

EDIT ERROR CODE REFERENCE SHEET

ERROR CATEGORY TEXT (appear under "Error Categories" on Recap Report)	ELEMENT NUMBER				ERROR CODE TEXT (appear under "Error Type" on Edit Error Report)	ERROR DETAIL TEXT (appear under "Value and/or Explanation of Error" on Edit Error Report)
	State	IP	OP	837 5010 Segment		
ACCIDENT STATE	ID	244	n/a	10	E810.0 - E819.9 CODE REPORTED / STATE	REQUIRED FIELD
	IL	247	194	14	ABBR BLANK	
	MS	325	317	*	STATE ABBREVIATION INVALID	REPORTED ACCIDENT STATE: <STATE ABBREVIATION REPORTED IS LISTED>
	MT	n/a	n/a	n/a		
	OR	244	192	12		
ADMISSION DATE	ID	8	n/a	13	ADMISSION DATE > CURRENT DATE	<ADMISSION DATE REPORTED IS LISTED>
	IL	8	8	17	ADMISSION DATE AFTER DISCH. DATE	<ADMISSION DATE REPORTED IS LISTED>
	MS	14	14	*	ADMISSION DATE BLANK	REQUIRED FIELD
	MT	8	8	12	ADMISSION DATE CANNOT PRECEDE BIRTHDATE	<ADMISSION DATE REPORTED IS LISTED>
	OR	8	8	15		
					ADMISSION DATE INVALID	<ADMISSION DATE REPORTED IS LISTED>
					ADMISSION HOUR BLANK	REQUIRED FIELD
				ADMISSION HOUR INVALID	REPORTED TIME: <ADMISSION TIME	
BILL TYPE	ID	11	n/a	9	BILL TYPE DOES NOT MATCH FILE TYPE	BILL TYPE: <BILL TYPE REPORTED IS LISTED> FILE TYPE: <TYPE OF FILE SENT IS LISTED>
	IL	11	11	13		
	MS	20	20	*		
	MT	11	11	9	DELETE ERROR	XX8 DELETION ATTEMPTED, NO EXISTING RECORD TO DELETE
	OR	11	11	11		XX8 DELETION ATTEMPTED, ONE OF THE 7 KEY IDENTIFYING FIELDS IS INVALID
						XX8 DELETION ATTEMPTED, INCORRECT ORIGINAL BILL TYPE REFERENCED
					TYPE OF BILL BLANK	REQUIRED FIELD
					TYPE OF BILL INVALID	REPORTED BILL TYPE: <BILL TYPE REPORTED IS LISTED>
					UPDATE ERROR	XX1 UPDATE ATTEMPTED, NO EXISTING RECORD TO UPDATE
						XX7 UPDATE ATTEMPTED, NO EXISTING RECORD TO UPDATE
					XX7 UPDATE BILL TYPE: NOT ALLOWED FOR NCC FOR MATCHED SPLIT CLAIMS	

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	State	IP	OP	837 5010 Segment		
CLINICIAN ID	ID	120, 126, 127, 225	n/a	27-29	ATTENDING CLINICIAN BLANK CLINICIAN ID BLANK	<ITEM # OR PROCESS NAME LISTED> <CLINICIAN TYPE IS LISTED (i.e. admitting, operating, 1st other, 2nd other)> : REQUIRED FIELD
	IL	120, 126, 127, 225	105, 111, 112, 173	32-34	CLINICIAN ID INVALID FORMAT	CLINICIAN ID LENGTH>10: <CLINICIAN ID REPORTED IS LISTED>
	MS	317, 319, 321, 323	309, 311, 313, 315	*		<CLINICIAN TYPE IS LISTED (i.e. admitting, operating, 1st other, 2nd other)> <CLINICIAN ID REPORTED IS LISTED>: NOT A VALID NPI
	MT	120, 126, 127, 225	105, 111, 112, 173	26-28	OUTPATIENT - OPERATING CLINICIAN BLANK OPERATING CLINICIAN BLANK	<CLINICIAN TYPE IS LISTED (i.e. admitting, operating, 1st other, 2nd other)> ID: <CLINICIAN ID REPORTED IS LISTED>
	OR	120, 126, 127, 225	105, 111, 112, 173	29-31		REQUIRED FIELD (IF OS PROCEDURE IS PRESENT)
						REQUIRED WHEN OUTPT SURGERY HAS REV CODE OF 036X, 0481, 049X,0723, 075X, 079X
CLINICIAN TYPE	IL Only	129, 130	114, 115	35	OTHER CLINICIAN TYPE BLANK	REQUIRED WHEN 1ST OTHER CLINICIAN NPI IS REPORTED REQUIRED WHEN 2ND OTHER CLINICIAN NPI IS REPORTED
					OTHER CLINICIAN TYPE INVALID	1ST OTHER CLINICIAN TYPE NOT DN, ZZ, OR 82 2ND OTHER CLINICIAN TYPE NOT DN, ZZ, OR 82
CODE-CODE	MS Only	389 - 400	381 - 392	*	CODE QUALIFIER BLANK / CODE CODE REPORTED	REPORTED <ITEM NAME> CODE: <CODE CODE REPORTED IS LISTED>
					CODE QUALIFIER INVALID	REPORTED <ITEM NAME> CODE QUALIFIER VALUE: <CODE QUALIFIER REPORTED IS LISTED>
					CONTROL NUMBER CODE INVALID	CONTROL NUMBER: <CONTROL NUMBER REPORTED IS LISTED>

