

Code	Description
0671	ADMHOUR SHOULD BE LESS THAN DSCHHOUR
0047	THE DATE OF SERVICE IS OUTSIDE THE VENDOR EFFECTIVE DATES
0020	PROVIDER ID NOT FOUND / EMPTY
0021	REQUESTED FACILITY PROVIDER NOT FOUND OR EMPTY
0022	INVALID P/H CODE IN TYPE 010 RECORD.
0030	MEMBER ID NOT FOUND / EMPTY
0031	HPCODE NOT FOUND OR EMPTY FOR THIS MEMBER
0041	DIAGNOSIS CODE NOT FOUND OR EMPTY
0310	PLACE OF SERVICE CODE NOT FOUND
0311	INVALID PAYER RESPONSIBILITY.
0312	INVALID FACILITY CODE.
0320	AUTHORIZED # OF UNITS CANNOT BE NEGATIVE - USING 0
0330	CASE # NOT FOUND
0340	CASE # ASSIGNED TO DIFFERENT MEMBER
0390	OUTCOME CODE NOT FOUND.
0400	AUTHORIZATION NUMBER NOT FOUND.
0599	ADMITTING PROVIDER DOES NOT EXIST
0600	INVALID BILL TYPE
0601	INVALID ATTENDING PROVIDER
0602	INVALID CLAIM ADMITTANCE TYPE
0603	INVALID ADMITTANCE SOURCE
0604	INVALID CONDITION CODE 1
0605	INVALID CONDITION CODE 2
0606	INVALID CONDITION CODE 3
0607	INVALID CONDITION CODE 4
0608	INVALID CONDITION CODE 5
0609	INVALID CONDITION CODE 6
0610	INVALID CONDITION CODE 7
0611	INVALID CONDITION CODE 8
0612	INVALID CONDITION CODE 9
0613	INVALID CONDITION CODE 10
0614	INVALID CONDITION CODE 11
0615	INVALID CONDITION CODE 12
0616	INVALID ADMISSION DATE
0617	ADMISSION AND DISCHARGE DATE CONFLICT
0618	INVALID ADMISSION HOUR
0620	INVALID DISCHARGE HOUR
0621	INVALID HOSPITAL DAYS – COVERED
0622	INVALID HOSPITAL DAYS – NON-COVERED

