITTER FILE	
F027	A3	24			Y		F027 SUBMITTER ID IS INVALID MUST BE A 9 NUMERIC	
F224	A3	24			Y		F224 NPI/TAXID OR FACILITY PROVIDER CODE IS INVALID	
F001	A3	24	1P		Y		F001 PROVIDER CODE UNAUTHORIZED	
A142	A3	24	85	Y			A142 PROVIDER NOT AUTHORIZED TO SUBMIT PAY SUBSCRIBER CLAIMS	
A787	A3	24	85	Y			A787 PROVIDER IS NOT AUTHORIZED FOR ELECTRONIC BILLING	
P001	A3	24	85	Y			P001 BCBSM OR BCN BILLING PROV UNAUTHORIZED FOR ELEC BILLING	
P002	A3	24	85	Y			P002 MED B/MEDADV BILLING PROV CODE UNAUTHORIZED	
P003	A3	24	85	Y			P003 COMMERCIAL BILLING PROV CODE UNAUTHORIZED	
P004	A3	24	85	Y			P004 BILLING PROV CODE UNAUTHORIZED	
P401	A3	24	85	Y			P401 BCN BILLING PROV CODE UNAUTHORIZED	
P402	A3	24	85	Y			P402 BCN P NUMBER AND OR GROUP G NUMBER INVALID	
P403	A3	24	85	Y			P403 ENTITY'S ID MISSING OR INVALID	
P407	A3	24	85	Y			P407 NPI/TAXID COMBINATION OR BILL PIN SUBMITTED IS INVALID	
P408	A3	24	85	Y			P408 NPI'S/TAXID OR BILL PIN/BCBSM LIC COMBO INV	
P525	A2	24	85	Y			P525 BCBSM OR BCN BILLING PROV UNAUTHORIZED FOR ELEC BILLING	
BMEI	A3	25		Y			BMEI MEIJER NOT PAR WITH THIS PROVIDER	

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A337	A3	25	FA	Y			A337 OPC FACILITY PROVIDER CODE INVALID OR PRIOR TO APPROVAL	
B26QC	A3	26	QC	Y			B26QC MEMBER NOT FOUND	
51303	A3	26	QC				51303 MEMBER NOT FOUND	
B261P	A3	26	1P	Y			B261P PROVIDER NOT FOUND	
P007	A3	26	1P	Y			P007 INVALID BCN BILLING PROVIDER CODE REPORTED.	
51304	A3	26	1P				51304 PROVIDER NOT FOUND	
A212	A3	29	IL	Y			A212 SUBSCRIBER'S LAST NAME DOES NOT MATCH REPORTED CONTRACT NUM.	
BVPT	A3	30	QC	Y			BVPT VERIFY PATIENT CONFLICTING NAME AND DATE OF BIRTH	
A210	A3	32	IL	Y			A210 SUBSCRIBER'S CONTRACT NUMBER NOT FOUND IN BCBSM'S FILES	
B35	A3	35		Y			B35 ADJUSTMENT CLAIM SUBMITTED BUT ORIGINAL CLAIM NOT FOUND	
51409	A3	35					51409 INVALID RECALL CLAIM	
51417	A3	35					51417 INVALID RECALL CLAIM	
A319	A3	41		Y			A319 IC PROCEDURE REQUIRES ATTACHMENTS	
A326	A3	41		Y			A326 SECOND OPINION CONSULTATION REQUIRES MANUAL HANDLING	
A355	A3	41		Y			A355 ABORTION RELATED SERV REQ HARDCOPY CLM TO CONTROL PLAN	
A362	A3	41		Y			A362 STERILIZATION PROC REQ HARDCOPY CLAIM TO CONTROL PLAN	
A454	A3	41		Y			A454 Z-PLASTY SERVICES REQUIRE OPERATIVE NOTES	
A455	A3	41		Y			A455 CLM REQ STATEMENT BY PHYS THAT A PERSON OPERATED PUMP	
A515	A3	41		Y			A515 SERV REQ ATTACHMENTS I/P FOLLOW UP CONSULT SAME ADM/PROV	
A539	A3	41		Y			A539 CLAIM REQUIRES PROGRESS NOTES	
A643	A3	41		Y			A643 PREPAYMENT UTILIZATION REVIEW REQ FOR KERATOPLASTY SERV	
A194	A3	48		Y			A194 PRIOR AUTHORIZATION NUMBER MISSING	
BAN1	A3	48		Y			BAN1 BENEFIT REDUCED DUE TO NO AUTHORIZATION	
BATT	A3	54		Y			BATT DUPLICATE- SEE ATTACHMENT FOR ADD'L INFO FROM HCP	
BCID	A3	54		Y			BCID DUPLICATE OF A PREVIOUSLY PROCESSED CLAIM	
BDUP	A3	54		Y			BDUP DUPLICATE LINE RECEIVED	
BINF	A3	54		Y			BINF INFUSION CLAIM ON FILE FOR SAME PATIENT, SAME DOS	
BPTN	A3	56	QC	Y			BPTN PATIENT TERMED > 2 YRS ON SYSTEM NEED NEW INS CARD	
BFLD	A3	66		Y			BFLD 1ST/LAST DATES OF THERPY- INCLUDE # DAYS IN UNITS BX	
BU&C	A3	66		Y			BU&C BILL USUAL & CUSTOMARY CHARGES	
D033	A3	85				Y	D033 CLAIM CANNOT HAVE MULTIPLE PAYERS	
F084	A3	85			Y		F084 CLAIM REQUIRES PRIMARY PAYER	
F085	A3	85			Y		F085 CLAIM REQUIRES PRIMARY AND SECONDARY PAYER INFORMATION	

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Edit Code	Status_Code_1	Status_Code_2	Status_Code_3	Professional	Institutional	Dental	Edit Description	STC12
F105	A3	85			Y		F105 CLAIM CANNOT HAVE MULTIPLE PRIMARY PAYERS	
F219	A3	85			Y		F219 MEDICARE CAN ONLY BE REPORTED ONCE ON A CLAIM	
P079	A3	85		Y			P079 CLAIM REQUIRES PRIMARY PAYER INFORMATION	
P080	A3	85		Y			P080 CLAIM REQUIRES SECONDARY PAYER INFORMATION	
P082	A3	85		Y			P082 CLAIM REQUIRES PRIMARY AND SECONDARY PAYER INFORMATION	
P304	A3	85		Y			P304 ONLY PRIMARY CLAIMS ARE ACCEPTED FOR FEP	
P305	A3	85		Y			P305 MULTIPLE PRIMARY OR SECONDARY PAYERS REPORTED	
P443	A3	85		Y			P443 CLAIM CANNOT HAVE MULTIPLE PRIMARY PAYERS	
VQBD	A3	85		Y	Y		VQBD SECONDARY PAYER INFORMATION SHOULD NOT BE ON PRIMARY CLAIM	
P301	A3	85	IN	Y			P301 ONLY PRIMARY CLAIMS ACCEPTED FOR COMMERCIAL PAYERS	
BBG1	A3	88		Y			BBG1 SERVICE NOT WITHIN BENEFIT GUIDELINES	
BPDN	A3	88		Y			BPDN PATIENT DOES NOT HAVE THE PPOM OPTION	
BDN1	A3	89		Y			BDN1 THIS PLAN DOES NOT PROVIDE DENTAL BENEFITS	
BDX1	A3	89		Y			BDX1 THIS SERVICE IS NOT COVERED BY DENTAL PLAN	
VQBE	A3	90			Y		VQBE IF COB ALLOWED AMT IS ZERO, OCCURENCE CODE MUST BE ENTERED	
BBA1	A3	91		Y			BBA1 NOT COVERED BY YOUR HEALTH BENEFITS PLAN	
BDRL	A3	91		Y			BDRL THESE SERVICES ARE NONPAR FOR DET. RECEIVING LAB	
BINP	A3	91		Y			BINP YALE COMMUNITY IS NONPAR FOR INPATIENT CLAIMS	
BNPA	A3	91		Y			BNPA THIS PROVIDER IS NOT PARTICIPATING FOR AUTO (PIP)	
BNPR	A3	91		Y			BNPR NON-PAR FOR DATE OF SERVICE	
BNPW	A3	91		Y			BNPW PROVIDER IS NOT PARTICIPATING WITH WORKER'S COMP.	
BPGE	A3	91		Y			BPGE DATE OF SRVC OUTSIDE GROUP'S EFF DATES	
BPHE	A3	91		Y			BPHE PRIOR TO PROVIDER'S EFFECTIVE DATE	
BPIB	A3	91		Y			BPIB PATIENT DOES NOT HAVE THE PPOM OPTION FOR SRV DATE	
BPIP	A3	91		Y			BPIP PT DOES NOT HAVE PPOM OPTION FOR SRV DATE	
BTPR	A3	91		Y			BTPR THIS PROVIDER NO LONGER PARTICIPATES WITH PPOM	
A081	A3	91	85	Y			A081 DATE OF SERVICE PRIOR TO PROVIDER ELIGIBILITY DATE	
A082	A3	91	85	Y			A082 DATE OF SERVICE AFTER PROVIDER TERMINATION DATE	
BNPP	A3	96		Y			BNPP PROVIDER NOT PARTICIPATING WITH PPOM	

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Edit Code	Status_Code_1	Status_Code_2	Status_Code_3	Professional	Institutional	Dental	Edit Description	STC12
A531	A3	96	85	Y			A531 PARTICIPATION CODE IS MISSING OR INVALID	
A542	A3	96	85	Y			A542 PAY SUBSCRIBER CLAIM FROM TRUST PROVIDER	
A733	A3	96	85	Y			A733 PAY PROVIDER CLAIM FROM NON-PARTICIPATING PROVIDER	
BPAT	A3	97		Y			BPAT UNIDENTIFIED PATIENT, SUBMIT CURRENT INS CARD INFO	
BPNO	A3	97		Y			BPNO PATIENT IS NOT ON FILE. PLEASE SUBMIT ADD'L INFO	
BPSU	A3	97		Y			BPSU PAYER SWITCH UNABLE TO FORWARD/CONTACT PATIENT OR GROUP	
BPVE	A3	97		Y			BPVE PLEASE VERIFY PATIENT ELIGIBILITY WITH PPOM	
A260	A3	97	IN	Y			A260 NO MEMBER MATCH FOR THIS COVERAGE PERIOD	
BADJ	A3	101		Y			BADJ ADJUSTED	
BAPP	A3	101		Y			BAPP NOT A DUPLICATE CLAIM. PLS PROCESS RECONSIDERATION	
BCOR	A3	101		Y			BCOR CORRECTED CLAIM - THIS IS NOT A DUPLICATE	
BM&B	A3	102		Y			BM&B RESUBMIT THE CLAIM WITH THE MOM & BABY CHARGES	
BCON	A3	104		Y			BCON PPOM DOES NOT PREPROCESS CONTACT/GLASSES CLAIMS	
BPHN	A3	104		Y			BPHN PPOM DOES NOT PROCESS HCFA CLAIMS FOR THIS GROUP	
BTKH	A3	104		Y			BTKH PPOM DOES NOT PREPROCESS TAKE HOME DRUGS	
BAIP	A3	110		Y			BAIP ADDITIONAL INFO NEEDED FOR PRICING	
A262	A3	116		Y			A262 SUBMIT CLAIM TO MEDICARE PRIOR TO BCBSM	
A691	A3	116		Y			A691 BCN CLAIM-RESUBMIT WITH CORRECT PAYER INFORMATION	
BDOM	A3	116		Y			BDOM PPOM DOES NOT PROCESS DOMESTIC CLAIMS FOR THIS EMP	
BNCP	A3	116		Y			BNCP CLAIM SUBMITTED TO INCORRECT PAYER	
BWCC	A3	116		Y			BWCC WORKERS COMP CLAIMS NEED TO GO THE WC CARRIER	
F090	A3	116			Y		F090 COMMERCIAL CLAIMS NOT ACCEPTED AS DESTINATION PAYER	
P272	A3	116		Y			P272 CLAIM SHOULD BE SUBMITTED TO BCN	
A525	A3	121		Y			A525 MAXIMUM OF SIX SERVICES ALLOWED PER CLAIM	
F074	A3	121			Y		F074 BCBSM SERVICE LINES EXCEED MAXIMUM OF 99 ALLOWED	
F076	A3	121			Y		F076 MEDICAID SERVICE LINES EXCEED MAXIMUM OF 50 ALLOWED	
F077	A3	121			Y		F077 MEDICARE SERVICE LINES EXCEED MAXIMUM OF 449 ALLOWED	
F178	A3	121			Y		F178 FEP SERVICE LINES EXCEEDED MAXIMUM OF 99 ALLOWED	
BOHI	A3	122		Y			BOHI OUTPATIENT CLAIM BILLED DURING INPATIENT STAY	

Front End Edit Codes and Descriptions

Edit Code	Status_Code_1	Status_Code_2	Status_Code_3	Professional	Institutional	Dental	Edit Description	STC12
P029	A3	122		Y			P029 INVALID CREDIT/DEBIT CARD INFO PRESENT	
99999	A3	122					99999 SUBSCRIBER NOT PATIENT	
BICA	A3	123		Y			BICA PLEASE CHECK ID CARD FOR CORRECT CLAIMS ADDRESS	
BB31	A3	124		Y			BB31 BOX 31 AND BOX 33 ARE MISSING. PLEASE RESUBMIT	
F113	A3	124			Y		F113 CREDIT CARD HOLDER NAME, ADDRESS, PHONE & ID # REQUIRED	
F212	A3	124			Y		F212 PROVIDER INFO IS REQ FOR 2000A LOOP	
F222	A3	124			Y		F222 MEDICARE CLAIMS REQ PRV INFO-BILL/PAYTO LOOP	
V70A	A3	124			Y		V70A BILLING PROVIDER FIRST NAME IS REQUIRED	
V98A	A3	124		Y	Y		V98A SUBMITTER CONTACT NAME IS MISSING	
V98B	A3	124		Y	Y		V98B SUBMITTER LAST NAME/ ORGANIZATION NAME MISSING	
V98D	A3	124		Y	Y		V98D SUBMITTER CONTACT PHONE NUMBER IS MISSING	
F118	A3	124	DN		Y		F118 REFERRING PROV NAME, ADDRESS, PHONE & ID # REQUIRED	
F126	A3	124	DN		Y		F126 OTHER REF PHYSICIAN NAME, ADDRESS, PHONE & ID # REQUIRED	
F121	A3	124	P4		Y		F121 OTHER PAYER NAME, ADDRESS, PHONE & ID NUMBER REQUIRED	
F120	A3	124	QB		Y		F120 OTHER SUB NAME, ADDRESS, PHONE & ID NUMBER REQUIRED	
F122	A3	124	QC		Y		F122 OTHER PAYER PATIENT NAME, ADDRESS, PHONE & ID # REQUIRED	
F114	A3	124	QD		Y		F114 RESPONSIBLE PARTY NAME, ADDRESS, PHONE & ID # REQUIRED	
F119	A3	124	SJ		Y		F119 SERVICE FACILITY NAME, ADDRESS, PHONE & ID NUMBER REQUIRED	
F031	A3	124	1P		Y		F031 BILLING PROV NME IS MISSING OR QUALIFIER DOES NOT EQUAL 2	
F115	A3	124	71		Y		F115 ATTEND PHYSICIAN NAME, ADDRESS, PHONE & ID # REQUIRED	
F123	A3	124	71		Y		F123 OTHER PHYSICIAN NAME, ADDRESS, PHONE & ID NUMBER REQUIRED	
F116	A3	124	72		Y		F116 OPER PHYSICIAN NAME, ADDRESS, PHONE & ID # REQUIRED	
F124	A3	124	72		Y		F124 OTHER OPER PHYS NAME, ADDRESS, PHONE & ID NUMBER REQUIRED	
F117	A3	124	73		Y		F117 OTHER PHYSICIAN NAME, ADDRESS, PHONE & ID # REQUIRED	
F125	A3	124	73		Y		F125 OTHER OPER PHYS NAME, ADDRESS, PHONE & ID NUMBER REQUIRED	
F008	A3	124	85		Y		F008 THE SAME QUALIFIER CANNOT BE REPEATED FOR BILLING PROVIDER	
P008	A3	124	85	Y			P008 MULTIPLE REF SEGMENTS WITH IDENTICAL QUALIFIERS	

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Edit Code	Status_Code_1	Status_Code_2	Status_Code_3	Professional	Institutional	Dental	Edit Description	STC12
F112	A3	124	87		Y		F112 PAY TO PROVIDER NAME, ADDRESS, PHONE & ID # REQUIRED	
BBNM	A3	125		Y			BBNM BILLING NAME FROM BOX 33 MISSING, PLEASE RESUBMIT	
BFNM	A3	125		Y			BFNM FACILITY NAME MISSING, PLEASE CORRECT & RESUBMIT	
BFOS	A3	125		Y			BFOS IS THE PROVIDER THE SR OR JR LISTING?	
BMNM	A3	125		Y			BMNM MEMBER'S NAME MISSING, PLEASE RESUBMIT	
BPNB	A3	125		Y			BPNB PLEASE VERIFY PATIENT NAME AND DATE OF BIRTH	
BPNM	A3	125		Y			BPNM RESUBMIT WITH PROVIDER'S NAME	
F029	A3	125			Y		F029 SUBMITTER NAME REQUIRED WHEN SUBMITTER TYPE IS A PERSON	
F163	A3	125			Y		F163 OTHER PAYER NAME IS MISSING	
F164	A3	125			Y		F164 OTHER SUBSCRIBER FIRST/LAST NAME MISSING	
F211	A3	125			Y		F211 NM104 FIRST NAME MUST BE PRESENT	
P174	A3	125		Y			P174 OTHER PAYER PRIOR AUTH 1ST NAME REPORTED - SERVICE	
P306	A3	125		Y			P306 SUBMITTER FIRST NAME MISSING/INVALID	
P312	A3	125		Y			P312 SUBMITTER FIRST NAME REPORTED WITH NON-PERSON QUALIFIER	
VCA9	A3	125			Y		VCA9 PROFESSIONAL ASSOCIATION QUALIFIER IS INVALID	
VEAB	A3	125			Y		VEAB LAST NAME IS INVALID	
VEAC	A3	125			Y		VEAC FIRST NAME IS INVALID	
VE11	A3	125			Y		VE11 PROVIDER TYPE FOR THIS BILL CLASS IS INVALID	
VHZ1	A3	125		Y	Y		VHZ1 BILLING PROVIDER NAME IS MISSING	
VH29	A3	125			Y		VH29 EMBEDDED BLANKS IN PATIENT NAME	
VIAP	A3	125		Y	Y		VIAP ALPHA PREFIX IS INVALID	
VIAQ	A3	125		Y	Y		VIAQ ALPHA PREFIX IS INVALID	
V555	A3	125		Y			V555 PATIENTS FIRST NAME IS INVALID	
V557	A3	125		Y			V557 PATIENTS LAST NAME IS INVALID	
V59S	A3	125		Y	Y		V59S BILLING PROVIDER NAME QUALIFIER IS INVALID	
V60A	A3	125		Y	Y		V60A SUBMITTER NAME MISSING	
V60H	A3	125		Y	Y		V60H BILLING PROVIDER CONTACT NAME/PHONE MISSING	
V690	A3	125			Y		V690 PATIENT NAME HAS EMBEDDED SPACES	
V691	A3	125		Y	Y		V691 PATIENT NAME HAS EMBEDDED SPACES	
V692	A3	125			Y		V692 PATIENT NAME HAS NUMERICS	
V694	A3	125			Y		V694 PATIENTS FIRST/LAST NAME IS SPACES	
V70H	A3	125		Y			V70H BILLING PROVIDER FIRST NAME IS MISSING	
V860	A3	125			Y		V860 SUBSCRIBER FIRST OR LAST NAME IS MISSING	