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	State	IP	OP	837 5010 Segment			
CONDITION CODES	ID	243, 245	n/a	25, 26	INVALID CONDITION CODE	COND. EMP. RLTD CODE REPORTED AS: <CODE REPORTED IS LISTED> - SHOULD BE 02 DNR CODE REPORTED AS: <DNR CODE REPORTED IS LISTED> - SHOULD BE "P1", REPORTED <ITEM NAME> CONDITION CODE: <CONDITION CODE REPORTED IS LISTED>	
	IL	246, 248	195	29, 30			
	MS	326 - 336	318 - 328	*			
	MT	243, 245	193	24, 25			
	OR	243, 245	193	27, 28			
COUNTY CODE ERRORS	ID	n/a	n/a	n/a	COUNTY CODE BLANK	REQUIRED FIELD	
	IL	256	249	n/a	COUNTY CODE INVALID	INVALID REPORTED COUNTY CODE IS: <REPORTED COUNTY CODE IS LISTED>	
	MS	n/a	n/a	n/a			
	MT	253	247	n/a			
	OR	n/a	n/a	n/a			
DIAGNOSIS	ID	12 - 28, 130 - 166, 239	n/a	17, 18	ACCIDENT/POISONING ECODE MISSING	REQUIRED FOR DX CODE <ASSOCIATED DX CODE REPORTED IS LISTED>	
					ADMITTING DIAGNOSIS BLANK	REQUIRED FIELD	
	IL	12 - 28, 133 - 169, 242	12 - 20, 118 - 136, 202 - 204		21, 22	ADMITTING DIAGNOSIS INVALID	DIAGNOSIS: <DIAGNOSIS CODE REPORTED IS LISTED>
						DIAGNOSIS - AGE NOT ADULT	<STRING OF CODES THAT AREN'T ADULT>
	MS	61 - 118	61 - 93	*		DIAGNOSIS - AGE NOT CHILD	<STRING OF CODES THAT AREN'T CHILD>
	MT	12 - 28, 130 - 166, 239	12 - 20, 116 - 134, 200 - 202		16, 17	DIAGNOSIS - AGE NOT MATERNITY	<STRING OF CODES THAT AREN'T MATERNITY>
						DIAGNOSIS - AGE NOT NEWBORN	<STRING OF CODES THAT AREN'T NEWBORN>
	OR	12 - 28, 130 - 166, 239	12 - 20, 116 - 134, 200 - 202		19, 20	DIAGNOSIS BLANK	ADMITTING/PRINCIPAL DIAGNOSIS: REQUIRED FIELD
						DIAGNOSIS INVALID	<ITEM #> DIAGNOSIS: <DIAGNOSIS CODE REPORTED IS LISTED> DX 650 CONFLICT: 650 CANNOT BE REPORTED WITH DX 630-676.99
						DIAGNOSIS - SEX NOT FEMALE	<STRING OF DX CODES THAT AREN'T FEMALE>
						DIAGNOSIS - SEX NOT MALE	<STRING OF DX CODES THAT AREN'T MALE>
						DIAG. / PROC. NOT GROUPABLE FOR MSDRG	(MSDRG 998/999) PRIN DX = <CODE REPORTED IS LISTED>, DISCHG. STAT. CODE = <STATUS REPORTED IS LISTED>
						ICD CODE QUALIFIER BLANK	REQUIRED FIELD
ICD CODE QUALIFIER INVALID						<ICD CODE VERSION REPORTED IS LISTED> NOT 9 OR 0	

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	State	IP	OP	837 5010 Segment		
DIAGNOSIS (CONT.)	See Above				INJURY EVENT ADDITIONAL ECODE MISSING	REQUIRED FOR DX CODE <ASSOCIATED DX CODE REPORTED IS LISTED>
					MEDICAL MISADVENTURE/ADVERSE EVENT ADDITIONAL ECODE MISSING	REQUIRED FOR DX CODE <ASSOCIATED DX CODE REPORTED IS LISTED>
					1ST PATIENT REASON FOR VISIT DX BLANK	REASON FOR VISIT CRITERIA IDENTIFIED. 1ST FIELD IS BLANK.
					PATIENT REASON FOR VISIT DIAGNOSIS INVALID	<ITEM #> PROVIDED WITHOUT VALID 1ST OR 2ND REASON FOR VISIT: <DIAGNOSIS CODE REPORTED IS LISTED>
					POA COUNT DOES NOT EQUAL DIAGNOSIS COUNT	# OF DX CODES/E-CODES= <COUNT OF DX CODES/E-CODES IS LISTED>, # OF POAS= <COUNT OF POA CODES IS LISTED>
					PRINCIPAL DIAGNOSIS BLANK	
					PRINCIPAL DIAGNOSIS CANNOT BE E-CODE	<PRINCIPAL DIAGNOSIS CODE REPORTED IS LISTED>
					PRINCIPAL DIAGNOSIS CANNOT BE REPEATED IN OTHER DIAGNOSIS FIELD	<POSITION OF REPEATED CODE IS LISTED>
					PRINCIPAL DIAGNOSIS INVALID	PRINCIPAL DIAGNOSIS: <DX REPORTED IS LISTED>
					PRINCIPAL DIAGNOSIS REQUIRES SECONDARY DIAGNOSIS	PRINCIPAL DIAGNOSIS: <PRINCIPAL DX REPORTED IS LISTED>
					SECONDARY DIAGNOSIS INVALID	<LISTING OF INVALID OTHER DIAGNOSIS CODES >
					PRINCIPAL DX REPEATED IN OTHER DX FIELDS	<DX REPEATED IS LISTED>
					UNACCEPTABLE PRINCIPAL DIAGNOSIS (MANIFESTATION)	<STRING OF CODES THAT AREN'T A VALID MANIFESTATION>
					UNACCEPTABLE PRINCIPAL DIAGNOSIS (NON-SPECIFIC)	PRINCIPAL DIAGNOSIS: <PRINCIPAL DX REPORTED IS LISTED>
					UNACCEPTABLE PRINCIPAL DIAGNOSIS (V-CODE)	PRINCIPAL DIAGNOSIS: <PRINCIPAL DX REPORTED IS LISTED>