0623	INVALID HOSPITAL DAYS – CO-INSURANCE
0624	INVALID HOSPITAL DAYS – LIFETIME RESERVE
0625	INVALID CONSULTING PROVIDER 1
0626	INVALID CONSULTING PROVIDER 2
0627	INVALID BILL SUBMISSION DATE
0628	INVALID ADMITTING DIAGNOSIS
0629	INVALID E-CODE
0630	INVALID OR MISSING RELEASE OF INFO. IND. – PRIMARY
0631	INVALID RELEASE OF INFO. IND. – SECONDARY
0632	INVALID RELEASE OF INFO. IND. – TERTIARY
0633	INVALID OR MISSING ASSIGNMENT OF BENEFIT – PRIMARY
0634	INVALID ASSIGNMENT OF BENEFIT – SECONDARY
0635	INVALID ASSIGNMENT OF BENEFIT – TERTIARY
0636	INVALID PRIOR PAYMENT – PRIMARY
0637	INVALID PRIOR PAYMENT – SECONDARY
0638	INVALID PRIOR PAYMENT – TERTIARY
0639	INVALID PRIOR PAYMENT – DUE FROM PATIENT
0640	INVALID EST. AMOUNT DUE – PRIMARY
0641	INVALID EST. AMOUNT DUE – SECONDARY
0642	INVALID EST. AMOUNT DUE – TERTIARY
0643	INVALID EST. AMOUNT DUE – DUE FROM PATIENT
0644	DRG OUTLIER AMOUNT
0645	MEDICARE PAID AMOUNT
0646	MEDICARE 100% PAID AMOUNT
0647	MEDICARE 80% PAID AMOUNT
0648	MEDICARE A TRUST FUND PAID AMOUNT
0649	MEDICARE B TRUST FUND PAID AMOUNT
0650	COB TOTAL NON-COVERED AMOUNT
0651	COB TOTAL DENIED AMOUNT
0652	EOB INDICATOR ACCEPTS ONLY 0 OR 1
0800	INVALID OR MISSING STATEMENT FROM DATE.
0801	INVALID OR MISSING STATEMENT TO DATE.
0811	INVALID PATIENT’S RELATIONSHIP TO INSURED – PRIMARY.
0812	INVALID PATIENT’S RELATIONSHIP TO INSURED – SECONDARY.
0813	INVALID PATIENT’S RELATIONSHIP TO INSURED – TERTIARY.
0821	INVALID EMPLOYMENT STATUS – PRIMARY.
0822	INVALID EMPLOYMENT STATUS – SECONDARY.
0823	INVALID EMPLOYMENT STATUS – TERTIARY.
2000	INVALID SERVICE CODE
2100	INVALID MODIFIER CODE 1
2300	NOT A VALID BILLED DECIMAL
2400	QUANTITY IS NOT VALID

3100	INVALID DIAGNOSIS CODE POINTER 1
3900	INVALID ANESTHESIA START TIME
4000	INVALID FROM DATE
4100	INVALID TO DATE
4400	INVALID HOSPITAL SERVICE CODE
4600	INVALID MODIFIER CODE 2
4700	INVALID MODIFIER CODE 3
4800	INVALID MODIFIER CODE 4
4900	NOT A VALID EMERGENCY CODE
5001	INVALID OR MISSING PROCEDURE CODE 1.
5002	INVALID OR MISSING PROCEDURE CODE 2.
5003	INVALID OR MISSING PROCEDURE CODE 3.
5004	INVALID OR MISSING PROCEDURE CODE 4.
5005	INVALID OR MISSING PROCEDURE CODE 5.
5006	INVALID OR MISSING PROCEDURE CODE 6.
5007	INVALID OR MISSING PROCEDURE CODE 7.
5008	INVALID OR MISSING PROCEDURE CODE 8.
5009	INVALID OR MISSING PROCEDURE CODE 9.
5010	INVALID OR MISSING PROCEDURE CODE 10.
5011	INVALID OR MISSING PROCEDURE CODE 11.
5012	INVALID OR MISSING PROCEDURE CODE 12.
5013	INVALID OR MISSING PROCEDURE CODE 13.
5101	INVALID OR MISSING PROCEDURE DATE 1.
5102	INVALID OR MISSING PROCEDURE DATE 2.
5103	INVALID OR MISSING PROCEDURE DATE 3.
5104	INVALID OR MISSING PROCEDURE DATE 4.
5105	INVALID OR MISSING PROCEDURE DATE 5.
5106	INVALID OR MISSING PROCEDURE DATE 6.
5107	INVALID OR MISSING PROCEDURE DATE 7.
5108	INVALID OR MISSING PROCEDURE DATE 8.
5109	INVALID OR MISSING PROCEDURE DATE 9.
5110	INVALID OR MISSING PROCEDURE DATE 10.
5111	INVALID OR MISSING PROCEDURE DATE 11.
5112	INVALID OR MISSING PROCEDURE DATE 12.
5113	INVALID OR MISSING PROCEDURE DATE 13.
5201	INVALID OR MISSING OCCURRENCE CODE 1.
5202	INVALID OR MISSING OCCURRENCE CODE 2.
5203	INVALID OR MISSING OCCURRENCE CODE 3.
5204	INVALID OR MISSING OCCURRENCE CODE 4.
5205	INVALID OR MISSING OCCURRENCE CODE 5.
5206	INVALID OR MISSING OCCURRENCE CODE 6.
5207	INVALID OR MISSING OCCURRENCE CODE 7.