Front End Edit Codes and Descriptions

Edit Code	Status_Code_1	Status_Code_2	Status_Code_3	Professional	Institutional	Dental	Edit Description	STC12
P154	A3	125	DK	Y			P154 ORDERING PROV FIRST NAME IS MISSING OR INVALID - SERVICE	
P147	A3	125	DN	Y			P147 REFERRING PROVIDER FIRST NAME IS MISSING OR INVALID - CLAIM	
P155	A3	125	DN	Y			P155 REFERRING PROV FIRST NAME IS MISSING OR INVALID - SERVICE	
P167	A3	125	DN	Y			P167 REFERRING PROV 1ST NAME REPORTED WITH NON-PERSON QUAL	
P176	A3	125	DN	Y			P176 OTHER INSURANCE REFERRING PROV 1ST NAME REPORTED - CLAIM	
P150	A3	125	DQ	Y			P150 SUPERVISING PHYSICIAN FIRST NAME IS MISSING OR INVALID-CLAIM	
P153	A3	125	DQ	Y			P153 SUPERVISING PHYSICIAN FIRST NAME IS MISSING OR INVALID-SERV	
P159	A3	125	DQ	Y			P159 SUPERVISING PROV PRIMARY ID INVALID - CLAIM	
P180	A3	125	DQ	Y			P180 OTHER INS SUP PROV 1ST NAME REPORTED - CLAIM	
P169	A3	125	FA	Y			P169 FACILITY PROV 1ST NAME REPORTED	
P173	A3	125	FA	Y			P173 FACILITY PROV 1ST NAME REPORTED - SERVICE	
P179	A3	125	FA	Y			P179 OTHER INS FACILITY 1ST NAME REPORTED - CLAIM	
A051	A3	125	IL	Y			A051 PAY SUB CLAIM AND SUBSCRIBER'S LAST NAME IS MISSING	
A521	A3	125	IL	Y			A521 SUBSCRIBER'S LAST NAME IS MISSING OR INVALID	
F023	A3	125	IL		Y		F023 SUB LST NM MUST BE > 1 ALPHA NO SPACE OR SPECIAL CHAR	
F024	A3	125	IL		Y		F024 SUB FIRST NAME MUST BE ONE ALPHA NO SPACES OR SPECIAL CHAR	
F034	A3	125	IL		Y		F034 SUBSCRIBER LAST AND FIRST NAME REQUIRED	
P021	A3	125	IL	Y			P021 SUBSCRIBER LAST NAME MISSING OR INVALID	
P056	A3	125	IL	Y			P056 PRIMARY INSURED LAST OR FIRST NAME MISSING	
P151	A3	125	IL	Y			P151 OTHER SUBSCRIBER FIRST NAME IS MISSING OR INVALID	
P302	A3	125	IL	Y			P302 SUBSCRIBER NAME QUALIFIER DOES NOT EQUAL 1	
P309	A3	125	IL	Y			P309 SUBSCRIBER FIRST NAME IS MISSING/INVALID	
P315	A3	125	IL	Y			P315 SUBSCRIBER FIRST NAME REPORTED WITH NON-PERSON QUALIFIER	
F021	A3	125	IN		Y		F021 PAYER NAME IS INVALID	
P170	A3	125	P2	Y			P170 OTHER INSURANCE SUB 1ST NAME REPORT W/NON-PERSON QUAL	
A159	A3	125	P4	Y			A159 PRIMARY PAYER NAME OR ADDRESS IS MISSING	
A160	A3	125	P4	Y			A160 PRIMARY INSURED FIRST OR LAST NAME IS MISSING	
A161	A3	125	P4	Y			A161 PRIMARY PAYER APPROVED/PAID AMTS INCONSISTENT-SERVICE	
F153	A3	125	P4		Y		F153 OTHER PAYER'S NAME CANNOT CONTAIN SPECIAL CHARACTERS	

Front End Edit Codes and Descriptions

Edit Code	Status_Code_1	Status_Code_2	Status_Code_3	Professional	Institutional	Dental	Edit Description	STC12
P055	A3	125	P4	Y			P055 PRIMARY PAYER NAME IS MISSING	
P171	A3	125	P4	Y			P171 OTHER INSURANCE PAYER 1ST NAME REPORTED	
A052	A3	125	QC	Y			A052 PATIENT'S FIRST NAME IS MISSING OR INVALID	
A522	A3	125	QC	Y			A522 PATIENT'S FIRST NAME IS MISSING OR INVALID	
BVCP	A3	125	QC	Y			BVCP PLEASE VERIFY PATIENT NAME AND DATE OF BIRTH	
F017	A3	125	QC		Y		F017 PAT LST NM MUST BE > 1 ALPHA NO SPACE OR SPECIAL CHAR	
F018	A3	125	QC		Y		F018 PAT FIRST NAME MUST BE ONE ALPHA NO SPACES OR SPECIAL CHAR	
P032	A3	125	QC	Y			P032 PATIENT FIRST NAME IS MISSING/INVALID	
P033	A3	125	QC	Y			P033 PAT 1ST NAME PRESENT BUT NON PERSON QUALIFIER REPORTED	
P037	A3	125	QC	Y			P037 PATIENT NAME TYPE MUST EQUAL PERSON	
P175	A3	125	QC	Y			P175 OTHER INSURANCE PATIENT 1ST NAME REPORTED - CLAIM	
P141	A3	125	SJ	Y			P141 PURCHASED SERVICE PROVIDER NAME CANNOT BE PRESENT	
P149	A3	125	SJ	Y			P149 SERVICE PROV FIRST NAME IS MISSING OR INVALID - CLAIM	
P178	A3	125	SJ	Y			P178 OTHER INS PRUCHASED SERVICE PROV 1ST NAME REPORTED-CLAIM	
F100	A3	125	71		Y		F100 ATTENDING PHYSICIAN FIRST AND LAST NAME IS REQUIRED	
F128	A3	125	71		Y		F128 ATTENDING PHYSICIAN INFORMATION MISSING/INVALID	
F152	A3	125	71		Y		F152 ATTEND PHYS FIRST NAME CANNOT CONTAIN SPECIAL CHARACTERS	
F129	A3	125	72		Y		F129 OPERATING PHYSICIAN INFORMATION MISSING/INVALID	
P148	A3	125	82	Y			P148 RENDERING PROVIDER FIRST NAME IS MISSING OR INVALID - CLAIM	
P152	A3	125	82	Y			P152 RENDERING PROV FIRST NAME IS MISSING OR INVALID - SERVICE	
P168	A3	125	82	Y			P168 RENDERING PROV 1ST NAME REPORTED WITH NON-PERSON QUAL	
P172	A3	125	82	Y			P172 RENDERING PROV 1ST NAME REPORTED WITH NON-PERSON QUAL	
P177	A3	125	82	Y			P177 OTHER INSURANCE REND PROV 1ST NAME REPORTED - CLAIM	
P307	A3	125	85	Y			P307 BILLING PROV FIRST NAME IS MISSING/INVALID	
P313	A3	125	85	Y			P313 BILLING PROV FIRST NAME REPORTED WITH NON-PERSON QUALIFIER	
P308	A3	125	87	Y			P308 PAY-TO PROV FIRST NAME IS MISSING/INVALID	
P314	A3	125	87	Y			P314 PAY-TO PROV FIRST NAME REPORTED WITH NON-PERSON QUALIFIER	
A057	A3	126		Y			A057 PROVIDER OR SUBSCRIBER ADDRESS MISSING	

Front End Edit Codes and Descriptions

Edit Code	Status_Code_1	Status_Code_2	Status_Code_3	Professional	Institutional	Dental	Edit Description	STC12
A058	A3	126		Y			A058 PROV/SUB CITY, STATE OR ZIP CODE MISSING OR INVALID	
BBAM	A3	126		Y			BBAM RESUBMIT WITH COMPLETE BILLING ADDRESS	
F223	A3	126			Y		F223 MEDICARE CLAIMS REQ 9 DIGIT ZIP FOR BILLING PROV	
P047	A3	126		Y			P047 SERVICE FACILITY ZIP CODE IS INVALID - CLAIM	
P091	A3	126		Y			P091 SERVICE FACILITY ZIP CODE IS INVALID - SERVICE	
VHZ2	A3	126		Y	Y		VHZ2 BILLING PROVIDER ADDRESS IS MISSING	
VHZ3	A3	126		Y	Y		VHZ3 BILLING PROVIDER CITY IS MISSING	
VHZ4	A3	126		Y	Y		VHZ4 BILLING PROVIDER STATE IS MISSING	
VHZ5	A3	126		Y	Y		VHZ5 PROVIDER ZIP CODE IS MISSING OR INVALID	
VH63	A3	126		Y			VH63 COUNTRY CODE IS INVALID	
VIA4	A3	126		Y			VIA4 PATIENT ADDRESS IS REQUIRED	
VIA5	A3	126		Y			VIA5 PATIENT CITY IS REQUIRED	
VIA6	A3	126		Y			VIA6 PATIENT STATE IS MISSING/INVALID	
VIA7	A3	126		Y			VIA7 PATIENT ZIP CODE IS MISSING/INVALID	
VU06	A3	126			Y		VU06 PATIENT ZIP CODE IS INVALID	
V399	A3	126			Y		V399 SUBSCRIBERS ADDRESS CONTAINS SPACES OR IS MISSING	
V60G	A3	126		Y	Y		V60G BILLING PROVIDER COUNTRY IS INVALID	
P092	A3	126	DK	Y			P092 ORDERING PROVIDER ZIP CODE IS INVALID - SERVICE	
F154	A3	126	GB		Y		F154 OTHER SUBSCRIBER CITY CANNOT CONTAIN SPECIAL CHARACTERS	
A053	A3	126	IL	Y			A053 PAY SUB CLAIM AND SUBSCRIBER'S ADDRESS IS MISSING	
F138	A3	126	IL		Y		F138 SUBSCRIBER CITY MUST BE AT LEAST 2 CHARACTERS	
F174	A3	126	IL		Y		F174 INVALID SUBSCRIBER ZIP CODE	
P043	A3	126	IL	Y			P043 SUBCRIBER ZIP CODE IS INVALID	
P048	A3	126	IL	Y			P048 OTHER SUBSCRIBER ZIP CODE IS INVALID	
P300	A3	126	IL	Y			P300 SUBSCRIBER ADDRESS IS MISSING	
P044	A3	126	PR	Y			P044 PAYER ZIP CODE IS INVALID	
F139	A3	126	P4		Y		F139 OTHER PAYER CITY MUST BE AT LEAST 2 CHARACTERS	
P046	A3	126	QC	Y			P046 PATIENT ZIP CODE IS INVALID	
P045	A3	126	QD	Y			P045 RESPONSIBLE PARTY ZIP CODE IS INVALID	
F208	A3	126	85		Y		F208 BILLING PROVIDER CITY IS INVALID. MUST BE ALPHABETIC.	
P041	A3	126	85	Y			P041 BILLING PROVIDER ZIP CODE IS INVALID	
P042	A3	126	87	Y			P042 PAY-TO-PROVIDER ZIP CODE IS INVALID	
BTIM	A3	128		Y			BTIM RESUBMIT CLAIM WITH TAX ID NUMBER	
BTIR	A3	128		Y			BTIR TAX ID INVALID, PLEASE CORRECT & RESUBMIT	

Front End Edit Codes and Descriptions

Edit Code	Status_Code_1	Status_Code_2	Status_Code_3	Professional	Institutional	Dental	Edit Description	STC12
BTNE	A3	128		Y			BTNE TAX ID NOT EFFECTIVE FOR DATE OF SERVICE	
D500	A3	128				Y	D500 FOR NPI,REF SEGMENT EI/SY MISSING(2010AA)	
D501	A3	128				Y	D501 FOR NPI,REF SEGMENT EI/SY MISSING(2010AB)	
D502	A3	128				Y	D502 FOR NPI,REF SEGMENT EI/SY MISSING(2310A)	
D503	A3	128				Y	D503 FOR NPI,REF SEGMENT EI/SY MISSING(2310B)	
D504	A3	128				Y	D504 FOR NPI,REF SEGMENT EI/SY MISSING(2310C)	
D505	A3	128				Y	D505 FOR NPI,REF SEGMENT EI/SY MISSING(2310D)	
D506	A3	128				Y	D506 FOR NPI,REF SEGMENT EI/SY MISSING(2420A)	
D507	A3	128				Y	D507 FOR NPI,REF SEGMENT EI/SY MISSING(2420C)	
D508	A3	128				Y	D508 TAX ID/SSN MISSING FOR NPI	
F500	A3	128			Y		F500 FOR NPI,REF SEGMENT EI/SY MISSING(2010AA)	
F501	A3	128			Y		F501 FOR NPI,REF SEGMENT EI/SY MISSING(2310A)	
F502	A3	128			Y		F502 FOR NPI,REF SEGMENT EI/SY MISSING(2310B)	
F503	A3	128			Y		F503 FOR NPI,REF SEGMENT EI/SY MISSING(2310C)	
F504	A3	128			Y		F504 FOR NPI,REF SEGMENT EI/SY MISSING(2010AB)	
F505	A3	128			Y		F505 FOR NPI,REF SEGMENT EI/SY MISSING(2310E)	
F506	A3	128			Y		F506 FOR NPI,REF SEGMENT EI/SY MISSING(2420A)	
F507	A3	128			Y		F507 FOR NPI,REF SEGMENT EI/SY MISSING(2420B)	
F508	A3	128			Y		F508 FOR NPI,REF SEGMENT EI/SY MISSING(2420C)	
F511	A3	128			Y		F511 TAX ID/SSN MISSING FOR NPI	
P245	A3	128		Y			P245 LEVEL OF ED INVALID FOR OPC PROV	
P269	A3	128		Y			P269 PURCHASE SERV AMT REQUIRES PURCHASE SERV PROVIDER	
P508	A3	128		Y			P508 FOR NPI,REF SEGMENT EI/SY MISSING(2420B)	
P509	A3	128		Y			P509 FOR NPI,REF SEGMENT EI/SY MISSING(2420C)	
P510	A3	128		Y			P510 FOR NPI,REF SEGMENT EI/SY MISSING(2420D)	
P511	A3	128		Y			P511 FOR NPI,REF SEGMENT EI/SY MISSING(2420E)	
P512	A3	128		Y			P512 FOR NPI,REF SEGMENT EI/SY MISSING(2420F)	
P513	A3	128		Y			P513 TAX ID/SSN MISSING FOR NPI	
VN70	A3	128		Y			VN70 PA/GROUP FEDERAL TAX ID REQUIRED	
P164	A3	128	DK	Y			P164 ORDERING PROV PRIMARY ID INVALID - SERVICE	

Front End Edit Codes and Descriptions

Edit Code	Status_Code_1	Status_Code_2	Status_Code_3	Professional	Institutional	Dental	Edit Description	STC12
P156	A3	128	DN	Y			P156 REFERRING PROVIDER PRIMARY ID IS INVALID - CLAIM	
P165	A3	128	DN	Y			P165 REFERRING PROV PRIMARY ID INVALID - SERVICE	
P501	A3	128	DN	Y			P501 FOR NPI,REF SEGMENT EI/SY MISSING(2310A)	
P163	A3	128	DQ	Y			P163 SUPERVISING PROV PRIMARY ID INVALID - SERVICE	
P507	A3	128	DQ	Y			P507 FOR NPI,REF SEGMENT EI/SY MISSING(2310E)	
P162	A3	128	FA	Y			P162 FACILITY PROV PRIMARY ID INVALID - SERVICE	
P506	A3	128	QB	Y			P506 FOR NPI,REF SEGMENT EI/SY MISSING(2310C)	
P158	A3	128	SJ	Y			P158 PURCHASED SERVICE PROV PRIMARY ID INVALID - CLAIM	
P161	A3	128	SJ	Y			P161 PURCHASED SERVICE PROV PRIMARY ID INVALID - SERVICE	
F016	A3	128	1P		Y		F016 BILLING PROVIDER FEDERAL TAX ID AND/OR QUALIFIER IS INVALID	
P503	A3	128	77	Y			P503 FOR NPI,REF SEGMENT EI/SY MISSING(2310D)	
P157	A3	128	82	Y			P157 RENDERING PROV PRIMARY ID INVALID - CLAIM	
P160	A3	128	82	Y			P160 RENDERING PRO PRIMARY ID INVALID - SERVICE	
P502	A3	128	82	Y			P502 FOR NPI,REF SEGMENT EI/SY MISSING(2310B)	
P504	A3	128	82	Y			P504 FOR NPI,REF SEGMENT EI/SY MISSING(2420A)	
A753	A3	128	85	Y			A753 PROVIDER'S TAX ID IS NOT ON FILE	
P018	A3	128	85	Y			P018 PPOM BILLING PROV TAX ID IS MISSING/INVALID	
P020	A3	128	85	Y			P020 ULTIMED BILLING PROV ID IS MISSING/INVALID	
P086	A3	128	85	Y			P086 BILLING PROVIDER TAX ID INVALID ON CROSSOVER CLAIM	
P310	A3	128	85	Y			P310 BILLING PROV PRIMARY ID DOES NOT EQUAL 9 NUMERICS	
P500	A3	128	85	Y			P500 FOR NPI,REF SEGMENT EI/SY MISSING(2010AA)	
P311	A3	128	87	Y			P311 PAY-TO PROV PRIMARY ID DOES NOT EQUAL 9 NUMERICS	
P505	A3	128	87	Y			P505 FOR NPI,REF SEGMENT EI/SY MISSING(2010AB)	
F013	A3	130	IP		Y		F013 BC/BCN PROVIDER NUMBER IS INVALID FOR BILLING PROVIDER	
A022	A3	130	85	Y			A022 BLUE SHIELD BILLING PROVIDER CODE IS MISSING OR INVALID	
A023	A3	130	85	Y			A023 BLUE SHIELD BILLING PROVIDER CODE IS MISSING OR INVALID	
A024	A3	130	85	Y			A024 BLUE SHIELD BILLING PROVIDER CODE IS MISSING OR INVALID	
A025	A3	130	85	Y			A025 BLUE SHIELD BILLING PROVIDER CODE IS MISSING OR INVALID	
A026	A3	130	85	Y			A026 OPC FACILITY PROVIDER CODE IS INVALID	

Front End Edit Codes and Descriptions

Edit Code	Status_Code_1	Status_Code_2	Status_Code_3	Professional	Institutional	Dental	Edit Description	STC12
A080	A3	130	85	Y			A080 BLUE SHIELD BILLING PROVIDER CODE IS INVALID	
D001	A3	130	85	Y			D001 BCBSM BILLING PROVIDER/QUALIFIER DO NOT MATCH OR MISSING	
D002	A3	130	85	Y			D002 FEP BILLING PROVIDER/QUALIFIER DO NOT MATCH OR MISSING	
F009	A3	130	85		Y		F009 BILLING PROVIDER ID AND/OR QUALIFIER IS INVALID OR MISSING	
P009	A3	130	85	Y			P009 BLUE SHIELD OR BCN BILLING PROV CODE IS MISSING	
F002	A3	131			Y		F002 PROVIDER CODE MISSING ON PROVIDER ID TABLE	
F003	A3	131			Y		F003 PROVIDER CODE MISSING ON SUBMITTER ID TABLE	
F004	A3	131			Y		F004 PROVIDER CODE MISSING ON PROVIDER AUTHORIZATION TABLE	
F005	A3	131			Y		F005 PROVIDER CODE MISSING ON PROVIDER TABLE	
F006	A3	131			Y		F006 PROVIDER CODE MISSING ON SOP TABLE	
F007	A3	131			Y		F007 SUBMITTER ID MISSING	
F010	A3	131			Y		F010 PROVIDER TYPE IS MISSING	
F197	A3	131			Y		F197 2010AB MUST BE PRESENT IF PRV01=PT NO 2310E	
F198	A3	131			Y		F198 2310A REF MUST BE PRESENT WITH EI/SY REF	
F199	A3	131			Y		F199 2310B REF MUST BE PRESENT WITH EI/SY REF	
F209	A3	131			Y		F209 2310C REF MUST BE PRESENT WITH EI/SY REF	
F210	A3	131			Y		F210 2310E REF/1C MUST BE PRESENT WHEN NO 2011AA/2011AB REF	
P078	A3	131		Y			P078 BILLING PROVIDER NUMBER IS INVALID	
P260	A3	131		Y			P260 MUST HAVE QUAL 1C/TJ AT SERVICE LEVEL	
P261	A3	131		Y			P261 MUST HAVE QUAL 1C/TJ AT SERVICE LEVEL	
P262	A3	131		Y			P262 MUST HAVE QUAL 1C/TJ AT SERVICE LEVEL	
P263	A3	131		Y			P263 REND ID MISSING AT SERVICE LEVEL	
P271	A3	131		Y			P271 INVALID REPORTING OF PRV SEGMENT	
P346	A3	131		Y			P346 2010AA REF MUST BE PRESENT WITH EI/SY REF	
VTBG	A3	131			Y		VTBG MEDICAID PROVIDER TITLE XIX FLAG SHOULD BE EQUAL TO "1"	
V560	A3	131		Y			V560 BILLING/RENDERING PROVIDER NUMBER IS NOT ON FILE	
P197	A3	131	DK	Y			P197 MEDICARE ORDERING PROV ID IS GREATER THAN ONE - SERVICE	
P181	A3	131	DN	Y			P181 MEDICARE REFER PROV ID IS GREATER THAN ONE - CLAIM	
P198	A3	131	DN	Y			P198 MEDICARE RENDER PROV ID IS GREATER THAN ONE - SERVICE	