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	State	IP	OP	837 5010 Segment		
DISCHARGE DATE	ID	230	n/a	12	DISCHARGE DATE (STATEMENT COVERS PERIOD THROUGH DATE) INVALID	STATEMENT COVERS PERIOD - THROUGH DATE: <DISCHARGE DATE REPORTED IS LISTED>
	IL	233	180	16		
	MS	15	15	*		
	MT	230	178	11	DISCHARGE DATE (STATEMENT COVERS PERIOD THROUGH DATE) IS BLANK	STATEMENT COVERS PERIOD - THROUGH DATE IS A REQUIRED FIELD
	OR	230	178	14		
					DISCHARGE DATE (STATEMENT COVERS PERIOD THROUGH DATE) MUST BE <= TO CURRENT DATE	<DISCHARGE DATE REPORTED IS LISTED>
					DISCHARGE DATE (STATEMENT COVERS PERIOD THROUGH DATE) MUST BE >= TO ADMISSION DATE	DSCH DATE: <DISCHG DATE REPORTED IS LISTED> ADM DATE: <ADMIT DATE REPORTED IS LISTED>
					DISCHARGE HOUR IS BLANK	REQUIRED FIELD
					DISCHARGE HOUR IS INVALID	REPORTED TIME: <DISCHARGE TIME REPORTED IS LISTED>
					RECORD SUBMITTED IN WRONG FILE FORMAT	INCORRECT FILE FORMAT FOR DISCHARGE DATE: <DISCHARGE DATE REPORTED IS LISTED>
					STATEMENT FROM DATE INVALID	STATEMENT FROM DATE = <STATEMENT FROM DATE REPORTED IS LISTED>
				STATEMENT FROM DATE IS BLANK	REQUIRED FIELD	
				STATEMENT FROM DATE MUST BE <= TO CURRENT DATE	<STATEMENT FROM DATE REPORTED IS LISTED>	
DUPLICATES	All				DUPLICATE RECORD	DUPLICATE - RECORD ALREADY EXISTS IN DATABASE
					EXACT DUPLICATE RECORD	EXACT DUPLICATE RECORD ALREADY IN SAME DATA FILE SUBMITTED SPLIT MATCH ALREADY EXISTS: 110 RECORD ID: <RECORD ID IS LISTED> 111 RECORD ID: <RECORD ID IS LISTED>
					POTENTIAL DUPLICATE	POTENTIAL DUPLICATE - OUTPATIENT RECORD ALREADY EXISTS IN DATABASE POTENTIAL DUPLICATE - INPATIENT RECORD ALREADY EXISTS IN DATABASE
FACILITY ID / NPI	ID	226, 228	n/a	3	FACILITY ID/NPI ON PHYSICAL RECORD DOES NOT MATCH FILE FACILITY ID	<FACILITY ID/NPI REPORTED IS LISTED>
	IL	229, 231	176, 178	3		
	MS	1	1	*	FACILITY NPI BLANK	REQUIRED FIELD
	MT	226, 228	174, 176	3	FACILITY NPI INVALID	<NPI REPORTED IS LISTED>
	OR	226, 228	174, 176	3	FACILITY OTHER PROVIDER ID INVALID	REPORTED TIN/EIN: <ID REPORTED IS LISTED>
					INVALID OTHER PROVIDER IDENTIFIER	<ID REPORTED IS LISTED>