5208	INVALID OR MISSING OCCURRENCE CODE 8.
5209	INVALID OR MISSING OCCURRENCE CODE 9.
5210	INVALID OR MISSING OCCURRENCE CODE 10.
5211	INVALID OR MISSING OCCURRENCE CODE 11.
5212	INVALID OR MISSING OCCURRENCE CODE 12.
5301	INVALID OR MISSING OCCURRENCE DATE 1.
5302	INVALID OR MISSING OCCURRENCE DATE 2.
5303	INVALID OR MISSING OCCURRENCE DATE 3.
5304	INVALID OR MISSING OCCURRENCE DATE 4.
5305	INVALID OR MISSING OCCURRENCE DATE 5.
5306	INVALID OR MISSING OCCURRENCE DATE 6.
5307	INVALID OR MISSING OCCURRENCE DATE 7.
5308	INVALID OR MISSING OCCURRENCE DATE 8.
5309	INVALID OR MISSING OCCURRENCE DATE 9.
5311	INVALID OR MISSING OCCURRENCE DATE 11.
5312	INVALID OR MISSING OCCURRENCE DATE 12.
5401	INVALID OR MISSING OCCURRENCE SPAN CODE 1.
5402	INVALID OR MISSING OCCURRENCE SPAN CODE 2.
5403	INVALID OR MISSING OCCURRENCE SPAN CODE 3.
5404	INVALID OR MISSING OCCURRENCE SPAN CODE 4.
5405	INVALID OR MISSING OCCURRENCE SPAN CODE 5.
5406	INVALID OR MISSING OCCURRENCE SPAN CODE 6.
5407	INVALID OR MISSING OCCURRENCE SPAN CODE 7.
5408	INVALID OR MISSING OCCURRENCE SPAN CODE 8.
5409	INVALID OR MISSING OCCURRENCE SPAN CODE 9.
5410	INVALID OR MISSING OCCURRENCE SPAN CODE 10.
5411	INVALID OR MISSING OCCURRENCE SPAN CODE 11.
5412	INVALID OR MISSING OCCURRENCE SPAN CODE 12.
5501	INVALID OR MISSING OCCURRENCE SPAN DATE FROM 1.
5502	INVALID OR MISSING OCCURRENCE SPAN DATE FROM 2.
5503	INVALID OR MISSING OCCURRENCE SPAN DATE FROM 3.
5504	INVALID OR MISSING OCCURRENCE SPAN DATE FROM 4.
5505	INVALID OR MISSING OCCURRENCE SPAN DATE FROM 5.
5506	INVALID OR MISSING OCCURRENCE SPAN DATE FROM 6.
5507	INVALID OR MISSING OCCURRENCE SPAN DATE FROM 7.
5508	INVALID OR MISSING OCCURRENCE SPAN DATE FROM 8.
5509	INVALID OR MISSING OCCURRENCE SPAN DATE FROM 9.
5510	INVALID OR MISSING OCCURRENCE SPAN DATE FROM 10.
5511	INVALID OR MISSING OCCURRENCE SPAN DATE FROM 11.
5512	INVALID OR MISSING OCCURRENCE SPAN DATE FROM 12.
5601	INVALID OR MISSING OCCURRENCE SPAN DATE TO 1.
5602	INVALID OR MISSING OCCURRENCE SPAN DATE TO 2.