Front End Edit Codes and Descriptions

Edit Code	Status_Code_1	Status_Code_2	Status_Code_3	Professional	Institutional	Dental	Edit Description	STC12
P200	A3	131	DN	Y			P200 OTHER INS MEDICARE REFER PROV ID IS > ONE - CLAIM	
P185	A3	131	DQ	Y			P185 MEDICARE SUPERVISING PROV ID IS > ONE - CLAIM	
P196	A3	131	DQ	Y			P196 MEDICARE SUPERVISING PROV ID IS GREATER THAN ONE - SERVICE	
P204	A3	131	DQ	Y			P204 OTHER INS MEDICARE SUP PROV ID IS > ONE - CLAIM	
P184	A3	131	FA	Y			P184 MEDICARE FACILITY PROV ID IS > ONE - CLAIM	
P195	A3	131	FA	Y			P195 MEDICARE FACILITY PROV ID IS GREATER THAN ONE - SERVICE	
P203	A3	131	FA	Y			P203 OTHER INS MEDICARE FAC PROV ID IS > ONE - CLAIM	
P183	A3	131	SJ	Y			P183 MEDICARE PURCHASE SERV PROV ID IS GREATER THAN ONE - CLAIM	
P194	A3	131	SJ	Y			P194 MEDICARE PURCHASED SERV PROV ID IS > ONE - SERVICE	
P202	A3	131	SJ	Y			P202 OTHER INS MEDICARE PUR SERV PROV ID IS < ONE - CLAIM	
P182	A3	131	82	Y			P182 MEDICARE RENDER PROV ID IS GREATER THAN ONE - CLAIM	
P193	A3	131	82	Y			P193 MEDICARE RENDERING PROV ID IS > ONE - SERVICE	
P201	A3	131	82	Y			P201 OTHER INS MEDICARE RENDER PROV ID IS > ONE - CLAIM	
P206	A3	131	82	Y			P206 RENDERING STATE LICENSE NUMBER IS INVALID - CLAIM	
F043	A3	131	85		Y		F043 MEDICARE SOP BILLING PROV/QUAL DO NOT MATCH	
P015	A3	131	85	Y			P015 BILLING PROV ID IS INVALID - CROSSOVER	
P038	A3	131	85	Y			P038 MEDICARE PROVIDER CODE IS MISSING	
P316	A3	131	85	Y			P316 MEDICARE BILLING PROVIDER ID MISSING OR INVALID	
P317	A3	131	87	Y			P317 MULTIPLE MEDICARE PAY-TO PROV ID REPORTED	
P125	A3	132	DK	Y			P125 MEDICAID ORDERING PROVIDER CODE INVALID SERVICE	
P105	A3	132	DN	Y			P105 MEDICAID REFERRING PROVIDER CODE INVALID CLAIM	
P127	A3	132	DN	Y			P127 MEDICAID REFERRING PROVIDER CODE INVALID SERVICE	
P188	A3	132	DN	Y			P188 REFERRING PROV SECONDARY ID MISSING	
P213	A3	132	DN	Y			P213 MEDICAID REFER PROV SECONDARY ID IS MISSING - CLAIM	
P116	A3	132	DQ	Y			P116 MEDICAID SUPERVISING PROVIDER CODE INVALID CLAIM	
P123	A3	132	DQ	Y			P123 MEDICAID SUPERVISING PROVIDER CODE INVALID SERVICE	
P192	A3	132	DQ	Y			P192 SUPERVISING PROV SECONDARY ID MISSING	
P115	A3	132	FA	Y			P115 MEDICAID FACILITY PROVIDER CODE INVALID CLAIM	
P121	A3	132	FA	Y			P121 MEDICAID FACILITY PROVIDER CODE INVALID SERVICE	

Front End Edit Codes and Descriptions

Edit Code	Status_Code_1	Status_Code_2	Status_Code_3	Professional	Institutional	Dental	Edit Description	STC12
P191	A3	132	FA	Y			P191 FACILITY PROV SECONDARY ID MISSING	
P113	A3	132	SJ	Y			P113 MEDICAID PURCHASED SERVICE PROVIDER CODE INVALID CLAIM	
P119	A3	132	SJ	Y			P119 MEDICAID PURCHASED SERVICE PROVIDER CODE INVALID SERVICE	
P190	A3	132	SJ	Y			P190 PURCHASED SERVICE PROV SECONDARY ID MISSING	
F025	A3	132	1P		Y		F025 MEDICAID PROV # INVALID	
F037	A3	132	71		Y		F037 ATTENDING PHYSICIAN MEDICAID PROVIDER NUMBER IS INVALID	
F046	A3	132	71		Y		F046 MEDICAID ATTENDING PROVIDER TYPE IS MISSING OR INVALID	
F038	A3	132	72		Y		F038 OPERATING PHYSICIAN MEDICAID PROVIDER NUMBER IS INVALID	
F047	A3	132	72		Y		F047 MEDICAID OPERATING PROVIDER TYPE IS MISSING OR INVALID	
F039	A3	132	73		Y		F039 OTHER PHYSICIAN MEDICAID PROVIDER NUMBER IS INVALID	
F048	A3	132	73		Y		F048 MEDICAID OTHER PROVIDER TYPE IS MISSING OR INVALID	
P107	A3	132	82	Y			P107 MEDICAID RENDERING PROVIDER CODE INVALID CLAIM	
P117	A3	132	82	Y			P117 MEDICAID RENDERING PROVIDER CODE INVALID SERVICE	
P189	A3	132	82	Y			P189 RENDERING PROV SECONDARY ID MISSING	
P214	A3	132	82	Y			P214 MEDICAID RENDER PROV SECONDARY ID IS MISSING - CLAIM	
F042	A3	132	85		Y		F042 MEDICAID SOP BILLING PROV/QUAL DO NOT MATCH OR MISSING	
F045	A3	132	85		Y		F045 MEDICAID BILLING PROVIDER TYPE IS MISSING OR INVALID	
P101	A3	132	85	Y			P101 MEDICAID BILLING PROVIDER CODE INVALID	
P109	A3	132	85	Y			P109 MEDICAID BILLING PROVIDER MISSING	
P103	A3	132	87	Y			P103 MEDICAID PAY-TO PROVIDER CODE INVALID	
F184	A3	133			Y		F184 REF 1G SEGMENT CONTAINS AN INVALID UPIN	
P252	A3	133		Y			P252 REF 1G SEGMENT CONTAINS AN INVALID UPIN	
P220	A3	135		Y			P220 WELLNESS PLAN BILLING OR PAY-TO PROV ID IS MISSING	
P223	A3	135		Y			P223 PRIORITY HEALTH BILLING OR PAY-TO PROV ID IS MISSING	
P226	A3	135		Y			P226 MCARE BILLING OR PAY-TO PROV ID IS MISSING	
VOD2	A3	135		Y			VOD2 PAY-TO PROVIDER SECONDARY ID MUST EQUAL IA, 1B OR G2	
VOD4	A3	135		Y			VOD4 SERVICE FACILITY SECONDARY ID MUST EQUAL IA OR 1B	
VOD6	A3	135		Y			VOD6 ORDERING PROVIDER SECONDARY ID MUST EQUAL 1B,1G,EI,SY OR OB	
VOD8	A3	135		Y			VOD8 PROVIDER CODE REQUIRED	

Front End Edit Codes and Descriptions

Edit Code	Status_Code_1	Status_Code_2	Status_Code_3	Professional	Institutional	Dental	Edit Description	STC12
VORA	A3	135		Y			VORA SERVICE FACILITY ID QUALIFIER MUST EQUAL IA OR IB	
VOR3	A3	135		Y	Y		VOR3 BILLING PROVIDER SECONDARY ID MUST EQUAL IA, 1B OR G2	
VOR6	A3	135		Y			VOR6 REFERRING PROVIDER SECONDARY ID QUALIFIER MUST BE 1B,EI,SY	
VQAS	A3	135		Y	Y		VQAS PRIMARY MEDICARE CLAIM NUMBER IS MISSING	
P089	A3	135	82	Y			P089 WELLNESS PLAN RENDERING PROV TAX ID INVALID - CLAIM	
P090	A3	135	82	Y			P090 WELLNESS PLAN RENDERING PROV TAX ID INVALID - SERVICE	
P218	A3	135	82	Y			P218 WELLNESS PLAN RENDERING PROV ID INVALID - CLAIM	
P219	A3	135	82	Y			P219 WELLNESS PLAN RENDERING PROV ID INVALID - SERVICE	
P221	A3	135	82	Y			P221 PRIORITY HEALTH RENDER PROV ID INVALID - CLAIM	
P222	A3	135	82	Y			P222 PRIORITY HEALTH RENDER PROV ID INVALID - SERVICE	
P224	A3	135	82	Y			P224 MCARE RENDERING PROV ID IS INVALID - CLAIM	
P225	A3	135	82	Y			P225 MCARE RENDERING PROV ID IS INVALID - SERVICE	
P019	A3	135	85	Y			P019 HAP BILLING PROV ID IS MISSING/INVALID	
P322	A3	135	85	Y			P322 WELLNESS PLAN BILLING PROV ID INVALID	
P324	A3	135	85	Y			P324 PRIORITY HEALTH BILLING PROV ID INVALID	
P326	A3	135	85	Y			P326 MCARE BILLING PROV ID INVALID	
P323	A3	135	87	Y			P323 WELLNESS PLAN PAY-TO PROV ID INVALID	
P325	A3	135	87	Y			P325 PRIORITY HEALTH PAY-TO PROV ID INVALID	
P327	A3	135	87	Y			P327 MCARE PAY-TO PROV ID INVALID	
P208	A3	143	DK	Y			P208 ORDERING STATE LICENSE NUMBER IS INVALID - SERVICE	
A761	A3	143	DN	Y			A761 REFERRING PROVIDER'S STATE LICENSE NUMBER MISSING/INVALID	
P205	A3	143	DN	Y			P205 REFERRING STATE LICENSE NUMBER IS INVALID - CLAIM	
P209	A3	143	DN	Y			P209 REFERRING STATE LICENSE NUMBER IS INVALID - SERVICE	
A271	A3	143	82	Y			A271 REND PROV STATE LICENSE NUMBER MISSING/INVALID	
P207	A3	143	82	Y			P207 RENDERING STATE LICENSE NUMBER IS INVALID - SERVICE	
P318	A3	143	85	Y			P318 BILLING PROV STATE LICENSE NUMBER IS INVALID	
P404	A3	143	85	Y			P404 BILL PIN OR NPI IS REQUIRED	
P406	A3	143	85	Y			P406 GROUP NPI OR BILL PIN REQUIRES IND NPI OR BCBSM LIC NUMBER	
P010	A3	145		Y			P010 PROVIDER TYPE IS MISSING	
P210	A3	145		Y			P210 MEDICAID FACILITY TYPE CODE IS INVALID - CLAIM	

Front End Edit Codes and Descriptions

Edit Code	Status_Code_1	Status_Code_2	Status_Code_3	Professional	Institutional	Dental	Edit Description	STC12
P211	A3	145		Y			P211 MEDICAID FACILITY TYPE CODE IS INVALID - SERVICE	
P266	A3	145		Y			P266 PRV SEGMENT MISSING AT 2010AB LOOP	
P126	A3	145	DK	Y			P126 MEDICAID ORDERING PROVIDER TYPE INVALID SERVICE	
P106	A3	145	DN	Y			P106 MEDICAID REFERRING PROVIDER TYPE INVALID CLAIM	
P128	A3	145	DN	Y			P128 MEDICAID REFERRING PROVIDER TYPE INVALID SERVICE	
P122	A3	145	DQ	Y			P122 MEDICAID SUPERVISING PROVIDER TYPE INVALID CLAIM	
P124	A3	145	DQ	Y			P124 MEDICAID SUPERVISING PROVIDER TYPE INVALID SERVICE	
P114	A3	145	SJ	Y			P114 MEDICAID PURCHASED SERVICE PROVIDER TYPE INVALID CLAIM	
P120	A3	145	SJ	Y			P120 MEDICAID PURCHASED SERVICE PROVIDER TYPE INVALID SERVICE	
P108	A3	145	82	Y			P108 MEDICAID RENDERING PROVIDER TYPE INVALID CLAIM	
P118	A3	145	82	Y			P118 MEDICAID RENDERING PROVIDER TYPE INVALID SERVICE	
P102	A3	145	85	Y			P102 MEDICAID BILLING PROVIDER TYPE INVALID	
P104	A3	145	87	Y			P104 MEDICAID PAY-TO PROVIDER TYPE INVALID	
BSNM	A3	148		Y			BSNM SOCIAL SECURITY NUMBER MISSING. PLEASE RESUBMIT	
F035	A3	148	IL		Y		F035 BLUE CROSS INSURED CONTRACT NUMBER IS INVALID (ITS CLAIM)	
BGNM	A3	153		Y			BGNM POLICY NUMBER/GROUP MISSING	
F014	A3	153			Y		F014 RECEIVER ID IS INVALID	
F044	A3	153			Y		F044 GROUP NAME AND/OR NUMBER ARE PRESENT ON MEDICARE CLAIM	
F069	A3	153			Y		F069 SUBMITTER ID MUST BE 00450/00452/00453/00454	
F185	A3	153			Y		F185 REF QUALIFIER IS INVALID	
F220	A3	153			Y		F220 MED ADV BILLING PROVIDER CODE INVALID	
F221	A3	153			Y		F221 MED ADV REQ SIX CHARACTER PROVIDER NUMBER AT 2010AB	
F230	A3	153			Y		F230 RURAL HEALTH PROVIDER CODE RANGE- INVALID FOR PRIMARY CLAIM	
F231	A3	153			Y		F231 FEP NON MEDICARE CLM REJECTED WITH RHC FACILITY CODE	
P027	A3	153		Y			P027 RECEIVER ID IS INVALID	
P028	A3	153		Y			P028 SUBMITTER ID IS INVALID	
P250	A3	153		Y			P250 SERVICE FACILITY LOCATION PROV PRIMARY ID INVALID-CLAIM	
P253	A3	153		Y			P253 REF QUALIFIER IS INVALID	
P259	A3	153		Y			P259 EI/SY/1G QUALIFIER MUST BE PRESENT	
P264	A3	153		Y			P264 RENDERING ID MISSING OR INVALID	
P270	A3	153		Y			P270 IF PLACE OF SERV IS 12 THE SERV FAC SHOULD NOT BE PRESENT	
P347	A3	153		Y			P347 PAYER ID IS INVALID	
P348	A3	153		Y			P348 BILLING REF SEGMENT IS INVALID	

Front End Edit Codes and Descriptions

Edit Code	Status_Code_1	Status_Code_2	Status_Code_3	Professional	Institutional	Dental	Edit Description	STC12
P349	A3	153		Y			P349 RENDERING REF SEGMENT IS INVALID	
P409	A3	153		Y			P409 RENDERING AND SERVICING MEDICARE ID'S MUST MATCH	
P534	A2	153		Y			P534 BILLING NP/TAX ID AND RENDERING ID DOES NOT MATCH CROSSWALK	
VAA0	A3	153		Y	Y		VAA0 SUBMITTERS PRIMARY ID IS MISSING	
VA40	A3	153		Y			VA40 SERVICE DATE IS PRIOR TO THE DATE OF BIRTH	
VB04	A3	153		Y	Y		VB04 LINE OF BUSINESS IS INVALID	
VB57	A3	153		Y	Y		VB57 CARRIER CODE NOT CONSISTENT WITH LINE OF BUSINESS	
VDD1	A3	153		Y	Y		VDD1 SUBMITTER ID IS INVALID	
VEAA	A3	153			Y		VEAA SUBSCRIBER ID IS INVALID	
VE02	A3	153		Y			VE02 OTHER SUBSCRIBER PRIMARY ID NUMBER IS INVALID	
VOF4	A3	153			Y		VOF4 BILLING PROVIDER SECONDARY SEGMENT MUST BE PRESENT	
VOF5	A3	153			Y		VOF5 PAY-TO PROVIDER SECONDARY SEGMENT MUST BE PRESENT	
VOF7	A3	153			Y		VOF7 SERVICE FACILITY SECONDARY ID IS INVALID	
VQAY	A3	153		Y	Y		VQAY OTHER CARRIER CLAIM NUMBER AND SUBMITTER ID DO NOT MATCH	
VQAZ	A3	153			Y		VQAZ SUBMITTER ID NOT FOUND	
V93A	A3	153		Y	Y		V93A RECEIVERS LAST NAME OR ORIGIN IS MISSING	
V93B	A3	153		Y	Y		V93B RECEIVER PRIMARY ID IS MISSING	
V98C	A3	153		Y	Y		V98C SUBMITTER TYPE QUALIFIER IS INVALID	
F133	A3	153	DN		Y		F133 OTHER PAYER REFERRING PROVIDER QUALIFIER IS INVALID	
D018	A3	153	IL			Y	D018 SUBSCRIBER CONTRACT QUALIFIER INVALID MUST EQUAL 'MI'	
F022	A3	153	IL		Y		F022 SUBSCRIBER BC/BCN GROUP NUMBER IS MISSING/INVALID	
F020	A3	153	IN		Y		F020 PAYER ID IS INVALID	
P017	A3	153	IN	Y			P017 COMMERCIAL PAYER ID AND OR CLAIM OFFICE NUMBER IS INVALID	
P022	A3	153	IN	Y			P022 PAYER ID IS INVALID FOR SOURCE OF PAYMENT	
F134	A3	153	SJ		Y		F134 OTHER PAYER SERVICE FACILITY PROVIDER QUALIFIER IS INVALID	
F030	A3	153	1P		Y		F030 BILLING PROV ID MUST BE 9 NUMBERS	
F130	A3	153	71		Y		F130 OTHER PAYER ATTENDING PROVIDER IS INVALID	
F135	A3	153	71		Y		F135 ATTENDING PHYSICIAN QUALIFIER OF XX IS INVALID	
F131	A3	153	72		Y		F131 OTHER PAYER OPERATING PROVIDER IS INVALID	
F136	A3	153	72		Y		F136 OPERATING PHYSICIAN QUALIFIER OF XX IS INVALID	
F132	A3	153	73		Y		F132 OTHER PAYER OTHER PROVIDER QUALIFIER IS INVALID	