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	State	IP	OP	837 5010 Segment			
FEDERAL TAX ID	OR	n/a	176	4	FACILITY FEDERAL TAX ID BLANK	REQUIRED FIELD	
	ASC				FACILITY FEDERAL TAX ID INVALID	<TAX ID REPORTED IS LISTED>	
	MS	401 - 402	393 - 394	*			
	All Other s	n/a	n/a	n/a			
GENERAL ERROR	All				INSERT ERROR	PLEASE EMAIL UBHELP@IHASTAFF.ORG TO RESOLVE	
					UNHANDLED EXCEPTION	PLEASE EMAIL UBHELP@IHASTAFF.ORG TO RESOLVE	
INSURED'S UNIQUE ID	MS	28, 41, 54	28, 41, 54	*	INSURED'S UNIQUE ID	HIC# INVALID. REPORTED HIC#: <ID REPORTED IS LISTED>	
	OR	253	248	6			
	All Other s	n/a	n/a	n/a		INSURED'S UNIQUE ID	INSURED'S UNIQUE ID IS BLANK. MEDICARE REQUIRES HIC#.
						REQUIRED FIELD	PRIM INSURED UNIQUE ID REQUIRED
LENGTH OF STAY	All				LENGTH OF STAY ERROR	NO LOS UNITS REPORTED	
							RM&BD REV. UNITS NOT = LOS
MEDICAL HEALTH RECORD NUMBER	MS Only	3	3	*	MEDICAL HEALTH RECORD NUMBER BLANK	REQUIRED FIELD	
MULTIPLE PAGE RECORD	All				AMBULATORY FACILITY SUBMITTING MULTIPLE PAGES		
					PATIENT RECORD CANNOT EXCEED 99 MULTIPLE PAGES	PATIENT ID <PATIENT ID REPORTED IS LISTED> HAS > 99 PAGES	

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	State	IP	OP	837 5010 Segment		
NEWBORN BIRTH WEIGHT	ID	250 - 251	n/a	24	NEWBORN BIRTH WEIGHT CODE BLANK	REQUIRED WITH PRIORITY OF VISIT 4
	IL	253-254	n/a	28	NEWBORN BIRTH WEIGHT CODE INVALID	NBW CODE NOT EQUAL TO 54: <NEWBORN BIRTH WEIGHT CODE REPORTED IS LISTED>
	MS	365 - 388	n/a	*		
	MT	250 - 251	n/a	23		
	OR	250 - 251	n/a	26	NEWBORN BIRTH WEIGHT IN GRAMS BLANK	<ITEM NAME> VALUE CODE: REQUIRED WITH PRIORITY OF VISIT 4
					NEWBORN BIRTH WEIGHT IN GRAMS INVALID	<ITEM NAME> VALUE CODE: BIRTH WEIGHT CANNOT EXCEED 4 DIGITS: <VALUE REPORTED IS LISTED>
						<ITEM NAME> VALUE CODE: BIRTH WEIGHT MUST BE >0
						<ITEM NAME> VALUE CODE: BIRTH WT DOES NOT MATCH DX CODE WT
						<ITEM NAME> VALUE CODE: REPORTED GRAMS: <NEWBORN BIRTH WEIGHT GRAMS REPORTED IS LISTED>
					NO NEWBORN BIRTH WEIGHT CODE 54 FOUND	NBW CODE NOT EQUAL TO NO NEWBORN BIRTH WEIGHT CODE 54 FOUND
OCCURRENCE CODE	ID	246 - 249	n/a	22, 23	ACCIDENT EMPLOYMNT RLTD CODE MUST = 04	REPORTED CODE: <ACCIDENT EMPLOYMENT CODE REPORTED IS LISTED>
	IL	249-252	196-199	26, 27		
	MS	337 - 352	329 - 344	*	ACCIDENT EMPLOYMNT RLTD DATE BLANK	
	MT	246 - 249	194 - 197	21, 22	ACCIDENT EMPLOYMNT RLTD DATE INVALID	REPORTED ACCIDENT EMPLOYMENT RELATED DATE: <ACCIDENT EMPLOYMENT DATE REPORTED IS LISTED>
	OR	246 - 249	194 - 197	24, 25		
					CRIME VICTIM CODE MUST = 06	REPORTED CODE: <CRIME VICTIM CODE REPORTED IS LISTED>
					CRIME VICTIM DATE BLANK	
					CRIME VICTIM DATE INVALID	REPORTED CRIME VICTIM DATE: <CRIME VICTIM DATE REPORTED IS LISTED>
					OCCURRENCE CODE INVALID	REPORTED <ITEM NAME> OCCURRENCE CODE: <OCC CODE REPORTED IS LISTED>
					OCCURRENCE CODE REPORTED / OCCURRENCE DATE BLANK	<ITEM #> OCCURRENCE CODE DATE REQUIRED
					OCCURRENCE DATE INVALID	REPORTED <ITEM NAME> OCCURRENCE DATE: < OCC DATE REPORTED IS LISTED>
					OCCURRENCE DATE REPORTED / OCCURRENCE CODE BLANK	ACCIDENT DATE REPORTED, CODE IS BLANK - SHOULD BE "04"
						CRIME VICTIM DATE REPORTED, CODE IS BLANK - SHOULD BE "06"