5603	INVALID OR MISSING OCCURRENCE SPAN DATE TO 3.
5604	INVALID OR MISSING OCCURRENCE SPAN DATE TO 4.
5605	INVALID OR MISSING OCCURRENCE SPAN DATE TO 5.
5606	INVALID OR MISSING OCCURRENCE SPAN DATE TO 6.
5607	INVALID OR MISSING OCCURRENCE SPAN DATE TO 7.
5608	INVALID OR MISSING OCCURRENCE SPAN DATE TO 8.
5609	INVALID OR MISSING OCCURRENCE SPAN DATE TO 9.
5610	INVALID OR MISSING OCCURRENCE SPAN DATE TO 10.
5611	INVALID OR MISSING OCCURRENCE SPAN DATE TO 11.
5612	INVALID OR MISSING OCCURRENCE SPAN DATE TO 12.
5701	INVALID OR MISSING VALUE CODE 1.
5702	INVALID OR MISSING VALUE CODE 2.
5703	INVALID OR MISSING VALUE CODE 3.
5704	INVALID OR MISSING VALUE CODE 4.
5705	INVALID OR MISSING VALUE CODE 5.
5706	INVALID OR MISSING VALUE CODE 6.
5707	INVALID OR MISSING VALUE CODE 7.
5708	INVALID OR MISSING VALUE CODE 8.
5709	INVALID OR MISSING VALUE CODE 9.
5710	INVALID OR MISSING VALUE CODE 10.
5711	INVALID OR MISSING VALUE CODE 11.
5712	INVALID OR MISSING VALUE CODE 12.
5801	INVALID OR MISSING VALUE AMOUNT 1.
5802	INVALID OR MISSING VALUE AMOUNT 2.
5803	INVALID OR MISSING VALUE AMOUNT 3.
5804	INVALID OR MISSING VALUE AMOUNT 4.
5805	INVALID OR MISSING VALUE AMOUNT 5.
5806	INVALID OR MISSING VALUE AMOUNT 6.
5807	INVALID OR MISSING VALUE AMOUNT 7.
5808	INVALID OR MISSING VALUE AMOUNT 8.
5809	INVALID OR MISSING VALUE AMOUNT 9.
5810	INVALID OR MISSING VALUE AMOUNT 10.
5811	INVALID OR MISSING VALUE AMOUNT 11.
5812	INVALID OR MISSING VALUE AMOUNT 12.
0701	INVALID REFERRING PROVIDER QUAL CODE
0702	INVALID REFERRING PROVIDER ID NUMBER
0703	INVALID SERVICE FACILITY LOCATION INFORMATION(32)- A
0704	INVALID BILLING PROVIDER INFORMATION
0705	INVALID PATIENT CONDITION - EMPLOYMENT
0706	INVALID PATIENT CONDITION – AUTO ACCIDENT
0707	INVALID PATIENT CONDITION – OTHER ACCIDENT
0708	INVALID STATE

0709	INVALID DATE OF CURRENT
0710	INVALID SAMESIMILAR ILLNESS
0711	INVALID UNABLE TO WORK FROMDATE
0712	INVALID UNABLE TO WORK TODATE
0713	INVALID HOSPITALIZED FROM DATE
0714	INVALID HOSPITALIZED TO DATE
0715	INVALID OUTSIDE LAB – YES
0716	INVALID ACCEPT ASSIGNMENT – YES
0901	INVALID BILL TYPE
0902	INVALID OTHER PROVIDER ID(a) – EZ-CAP ID
0903	INVALID OTHER PROVIDER ID(b) – EZ-CAP ID
0904	INVALID OTHER PROVIDER ID(c) – EZ-CAP ID
0905	INVALID ATTENDING NPI QUAL CODE
0906	INVALID ATTENDING NPI ID – SEARCH ON QUAL CODE
0907	INVALID OPERATING NPI QUAL CODE
0908	INVALID OPERATING NPI ID – SEARCH ON QUAL CODE
0909	INVALID OPERATING ID – EZ-CAP ID
0910	INVALID OTHER ID 1 NPI QUAL CODE
0911	INVALID OTHER ID 1 NPI ID – SEARCH ON QUAL CODE
0912	INVALID OTHER ID 2 NPI QUAL CODE
0913	INVALID OTHER ID 2 NPI ID – SEARCH ON QUAL CODE
0914	INVALID OTHER ID – EZ-CAP ID
0915	INVALID PATIENT’S RELATION TO INSURED – PRIMARY
0916	INVALID PATIENT’S RELATION TO INSURED – SECONDARY
0917	INVALID PATIENT’S RELATION TO INSURED – TERTIARY
0918	INVALID DX VERSION QUALIFIER -MUST BE -9 OR 0
0919	INVALID PATIENT’S REASON FOR VISIT – A -VALIDATE AGAINST DIAG TABLE FOR VALID CODE
0920	INVALID PATIENT’S REASON FOR VISIT – B -VALIDATE AGAINST DIAG TABLE FOR VALID CODE-
0921	INVALID PATIENT’S REASON FOR VISIT – C -VALIDATE AGAINST DIAG TABLE FOR VALID CODE
0922	INVALID EXTERNAL CAUSE OF INJURY CODE – A -VALIDATE AGAINST DIAG TABLE FOR VALID CODE
0923	INVALID EXTERNAL CAUSE OF INJURY CODE – B - VALIDATE AGAINST DIAG TABLE FOR VALID CODE
0924	INVALID EXTERNAL CAUSE OF INJURY CODE – C - VALIDATE AGAINST DIAG TABLE FOR VALID CODE
0925	INVALID ACCIDENT STATE
0926	INVALID CREATION DATE- FORMAT YYYYMMDD
0313	PLACE OF SERVICE CODE NOT FOUND
0032	MEMBER INFO (DOB) INVALID (OR) EMPTY
3101	INVALID DIAGNOSIS REFERENCE NUMBER
3901	INVALID ANESTHESIA STOP TIME
0999	FIELD VALUE MISSING
9999	INVALID FIELD LENGTH
0314	INVALID REFERRING PROVIDER ID
4401	H-SERVICE CODE NOT ALLOWED IN PROFESSIONAL CLAIM