Front End Edit Codes and Descriptions

Edit Code	Status_Code_1	Status_Code_2	Status_Code_3	Professional	Institutional	Dental	Edit Description	STC12
F137	A3	153	73		Y		F137 OTHER PHYSICIAN QUALIFIER OF XX IS INVALID	
D525	A3	153	85			Y	D525 BILLING NPI UNAUTHORIZED FOR ELECTRONIC BILLING	
D526	A2	153	85			Y	D526 BILLING PROVIDER NPI MISSING	
D527	A2	153	85			Y	D527 BILLING NPI NOT FOUND ON CORPORATE CROSSWALK	
D528	A2	153	85			Y	D528 BILLING PIN/NPI DOES NOT MATCH CORPORATE CROSSWALK	
D529	A3	153	85			Y	D529 BILLING PIN/NPI CROSSWALK INVAILD/MISSING TAXONOMY	
D530	A2	153	85			Y	D530 BILLING PIN/NPI CROSSWALK ERROR NOT FULLY REGISTERED	
F525	A3	153	85		Y		F525 BILLING NPI UNAUTORIZED FOR ELECTRONIC BILLING	
F526	A2	153	85		Y		F526 BILLING PROVIDER NPI MISSING	
F527	A2	153	85		Y		F527 BILLING NPI NOT FOUND ON CROSSWALK	
F528	A2	153	85		Y		F528 BILLING PIN/NPI DOES NOT MATCH CORPORATE CROSSWALK	
F529	A2	153	85		Y		F529 BILLING PIN/NPI CROSSWALK INVALID/MISSING TAXONOMY	
F530	A3	153	85		Y		F530 BILLING PIN/NPI CROSSWALK ERROR NOT FULLY REGISTERED	
P040	A3	153	85	Y			P040 INVALID BCN GROUP NUMBER REPORTED	
P405	A3	153	85	Y			P405 REND 2310B AND SERVICE 2420A PROVIDERS NEED TO MATCH	
P530	A2	153	85	Y			P530 BILLING PIN/NPI CROSSWALK ERROR-PINS UNDER TAX ID LACK NPI	
BSTS	A3	154		Y			BSTS RESUBMIT CHARGES FOR SURGEON & TSA ON SEP CLAIMS	
A524	A3	156		Y			A524 PATIENT'S RELATIONSHIP TO SUBSCRIBER IS MISSING OR INVALID	
P023	A3	156		Y			P023 SUBSCRIBER RELATIONSHIP IS INVALID	
P025	A3	156		Y			P025 SUBSCRIBER INFO MISSING	
P031	A3	156		Y			P031 PATIENT INFORMATION REPORTED ON MED B OR MEDICAID CLAIM	
VB24	A3	156		Y	Y		VB24 SUBSCRIBER CODE IS INVALID	
F104	A3	156	IL		Y		F104 PATIENT RELATIONSHIP TO INSURED MUST BE 18	
P129	A3	156	P2	Y			P129 SUBSCRIBER REL CODE IS INVALID FOR OTHER INSURANCE	
F040	A3	156	QC		Y		F040 PATIENT RELATIONSHIP CODE TO INSURED IS INVALID	
F110	A3	156	QC		Y		F110 2320 PATIENT RELATIONSHIP CODE TO INSURED IS INVALID	
P035	A3	156	QC	Y			P035 PATIENT RELATIONSHIP TO INSURED CODE IS INVALID	
VEB6	A3	157			Y		VEB6 PATIENT SEX/RELATIONSHIP CODE IS INCOMPATIBLE	
VQ50	A3	157			Y		VQ50 SEX CODE IS INVALID	
V593	A3	157		Y			V593 PATIENTS SEX IS NOT COMPATIBLE WITH THE HCPCS PROCEDURE CODE	
P199	A3	157	GB	Y			P199 OTHER INSURED SEX CODE MISSING/INVALID	
F011	A3	157	IL		Y		F011 SUBSCRIBER SEX CODE IS INVALID	

Front End Edit Codes and Descriptions

Edit Code	Status_Code_1	Status_Code_2	Status_Code_3	Professional	Institutional	Dental	Edit Description	STC12
P014	A3	157	IL	Y			P014 PATIENT SEX CODE NOT EQUAL TO M OR F	
A523	A3	157	QC	Y			A523 PATIENT'S GENDER CODE IS MISSING OR INVALID	
F019	A3	157	QC		Y		F019 PATIENT SEX CODE IS INVALID	
P030	A3	157	QC	Y			P030 PATIENT SEX CODE IS INVALID	
BPFS	A3	158		Y			BPFS PLEASE VERIFY IF PATIENT IS FATHER OR SON	
VAE6	A3	158		Y			VAE6 PATIENT BIRTH DATE IS INVALID	
VE05	A3	158			Y		VE05 DATE OF BIRTH ENTERED IS INVALID. VALID FORMAT IS CCYYMMDD	
VE27	A3	158		Y			VE27 PATIENTS AGE IS INVALID	
P094	A3	158	GB	Y			P094 SUBSCRIBER'S DATE OF BIRTH MISSING	
A063	A3	158	QC	Y			A063 PATIENT'S BIRTH YEAR IS MISSING OR ILLOGICAL	
BPBD	A3	158	QC	Y			BPBD VERIFY PATIENT DOB MATCHES ANOTHER FAMILY MEMBER	
F032	A3	158	QC		Y		F032 PATIENT BIRTHDATE IS INVALID	
VAE7	A3	159		Y			VAE7 PATIENT DATE OF DEATH IS NOT VALID	
F186	A3	162			Y		F186 MEDICARE HIC NUMBER IS INVALID	
P088	A3	162		Y			P088 HIC NUMBER INVALID	
P052	A3	162	P2	Y			P052 BCBSM SUPPLEMENTAL CLAIM AND HIC NUMBER IS MISSING	
D016	A3	164				Y	D016 BCBSM SUBSCRIBER CONTRACT INVALID MUST BE 9 NUMBERS	
D017	A3	164				Y	D017 FEP SUBSCRIBER CONTRACT INVALID 'R' FOLLOWED BY 8 NUMBERS	
D034	A3	164				Y	D034 CONTRACT NUMBER IS A MED ADV CONTRACT NUMBER	
F053	A3	164			Y		F053 CONTRACT NUMBER IS INVALID	
F171	A3	164			Y		F171 SUPPLEMENTAL CLAIM OTHER SUBSCRIBER PRIMARY ID IS MISSING	
F179	A3	164			Y		F179 CONTRACT NBR MUST CONTAIN 9 NUMERIC	
F181	A3	164			Y		F181 MED ADV CONTRACT NBR NOT FOUND	
F193	A3	164			Y		F193 MED ADV CONTRACT NBR FOUND ON BCBSM CLAIM	
MC01	A3	164		Y			MC01 CIN DATABASE CONTRACT NOT FOUND	
P013	A3	164		Y			P013 BCBSM OR BCN CONTRACT NUMBER IS INVALID	
P016	A3	164		Y			P016 PATIENT ID NUMBER IS INVALID CROSSOVER	
P049	A3	164		Y			P049 PATIENT CONTRACT NUMBER MISSING OR INVALID	
P100	A3	164		Y			P100 MEDICAID RECEIPT ID NUMBER INVALID	
P340	A3	164		Y			P340 CONTRACT NBR MUST CONTAIN 9 NUMERIC	
P341	A3	164		Y			P341 CONTRACT NUMBER NOT FOUND	
P345	A3	164		Y			P345 NM108 MUST BE EQUAL TO MI	
P445	A3	164		Y			P445 CONTRACT IS MEDICARE ADV AND SOP IS BL	
VBH3	A3	164		Y			VBH3 OTHER SUBSCRIBER PRIMARY ID ERROR	

Front End Edit Codes and Descriptions

Edit Code	Status_Code_1	Status_Code_2	Status_Code_3	Professional	Institutional	Dental	Edit Description	STC12
VPS6	A3	164		Y			VPS6 SUBSCRIBER 1ST & 2ND CHARACTER EQUAL TO SPACES FOR ID	
VPS7	A3	164		Y	Y		VPS7 SUBSCRIBER INVALID ALPHA-PREFIX FOR ID	
VPS9	A3	164			Y		VPS9 1ST CHAR OF SUB ID SHOULD BE "R" WHEN ALPHA PREFIX IS 'XL'	
V251	A3	164		Y			V251 SUBSCRIBER ID IS NOT ON FILE	
V49E	A3	164		Y			V49E PATIENT PREGNANCY INDICATOR MUST EQUAL "Y" OR "N"	
A002	A3	164	IL	Y			A002 SUBSCRIBER'S CONTRACT NUMBER IS INVALID	
A005	A3	164	IL	Y			A005 SUBSCRIBER'S CONTRACT NUMBER IS MISSING	
A006	A3	164	IL	Y			A006 SUBSCRIBER'S CONTRACT NUMBER IS INVALID	
A050	A3	164	IL	Y			A050 SUBSCRIBER'S CONTRACT NUMBER IS MISSING OR INVALID	
A520	A3	164	IL	Y			A520 SUBSCRIBER'S CONTRACT NUMBER IS MISSING OR INVALID	
A671	A3	164	IL	Y			A671 BILL CLAIM TO MEDICARE ADVANTAGE SOP = MB PAYER ID 00710	
F028	A3	164	IL		Y		F028 MEDICAID RECIPIENT ID INVLD MUST PASS CHECK DIGIT	
F036	A3	164	IL		Y		F036 SUB'S CONTRACT # INVALID MUST BE AT LEAST TWO CHAR	
F159	A3	164	IL		Y		F159 SUB'S FEP CONT NUM MUST BEGIN WITH 'R' FOLLOWED BY 8 NOS	
P024	A3	164	IL	Y			P024 ID MUST BE IN SUBSCRIBER'S INFORMATION	
P400	A3	164	IL	Y			P400 INVALID FEP CONTRCT NUMBER	
P671	A3	164	IL	Y			P671 BILL CLAIM TO MEDICARE ADVANTAGE SOP = MB PAYER ID 00710	
A156	A3	164	P2	Y			A156 MEDICARE HIC NUMBER MISSING	
A164	A3	164	P2	Y			A164 PRIMARY INSURED'S ID NUMBER IS MISSING	
F127	A3	164	QC		Y		F127 DEPENDENT'S CONTRACT NUMBER INV MUST BE AT LEAST 2 CHAR	
P036	A3	164	QC	Y			P036 COMMERCIAL CLAIM AND SUB OR PATIENT PRIMARY ID IS MISSING	
F234	A3	171			Y		F234 OTHER SUBSCRIBER DEMOGRAPHIC INFORMATION IS MISSING	
P026	A3	171		Y			P026 INSURANCE TYPE CODE IS MISSING/INVALID	
P095	A3	171		Y			P095 MDCH/MEDB CLAIM WITH INV OTHER INSURANCE IND REPORTED	
P142	A3	171		Y			P142 OTHER PAYER ID NUMBER IS INVALID	
P186	A3	171		Y			P186 OTHER INSURANCE TYPE CODE IS INVALID	
VE10	A3	171		Y	Y		VE10 BILLING PROVIDER NUMBER IS EQUAL TO SPACES	
VOS5	A3	171		Y			VOS5 OTHER SUBSCRIBER INFORMATION IS ILLOGICAL	
VPS0	A3	171		Y			VPS0 COVERAGE INDICATED FOR ANOTHER INSURANCE	
VRN2	A3	171		Y			VRN2 SUBSCRIBER ONLY HAS LIFE INSURANCE COVERAGE	

Front End Edit Codes and Descriptions

Edit Code	Status_Code_1	Status_Code_2	Status_Code_3	Professional	Institutional	Dental	Edit Description	STC12
V59T	A3	171		Y	Y		V59T BILLING PROVIDER ID CODE QUALIFIER IS INVALID	
V89K	A3	171		Y			V89K OTHER SUBSCRIBER INSURANCE TYPE INVALID	
F041	A3	173	IL		Y		F041 PATIENT RELATIONSHIP '18' REQUIRES SUBSCRIBER INFO	
A015	A3	178		Y			A015 PAY SUB CLAIM AND SERVICE CHARGE IS MISSING OR INVALID	
A016	A3	178		Y			A016 SERVICE CHARGE IS MISSING OR INVALID	
A530	A3	178		Y			A530 CHARGE IS MISSING OR INVALID-SERVICE	
BCHB	A3	178		Y			BCHB BILLED CHARGES ARE BALANK - PLEASE RESUBMIT CLAIM	
BCHG	A3	178		Y			BCHG RESUBMIT WITH BILLED CHARGES ON SERVICE LINE	
BDIQ	A3	178		Y			BDIQ BILL CHGS ARE 3X THE DRG RATE. ARE CHGS CORRECT	
BLCB	A3	178		Y			BLCB SERVC LINE CHARGE IS BLANK. RESUBMIT W/ CHARGE AMT	
BLCP	A3	178		Y			BLCP SERVC LINE CHARGE IS BLANK. RESUBMIT W/ CHARGE AMT	
BTOT	A3	178		Y			BTOT TOTAL SERVICE LINE CHARGES NOT = TOTAL CHARGES	
F072	A3	178			Y		F072 ACCOMMODATION TOTAL CHARGES IS INVALID	
F073	A3	178			Y		F073 ACCOM N/C CHARGES CANNOT BE GREATER THAN TOTAL CHARGE	
F106	A3	178			Y		F106 CLAIM TOTAL CHARGES MUST EQUAL SERVICE LINES	
F173	A3	178			Y		F173 NON COVERED CHARGE IS NEGATIVE AMOUNT	
F194	A3	178			Y		F194 CLM AMOUNT CANNOT BE GREATER THAN 999,999.99	
F228	A3	178			Y		F228 FOR BCN CLMS THE LINE ITEM CHARGE CANNOT BE NEGATIVE	
F253	A3	178			Y		F253 SRV CHARGE MUST BE ZERO FOR REV CODES 0420,0430,0440	
P062	A3	178		Y			P062 TOTAL CHARGES < OR = ZERO ON CROSSOVER CLAIM	
P076	A3	178		Y			P076 SERVICE CHARGE IS INVALID	
P097	A3	178		Y			P097 CLAIM CHARGE EQUALS A NEGATIVE AMOUNT	
P098	A3	178		Y			P098 SERVICE LINE CHARGE EQUALS A NEGATIVE AMOUNT	
P442	A3	178		Y			P442 ORIGINAL CHARGE MUST BE GREATER THAN ZERO	
VCH1	A3	178			Y		VCH1 AMOUNT ENTERED MUST BE LESS THEN \$100,000.00	
VCH3	A3	178			Y		VCH3 TOTAL CLAIM CHARGES MUST BE LESS THAN \$1,000.000	
VE51	A3	178		Y			VE51 TOTAL CHARGE MUST BE NUMERIC	
VH09	A3	178		Y	Y		VH09 TOTAL CHARGE MUST BE GREATER THAN ZERO	
VH21	A3	178		Y			VH21 PATIENT PAY AMOUNT CANNOT BE GREATER THAN TOTAL CHARGE	
VL23	A3	178		Y			VL23 PRICING AMOUNT IS INVALID. MUST BE GREATER THAN ZERO	

Front End Edit Codes and Descriptions

Edit Code	Status_Code_1	Status_Code_2	Status_Code_3	Professional	Institutional	Dental	Edit Description	STC12
VOCC	A3	178			Y		VOCC TOTAL CLAIM CHARGES MUST BE LESS THAN \$1,000.000	
V574	A3	178		Y	Y		V574 INVALID TOTAL CHARGES	
V59J	A3	178		Y	Y		V59J TOTAL CHARGE IS GREATER THAN \$99,999.99	
V59R	A3	178		Y	Y		V59R BILLING PROVIDER CURRENCY IS NOT EQUAL TO US CURRENCY	
V800	A3	178		Y			V800 TOTAL CHARGE IS GREATER THAN \$99,999.99	
BRCN	A3	180		Y			BRCN PLS SUBMIT PRIVATE ROOM CHG IN NON-COVERED FIELD	
F071	A3	181			Y		F071 ACCOMMODATION RATE IS INVALID	
F091	A3	181			Y		F091 ANCILLARY RATE MUST BE GREATER THAN ZERO	
F232	A3	181			Y		F232 ACCOMODATION REV RATES CANNOT BE PRESENT ON O/P CLMS	
VH98	A3	181			Y		VH98 REVENUE CODE FOR INPATIENT TREATMENT IS INVALID	
D006	A3	182				Y	D006 FOR COB CLM OTHER (PRIMARY) PAYER LOOP 2320 MUST BE PRESENT	
D007	A3	182				Y	D007 FOR COB CLM OTHER (PRIMARY) PAYER PAID AMT MUST BE PRESENT	
F166	A3	182			Y		F166 PRIMARY PAYER PAID = 0 APPROVED/ALLOWED > 0 NO DED AMT	
F167	A3	182			Y		F167 PRIMARY PAYER PAID MUST BE LESS THAN SUBMITTED CHARGE	
F169	A3	182			Y		F169 PAID AMOUNTS MINUS ADJUSTMENTS MUST EQUAL SERVICE CHARGE	
F170	A3	182			Y		F170 DEDUCTIBLE PLUS COINS NOT EQUAL TO ESTIMATED RESPONSIBILITY	
F177	A3	182			Y		F177 PAYER EST RESP+PRIOR PD AMT MUST=ALLOWED AMT	
F227	A3	182			Y		F227 COPAY NOT ACCEPTED FOR MED SUPP CLMS REBILL W/COINSURANCE	
P058	A3	182		Y			P058 PRIMARY PAYER PAID=0 APPROVED/ALLOWED > ZERO NO DED AMT	
P063	A3	182		Y			P063 APPROVED ALLOWED/PAID AMTS NOT < ZERO ON CROSSOVER CLAIM	
P068	A3	182		Y			P068 PRIMARY PAYER APPROVED AMOUNT GREATER THAN SUBMITTED CHARGE	
P072	A3	182		Y			P072 CLAIM APPROVED/ALLOWED AMT NOT EQUAL TO SUM OF SERV AMTS	
P073	A3	182		Y			P073 CLAIM CHARGE MINUS ALL CAS AMTS DOES NOT EQUAL CLM PAID AMT	
P074	A3	182		Y			P074 SERVICE PAID AMT NOT EQUAL TO SERVICE CHARGE MINUS CAS AMTS	
P077	A3	182		Y			P077 MEDICARE PRIOR PAID AMT IS INVALID	
P081	A3	182		Y			P081 MEDICARE PRIOR APPROVED AMT IS INVALID	
P084	A3	182		Y			P084 PRIMARY PAYER PAID=0 APPROVED AMT>0 NO DEDUCTIBLE AMT	
P096	A3	182		Y			P096 SUPPLEMENTAL/COB CLAIM W/CLAIM PAID AMOUNT MISSING/INVALID	