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OCCURRENCE SPAN	ID	240 - 242	n/a	21	OCCURRENCE SPAN CODE INVALID	REPORTED <ITEM NAME> OCCURRENCE SPAN CODE: <OCC CODE REPORTED IS LISTED>
	IL	243-245	n/a	25		
	MS	353 - 364	345 - 356	*		
	MT	240 - 242	n/a	20	OCC SPAN CODE REPORTED / OCC SPAN DATE NOT REPORTED	REQUIRED FIELD
	OR	240 - 242	n/a	23		
					OCC SPAN DATE BLANK	<ITEM NAME> OCC SPAN FROM DATE REQUIRED
						<ITEM NAME> OCC SPAN THRU DATE REQUIRED
					OCC SPAN DATE INVALID	<ITEM NAME> OCC SPAN FROM DATE = <FROM DATE REPORTED IS LISTED> <ITEM NAME> OCC SPAN THRU DATE = <THRU DATE REPORTED IS LISTED>
					OCC SPAN DATE > ADMISSION DATE	<ITEM NAME> OCC SPAN FROM DATE : <FROM DATE REPORTED IS LISTED> <ITEM NAME> OCC SPAN THRU DATE : <THRU DATE REPORTED IS LISTED>
					OCC SPAN DATE > DISCHARGE DATE	<ITEM NAME> OCC SPAN FROM DATE : <FROM DATE REPORTED IS LISTED> <ITEM NAME> OCC SPAN THRU DATE : <THRU DATE REPORTED IS LISTED>
					OCC SPAN DATE > TODAY	<ITEM NAME> OCC SPAN FROM DATE : <FROM DATE REPORTED IS LISTED> <ITEM NAME> OCC SPAN THRU DATE : <THRU DATE REPORTED IS LISTED>
					OCC SPAN FROM DATE > OCC SPAN TO DATE	<ITEM NAME> OCC SPAN FROM DATE : <FROM DATE REPORTED IS LISTED>
					71 CODE REPORTED / PRIOR STAY DATE NOT REPORTED	1) PRIOR STAY FROM DATE: <DATE IS LISTED> 2) PRIOR STAY TO DATE: <DATE IS LISTED>
					PRIOR STAY DATE > ADMISSION DATE	1) PRIOR STAY FROM DATE: <DATE IS LISTED> 2) PRIOR STAY TO DATE: <DATE IS LISTED>
				PRIOR STAY DATE > DISCHARGE DATE	1) PRIOR STAY FROM DATE: <DATE IS LISTED> 2) PRIOR STAY TO DATE: <DATE IS LISTED>	

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	State	IP	OP	837 5010 Segment		
OCCURRENCE SPAN CONT.	See Above				PRIOR STAY DATE > TODAY	1) PRIOR STAY FROM DATE: <DATE IS LISTED> 2) PRIOR STAY TO DATE: <DATE IS LISTED>
					PRIOR STAY DATE INVALID	1) PRIOR STAY FROM DATE: <DATE IS LISTED> 2) PRIOR STAY TO DATE: <DATE IS LISTED>
					PRIOR STAY DATE REPORTED / 71 CODE NOT REPORTED	1) PRIOR STAY FROM DATE: <DATE IS LISTED> 2) PRIOR STAY TO DATE: <DATE IS LISTED>
					PRIOR STAY FROM DATE > PRIOR STAY TO DATE	PRIOR STAY FROM DATE: <DATE IS LISTED>
					PRIOR STAY OCCURRENCE SPAN CODE INVALID	CODE REPORTED AS: <OCCURRENCE SPAN CODE REPORTED IS LISTED> - SHOULD BE "71"
PAGE NUMBER	OR ASC	n/a	104	n/a	NUMBER OF PAGES IS BLANK	REQUIRED FIELD
	ID	119	n/a	n/a	NUMBER OF PAGES INVALID	REPORTED # OF PAGES: <# OF PAGES>
	IL	119	104	n/a	PAGE NUMBER BLANK	REQUIRED FIELD
	MS	310	302	n/a	PAGE NUMBER INVALID	DEFAULT VALUE SHOULD BE 0101
	MT	119	104	n/a	PAGE NUMBER INVALID	MULTI-RPTD PAGE#: <# OF PAGES>
	OR	119	104	n/a	PAGE NUMBER INVALID	REPORTED PAGE #: <PAGE # LISTED>
						REPORTED NUM PAGES: <# OF PAGES IS LISTED>
PATIENT ADDRESS	IL	258, 266, 267	251, 259, 260	9, 10	PATIENT ADDRESS BLANK	REQUIRED FIELD
	MS	8 - 10	8 - 10	*	PATIENT CITY BLANK	REQUIRED FIELD
	All	n/a	n/a	n/a	PATIENT STATE BLANK	REQUIRED FIELD
	Others				PATIENT STATE INVALID	REPORTED PATIENT STATE: <STATE REPORTED IS LISTED>
PATIENT BIRTH DATE	ID	1	n/a	8	BIRTH DATE BLANK	REQUIRED FIELD
	IL	1	1	12	BIRTH DATE INVALID	DOB = <DOB REPORTED IS LISTED>
	MS	6	6	*	BIRTH DATE MUST BE <= CURRENT DATE	DSCH DATE: <DISCHARGE DATE IS LISTED>
	MT	1	1	8	AND DISCHARGE DATE	B-DATE: <DOB REPORTED IS LISTED>
	OR	1	1	10	BIRTH DATE OVER 124 YEARS OLD	<DOB REPORTED IS LISTED>