0033	QUAL CODE NOT FOUND FOR PROVIDER ID.
0034	QUAL CODE NOT FOUND FOR REFERRING PROVIDER ID.
0035	QUAL CODE NOT FOUND FOR FACILITY PROVIDER ID.
0036	QUAL CODE NOT FOUND FOR OTHER PROVIDER ID.
0037	OTHER PROVIDER ID NOT FOUND.
0038	INVALID REMITTANCE CODE AT CLAIM HEADER
0039	QUAL CODE NOT FOUND FOR REFERRING PROVIDER NPI ID.
0040	REFERRING PROVIDER NPI ID / OUTSIDE ID NOT FOUND FOR REFERRING QUAL CODE NPI.
0042	REFERRING PROVIDER NPI ID NOT FOUND.
0043	REMITTANCE CODE DETAIL NOT FOUND..
0653	QUAL CODE NOT FOUND FOR ATTENDING NPI PROVIDER ID.
0654	INVALID ATTENDING NPI PROVIDER ID .
0655	INVALID EXTERNAL CAUSE OF INJURY CODE -B .
0656	INVALID EXTERNAL CAUSE OF INJURY CODE -C .
0657	QUAL CODE NOT FOUND FOR ADMITTING PROVIDER ID
0658	QUAL CODE NOT FOUND FOR ADMITTING PROVIDER NPI ID
0659	ADMITTING PROVIDER NPI ID / OUTSIDE ID NOT FOUND FOR ADMITTING PROVIDER NPI QUAL CODE.
0660	ADMITTING PROVIDER NPI ID NOT FOUND.
0661	QUAL CODE NOT FOUND FOR CONSULTING ID 1 NPI ID
0662	CONSULTING ID 1 NPI ID / OUTSIDE ID NOT FOUND FOR CONSULTING ID 1 NPI QUAL CODE.
0663	CONSULTING ID 1 NPI ID NOT FOUND.
0664	QUAL CODE NOT FOUND FOR CONSULTING ID 1
0665	QUAL CODE NOT FOUND FOR CONSULTING ID 2 NPI ID
0666	CONSULTING ID 2 NPI ID / OUTSIDE ID NOT FOUND FOR CONSULTING ID 2 NPI QUAL CODE.
0667	NPI ID FOR CONSULTING ID 2 NOT FOUND.
0668	QUAL CODE NOT FOUND FOR CONSULTING ID 2
0669	QUAL CODE NOT FOUND FOR ATTENDING PROVIDER ID.
0927	CREATION DATE CANNOT BE LESSER THAN SERVICE DATE FROM.
0928	CREATION DATE CANNOT BE LATER THAN CURRENT DATE.
0932	INVALID OTHER ID 1 QUAL CODE
0933	INVALID OTHER ID 2 QUAL CODE
0934	INVALID OPERATING PROVIDER QUAL CODE
0670	ATTENDING NPI ID / OUTSIDE ID NOT FOUND FOR ATTENDING NPI QUAL CODE.
0929	OPERATING PROVIDER NPI ID/ OUTSIDE ID NOT FOUND FOR QUAL CODE.
0930	OTHER PROVIDER ID / OUTSIDE ID NOT FOUND FOR OTHER PROVIDER QUAL CODE.
0931	OTHER PROVIDER2 NPI ID/ OUTSIDE ID NOT FOUND FOR OTHER PROVIDER2 QUAL CODE.
0044	VENDOR IS NOT CONFIGURED FOR THE PROVIDER
0717	INVALID MISCCHARGES1
0718	INVALID CHARGES
5310	INVALID OR MISSING OCCURRENCE DATE 10.
0045	VENDOR ID NOT FOUND / EMPTY
8888	POSSIBLE DUPLICATE PROVIDER