Front End Edit Codes and Descriptions

Edit Code	Status_Code_1	Status_Code_2	Status_Code_3	Professional	Institutional	Dental	Edit Description	STC12
P143	A3	182		Y			P143 PAID AMT>0 APPROVED AMT MISSING OR EQUAL TO 0 - SERVICE	
P236	A3	182		Y			P236 SRV PAID DOES NOT EQUAL SRV APPR MINUS DEDUCT AND COPAY AMTS	
P268	A3	182		Y			P268 COPAY NOT ACCEPTED FOR MED SUPP CLMS REBILL W/COINSURANCE	
VMA5	A3	182		Y	Y		VMA5 COB AMOUNT ERROR. MUST EQUAL ZERO (0)	
VOA3	A3	182		Y			VOA3 CONTRACTUAL AMOUNT IS LESS THAN PATIENT RESPONSIBILITY AMT	
VOSA	A3	182		Y			VOSA SVC LINE ADJUDICATION INFO REQ ON COB CL	
VQBA	A3	182		Y			VQBA NO REASON CODE ENTERED WHEN ALLOWED AMOUNT IS EQUAL TO ZERO	
VQBL	A3	182		Y			VQBL ADJUSTMENT REASON CODE OR ADJUSTED AMOUNT IS MISSING	
A031	A3	182	P4	Y			A031 MEDICARE PAID AMOUNT FOR SERVICE IS INVALID	
A032	A3	182	P4	Y			A032 MEDICARE ALLOWED AMOUNT FOR SERVICE IS INVALID	
A039	A3	182	P4	Y			A039 MEDICARE ALLOWABLE FOR SERVICE EXCEEDS CHARGE	
A157	A3	182	P4	Y			A157 MED B ALLOWED AMT MISSING OR > CHARGE - SERVICE	
A168	A3	182	P4	Y			A168 PRIMARY PAYER ALLOWED AMOUNT GREATER THAN CHARGE	
A240	A3	183		Y			A240 AMOUNT PAID BY PAYER/PATIENT IS INVALID	
F180	A3	183			Y		F180 AMOUNT PATIENT PAID IS NEGATIVE AMOUNT	
VTBL	A3	183			Y		VTBL MEDICAID PROVIDER AMOUNT PAID MUST BE NUMERIC AND NOT ZERO	
BTEN	A3	184		Y			BTEN TENS UNIT IS RENTED 2X, THEN RESUBMIT AS PURCHASE	
A036	A3	187		Y			A036 DATE(S) OF SERVICE MISSING OR INVALID	
A059	A3	187		Y			A059 DATE(S) OF SERVICE MISSING OR INVALID	
A214	A3	187		Y			A214 DATE(S) OF SERVICE INVALID	
A346	A3	187		Y			A346 MEDICAL CARE VISIT DOES NOT INCLUDE TO DATE OF SERVICE	
A526	A3	187		Y			A526 DATE OF SERVICE IS MISSING OR INVALID	
BBDS	A3	187		Y			BBDS SVC DATE LESS THAN FROM AND THRU DATE	
BBSD	A3	187		Y			BBSD RE-BILL WITH SPECIFIC DATE OF SERVICE & SUBMIT NOTES	
BDGT	A3	187		Y			BDGT DATE OF SERVICE IS GREATER THAN TODAY'S DATE	
BDOS	A3	187		Y			BDOS D.O.S.>RECEIVED DATE. RESUBMIT W/ CORRECT D.O.S.	
BDSI	A3	187		Y			BDSI DATE OF SERVICE INVALID. RESUBMIT W/ VALID D.O.S.	
BDSM	A3	187		Y			BDSM DATE OF SERVICE MISSING. RESUBMIT W/ DATE OF SERVICE	
BSFD	A3	187		Y			BSFD STATEMENT FROM DATE MISSING. PLS RESUBMIT W/ DATE	

Front End Edit Codes and Descriptions

Edit Code	Status_Code_1	Status_Code_2	Status_Code_3	Professional	Institutional	Dental	Edit Description	STC12
BSTD	A3	187		Y			BSTD STATEMENT TO DATE MISSING. PLS RESUBMIT W/ DATE	
BVDS	A3	187		Y			BVDS VERIFY IF DATE OF SERVICE WAS SUBMITTED CORRECTLY	
D019	A3	187				Y	D019 DATE OF SERVICE IS MISSING AT CLAIM/SERVICE LEVEL	
D020	A3	187				Y	D020 DATE OF SERVICE QUALIFIER MUST EQUAL 'D8'-SERVICE	
F015	A3	187			Y		F015 THE PROCESSING DATE IS GREATER THAN TODAY'S DATE	
F080	A3	187			Y		F080 SERV DATES ARE REQUIRED ON ALL MEDICARE OUTPT CLAIMS	
F081	A3	187			Y		F081 SERV FROM DATE IS GREATER THE SERVICE THROUGH DATE	
F082	A3	187			Y		F082 SERV DATES ARE NOT WITHIN STATEMENT FROM AND THROUGH DATES	
F083	A3	187			Y		F083 SERV THROUGH DATE IS NOT COVERED BY STATEMENT DATES	
F094	A3	187			Y		F094 EX DT 866 OR 472 HCPC ZZ REQ WITH REV CD 0022,0023,0024 MEDA	
F191	A3	187			Y		F191 STMT DATES MUST BE EQUAL WITH SUB TOB & REV CD COMBO	
F192	A3	187			Y		F192 SERV DATES MUST BE EQUAL WITH SUB TOB & REV CD COMBO	
F254	A3	187			Y		F254 SERVICE DATE MUST BE PRESENT FOR FEP CLAIMS	
F255	A3	187			Y		F255 INVALID DATE SPAN/CLAIM MUST BE SPLIT	
P034	A3	187		Y			P034 PATIENT BIRTH DATE IS GREATER THAN PROCESSING DATE	
P065	A3	187		Y			P065 DATE(S) OF SERVICE MISSING OR ILLOGICAL	
P070	A3	187		Y			P070 UNITS>1 ON HIT PER DIEM AND SVC TO DATE MISSING	
P137	A3	187		Y			P137 DATE OF SERVICE GREATER THAN TWO YEARS OLD	
P138	A3	187		Y			P138 SERVICE FROM DATE CANNOT BE GREATER THAN TO DATE	
P215	A3	187		Y			P215 ADMISSION DATE IS > CURRENT DATE	
P216	A3	187		Y			P216 SUBSCRIBER BIRTH DATE IS > CURRENT DATE	
P217	A3	187		Y			P217 SERVICE DATE IS > CURRENT DATE	
P255	A3	187		Y			P255 PRENATAL VISITS-SERV DATES MUST BE PRESENT AND EQUAL	
P320	A3	187		Y			P320 SUBSCRIBER BIRTH DATE IS GREATER THAN CURRENT DATE	
P350	A3	187		Y			P350 DTP REQ WHEN PATIENTS VISION CONDITION IS REPORTED	
P444	A3	187		Y			P444 MULTIPLE SERV DATES MUST HAVE SAME CENTURY	
VB70	A3	187			Y		VB70 SURGICAL DATE INVALID	
VB71	A3	187			Y		VB71 SURGICAL DATE INVALID	
VB73	A3	187			Y		VB73 3RD SURGICAL DATE IS INVALID	
VHI8	A3	187			Y		VHI8 PRIOR CLAIM ADJUDICATION DATE IS INVALID	

Front End Edit Codes and Descriptions

Edit Code	Status_Code_1	Status_Code_2	Status_Code_3	Professional	Institutional	Dental	Edit Description	STC12
VH10	A3	187			Y		VH10 FROM DATE NOT ENTERED OR IS INVALID	
VH11	A3	187		Y	Y		VH11 "TO" DATE OF SERVICE IS LESS THAN THE "FROM" DATE	
VH18	A3	187		Y			VH18 CLAIM ADJUDICATION DATE IS NOT VALID	
VH48	A3	187		Y			VH48 "FROM" DATE OF SERVICE IS LESS THAN DATE OF CURRENT SYMPTOM	
VH96	A3	187			Y		VH96 ADMIT DATE & DISCHARGE DATE ARE INCONSISTENT	
VJ89	A3	187		Y			VJ89 DATE OF FIRST SYMPTOM IS INVALID	
VKP6	A3	187		Y			VKP6 "FROM" DOS CANNOT BE GREATER THAN CURRENT DATE	
VK25	A3	187		Y			VK25 "TO" DOS CANNOT BE GREATER THAN CURRENT DATE	
VVF1	A3	187		Y			VVF1 XRAY DATE ENTERED IS INVALID	
VZ19	A3	187		Y			VZ19 LAST SEEN DATE ON CLAIM IS INVALID	
V390	A3	187			Y		V390 ADMIT OR DISCHARGE DATE OR TOTAL DAYS ARE WRONG	
V394	A3	187			Y		V394 SURGERY DATE INVALID OR NOT DURING THE PERIOD OF STAY	
V52B	A3	187		Y			V52B PRESCRIPTION DATE IS INVALID	
V567	A3	187		Y			V567 INVALID FROM DATE	
V569	A3	187		Y			V569 "TO" DATE OF SERVICE IS INVALID	
F052	A3	188			Y		F052 STATEMENT FROM DATE IS INVALID/MISSING	
F054	A3	188			Y		F054 STATEMENT THRU DATE IS INVALID	
M003	A3	188					M003 INTERNAL PROGRAM ERROR - NOT A PROVIDER DATA ISSUE	
M004	A3	188					M004 INTERNAL PROGRAM ERROR - NOT A PROVIDER DATA ISSUE	
VB07	A3	188			Y		VB07 COVERAGE FROM DATE IS INVALID	
VB08	A3	188			Y		VB08 COVERAGE THRU DATE IS INVALID	
A415	A3	189		Y			A415 ADMISSION DATE MISSING OR INVALID FOR FACILITY SERVICE	
BIAD	A3	189		Y			BIAD INVLAID ADMIT DATE. PLS RESUBMIT W/ VALID DATE	
F075	A3	189			Y		F075 ADMISSION DATE IS REQUIRED ON ALL MEDICARE INPATIENT CLAIMS	
P132	A3	189		Y			P132 ADMISSION DATE REQUIRED - CLAIM	
P134	A3	189		Y			P134 ADMISSION DATE REQUIRED - SERVICE	
VB05	A3	189			Y		VB05 TYPE OF ADMISSION IS INVALID	
VE07	A3	189			Y		VE07 ADMISSION DATE ENTERED IS INVALID. VALID FORMAT IS CCYYMMDD	
A433	A3	190		Y			A433 DISCHARGE DATE MISSING OR INVALID FOR FACILITY SERVICE	
A437	A3	190		Y			A437 DISCHARGE DATE IS MISSING OR INVALID	
BIDD	A3	190		Y			BIDD INVALID DISCHARGE DATE - PLS RESUBMIT W/ VALID DATE	
A328	A3	191		Y			A328 PRE/POST NATAL SERVICE AND LMP IS MISSING OR INVALID	
A400	A3	191		Y			A400 LMP MISSING OB RELATED SERV & CONTINUOUS COV < 270 DAYS	

Front End Edit Codes and Descriptions

Edit Code	Status_Code_1	Status_Code_2	Status_Code_3	Professional	Institutional	Dental	Edit Description	STC12
A403	A3	191		Y			A403 LMP MISSING/INVALID FOR VOLUNTARY ABORTION ANESTH SERV	
A513	A3	191		Y			A513 LMP DATE IS MISSING OR INVALID	
BDIM	A3	192		Y			BDIM DATE OF INJURY MISSING. RESUBMIT W/ DATE OF INJURY	
P352	A3	192		Y			P352 INITIAL TREATMENT DATE REQUIRED	
BDPE	A3	197		Y			BDPE DOS PRIOR TO MEMBER'S EFFECTIVE DATE	
BMDN	A3	217		Y			BMDN NAME OF MEDICATION/ DOSAGE NEEDED FOR THE PROPER REPRIC	
BNRX	A3	217		Y			BNRX NEED RX- INCL NAME OF MED/DOSE/NDC/FREQ/DUR OF TX	
BRXR	A3	217		Y			BRXR SUBMIT RX - SIGNED/DATED BY PHYSICIAN W/ FREQ & DUR	
BIND	A3	218		Y			BIND PLEASE RESUBMIT WITH VALID NDC CODE	
BNDC	A3	218		Y			BNDC NDC # NEEDED FOR REPRICING OF BILLED MEDICATIONS	
BNEF	A3	218		Y			BNEF NAME OF INTERNAL FORMULA NEEDED - PROVIDE NDC #	
P237	A3	218		Y			P237 NDC CODE REQUIRED FOR HOME INFUSION THERAPY - LIN SEGMENT	
A147	A3	221		Y			A147 MAXIMUM DRUG DOSAGE MET FOR REPORTED PROCEDURE CODE	
BNDN	A3	221		Y			BNDN NUMBER OF DOSES NEEDED TO PROCESS PROCEDURE CODE	
BINO	A3	228		Y			BINO IS THIS CLAIM FOR INPATIENT OR OUTPATIENT SERVICES	
BTBI	A3	228		Y			BTBI PLEASE RESUBMIT WITH TYPE OF BILL AS OUTPATIENT	
BTBM	A3	228		Y			BTBM TYPE OF BILL MISSING - PLS RESUBMIT W/ TYPE OF BILL	
F059	A3	228			Y		F059 CLAIM TYPE INVALID OR MISSING	
F103	A3	228			Y		F103 CLAIM TYPE FREQUENCY IS INVALID	
F161	A3	228			Y		F161 SEC/COB BILL TYPES XX7/XX8 MUST BE BILLED HARDCOPY	
VBC2	A3	228			Y		VBC2 FREQUENCY CODE FOR THIS LINE OF BUSINESS IS INVALID	
VBEK	A3	228			Y		VBEK FREQUENCY CODE IS INVALID	
VBTM	A3	228			Y		VBTM BILL TYPE IS INVALID	
VBTP	A3	228			Y		VBTP BILL TYPE IS INVALID	
VB03	A3	228			Y		VB03 FREQUENCY CODE IS INVALID	
VB32	A3	228			Y		VB32 FACILITY TYPE, BILL CLASS & FREQUENCY CODE ARE INCONSISTENT	
VB34	A3	228			Y		VB34 PATIENT STATUS AND FREQUENCY OF TYPE BILL ARE INCONSISTENT	
VB35	A3	228			Y		VB35 PATIENT STATUS AND BILL CLASS ARE INCONSISTENT	
VH78	A3	228			Y		VH78 PATIENT STATUS OR DISPOSITION IS INVALID	
VPAF	A3	228		Y			VPAF ASC CLAIM TYPE OF SERVICE NOT CONSISTENT WITH INDICATOR	
VPAL	A3	228		Y			VPAL ASC CLAIM TYPE OF SERVICE NOT CONSISTENT WITH HCPCS CODE	
VPSE	A3	228			Y		VPSE PATIENT STATUS CODE IS INVALID	
V60Y	A3	228			Y		V60Y FREQUENCY CODE IS INVALID	

Front End Edit Codes and Descriptions

Edit Code	Status_Code_1	Status_Code_2	Status_Code_3	Professional	Institutional	Dental	Edit Description	STC12
F051	A3	229			Y		F051 SOURCE OF ADMISSION IS INVALID	
VB06	A3	229			Y		VB06 SOURCE OF ADMISSION IS INVALID	
VB33	A3	229			Y		VB33 ADMISSION TYPE AND ADMISSION SOURCE ARE INCONSISTENT	
F033	A3	230			Y		F033 ADMISSION HOUR IS INVALID	
F050	A3	231			Y		F050 TYPE OF ADMISSION IS INVALID	
F111	A3	232			Y		F111 ADMITTING DIAGNOSIS IS MISSING ON INPATIENT CLAIM	
MF16	A3	232			Y		MF16 INVALID ICD9 ADMITTING DIAGNOSIS CLAIM	
F056	A3	233			Y		F056 DISCHARGE HOUR IS INVALID	
F055	A3	234			Y		F055 PATIENT STATUS IS INVALID	
BSMB	A3	238		Y			BSMB MOM & BABY SERV. NEED TO BE SEPARATE, SEE AGREEMENT	
247	A3	247		Y	Y	Y	247 - LINE RETURNED. REFER TO CLAIM OR OTHER SERVICE LINE EDITS	
A145	A3	248		Y			A145 AUTO ACCIDENT RELATED AND ACCIDENT DATE IS MISSING	
BIPS	A3	248		Y			BIPS INVALID PLACE OF SERVICE - PLS RESUBMIT W/ VALID POS	
BPOS	A3	248		Y			BPOS RESUBMIT WITH PLACE OF SERVICE	
P130	A3	248		Y			P130 ACCIDENT STATE IS MISSING/INVALID	
P303	A3	248		Y			P303 ACCIDENT IND IS PRESENT BUT ACCIDENT DATE NOT REPORTED	
VH81	A3	248		Y			VH81 INVALID EMERGENCY/ACCIDENT INDICATOR	
V565	A3	248		Y			V565 DATE OF ACCIDENT IS INVALID	
V566	A3	248		Y			V566 DATE OF ACCIDENT REQUIRED WHEN DIAGNOSIS IS ACCIDENT RELATED	
V57N	A3	248		Y			V57N RELATED CAUSE CODE IS INVALID	
V571	A3	248		Y			V571 SECOND RELATED CAUSE HAS INVALID OR BLANK VALUE	
V72T	A3	248		Y			V72T CLAIM RELATED CAUSE IS INVALID	
A078	A3	249		Y			A078 PLACE OF SERVICE IS INVALID	
A395	A3	249		Y			A395 PLACE OF SERVICE MISSING OR INVALID FOR FACILITY SERVICE	
A527	A3	249		Y			A527 PLACE OF SERVICE IS MISSING OR INVALID	
A631	A3	249		Y			A631 PLACE OF SERVICE IS MISSING OR INVALID	
BPLC	A3	249		Y			BPLC PLACE OF SERVICE INAPPROPRIATE FOR E&M CODE BILLED	
BPS2	A3	249		Y			BPS2 VERIFY PLACE OF SERVICE SUBMITTED FOR PROC CODE	
BSNE	A3	249		Y			BSNE SERVICE CODE NOT EFFECTIVE FOR DATE OF SERVICE	
BTE1	A3	249		Y			BTE1 PPOM DOES NOT PREPROCESS POS 1, 2, 8 FOR TEAMSTERS	
BTE2	A3	249		Y			BTE2 PPOM DOES NOT PREPROCESS POS 9 FOR TEAMSTERS	
P050	A3	249		Y			P050 PLACE OF SERVICE IS INVALID - CLAIM	
P075	A3	249		Y			P075 PLACE OF SERVICE INVALID - SERVICE	
VE12	A3	249		Y			VE12 PLACE OF TREATMENT IS INVALID	

Front End Edit Codes and Descriptions

Edit Code	Status_Code_1	Status_Code_2	Status_Code_3	Professional	Institutional	Dental	Edit Description	STC12
V717	A3	249		Y			V717 PLACE OF SERVICE INVALID	
A079	A3	250		Y			A079 TYPE OF SERVICE IS INVALID	
A399	A3	250		Y			A399 TYPE OF SERVICE IS INVALID	
A528	A3	250		Y			A528 TYPE OF SERVICE IS MISSING OR INVALID	
BTOS	A3	250		Y			BTOS TOS MISSING OR INVALID, PLEASE RESUBMIT	
BANU	A3	251		Y			BANU RESUBMIT CLM WITH ANESTHESIA MINUTES NOT UNITS	
BATM	A3	251		Y			BATM TIME FOR ANESTHESIA MINUTES IS MISSING. PLEASE RESUBMIT	
F060	A3	252			Y		F060 TREATMENT AUTHORIZATION NUMBER INVALID	
P110	A3	252		Y			P110 INVALID CLAIM PRIOR AUTHORIZATION NUMBER REPORTED	
P111	A3	252		Y			P111 INVALID SERVICE PRIOR AUTHORIZATION NUMBER REPORTED	
BICP	A3	254		Y			BICP INPATIENT CLAIM, NO PRINCIPAL PROCEDURE OR DX CODE	
MF04	A3	254			Y		MF04 INVALID ICD9 PRINCIPAL DIAGNOSIS CLAIM	
MP01	A3	254		Y			MP01 INVALID ICD9 PRINCIPAL DIAGNOSIS CLAIM	
VBL2	A3	254			Y		VBL2 PRIMARY & SECONDARY DIAGNOSIS CODES ARE DUPLICATES	
A305	A3	255		Y			A305 DIAGNOSIS MISSING FOR MEDICAL EMERGENCY SERVICE	
A309	A3	255		Y			A309 DIAGNOSIS MISSING FOR FIRST AID SERVICE	
A334	A3	255		Y			A334 DIAGNOSIS CODE MISSING FOR OPC SERVICE	
A353	A3	255		Y			A353 DIAG CODE MISSING/NOT TRAUMATIC ACCIDENTAL DENTAL SERVICE	
A367	A3	255		Y			A367 DIAGNOSIS CODE MISSING OR INVALID FOR OPTICAL SERVICE	
A389	A3	255		Y			A389 DIAGNOSIS CODE MISSING FOR STERILIZATION ANESTHESIA SERVICE	
A402	A3	255		Y			A402 DIAGNOSIS CODE IS MISSING OR INVALID	
A414	A3	255		Y			A414 DIAGNOSIS CODE IS MISSING ON SURGERY PROCEDURE	
A420	A3	255		Y			A420 DIAGNOSIS CODE IS MISSING FOR TSA SERVICE	
A716	A3	255		Y			A716 DIAGNOSIS CODE IS MISSING	
BSDX	A3	255		Y			BSDX DIAGNOSIS NEEDS TO BE HIGHEST LEVEL OF SPECIFICITY	
F087	A3	255			Y		F087 OTHER DIAGNOSIS CODE INVALID OR SAME AS PRINCIPLE DIAG CODE	
F190	A3	255			Y		F190 REASON FOR VISIT REQ A DIAG CODE WITH A ZZ QUAL	
MF05	A3	255			Y		MF05 INVALID ICD9 OTHER DIAGNOSIS CODE CLAIM	
MF17	A3	255			Y		MF17 INVALID ICD9 EXTENDED INJURY DIAGNOSIS CLAIM	
MP02	A3	255		Y			MP02 INV ICD9 ADD'L DIAGNOSIS CLAIM	
M002	A3	255					M002 INTERNAL PROGRAM ERROR - NOT A PROVIDER DATA ISSUE	