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PATIENT CONTROL NO. (PATIENT ID)	ID	122	n/a	9	PATIENT CONTROL NUMBER BLANK	PATIENT ID - REQUIRED FIELD
	IL	122	107	13		
	MS	2	2	*		
	MT	122	107	9		
	OR	122	107	11		
PATIENT DISCHARGE STATUS	ID	34	n/a	14	PATIENT DISCHARGE STATUS CODE	30 - NOT ALLOWED ON FINAL BILL
	IL	34	24	18	PATIENT DISCHARGE STATUS BLANK	REQUIRED FIELD
	MS	21	21	*	PATIENT DISCHARGE STATUS VALUE	<PATIENT DISCHARGE STATUS REPORTED IS LISTED>
	MT	34	24	13	INVALID	
	OR	34	24	16	PATIENT STATUS ALLOWED ONLY FOR MEDICARE OUTPATIENTS	09
					PATIENT STATUS VALUE VALID AS OF <DISCONTINUATION DATE>	<PATIENT DISCHARGE STATUS REPORTED IS LISTED>
PATIENT NAME	ID	n/a	n/a	n/a	PATIENT FIRST NAME BLANK	REQUIRED WHEN PATIENT LAST NAME PRESENT
	IL	262-265	255-258	8		
	MS	5	5	*	PATIENT LAST NAME BLANK	REQUIRED WHEN PATIENT FIRST NAME PRESENT
	MT	n/a	n/a	n/a		
	OR	253	248	8	PATIENT NAME BLANK	PATIENT NAME REQUIRED
					PATIENT NAME INVALID	PATIENT NAME REPORTED: <PATIENT NAME REPORTED IS LISTED>
PATIENT RELATIONSHIP TO INSURED	MS Only	27, 40, 53	27, 40, 53	*	PATIENT RELATIONSHIP TO PRIMARY INSURED INVALID	REPORTED REL TO INS: <RELATIONSHIP CODE REPORTED IS LISTED>
PATIENT SSN	MS Only	419	411	*	PATIENT SSN BLANK	REQUIRED BY MHA AND MSDH
					PATIENT SSN INVALID	REPORTED PATIENT SSN: <SSN REPORTED IS LISTED>
PAYER ASSIGNMENT OF BENEFITS	MS Only	31, 44, 57	31, 44, 57	*	PAYER ASSIGNMENT OF BENEFITS INVALID	PRIMARY, SECONDARY, OR TERTIARY PAYER AOB MUST BE N, W, OR Y
PAYER ID AND NAME	ID	5 - 7, 231 - 233	n/a	6, 32, 33	1ST PAYER ID BLANK	REQUIRED FIELD
					1ST PAYER ID INVALID	<PAYER ID REPORTED IS LISTED>
	IL	5 - 7, 234 - 236	5 - 7, 181 - 183	7, 38	2ND PAYER ID INVALID	<PAYER ID REPORTED IS LISTED>
					3RD PAYER ID INVALID	<PAYER ID REPORTED IS LISTED>
	MS	22, 23, 35, 36, 48, 49	22, 23, 35, 36, 48, 49	*	PAYER ID NOT NUMERIC	<PAYER ITEM # IS LISTED> PAYER ID <PAYER ID REPORTED IS LISTED>
	MT	5 - 7, 231 - 233	5 - 7, 179 - 181	6, 31	PAYER TYPE NOT ALLOWED FOR BILL TYPE	CHARITY PAYER PRIMARY INVALID FOR 111 BILL TYPE
					PRIMARY PAYER NAME IS BLANK	REQUIRED FIELD
	OR	5 - 7, 231 - 233	5 - 7, 179 - 181	7, 34	SECONDARY PAYER NAME IS BLANK	REQUIRED FIELD (IF 2ND PAYER ID IS REPORTED)
					TERTIARY PAYER NAME IS BLANK	REQUIRED FIELD (IF 3RD PAYER ID IS REPORTED)

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	State	IP	OP	837 5010 Segment		
PAYER RELEASE OF INFORMATION	MS Only	30, 43, 56	30, 43, 56	*	PAYER RELEASE OF INFORMATION INVALID	PRIMARY, SECONDARY, OR TERTIARY PAYER ROI MUST BE I OR Y
POA INDICATOR	ID	13 - 29, 131 - 167	n/a	15	POA CODE = 1 / DIAGNOSIS CODE NOT EXEMPT	<ITEM #> <DX CODE REPORTED IS LISTED> POA 1 INVALID
	IL	13 - 29, 134 - 170	n/a	19	POA CODE "1" NO LONGER ALLOWED FOR USE IN 5010	
	MS	63 - 117	n/a	*	POA CODE INVALID - NOT Y, N, W, OR U	<DIAGNOSIS TYPE IS LISTED (i.e. principal)> POA: <POA CODE IS LISTED>
	MT	13 - 29, 131 - 167	n/a	14	POA CODE IS MISSING/DIAGNOSIS CODE NOT EXEMPT	<DX ITEM #> <DX CODE REPORTED IS LISTED> POA IS REQUIRED
	OR	13 - 29, 131 - 167	n/a	17	POA CODE MISSING	POA REQUIRED FOR PRINCIPAL DIAGNOSIS
					POA CODE REPORTED / DIAGNOSIS CODE BLANK	<DX ITEM #> POA: <POA CODE REPORTED IS LISTED>
					POA CODE REPORTED - DIAGNOSIS EXEMPT	POA SHOULD BE BLANK OR 1
					POA CODE REPORTED BUT NOT IN POSITION 8	REPORTED DIAGNOSIS: <DX CODE IS LISTED>
					5010 HAS NO POA VALUES IN HI SEGMENT. CHECK OLD K3 SEGMENT.	
	POINT OF ORIGIN	ID	9	n/a	14	NEWBORN POINT OF ORIGIN CONFLICTS WITH PRIORITY OF VISIT
IL		9	9	18		
MS		19	19	*		
MT		9	9	13	POINT OF ORIGIN BLANK	REQUIRED FIELD
OR		9	9	16	POINT OF ORIGIN INVALID FOR DISCHARGE DATE	<POINT OF ORIGIN REPORTED IS LISTED>
PRIORITY OF VISIT	ID	10	n/a	14	PRIORITY OF VISIT "4", AGE MUST BE "0"	NEWBORN AGE MUST BE 0
	IL	10	10	18	PRIORITY OF VISIT BLANK	REQUIRED FIELD
	MS	18	18	*	PRIORITY OF VISIT INVALID (Not 1-5 or 9)	<PRIORITY OF VISIT REPORTED IS LISTED>
	MT	10	10	13		
	OR	10	10	16		