0046	INVALID OR MISSING DATEPAID_CLAIM(PAID DATE)
0048	FIELD MUST BE BLANK
0049	INVALID PCP ENCOUNTER
0050	INVALID # ENCOUNTERS (Y)
0051	INVALID # ENCOUNTERS (N)
0052	PAID DATE SHOULD BE GREATER THAN RECEIVED DATE
0053	INVALID DATE CLAIM RECEIVED
0054	INVALID DATE PAID
0055	INVALID BENEFIT OPTION
0056	INVALID ACCOUNT NUMBER
0057	INVALID SUB ACCOUNT NUMBER
0058	INVALID SPECIALTY
0059	INVALID PAYEE(MUST BE VENDOR, MEMBER OR SUBSCRIBER)
0060	MISSING CHECK NUMBER
0061	MISSING CHECK PREFIX
2401	INVALID ADJUSTMENT CODE OR GROUP CODE IN DETAIL LEVEL
2402	MISSING ADJUSTMENT CODE
2403	INVALID BUNDLER
2404	MISSING BUNDLER CODE
2405	INVALID BUNDLER TYPE
2406	MISSING BUNDLER TYPE
2407	INVALID ATTESTATION DATE
2408	CANNOT HAVE ATTESTATION DATE WITHOUT PAID DATE
2409	INVALID DATE PAID
2410	INVALID ATTESTATION DATE
2411	INVALID DATE PAID
0062	INVALID CHECK NO
2001	FROMDATE IS MORE THAN MANUALDATE
2002	TODATE IS MORE THAN MANUALDATE
0935	OTHER PROVIDER ID 2 / OUTSIDE ID NOT FOUND FOR OTHER PROVIDER QUAL CODE.
0719	INVALID SERVICE FACILITY LOCATION INFORMATION(32)- B
5813	DIAGNOSIS POA CODE NOT FOUND OR EMPTY
5814	INVALID ADMISSION DIAGNOSIS POA
5815	INVALID E-CODE POA
5816	INVALID EXTERNAL CAUSE OF INJURY CODE - B POA
5817	INVALID EXTERNAL CAUSE OF INJURY CODE - C POA
5818	INVALID PATIENT'S REASON FOR VISIT – A POA - VALIDATE AGAINST COMMON CODES TABLE FOR VALID CODE
5819	INVALID PATIENT'S REASON FOR VISIT – B POA - VALIDATE AGAINST COMMON CODES TABLE FOR VALID CODE
5820	INVALID PATIENT'S REASON FOR VISIT – C POA - VALIDATE AGAINST COMMON CODES TABLE FOR VALID CODE
0720	CHARGES TO MUST BE GREATER THAN OR EQUAL TO CHARGES FROM
0023	Total Time cannot exceed 2880
2412	INVALID # EPSDT (Y/N)

2413	INVALID NDC UNIT PRICE
2414	INVALID NDC QUANTITY
2415	INVALID NDC CODE
2416	INVALID DEDUCTIBLE
2417	INVALID COINSURANCE
2418	INVALID ALLOWED
2419	INVALID DIAGNOSIS CODE POINTER 2
2420	INVALID DIAGNOSIS CODE POINTER 3
2421	INVALID DIAGNOSIS CODE POINTER 4
0936	INVALID FREQUENCY CODE
0721	Invalid Transport Reason Code
0722	Invalid Transport Code
0723	Invalid Patient Weight
0724	Invalid Transport Distance
0725	Transport Code and Transport Reason Code are required
0063	Same Member is having two different Health plans