Front End Edit Codes and Descriptions

Edit Code	Status_Code_1	Status_Code_2	Status_Code_3	Professional	Institutional	Dental	Edit Description	STC12
P144	A3	255		Y			P144 AT LEAST ONE DIAGNOSIS CODE MUST BE PRESENT	
P145	A3	255		Y			P145 DIAGNOSIS POINTER NUMBER > DIAGNOSIS CODES PRESENT	
P146	A3	255		Y			P146 DIAGNOSIS CODE CONTAINS DECIMALS OR NOT SPECIFIC ENOUGH	
P441	A3	255		Y			P441 INVALID DIAGNOSIS CODE POINTERS MUST EQUAL 1 THRU 8	
VB40	A3	255			Y		VB40 DIAGNOSIS CODES MUST BE ENTERED IN SEQUENCE	
VENO	A3	255		Y			VENO "E" DIAGNOSIS CODES MUST BE FILED IN LAST DIAGNOSIS FIELD	
VIOD	A3	255			Y		VIOD INVALID OTHER DX PRESENT ON ADMISSION	
VIPD	A3	255			Y		VIPD INVALID PRNCPL DX PRESENT ON ADMISSION	
VN48	A3	255		Y			VN48 DATE OF SERVICE IS LESS THAN ICD9 MANDATED DATE	
VOP5	A3	255			Y		VOP5 PRINCIPAL DIAG - PATIENT REASON FOR VISIT IS ILLOGICAL	
VQ69	A3	255		Y	Y		VQ69 FIRST DIAGNOSIS IS NOT VALID	
VQ70	A3	255		Y			VQ70 SECOND DIAGNOSIS IS NOT VALID	
VQ71	A3	255		Y			VQ71 THIRD DIAGNOSIS IS NOT VALID	
VQ72	A3	255		Y			VQ72 FOURTH DIAGNOSIS IS NOT VALID	
VRX0	A3	255			Y		VRX0 DUPLICATE DIAGNOSIS CODE ENTERED ON CLAIM-ONLY ENTER ONCE	
VWGX	A3	255			Y		VWGX DIAGNOSIS CODE IS INVALID FOR EXTERNAL INJURY CODES	
V441	A3	255		Y			V441 MUST USE ACCIDENT DIAGNOSIS WITH THIS PROCEDURE	
V527	A3	255		Y	Y		V527 DIAGNOSIS CODE IS INVALID	
V912	A3	255		Y			V912 DIAGNOSIS CODE AND SURGERY HCPCS CODE ARE ILLOGICAL	
BDGU	A3	258		Y			BDGU DAYS ARE GREATER THAN UNITS, PLEASE CORRECT CLAIM	
BUNN	A3	258		Y			BUNN UNITS ARE NEEDED TO PROCESS PROCEDURE CODE	
F098	A3	258			Y		F098 ACCOMMODATION DAYS IS INVALID	
F252	A3	258			Y		F252 UNITS MUST BE GREATER THAN ZERO	
P131	A3	258		Y			P131 REPORTED QUANTITY MUST BE GREATER THAN ZERO	
V570	A3	258		Y			V570 DAYS REQUIRED (NOT ENTERED)	
BANE	A3	262		Y			BANE RESUBMIT WITH ANESTHESIA PROCEDURE CODE	
P246	A3	275		Y			P246 LEVEL OF ED INVALID FOR OPC PROV	
275	A3	275		Y	Y	Y	275 - CLAIM RETURNED. REFER TO SERVICE LEVEL EDITS	
BHMU	A3	276		Y			BHMU RESUBMIT ON UB92 OR BILL PHYSICIANS NAME ON CLAIM	
BPSH	A3	276		Y			BPSH CPT CODE IS FOR PHY. SERV, PLEASE REBILL ON HCFA	
BRUB	A3	276		Y			BRUB RESUBMIT ON A UB FORM PER THE PROVIDERS CONTRACT	
BSPM	A3	276		Y			BSPM SECOND PAGE OF UB MISSING, PLEASE RESUBMIT	

Front End Edit Codes and Descriptions

Edit Code	Status_Code_1	Status_Code_2	Status_Code_3	Professional	Institutional	Dental	Edit Description	STC12
BSPW	A3	276		Y			BSPW SPARROW LAB CLAIMS SHOULD BE SUBMITTED ON UB92	
BEDS	A3	279		Y			BEDS IF BILLING UNITS(I.E. DAYS SEEN) - BILL EXACT DATES	
BIDS	A3	279		Y			BIDS ITEMIZED/ DETAIL SHEET REQUIRED	
BRDS	A3	279		Y			BRDS REBILL EACH DATE OF SERVICE ON A SEPARATE LINE	
BSLD	A3	279		Y			BSLD PLEASE RESUBMIT CLM W/ DATES ON APPLICABLE LINES	
BRXC	A3	282		Y			BRXC RX REQD FOR CATHETER CARE (SIGNED/DATED BY PHYS)	
BRXE	A3	282		Y			BRXE RX REQD FOR ENTERAL THERPY (SIGNED/DATED BY PHYS)	
BRXP	A3	282		Y			BRXP RX REQ FOR PICC LINE INSERTN (SIGNED/DATED BY PHYS)	
F172	A3	286			Y		F172 BCN SUPPLEMENTAL CLAIM AND DEDUCTIBLE AMOUNT > APPROVED	
F176	A3	286			Y		F176 BOTH PAYER EST RESP AND ALLOWED AMT MUST=TOTAL CLM CHG	
P265	A3	286		Y			P265 IF 2320 LOOP PRESENT MUST HAVE 2430 LOOP	
VPRR	A3	286		Y	Y		VPRR REASON CODE IS MISSING FOR PRE-PRICED CLAIM	
VQAG	A3	286		Y			VQAG REMARKS ARE MISSING OR EQUAL TO SPACES FOR NOTES	
VQAL	A3	286			Y		VQAL OTHER CARRIER DEDUCTIBLE AMOUNT MUST BE NUMERIC	
VQAQ	A3	286		Y			VQAQ REMARKS ARE MISSING FOR NOTES	
VQAX	A3	286		Y			VQAX NO REASON CODE ENTERED WHEN ALLOWED AMOUNT IS EQUAL TO ZERO	
V48S	A3	286		Y			V48S INVALID DELAY REASON CODE. CODE MUST EQUAL 0 THRU 11	
V53N	A3	286		Y			V53N COB PATIENT PAID AMOUNT IS NOT NUMERIC	
V71B	A3	286		Y			V71B CLAIM ADJUSTMENT GROUP CODE IS INVALID	
A028	A3	286	P4	Y			A028 MEDICARE DEDUCTIBLE AMOUNT FOR SERVICE IS INVALID	
A029	A3	286	P4	Y			A029 MEDICARE COINSURANCE AMOUNT FOR SERVICE IS INVALID	
A030	A3	286	P4	Y			A030 MEDICARE PSYCHIATRIC AMOUNT FOR SERVICE IS INVALID	
A158	A3	286	P4	Y			A158 MED B DEDUCTIBLE AMT NOT NUMERIC > ALLOWED AMT- SERVICE	
A163	A3	286	P4	Y			A163 PRIMARY PAYER'S ADJUDICATION AMTS DO NOT BALANCE-SERVICE	
A165	A3	286	P4	Y			A165 INCONSISTENCY IN PRIMARY PAYERS	
A170	A3	286	P4	Y			A170 BCBSM STATUS INQUIRY CLAIM AND NP CODE IS MISSING	
A499	A3	286	P4	Y			A499 MEDICARE DEDUCTIBLE AMOUNT EXCEEDS ANNUAL AMOUNT	
A543	A3	286	P4	Y			A543 MEDICARE DENIED AND DENIAL CODE IS MISSING	

Front End Edit Codes and Descriptions

Edit Code	Status_Code_1	Status_Code_2	Status_Code_3	Professional	Institutional	Dental	Edit Description	STC12
A762	A3	286	P4	Y			A762 OTHER INSURANCE INDICATOR INCONSISTENT WITH CLAIM INFO	
A934	A3	286	P4	Y			A934 MED B DID NOT MAKE PAYMENT BUT APPROVED AMT IS PRESENT	
D021	A3	286	P4			Y	D021 CLAIM ADJUSTMENT REASON CODE 1 IS INVALID	
D022	A3	286	P4			Y	D022 CLAIM ADJUSTMENT REASON CODE 2 IS INVALID	
D023	A3	286	P4			Y	D023 CLAIM ADJUSTMENT REASON CODE 3 IS INVALID	
D024	A3	286	P4			Y	D024 CLAIM ADJUSTMENT REASON CODE 4 IS INVALID	
D025	A3	286	P4			Y	D025 CLAIM ADJUSTMENT REASON CODE 5 IS INVALID	
D026	A3	286	P4			Y	D026 CLAIM ADJUSTMENT REASON CODE 6 IS INVALID	
D027	A3	286	P4			Y	D027 SERVICE LINE ADJUSTMENT REASON CODE 1 IS INVALID	
D028	A3	286	P4			Y	D028 SERVICE LINE ADJUSTMENT REASON CODE 2 IS INVALID	
D029	A3	286	P4			Y	D029 SERVICE LINE ADJUSTMENT REASON CODE 3 IS INVALID	
D030	A3	286	P4			Y	D030 SERVICE LINE ADJUSTMENT REASON CODE 4 IS INVALID	
D031	A3	286	P4			Y	D031 SERVICE LINE ADJUSTMENT REASON CODE 5 IS INVALID	
D032	A3	286	P4			Y	D032 SERVICE LINE ADJUSTMENT REASON CODE 6 IS INVALID	
F140	A3	286	P4		Y		F140 CLAIM ADJUSTMENT REASON CODE 1 IS INVALID	
F141	A3	286	P4		Y		F141 CLAIM ADJUSTMENT REASON CODE 2 IS INVALID	
F142	A3	286	P4		Y		F142 CLAIM ADJUSTMENT REASON CODE 3 IS INVALID	
F143	A3	286	P4		Y		F143 CLAIM ADJUSTMENT REASON CODE 4 IS INVALID	
F144	A3	286	P4		Y		F144 CLAIM ADJUSTMENT REASON CODE 5 IS INVALID	
F145	A3	286	P4		Y		F145 CLAIM ADJUSTMENT REASON CODE 6 IS INVALID	
F146	A3	286	P4		Y		F146 SERVICE LINE ADJUSTMENT REASON CODE 1 IS INVALID	
F147	A3	286	P4		Y		F147 SERVICE LINE ADJUSTMENT REASON CODE 2 IS INVALID	
F148	A3	286	P4		Y		F148 SERVICE LINE ADJUSTMENT REASON CODE 3 IS INVALID	
F149	A3	286	P4		Y		F149 SERVICE LINE ADJUSTMENT REASON CODE 4 IS INVALID	
F150	A3	286	P4		Y		F150 SERVICE LINE ADJUSTMENT REASON CODE 5 IS INVALID	
F151	A3	286	P4		Y		F151 SERVICE LINE ADJUSTMENT REASON CODE 6 IS INVALID	
P054	A3	286	P4	Y			P054 BCBSM SUPPLEMENTAL CLAIM AND DEDUCTIBLE AMT > APPROVED	
P064	A3	286	P4	Y			P064 INVALID REMARK CODE ON CROSSOVER CLAIM	
P085	A3	286	P4	Y			P085 DEDUCTIBLE AMT>APPROVED AMT-SERVICE	

Front End Edit Codes and Descriptions

Edit Code	Status_Code_1	Status_Code_2	Status_Code_3	Professional	Institutional	Dental	Edit Description	STC12
P166	A3	286	P4	Y			P166 OTHER PAYER DATE CLAIM PAID MISSING	
P328	A3	286	P4	Y			P328 CLAIM ADJUSTMENT REASON CODE 1 IS INVALID	
P329	A3	286	P4	Y			P329 CLAIM ADJUSTMENT REASON CODE 2 IS INVALID	
P330	A3	286	P4	Y			P330 CLAIM ADJUSTMENT REASON CODE 3 IS INVALID	
P331	A3	286	P4	Y			P331 CLAIM ADJUSTMENT REASON CODE 4 IS INVALID	
P332	A3	286	P4	Y			P332 CLAIM ADJUSTMENT REASON CODE 5 IS INVALID	
P333	A3	286	P4	Y			P333 CLAIM ADJUSTMENT REASON CODE 6 IS INVALID	
P334	A3	286	P4	Y			P334 SERVICE LINE ADJUSTMENT REASON CODE 1 IS INVALID	
P335	A3	286	P4	Y			P335 SERVICE LINE ADJUSTMENT REASON CODE 2 IS INVALID	
P336	A3	286	P4	Y			P336 SERVICE LINE ADJUSTMENT REASON CODE 3 IS INVALID	
P337	A3	286	P4	Y			P337 SERVICE LINE ADJUSTMENT REASON CODE 4 IS INVALID	
P338	A3	286	P4	Y			P338 SERVICE LINE ADJUSTMENT REASON CODE 5 IS INVALID	
P339	A3	286	P4	Y			P339 SERVICE LINE ADJUSTMENT REASON CODE 6 IS INVALID	
BCHH	A3	287		Y			BCHH SUBMIT CMN FOR HHA W/FREQ AND DURATION OF TX	
BCOT	A3	287		Y			BCOT SUBMIT CMN FOR OT W/ FREQ AND DURATION OF TX	
BCSN	A3	287		Y			BCSN SUBMIT CMN FOR SN W/ FREQ AND DURATION OF TX	
BCST	A3	287		Y			BCST SUBMIT CMN FOR ST W/ FREQ AND DURATION OF TX	
BCSW	A3	287		Y			BCSW SUBMIT CMN FOR SW W/ FREQ AND DURATION OF TX	
BCTH	A3	287		Y			BCTH SUBMIT CMN FOR PT W/ FREQ AND DURATION OF TX	
BMCI	A3	287		Y			BMCI PROVIDE MANUFACTURER'S COST INVOICE FOR THIS CODE	
BSMN	A3	287		Y			BSMN NEED STATEMENT OF MED NECESSITY-DX/DUR/FREQ/THERAPY	
BLCN	A3	288		Y			BLCN TOB INDICATES LATE CHARGES - NO PRIOR CLAIMS REC'D	
BPE1	A3	290		Y			BPE1 PRE-EXISTING CONDITION - SERVICE NOT COVERED	
F097	A3	294			Y		F097 CLAIM NOTE SEGMENT REQUIRED	
VHM1	A3	294			Y		VHM1 LINE OF BUSINESS AND SPECIAL HANDLING INDICATOR IS INVALID	
BCRN	A3	296		Y			BCRN CRNA NOTES REQUIRED FOR REVIEW	
BCHS	A3	297		Y			BCHS CHARGES APPEAR HIGH FOR SERVICES, SUBMIT NOTES	
BONR	A3	297		Y			BONR OFFICE NOTES ARE REQUIRED FOR REVIEW OF CLAIMS	
BPTH	A3	297		Y			BPTH PLEASE SUBMIT MEDICAL RECORDS	

Front End Edit Codes and Descriptions

Edit Code	Status_Code_1	Status_Code_2	Status_Code_3	Professional	Institutional	Dental	Edit Description	STC12
BSRR	A3	298		Y			BSRR SURGICAL REPORT REQUIRED FOR REVIEW OF CLAIM	
BANR	A3	300		Y			BANR ANESTHESIA NOTES REQUIRED FOR REVIEW OF CLAIM	
BASR	A3	300		Y			BASR ANESTHESIA NOTES & SURG REPORT REQ FOR REVIEW OF CLM	
BNTP	A3	300		Y			BNTP # OF TESTS PERFORMED NEEDED TO PROCESS CODE	
BRRR	A3	300		Y			BRRR RADIOLOGY REPORT REQUIRED FOR REVIEW OF CLAIM	
A067	A3	306		Y			A067 NOC PROCEDURE REPORTED WITHOUT DESCRIPTION OF SERVICE	
BDES	A3	306		Y			BDES DESCRIPTION IS NEEDED FOR PROC THIS CODE	
BPRD	A3	306		Y			BPRD UNLISTED AMBULANCE PROCEDURE REQUIRES DESCRIPTION	
BUNL	A3	306		Y			BUNL UNLISTED CODE - PROVIDE DETAIL OF SERVICE PERFORMED	
BPRR	A3	311		Y			BPRR PATHOLOGY REPORT REQUIRED FOR REVIEW OF CLAIM	
BSPR	A3	311		Y			BSPR SURGICAL & PATHOLOGY REPORTS REQ FOR REVIEW OF CLM	
BINV	A3	326		Y			BINV PLEASE SUBMIT THE INVOICE FOR THE IMPLANT	
BNII	A3	326		Y			BNII PLEASE SUBMIT THE INVOICE FOR THE IMPLANT	
VHI7	A3	332		Y			VHI7 DISCIPLINE TYPE CODE IS INVALID	
V89O	A3	333		Y	Y		V89O OTHER SUBSCRIBER RELEASE INFORMATION IS INVALID	
P230	A3	334		Y			P230 HOME OXYGEN THERAPY CERTIFICATION CODE IS INVALID -SERVICE	
P227	A3	335		Y			P227 DME CERTIFICATION TYPE CODE IS INVALID - SERVICE	
P228	A3	335		Y			P228 DME MEASUREMENT CODE IS INVALID - SERVICE	
VOC8	A3	335		Y			VOC8 DMERC COND IND REQ ON DME CERT FOR HOME	
P256	A3	337		Y			P256 CRC SEGMENT NOT APPLICABLE FOR CLAIM	
VN17	A3	358		Y			VN17 OTHER SUBSCRIBER ASSIGNMENT INDICATOR MUST BE Y, N, O	
V559	A3	358			Y		V559 ASSIGNMENT CODE IS INVALID	
A973	A3	366		Y			A973 AUTO ACCIDENT INDICATOR IS INVALID	
A776	A3	390		Y			A776 RELATED DATE IS MISSING OR ILLOGICAL	
A713	A3	397		Y			A713 ILLNESS/INJURY DATE IS MISSING OR INVALID	
A179	A3	400		Y			A179 SUM OF PRIMARY PAYER SERVICE PAID AMTS DO NOT = CLAIM PAID	
A532	A3	400		Y			A532 CHARGE IS MISSING OR INVALID-CLAIM	
F078	A3	400			Y		F078 LEAVE OF ABSENCE TOTAL CHARGES NOT EQUAL TO NON COV CHG	
F168	A3	400			Y		F168 CLAIM PAID AMOUNT NOT EQUAL TO SUM OF SERVICE PAID AMOUNTS	