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	State	IP	OP	837 5010 Segment		
PROCEDURE	ID	31, 35 - 47, 168 - 222	n/a	19, 20	FIFTH PROCEDURE INVALID	
					FOURTH PROCEDURE INVALID	
	IL	31, 35 - 47, 171-225	205-247	23, 24, 40	MODIFIER INVALID	<ITEM #> PROC/CPT/HCPCS: <CODE REPORTED IS LISTED> MOD: <MODIFIER REPORTED IS LISTED>
	MS	121 - 195	145-187	*		
	MT	31, 35 - 47, 168 - 222	230 - 245	18, 19, 33	NO QUALIFYING OS/ED/OC/IM CRITERIA NO SURGICAL PROCEDURE LISTED	<STRING OF PROCEDURES REPORTED ON CASE IS LISTED>
	OR	31, 35 - 47, 168 - 222	230 - 245	21, 22, 35	PRINCIPAL PROCEDURE BLANK	REQUIRED FIELD
					PRINCIPAL PROCEDURE CPT MODIFIER INVALID	
					PRINCIPAL PROCEDURE INVALID	
					PROCEDURE - AGE NOT MATERNITY	<STRING OF PROC CODES THAT AREN'T MATERNITY>
					PROCEDURE INVALID	<ITEM #> ICD/CPT/HCPCS: <PROCEDURE CODE REPORTED IS LISTED> <ITEM #> ICD CODE PROVIDED - O/P MUST CONTAIN CPT/HCPCS <ITEM #> UNHANDLED EXCEPTION: <PROCEDURE CODE REPORTED IS LISTED> <ITEM #> UNKNOWN CODE - O/P MUST CONTAIN CPT/HCPCS
					PROCEDURE - SEX NOT FEMALE	<STRING OF PROC CODES THAT AREN'T FEMALE>
					PROCEDURE - SEX NOT MALE	<STRING OF PROC CODES THAT AREN'T MALE>
					SECOND PROCEDURE INVALID	
					SIXTH PROCEDURE INVALID	
					THIRD PROCEDURE INVALID	
PROCEDURE DATE	ID	33, 37 - 49, 170 - 224	n/a	19, 20	FIFTH PROCEDURE DATE BLANK	
					FIFTH PROCEDURE DATE FOUND - NO PROCEDURE CODE	
	IL	33, 37 - 49, 173 - 2274	206-248	23, 24, 41	FIFTH PROCEDURE DATE INVALID	
	MS	121 - 195	146-188	*	FOURTH PROCEDURE DATE BLANK	
	MT	33, 37 - 49, 170 - 224	204-246	18, 19, 34	FOURTH PROCEDURE DATE FOUND - NO PROCEDURE CODE	
	OR	33, 37 - 49, 170 - 224	204-246	21, 22, 36	FOURTH PROCEDURE DATE INVALID	
					PRINCIPAL PROCEDURE DATE BLANK	
				PRINCIPAL PROCEDURE DATE FOUND - NO PROCEDURE CODE		
				PRINCIPAL PROCEDURE DATE INVALID		