2422	ToDate/StopTime must be greater than or equal to FromDate/StartTime
0726	Invalid Ambulance Drop-off Address Line1
0727	Invalid Ambulance Drop-off City Name
0728	Invalid Ambulance Pick-up Address Line1
0729	Invalid Ambulance Pick-up City Name
2423	INVALID OR MISSING TAXONOMY CODE
2424	INVALID RENDERING PROVIDER ID
2425	RENDERING PROVIDER ID / OUTSIDE ID NOT FOUND FOR RENDERING PROVIDER QUAL CODE
2426	THE RENDERING PROVIDER NPI IS NOT CONFIGURED FOR THE RENDERING PROVIDER
0672	OTHER PROCEDURE CODE [%%] AND OTHER PROCEDURE DATE [%%] ARE REQUIRED
0064	INVALID BILLING PROVIDER SECONDARY ID OUTSIDE ID
7001	AMBTransCode AND AMBTransReason Are Required
7002	INVALID TOTAL CHARGES
7003	INVALID AMOUNT PAID
7004	INVALID ADJUSTMENT
5821	Claims with ICD-9 Diagnosis Code cannot be submitted after <Date field>
5822	Claims with ICD-9 Admitting Diagnosis Code cannot be submitted after <Date field>
5823	Claims with ICD-9 Patient's Reason for Visit Code 1 cannot be submitted after <Date field>
5824	Claims with ICD-9 Patient's Reason for Visit Code 2 cannot be submitted after <Date field>
5825	Claims with ICD-9 Patient's Reason for Visit Code 3 Code cannot be submitted after <Date field>
5826	Claims with ICD-9 External Cause of Injury Code 1 cannot be submitted after <Date field>
5827	Claims with ICD-9 External Cause of Injury Code 2 cannot be submitted after <Date field>
5828	Claims with ICD-9 External Cause of Injury Code 3 cannot be submitted after <Date field>
0937	BOTH EFT TRACE # & CHECKNO ARE NOT ALLOWED AT A TIME
0401	INVALID ADJUSTMENT CODE OR GROUP CODE IN MASTER LEVEL
2427	Duplicate diag reference number 2

2428	Duplicate diag reference number 3
2429	Duplicate diag reference number 4
2430	Gaps between Diag reference number is not allowed
0941	OTHER PROVIDER NPI(a)/ OUTSIDE ID NOT FOUND FOR OTHER PROVIDER NPI(a) QUAL CODE
0942	OTHER PROVIDER NPI(b)/ OUTSIDE ID NOT FOUND FOR OTHER PROVIDER NPI(b) QUAL CODE
0943	OTHER PROVIDER NPI(c)/ OUTSIDE ID NOT FOUND FOR OTHER PROVIDER NPI(c) QUAL CODE
2431	INVALID OOP
QC02	HELD
QC03	DENIED
QC04	CONTRACT PAYMENT WRITE OFF BALANCE
QC05	CAPITATED SERVICE
QC06	NOT A COVERED HMO BENEFIT
QC07	PAID AT CONTRACTED PER DIEM
QC09	DENIED-NO MEDICAL NECESSITY