Front End Edit Codes and Descriptions

Edit Code	Status_Code_1	Status_Code_2	Status_Code_3	Professional	Institutional	Dental	Edit Description	STC12
P071	A3	400		Y			P071 CLAIM CHARGE NOT EQUAL TO SUM OF SERVICE CHARGES	
VQAC	A3	400		Y	Y		VQAC ALLOWED AMOUNT NOT EQUAL TO OTHER PAID AMOUNTS	
VQAD	A3	400		Y	Y		VQAD TOTAL CHARGE AMOUNT AND OTHER AMOUNTS MUST EQUAL ZERO	
VQAN	A3	400		Y			VQAN PAID AMOUNT AT THE CLAIM LEVEL IS NOT EQUAL TO THE TOTAL	
VQAP	A3	400		Y			VQAP TOTAL COINSURANCE AMOUNT OUT OF BALANCE	
V358	A3	400		Y			V358 LINE CHARGES DO NOT EQUAL THE TOTAL CHARGES	
P069	A3	400	P4	Y			P069 SUM OF SVC PRIOR PAYER PAID AMT NOT EQUAL TO CLAIM PAID AMT	
D011	A3	401				Y	D011 FEP ADJ CLM WITH SOP OTHER THAN FI	
D012	A3	401				Y	D012 SUBSCRIBER SOURCE OF PAY INVALID 'BL' OR 'FI' ONLY	
F012	A3	401			Y		F012 SOURCE OF PAYMENT IS INVALID FOR SUBSCRIBER	
F057	A3	401			Y		F057 OTHER SUBSCRIBER CLAIM SOURCE OF PAYMENT IS MISSING/INVALID	
F108	A3	401			Y		F108 PAYER RESPONSIBILITY IS INVALID	
P012	A3	401		Y			P012 SOURCE OF PAYMENT CODE IS INVALID	
P233	A3	401		Y			P233 OTHER SUBSCRIBER SOURCE OF PAYMENT IS INVALID	
VB97	A3	401			Y		VB97 ADMISSION SOURCE CODE IS INVALID	
VQAW	A3	401		Y			VQAW INCORRECT SOURCE OF PAYMENT CODE FOR CARRIER	
V89F	A3	401		Y			V89F OTHER SUBSCRIBER CLAIM FILING CODE IS INVALID	
BBN1	A3	411		Y			BBN1 SERVICE NOT MEDICALLY NECESSARY	
BEB	A3	446		Y			BEB ENTIRE BILL REQUIRED FOR RECONSIDERATION	
BEBR	A3	446		Y			BEBR ENTIRE BILL REQUIRED FOR RECONSIDERATION	
A155	A3	448		Y			A155 CLAIM TYPE CANNOT BE DETERMINED	CLAIM TYPE CANNOT BE DETERMINED
A162	A3	448		Y			A162 OTHER CARRIER PAID AMT = TO PROVIDER'S CHARGE-SERVICE	OTHER CARRIER PAID AMOUNT IS EQUAL TO PROVIDER'S CHARGE
A167	A3	448		Y			A167 COB CLAIM & EMPLOYMENT OR AUTO RELATED IND IS PRESENT	COB CLAIM AND EMPLOYMENT OR AUTO RELATED INDICATOR IS PRESENT
A416	A3	448		Y			A416 DATE OF SERVICE IS PRIOR TO THE ADMISSION DATE	DATE OF SERVICE IS PRIOR TO THE ADMISSION DATE
A438	A3	448		Y			A438 LAST DATE OF SERVICE IS GREATER THAN THE DISCHARGE DATE	LAST DATE OF SERVICE IS GREATER THAN THE DISCHARGE DATE
A488	A3	448		Y			A488 INJURY DATE MISSING OR INVALID & DIAGNOSIS INDICATES TRAUMA	INJURY DATE MISSING OR INVALID AND DIAGNOSIS INDICATES TRAUMA
A564	A3	448		Y			A564 STATUS INQUIRY CLAIM TYPE IS MISSING OR INVALID	STATUS INQUIRY CLAIM TYPE IS MISSING OR INVALID.
A779	A3	448		Y			A779 SVC TO DATE MISS/INV; OR HIT PER DIEM SVC UNITS >1 & NO DATE	SVC TO DATE MISS/INV; OR HIT PER DIEM SVC UNITS > 1, & NO DATE.
A933	A3	448		Y			A933 STATUS INQUIRY CLAIM ORIGINAL FORM IND MISSING/INVALID	STATUS INQUIRY CLAIM ORIGINAL FORM IND MISSING/INVALID

Front End Edit Codes and Descriptions

Edit Code	Status_Code_1	Status_Code_2	Status_Code_3	Professional	Institutional	Dental	Edit Description	STC12
BICC	A3	448		Y			BICC INCORRECT CODE COMBINATION BILLED - PLS RESUBMIT	
D997	A3	448				Y	D997 CONTAINS INVALID SPECIAL CHARACTERS	CONTAINS INVALID SPECIAL CHARACTERS
D998	A3	448				Y	D998 MISSING CLAIM LOOP	CLAIM IS MISSING 2300 LOOP
D999	A3	448				Y	D999 MISSING SERVICE LOOP	CLAIM IS MISSING 2400 LOOP
F049	A3	448			Y		F049 REVENUE CODE 0912 REQUIRES INPATIENT BILL TYPE	REVENUE CODE 0912 REQUIRES INPATIENT BILL TYPE
F101	A3	448			Y		F101 ADM DATE CANNOT BE GREATER THAN STATEMENT FROM DATE	ADMIT FROM DATE & STATEMENT FROM DATE CONFLICT
F107	A3	448			Y		F107 COVERED/NON-COVERED VS ACCOMMODATION DAYS CONFLICT	CONFLICT WITH COVERED/NON-COVERED DAYS VS ACCOMODATION DAYS
F109	A3	448			Y		F109 SUB/OTHER PAYER RESPONSE CODE CANNOT BE SAME	2000B SDR01=P/S & 2320 SBR01=P/S:ONLY 1 PRIM/SEC ALLOWED
F175	A3	448			Y		F175 CAS DATA MUST BE PRESENT WHEN INS CLM DENIED	
F189	A3	448			Y		F189 ACCOMMODATION RATES REQ COV/NON COV DAYS	
F229	A3	448		Y			F229 CLM FREQ TYPE NEEDS TO BE 1,2,3,4 ON MEDICARE CROSSOVER CLM	
F273	A3	448			Y		F273 SVC LINE NBR DOES NOT START WITH 1 OR NOT INCREMENTED BY 1	
F997	A3	448			Y		F997 INVALID SPECIAL CHARACTERS REPORTED	CONTAINS INVALID SPECIAL CHARACTERS
F998	A3	448			Y		F998 MISSING CLAIM LOOP	CLAIM IS MISSING 2300 LOOP
F999	A3	448			Y		F999 MISSING SERVICE LOOP	CLAIM IS MISSING 2400 LOOP
P051	A3	448		Y			P051 CLAIM FREQUENCY TYPE CODE IS INVALID	
P057	A3	448		Y			P057 EMPLOYMENT OR AUTO ACCIDENT INDICATOR INVALID	CLAIM EMPLOYMENT OR AUTO INVALID
P067	A3	448		Y			P067 PRIMARY PAYER PAID EQUALS SUBMITTED CHARGE	OTHER CARRIER PAID AMOUNT AND ADJ INVALID
P135	A3	448		Y			P135 ADMISSION DATE MUST BE LESS THAN SERVICE DATE	ADMISSION DATE MUST BE LESS THAN SERVICE DATE
P257	A3	448		Y			P257 CAS SEGMENT MUST BE PRESENT ON CLAIM	
P410	A3	448		Y			P410 CLM FREQ TYPE NEEDS TO BE 1.2.3.4 ON MEDICARE CROSSOVER CLM	
P440	A3	448		Y			P440 MEDICARE PRIMARY CLAIM CONTAINS OTHER PAYER PAID AMOUNTS	MEDICARE PRIMARY CLAIM CONTAINS OTHER PAYER PAID AMOUNTS
P997	A3	448		Y			P997 INVALID SPECIAL CHARACTERS REPORTED	CONTAINS INVALID SPECIAL CHARACTERS
P998	A3	448		Y			P998 NO CLAIM INFORMATION REPORTED	CLAIM IS MISSING 2300 LOOP
P999	A3	448		Y			P999 NO SERVICE LINE INFORMATION REPORTED	CLAIM IS MISSING 2400 LOOP
VAL5	A3	448			Y		VAL5 PATIENT PAID AMOUNT EXCEEDS TOTAL CHARGES	
VL22	A3	448		Y			VL22 PRICING INDICATOR IS INVALID-MUST BE "P" OR "D"	
VRX5	A3	448			Y		VRX5 REVENUE CODE "1410" IS INVALID FOR BILL TYPE OF "121"	
V57B	A3	448		Y			V57B INVALID OTHER INSURANCE AMOUNT	
V632	A3	448			Y		V632 RELATIONSHIP CODE NOT CONSISTENT WITH AGE RANGE	

Front End Edit Codes and Descriptions

Edit Code	Status_Code_1	Status_Code_2	Status_Code_3	Professional	Institutional	Dental	Edit Description	STC12
P136	A3	448	P4	Y			P136 APPROVED AMOUNT IS LESS THAN PRIOR INSUR CARRIER PAID AMT	APPROVED AMOUNT IS LESS THAN PRIOR INSURANCE CARRIER PAID AMOUNT
A368	A3	453		Y			A368 MODIFIER MISSING OR INVALID FOR OPTICAL SERVICE	
A377	A3	453		Y			A377 MODIFIER MISSING OR INELIGIBLE FOR P&O SERVICE	
A425	A3	453		Y			A425 REQUIRED MODIFIER IS MISSING	
A511	A3	453		Y			A511 TWO REQUIRED MODIFIERS NOT PRESENT FOR AMBULANCE SERVICE	
BANM	A3	453		Y			BANM RE-BILL WITH APPROPRIATE ANESTHESIA MODIFIER	
BIMD	A3	453		Y			BIMD INVALID MODIFIER RESUBMIT W/ VALID MODIFIER	
BTSA	A3	453		Y			BTSA BILLING FOR TSA? IF SO, REBILL W/APPROP TSA MODIFR	
F155	A3	453			Y		F155 - INVALID PROCEDURE MODIFIER 1 - MUST BE 2 CHARS	
F156	A3	453			Y		F156 - INVALID PROCEDURE MODIFIER 2 - MUST BE 2 CHARS	
F157	A3	453			Y		F157 - INVALID PROCEDURE MODIFIER 3 - MUST BE 2 CHARS	
F158	A3	453			Y		F158 - INVALID PROCEDURE MODIFIER 4 - MUST BE 2 CHARS	
F160	A3	453			Y		F160 MODIFIER SEQUENCE MUST BE IN ORDER	
F183	A3	453			Y		F183 DUPLICATE MODIFIERS FOUND IN THE SERVICE LINE	
MF10	A3	453			Y		MF10 INVALID MODIFIER SERVICE	
MF14	A3	453			Y		MF14 INVALID MODIFIER SERVICE	
MP04	A3	453		Y			MP04 INVALID MODIFIER SERVICE	
MP08	A3	453		Y			MP08 INVALID MODIFIER SERVICE	
P140	A3	453		Y			P140 MODIFIER SEQUENCE MUST BE IN ORDER	
P251	A3	453		Y			P251 DUPLICATE MODIFIERS FOUND IN THE SERVICE LINE	
P254	A3	453		Y			P254 MODIFIER 26 IS REQ FOR PROCEDURE CODE	
VEAV	A3	453		Y			VEAV TYPE OF SERVICE INCOMPATIBLE FOR MEDICAL DIAGNOSIS	
VEB7	A3	453		Y	Y		VEB7 CATASTROPHIC PROCEDURE CODE MODIFER IS INVALID	
VE81	A3	453			Y		VE81 INVALID MODIFIER FOR HCPCS/CPT-4	
VE83	A3	453		Y			VE83 INCORRECT MODIFIER/PLEASE RESUBMIT	
VE86	A3	453		Y			VE86 HCPCS/CPT4 AND MODIFER COMBINATION IS INVALID	
V592	A3	453		Y			V592 PATIENT AGE IS NOT VALID FOR HCPCS CODE	
A012	A3	454		Y			A012 PROCEDURE CODE IS MISSING OR INVALID	
A013	A3	454		Y			A013 PROCEDURE CODE IS INVALID	
A027	A3	454		Y			A027 PROCEDURE CODE IS INVALID	
A060	A3	454		Y			A060 PROCEDURE CODE IS MISSING OR INVALID	
A150	A3	454		Y			A150 PROCEDURE CODE IS INVALID	
A529	A3	454		Y			A529 INVALID NDC CODE	

Front End Edit Codes and Descriptions

Edit Code	Status_Code_1	Status_Code_2	Status_Code_3	Professional	Institutional	Dental	Edit Description	STC12
BAEM	A3	454		Y			BAEM APPROP E&M SHOULD BE BILLED IN PLACE OF THIS CODE	
BANS	A3	454		Y			BANS CANNOT BILL ANESTHESIA-REBILL W/ANES/CRNA PROVIDER NAME	
BBAS	A3	454		Y			BBAS BILL APPS CODE/BILL J9999 W/NDC INFO BOX19/24K	
BBCP	A3	454		Y			BBCP RESUBMIT CLAIM WITH CPT FOR EACH REVENUE CODE	
BBPC	A3	454		Y			BBPC RE-BILL APPROPRIATE EVALUATION & MANAGEMENT CODE	
BBPD	A3	454		Y			BBPD PLS BILL FOR A PER DIEM W/99199-BILL DRUG AS J9999	
BBPM	A3	454		Y			BBPM RE-BILL USING PROPER PAIN MANAGEMENT CODE	
BCLB	A3	454		Y			BCLB REBILL CATH CARE LINE BY LINE USING APPROP HCPCS	
BCPT	A3	454		Y			BCPT RESUBMIT WITH CPT CODE	
BE&M	A3	454		Y			BE&M E&M CODE SHLD BE BILLED IN ADDITION TO PROL VISIT	
BEMC	A3	454		Y			BEMC REBILL WITH E&M CODE IN PLACE OF S CODE	
BEXP	A3	454		Y			BEXP EXPIRED PROCEDURE CODE - RESUBMIT W/ CURRENT CODE	
BHHA	A3	454		Y			BHHA PLEASE BILL S9122 FOR HOME HEALTH AIDE VISIT(S)	
BHHI	A3	454		Y			BHHI REBILL WITH APPROPRIATE S CODES FOR HOME HLTH AIDE VISIT	
BHHS	A3	454		Y			BHHS RESUBMIT W/ APPROPRIATE S CODE FOR SERVICE PROVIDED	
BHOT	A3	454		Y			BHOT PLEASE BILL S9129 FOR OCCUP THERAPY VISIT(S)	
BHPT	A3	454		Y			BHPT PLEASE BILL S9131 FOR PHYSICAL THERAPY VISIT(S)	
BHST	A3	454		Y			BHST PLEASE BILL S9128 FOR SPEECH THERAPY VISIT(S)	
BHSW	A3	454		Y			BHSW PLEASE BILL S9127 FOR SOCIAL WORK VISIT	
BISC	A3	454		Y			BISC PLEASE RESUBMIT THE CLAIM WITH THE CORRECT SRVC CODE	
BLBL	A3	454		Y			BLBL BILL ENT. THERAPY LINE BY LINE USING HCPCS; NDC REQ	
BNPC	A3	454		Y			BNPC HCP IS FEE SCHED FOR THIS SERVICE, BILL CPT CODES	
BPCC	A3	454		Y			BPCC VERIFY IF PROCEDURE CODE WAS SUBMITTED CORRECTLY	
BPNP	A3	454		Y			BPNP PPOM DOES NOT PRE-PROCESS THIS CODE/PROCEDURE	
BPS1	A3	454		Y			BPS1 REBILL W/ PROC CODE APPROP FOR BILLED PLACE OF SERV	
BRCR	A3	454		Y			BRCR RESUBMIT PROCEDURE CODE FOR RENTAL	
BRNV	A3	454		Y			BRNV PLS BILL S9123 FOR RN VISITS; S9124 FOR LPN VISITS	
F079	A3	454			Y		F079 REV CODES 0450 TO 0459/0516/0526 MUST HAVE REASON FOR VISIT	
F093	A3	454			Y		F093 ICD9 PROC CODES INVALID FOR MED A OUTPATIENT CLAIMS	

Front End Edit Codes and Descriptions

Edit Code	Status_Code_1	Status_Code_2	Status_Code_3	Professional	Institutional	Dental	Edit Description	STC12
F102	A3	454			Y		F102 PRINCIPAL PROCEDURE DATE IS INVALID	
F195	A3	454			Y		F195 PROC QUALIFIER CANNOT BE EQUAL TO IV	
F196	A3	454			Y		F196 ICD9 BR MUST BE USED INSTEAD OF PRINCIPLE PROCEDURE	
MD01	A3	454				Y	MD01 INVALID PROCEDURE CODE SERVICE	
MD02	A3	454				Y	MD02 INVALID PROCEDURE CODE OTHER PAYER - SERVICE	
MF01	A3	454			Y		MF01 INVALID HCPCS CODE-CLAIM (HOME HEALTH/REPRICING)	
MF02	A3	454			Y		MF02 INVALID ICD9 PROCEDURE CODE CLAIM (HOME HEALTH)	
MF06	A3	454			Y		MF06 INVALID HCPCS PROCEDURE CODE CLAIM	
MF07	A3	454			Y		MF07 INVALID ICD9 PROCEDURE CODE CLAIM	
MF09	A3	454			Y		MF09 INVALID HCPCS PROCEDURE CODE SERVICE	
MF12	A3	454			Y		MF12 INVALID HCPCS PROCEDURE CODE SERVICE (REPRICING)	
MF13	A3	454			Y		MF13 INVALID HCPCS PROCEDURE CODE OTHER PAYER SERVICE	
MP03	A3	454		Y			MP03 INVALID HCPCS PROCEDURE CODE SERVICE	
MP05	A3	454		Y			MP05 INVALID HCPCS PROCEDURE CODE SERVICE	
MP06	A3	454		Y			MP06 INVALID HCPCS PROCEDURE CODE SERVICE	
MP07	A3	454		Y			MP07 INVALID HCPCS PROCEDURE CODE OTHER PAYER SERVICE	
P083	A3	454		Y			P083 PROCEDURE CODE IS MISSING-SERVICE	
P087	A3	454		Y			P087 PROCEDURE CODE MISSING ON MED ADV CLAIM	
P099	A3	454		Y			P099 PROCEDURE CODE/NDC CODE MISSING/INVALID	
V526	A3	454		Y	Y		V526 HCPCS/CPT CODE IS INVALID	
V528	A3	454			Y		V528 SURGICAL PROCEDURE CODE IS INVALID	
BCRI	A3	455		Y			BCRI INVALID REVENUE CODE CPT COMBO, PLEASE RESUBMIT	
BIRC	A3	455		Y			BIRC INVALID REVENUE CODE. PLS RESUBMIT W/ VALID REV CODE	
BIRG	A3	455		Y			BIRG INVALID REV CODE FOR SUBMITTED DRG	
BMRC	A3	455		Y			BMRC XXXX- REVENUE CODE MISSING, PLEASE RESUBMIT	
BNRC	A3	455		Y			BNRC PLEASE SUBMIT CLAIM WITH THE REVENUE CODE	
BNVI	A3	455		Y			BNVI REVENUE CODE FOR OUTPATIENT SERVICES ONLY	
BNVO	A3	455		Y			BNVO REVENUE CODE FOR INPATIENT SERVICES ONLY	
BRCM	A3	455		Y			BRCM REVENUE CODE MISSING. PLS RESUBMIT W/ REVENUE CODE	
BREV	A3	455		Y			BREV INVALID REVENUE CODE	