QC20	SERVICE/SUPPLY IN GLOBAL PROCEDURE
QC21	HMO LIABILITY IF A COVERED BENEFIT
QC22	INVALID CODE FOR YEAR BILLED
QC99	PENALTY INTEREST PAYMENT
QC28	PAID AT CONTRACTED GLOBAL CASE RATE
QC32	GA- HMO LIABILITY ATTACH WAIVER
QC34	DENIED MEMBER INELIGIBLE ON SERVICE DATE
QC36	IPA LIABILITY PAID BY HMO
QCVC	Voided Claim
QC37	DENIED NOT AUTHORIZED BY PCP
QC40	DENIED SERVICE UNBUNDLED
QC43	NOT GROUP APPROVED SUBMITTED TO HMO
QC44	ADJUSTMENT OF PRIOR PAYMENT
QC45	INQUIRY- NO AUTH DISPOSITION
QC47	IPA PAID AS SECONDARY
QC49	DUPLICATE CLAIM LINE SUBMISSION
QC51	ADJUSTMENT PROVIDER REFUND CHECK
QC52	DENIED - MEMBER TERMED WITH HUMANA
QC54	REVIEW POP UP NOTES
QC57	INVALID UNITS
QC58	INVALID AGE
QC59	INVALID SEX
QC60	INVALID CLIA
QC61	REVIEW MULTIPLE COPAYS
QC66	LATE FILING SUBMITTED AFTER 365 DAYS
QC67	ASSISTANT SURGEON REQUIRED CLAIM
QC68	HOLD TO ASSIGN/CHANGE PCP
QC70	NGA CD BENEFIT

QC71	COPAY >/= TO CONTRACT ALLOWED AMOUNT
QC72	IPA PAID AS SECONDARY 0 BALANCE
QC74	ADD ON CODE WITHOUT BASE CODE
QC75	SUBMIT TO PSYCH HEALTH FOR PAYMENT
QC90	DenyClaimsForPayorResponsibilityCode
QC91	InvalidProcedureOnDos
QC92	DiagnosisNotActiveOnDos
QC93	InvalidTypeOfBill
QC77	INCOMPLETE/MISSING/INCORRECT CLAIM DATA
QC94	Benefit Limit Reached
QC80	PAID AT CONTRACTED PER DIEM
QC81	PAID AT CONTRACTED GLOBAL CASE RATE
QC83	IPA PAID AS SECONDARY 0 BALANCE
QC84	IPA PAID AS SECONDARY
QC95	DENIED- UNAUTHORIZED URGENT SERVICES
QC85	Other Insurance Primary
QC86	This non-payable code is for reporting o
QC87	ONLY ONE VISIT OR CONSULTATION PER DAY
QC96	INNOVISTA TO PROCESS CLAIM
QC08	SERVICES PAID TO CONTRACTED LAB
QC55	POSSIBLE DUPLICATE CLAIM
QC56	MODIFIER NOT ALLOWED FOR CODE
QC82	COPAY >/= TO CONTRACT ALLOWED AMOUNT
QC23	CODE ONLY BILLABLE BY FACILITY
QC38	REPLACE VACCINE THROUGH STATE
QC39	SUBMIT MEDICAL RECORDS FOR CLAIM REVIEW
QC24	HOLD FOR BENEFIT/LIABILITY DETERMINATION
QC63	OTHER INSURANCE PAID PRIMARY REVIEW
QC65	OTHER INS PRIMARY HOLD FOR EOB
QC73	SEND ORIGINAL LEGIBLE CLAIM
QC25	TRANSITION OF CARE BILL HMO FOR SERVICE
QC62	CONTRACT NOT FOUND FOR DATE OF SERVICE
QC64	ELIGIBILITY NOT VERIFIED
QC35	DENIED SUBMIT EOB FROM PRIMARY INSURER
QC88	NEWBORN SERVICE COVERED UNDER MOTHER
QC41	PATIENT PAID AND REIMBURSED BY IPA