Front End Edit Codes and Descriptions

Edit Code	Status_Code_1	Status_Code_2	Status_Code_3	Professional	Institutional	Dental	Edit Description	STC12
BRNA	A3	455		Y			BRNA REV CODE NOT ALLOWED ON HCFA - REBILL WITH CPT CODE	
F218	A3	455			Y		F218 REVENUE CODE REQUIRES HCPCS CODE	
F251	A3	455			Y		F251 IVT CLM NON-PAY REV CODE REQS PAYABLE REV CODE	
F256	A3	455			Y		F256 REV CD 421 MISSING OR INVALID ALLOWED ONLY W/REV CD 420	
F257	A3	455			Y		F257 REV CD 431 MISSING OR INVALID ALLOWED ONLY W/REV CD 430	
F258	A3	455			Y		F258 REV CD 441 MISSING OR INVALID ALLOWED ONLY W/REV CD 440	
MF03	A3	455			Y		MF03 INVALID REVENUE CODE CLAIM (REPRICING)	
MF08	A3	455			Y		MF08 INVALID REVENUE CODE SERVICE	
MF11	A3	455			Y		MF11 INVALID REVENUE CODE SERVICE (REPRICING)	
MF15	A3	455			Y		MF15 INVALID REVENUE CODE OTHER PAYER SERVICE	
VAAL	A3	455			Y		VAAL VALUE CODE OF '05' IS MISSING	
VAAM	A3	455			Y		VAAM PROFESSIONAL VALUE CODE "05" NOT EQUAL TO REVENUE CHARGES	
VBBX	A3	455			Y		VBBX HCPCS CODE IS REQUIRED FOR THIS REVENUE CODE	
VBC3	A3	455			Y		VBC3 REVENUE CODE AND BILL CLASS CODE ARE INCOSISTENT	
VBF8	A3	455			Y		VBF8 ADMISSION TYPE,DIAGNOSIS CODE,REVENUE CODE ARE INCONSISTENT	
VBG6	A3	455			Y		VBG6 REVENUE CODE IS NOT VALID FOR THIS PROVIDER	
VBPU	A3	455			Y		VBPU REVENUE CODE REQUIRES DATE OF SERVICE BETWEEN COVERAGE DATES	
VB20	A3	455			Y		VB20 REVENUE CODE IS INVALID	
VB21	A3	455			Y		VB21 UNITS ARE REQUIRED FOR THIS REVENUE CODE	
VB22	A3	455			Y		VB22 TOTAL CHARGES ARE REQUIRED FOR THIS REVENUE CODE	
VB23	A3	455			Y		VB23 NON-COVERED CHARGES ARE REQUIRED FOR THIS REVENUE CODE	
VB37	A3	455			Y		VB37 SURGERY PROCEDURE CODE REQUIRED WITH SURGERY REVENUE CODE	
VB46	A3	455			Y		VB46 REV CODE-DAYS ARE NOT EQUAL TO COVERED OR NON COVERED DAYS	
VPAD	A3	455			Y		VPAD HCPCS CODE IS REQUIRED WITH THIS REVENUE CODE	
VPAI	A3	455			Y		VPAI HCPCS CODE IS NOT REQUIRED WITH THIS REVENUE CODE	
VPAJ	A3	455			Y		VPAJ DUPLICATE REVENUE CODES & HCPCS CODES SUBMITTED ERRONEOUSLY	
F095	A3	456			Y		F095 COVERED DAYS MUST BE GREATER THAN ZERO	
F096	A3	456			Y		F096 COVER DAYS MUST BE EQUAL TO ZERO	

Front End Edit Codes and Descriptions

Edit Code	Status_Code_1	Status_Code_2	Status_Code_3	Professional	Institutional	Dental	Edit Description	STC12
F099	A3	456			Y		F099 COVERED DAYS MUST BE ZERO FOR OUTPATIENT DAYS	
F187	A3	456			Y		F187 NON-COV DAYS MUST BE GREATER THAN ZERO	
F188	A3	456			Y		F188 COV/NON COV DAYS ARE REQ ON INPATIENT CLMS	
VB09	A3	456			Y		VB09 COVERED DAYS ARE INVALID	
VB10	A3	456			Y		VB10 NON-COVERED DAYS ARE INVALID	
F058	A3	459			Y		F058 LIFETIME RESERVE DAYS INVALID	
F065	A3	460			Y		F065 CONDITION CODE IS INVALID	
F089	A3	460			Y		F089 MEDICAID CLAIM CONDITION CODE MISSING	
VB39	A3	460			Y		VB39 CONDITION CODES MUST BE ENTERED IN SEQUENCE	
VB84	A3	460			Y		VB84 1ST CONDITION CDE ---- NOT VALID	
VB85	A3	460			Y		VB85 2ND CONDITION CODE IS INVALID	
VWAQ	A3	460			Y		VWAQ CONDITION CODE IS INVALID OR MISSING	
F061	A3	461			Y		F061 OCCURRENCE CODE IS INVALID	
F062	A3	461			Y		F062 OCCURRENCE DATE IS INVALID	
VBFB	A3	461			Y		VBFB BILL CLASS AND OCCURENCE CODE COMBINATION ARE INCONSISTENT	
VB28	A3	461			Y		V828 SURGICAL OCCURRENCE CODES MUST BE ENTERED IN SEQUENCE	
VQBJ	A3	461			Y		VQBJ IF COB ALLOWED AMT IS ZERO, OCCURENCE CODE MUST BE ENTERED	
VQBK	A3	461			Y		VQBK NONCOVERED SERVICE REQUIRES OCCURRENCE CODE A3 OR 25	
VQBN	A3	461			Y		VQBN OCCURENCE CODE IS INVALID. VALID OCCURENCE CODE IS B3	
VQBO	A3	461			Y		VQBO NONCOVERED SERVICE REQUIRES OCCURENCE CODE A3 OR 25	
VQBP	A3	461			Y		VQBP NONCOVERED SERVICE REQUIRES OCCURRENCE CODE B3	
VQBQ	A3	461			Y		VQBQ IF COB ALLOWED AMT IS ZERO, OCCURENCE CODE MUST BE ENTERED	
F063	A3	462			Y		F063 OCCURRENCE SPAN CODE IS INVALID	
F064	A3	462			Y		F064 OCCURRENCE SPAN DATE IS INVALID	
VB13	A3	462			Y		VB13 SPAN CODE IS INVALID	
VB14	A3	462			Y		VB14 SPAN OCCURRENCE FROM DATE IS INVALID	
VB15	A3	462			Y		VB15 SPAN OCCURRENCE THRU DATE IS INVALID	
F066	A3	463			Y		F066 VALUE CODE IS INVALID	
F067	A3	463			Y		F067 VALUE AMOUNT IS INVALID	
F068	A3	463			Y		F068 VALUE CODE A3/B3 AMT GREATER THAN TOTAL CLAIM CHARGE	
F070	A3	463			Y		F070 VALUE CODE 01 IS REQUIRED	
VABZ	A3	463			Y		VABZ VALUE CODE 'A0' VALUE MUST BE ZIP CODE	
VA43	A3	463			Y		VA43 PROFESSIONAL REVENUE CODE IS REQUIRED	
A636	A3	464		Y			A636 STATUS INQUIRY CLM AND ORIGINAL DOCUMENT NUMBER IS MISSING	

Front End Edit Codes and Descriptions

Edit Code	Status_Code_1	Status_Code_2	Status_Code_3	Professional	Institutional	Dental	Edit Description	STC12
D010	A3	464				Y	D010 FOR ADJ CLMS ORIGINAL DOC NUMBER MUST BE PRESENT	
F086	A3	464			Y		F086 CLAIM FREQUENCY TYPE REQUIRES ORIGINAL REFERENCE NUMBER	
F092	A3	464			Y		F092 BCN ORIGINAL REF NUMBER IS MISSING/INV FOR CLAIM FREQUENCY	
F165	A3	464			Y		F165 IF FREQ CODE IS 1,2,3,4,5 PLEASE DO NOT INCLUDE ORIG REF NUM	
P059	A3	464		Y			P059 CLAIM FREQUENCY TYPE REQUIRES ORIGINAL REFERENCE NUMBER	
P093	A3	464		Y			P093 ORIGINAL CLAIM REFERENCE NUMBER MISSING ON REPLACEMENT CLAIM	
P248	A3	464		Y			P248 BCN ORIGINAL REF NUMBER IS MISSING/INV FOR CLAIM FREQUENCY	
P249	A3	464		Y			P249 IF FREQ CODE IS 1,2,3,4,5 PLEASE DO NOT INCLUDE ORIG REF NUM	
VB27	A3	464			Y		VB27 MEDICAL RECORD NUMBER IS MISSING FOR THIS FACILITY	
P060	A3	464	P4	Y			P060 PRIMARY PAYER CONTROL NUMBER MISSING ON CROSSOVER CLAIM	
BAPC	A3	465		Y			BAPC BILL APPROP PROC CODE - LISTED ON PPOM FEE SCHEDULE	
BPPC	A3	465		Y			BPPC BILL PRIMARY PROC CODE PRIOR TO BILLING ADD-ON CODE	
F088	A3	465			Y		F088 PRINCIPAL PROCEDURE CODE IS REQUIRED	
P258	A3	468		Y			P258 OI04 REQUIRED IN 2320 LOOP IF OI06 DOES NOT =6	
V49F	A3	468		Y			V49F PATIENTS SIGNATURE CODE IS INVALID. MUST EQUAL B,C,M,P OR S	
BRCP	A3	469		Y			BRCP RESUBMIT PROCEDURE CODE FOR PURCHASE	
A290	A3	474		Y			A290 PROCEDURE LIMITED TO MALE SUBSCRIBER	
A291	A3	474		Y			A291 PROCEDURE LIMITED TO FEMALE SUBSCRIBER	
BPSI	A3	474		Y			BPSI PATIENT SEX INVALID FOR SRVC. REBILL W/ CORRECT SVC	
BPTS	A3	474		Y			BPTS REBILL W/ MORE APPROPRIATE CODE FOR PATIENT'S SEX	
BPTA	A3	475		Y			BPTA REBILL W/ MORE APPROPRIATE CODE FOR PATIENT'S AGE	
A148	A3	476		Y			A148 UNITS OF SERVICE INVALID OR ILLOGICAL FOR SERVICE REPORTED	
A363	A3	476		Y			A363 UNITS OF SERVICE (QUANTITY) MISSING FOR FACILITY SERVICE	
A432	A3	476		Y			A432 UNITS OF SERVICE (QUANTITY) MISSING FOR DME SERVICE	
A533	A3	476		Y			A533 UNITS OF SERVICE (QUANTITY) IS NOT NUMERIC	
BUNT	A3	476		Y			BUNT UNITS INVALID OR MISSING. RESUBMIT W/ CORRECT UNITS	
BVUN	A3	476		Y			BVUN VERIFY THE UNITS SUBMITTED FOR THIS PROCEDURE CODE	

Front End Edit Codes and Descriptions

Edit Code	Status_Code_1	Status_Code_2	Status_Code_3	Professional	Institutional	Dental	Edit Description	STC12
P066	A3	476		Y			P066 QUANTITY INVALID FOR PROCEDURE CODE REPORTED	
P229	A3	476		Y			P229 DME DURATION OF NEED IS INVALID - SERVICE	
P231	A3	476		Y			P231 HOME OXYGEN THERAPY DURATION OF NEED IS INVALID - SERVICE	
P238	A3	476		Y			P238 QUANTITY EXCEEDED MAXIMUM VALUE FOR HIT SERVICE	
VA32	A3	476			Y		VA32 COVERED DAYS ARE INCONSISTENT WITH THE TOTAL CLAIM CHARGES	
VE30	A3	476		Y			VE30 INVALID UNITS FOR DAYS BETWEEN FROM & TO DATE OF SERVICE	
VOQ1	A3	476			Y		VOQ1 QUANTITY REQUIRED FOR COVERED DAYS	
V42V	A3	476		Y			V42V UNIT IS INVALID MUST BE NUMERIC	
P212	A3	479	P4	Y			P212 OTHER INS PAYER ID AT SVC LEVEL DOES NOT EQUAL CLM PAYER ID	
P061	A3	480	P4	Y			P061 MEDICARE 4081 IND MISSING OR INVALID ON CROSSOVER CLAIM	
BAMS	A3	481		Y			BAMS RESUBMIT WITH AMB SURG SERVICES ON SEPARATE CLAIM	
BNHC	A3	481		Y			BNHC FOLLOWING SERVICES MUST BE BILLED ON A HCFA 1500	
D005	A3	481				Y	D005 TERTIARY CLAIMS NOT ACCEPTED	
D009	A3	481				Y	D009 ADJUSTMENT CLAIMS FOR FEP NOT ACCEPTED	
F026	A3	481			Y		F026 TERTIARY CLAIMS NOT ACCEPTED FOR BCN	
P011	A3	481		Y			P011 TERTIARY CROSSOVER CLAIMS ARE NOT ACCEPTED.	
P234	A3	481		Y			P234 TERTIARY CLM NOT ACCEPTED ELECTRONICALLY FOR BLUE SHIELD/BCN	
P239	A3	481		Y			P239 ADJ CLAIMS FOR FEP CROSSOVERS NOT ACCEPTED	
VED3	A3	481		Y			VED3 CANNOT PROCESS WITH DIFFERENT YEARS ON SAME CLAIM	
VQBC	A3	481			Y		VQBC DO NOT INCLUDE TERTIARY AMOUNTS ON PRIMARY CLAIMS	
VQBH	A3	481		Y			VQBH RESUBMISSION CODE IS INVALID	
VQBI	A3	481		Y			VQBI RESUBMISSION CODE IS INVALID	
M001	A3	484					M001 INTERNAL PROGRAM ERROR - NOT A PROVIDER DATA ISSUE	
M005	A3	484					M005 INTERNAL PROGRAM ERROR - NOT A PROVIDER DATA ISSUE	
M006	A3	484					M006 INTERNAL PROGRAM ERROR - NOT A PROVIDER DATA ISSUE	
BBE1	A3	488		Y			BBE1 SERVICE OR DIAGNOSIS EXCLUDED BY PLAN	
BDXM	A3	488		Y			BDXM RESUBMIT WITH DIAGNOSIS CODE	
BIDX	A3	488		Y			BIDX INVALID DX CODE RESUBMIT W/ VALID DX CODE	
D008	A3	489				Y	D008 DENTAL ELECTRONIC COB CLMS ARE AN EXCLUSION	

Front End Edit Codes and Descriptions

Edit Code	Status_Code_1	Status_Code_2	Status_Code_3	Professional	Institutional	Dental	Edit Description	STC12
BINS	A3	562		Y			BINS INVALID NPI PLEASE RESUBMIT WITH CORRECT NPI	
BMNP	A3	562		Y			BMNP MISSING NPI PLEASE RESUBMIT WITH CORRECT NPI	
D509	A3	562				Y	D509 NPI NUMBER MUST BE 10 CHAR AND 10 ONLY	
D510	A3	562				Y	D510 NPI NUMBER IS MISSING	
D511	A3	562				Y	D511 NPI NUMBER IS NOT NUMERIC	
D512	A3	562				Y	D512 NPI NUMBER CANNOT BE ZEROS	
D513	A3	562				Y	D513 NPI CHECK DIGIT IS INVALID	
D514	A3	562				Y	D514 NPI IS REQUIRED	
D535	A3	562				Y	D535 ATYPICAL PROV SHOULD NOT USE NPI AT BILLING LOOP	
D536	A3	562				Y	D536 NPIS ONLY LEGACY ID NOT ALLOWED	
F512	A3	562			Y		F512 NPI NUMBER MUST BE 10 CHAR AND 10 ONLY	
F513	A3	562			Y		F513 NPI NUMBER IS MISSING	
F514	A3	562			Y		F514 NPI NUMBER IS NOT NUMERIC	
F515	A3	562			Y		F515 NPI NUMBER CANNOT BE ZEROS	
F516	A3	562			Y		F516 NPI CHECK DIGIT IS INVALID	
F535	A3	562			Y		F535 REPORT NPI ONLY/OTHER ID'S NOT ALLOWED	
F536	A3	562			Y		F536 PROVIDER PIN NOT ALLOWED REPORT NPI	
P514	A3	562		Y			P514 NPI NUMBER MUST BE 10 CHAR AND ONLY 10	
P515	A3	562		Y			P515 NPI NUMBER IS MISSING	
P516	A3	562		Y			P516 NPI NUMBER IS NOT NUMERIC	
P517	A3	562		Y			P517 NPI NUMBER CANNOT BE ZEROS	
P518	A3	562		Y			P518 NPI CHECK DIGIT IS INVALID	
P535	A3	562		Y			P535 ATYPICAL PROV SHOULD NOT USE NPI AT BILLING LOOP	
P536	A3	562		Y			P536 NPIS ONLY LEGACY ID NOT ALLOWED	
P537	A3	562		Y			P537 2310A REFERRING NPI REQ FOR MED ADV CLAIMS	
P538	A3	562		Y			P538 2420F REFERRING NPI REQ FOR MED ADV CLAIMS	
VOJ7	A3	562		Y			VOJ7 XX REQUIRED IN SVC FACILITY-NM1 SEG;REF	
D531	A3	562	85			Y	D531 BILLING NPI NOT PRESENT ON CORPORATE CROSSWALK	
D532	A3	562	85			Y	D532 BILLING NPI CROSSWALK ERROR INVALID/MISSING TAXONOMY	
D533	A3	562	85			Y	D533 BILLING NPI CROSSWALK ERROR NOT FULLY REGISTERED	
F517	A3	562	85		Y		F517 NPI IS REQUIRED FOR PROVIDER	
F531	A3	562	85		Y		F531 BILLING NPI NOT PRESENT ON CORPORATE CROSSWALK	
F532	A3	562	85		Y		F532 BILLING NPI CROSSWALK ERROR INVALID/MISSING TAXONOMY	
F533	A3	562	85		Y		F533 BILLING NPI CROSSWALK ERROR NOT FULLY REGISTERED	
P519	A3	562	85	Y			P519 NPI IS REQUIRED FOR PROVIDER	
P526	A2	562	85	Y			P526 BILLING PROVIDER NPI MISSING	
P527	A2	562	85	Y			P527 BILLING NPI NOT PRESENT ON BCBSM CROSSWALK	

Front End Edit Codes and Descriptions

Edit Code	Status_Code_1	Status_Code_2	Status_Code_3	Professional	Institutional	Dental	Edit Description	STC12
P528	A2	562	85	Y			P528 BILLING PIN AND NPI DO NOT MATCH BCBSM CROSSWALK	
P529	A2	562	85	Y			P529 PROVIDER TAXONOMY MISSING	
P531	A3	562	85	Y			P531 BILLING NPI NOT PRESENT ON CORPORATE CROSSWALK	
P532	A3	562	85	Y			P532 PROVIDER TAXONOMY MISSING	
P533	A3	562	85	Y			P533 BILLING NPI CROSSWALK ERROR NOT FULLY REGISTERED	
P539	A2	562	85	Y			P539 EXACT MATCH CANNOT BE MADE USING NPI AND TAXONOMY REPORTED	
P540	A3	562	85	Y			P540 EXACT MATCH CANNOT BE MADE USING NPI AND TAXONOMY REPORTED	
P541	A2	562	85	Y			P541 NPI NOT VALID FOR REPORTED SERVICE DATE	
P542	A3	562	85	Y			P542 NPI NOT VALID FOR REPORTED SERVICE DATE	
P351	A3	659		Y			P351 MEASUREMENT VALUE MUST BE GREATER THAN ZERO	
F233	A3	688			Y		F233 INVALID POA INDICATOR OR INCONSISTENT WITH REPORTED DX CODE	