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	State	IP	OP	837 5010Segme		
PROCEDURE DATE (CONT.)	See Above				PROCEDURE DATE BLANK	<ITEM #> LINE ITEM PROC/CPT/HCPCS DATE: REQUIRED FIELD REQUIRED FIELD: <ITEM#> PROC CODED
					PROCEDURE DATE FOUND - NO PROCEDURE CODE	<ITEM #> NOT CODED: <PROC DATE REPORTED IS LISTED>
					PROCEDURE DATE INVALID	<ITEM #> PROC/CPT/HCPCS DATE: <DATE REPORTED IS LISTED>
					PROCEDURE DATE / SERVICE DATE IS > 30 DAYS BEFORE ADM. DATE	<ITEM #> PROC/CPT/HCPCS DATE: <DATE IS LISTED>
					PROCEDURE DATE IS > DISCHARGE DATE	<ITEM#> PROC/CPT/HCPCS DATE: <DATE IS LISTED>
					SECOND PROCEDURE DATE BLANK	
					SECOND PROCEDURE DATE FOUND - NO PROCEDURE CODE	
					SECOND PROCEDURE DATE INVALID	
					SIXTH PROCEDURE DATE BLANK	
					SIXTH PROCEDURE DATE FOUND - NO PROCEDURE CODE	
					SIXTH PROCEDURE DATE INVALID	
					THIRD PROCEDURE DATE BLANK	
					THIRD PROCEDURE DATE FOUND - NO PROCEDURE CODE	
					THIRD PROCEDURE DATE INVALID	
PROCESS NOT AVAILABLE	All				DATA SUBMITTED FOR CLOSED QUARTER	PROCESS CYCLE NOT AVAILABLE FOR <DISCHARGE DATE REPORTED IS LISTED>
RACE / ETHNICITY	ID	n/a	n/a	n/a	ETHNICITY CODE BLANK	REQUIRED FIELD
	IL	238, 239	185, 186	12	ETHNICITY CODE INVALID	REPORTED ETHNICITY: <ETHNICITY CODE REPORTED IS LISTED>
	MS	420, 421	412, 413	*		
	MT	235, 236	183, 184	8	RACE CODE BLANK	REQUIRED FIELD
	OR	235, 236	183, 184	10	RACE CODE INVALID	REPORTED RACE: <RACE CODE REPORTED IS LISTED>

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	State	IP	OP	837 5010 Segment		
REVENUE CHARGE	ID	52 - 118	n/a	9, 34	CHARGE CANNOT BE ZERO	REV CODE = <REV. CODE REPORTED IS LISTED>, SEQ <# LISTED> CHARGE: REQUIRED FIELD
	IL	52 - 118	37 - 103	13, 40		23RD REV CHARGE: REQUIRED FIELD
	MS	200 - 309	192 - 301	*		REVENUE CODE <REV.CODE REPORTED IS LISTED> SEQ <REV. SEQ. IS LISTED>
	MT	52 - 118	37 - 103	9, 33		REV CODE CHARGE <REV. SEQ. IS LISTED> = <CHGS REPORTED ARE LISTED>
	OR	52 - 118	37 - 103	11, 35	CHARGE IS NOT NUMERIC	23RD REV CHARGE: <VALUE REPORTED IS LISTED>
						NON-COVERED REV CHARGE: <REV CHG #> = <VALUE REPORTED IS LISTED>
						<REV CHG #> CHARGES <VALUE REPORTED IS LISTED>
						CHARGES NEGATIVE FOR REVENUE CODE
						SUM OF CHARGES NEGATIVE FOR REV CODE <REV. CODE REPORTED IS LISTED>
						TOTAL CHARGES: <TOTAL CHARGE VALUE REPORTED IS LISTED>
						REV CHARGE NOT REPORTED
						<CHARGE #> REV CHARGE: REQUIRED FIELD
						RM&BD REV. CHARGE MISSING
						REV CHARGE REPORTED, SERVICE PROCEDURE NOT REPORTED
						<REVENUE CHARGE #> LINE ITEM PROCEDURE: REQUIRED FIELD
						REV CODE REPORTED; NO CORRESPONDING REV CHARGE
						NO CHARGE FOUND FOR REV CODE <REV. ITEM IS LISTED> = <REV. CODE REPORTED IS LISTED>
				SERVICE PROCEDURE REPORTED, REV CHARGE NOT REPORTED		
				<CHARGE #> REV CHARGE: REQUIRED FIELD		
				SUM OF REVENUE CODE CHARGES DOES NOT EQUAL TOTAL CHARGE		
				REV CHGS: <SUM OF INDIVIDUAL CHARGES IS LISTED> TOT CHGS: <TOTAL CHARGE AMT ENTERED IS LISTED>		
				TOTAL CHARGES ARE >= \$10,000,000.00		
				TOTAL CHARGES: <TOTAL CHARGE VALUE REPORTED IS LISTED>		
				TOTAL CHARGES EXCEED 15 DIGITS		
				<TYPE OF CHARGE> CHARGES: <CHARGE VALUE REPORTED IS LISTED>		
				<TYPE OF CHARGE> CHARGES EXCEED 15 DIGITS		
				TOTAL CHARGE MUST BE > ZERO		
				REV CODE CHARGE 0001 MUST BE > 0		

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	State	IP	OP	837 5010 Segment		
REVENUE CODE	ID	50 - 116	n/a	34	NO QUALIFYING OS SUITE REV CODE	OS CRITERIA NOT MET
	IL	50 - 116	35 - 101	40	NO ROOM AND BOARD REVENUE CODE	REQUIRED FIELD
	MS	197 - 307	189 - 299	*	NO TOTAL REVENUE CODE	TOTAL REVENUE CODE 0001 MISSING
	MT	50 - 116	35 - 101	33	REVENUE CHARGE REPORTED; NO CORRESPONDING REVENUE CODE	REV CODE <ITEM #> MUST REPORT REVENUE CODE
	OR	50 - 116	35 - 101	35	REVENUE CODE CONFLICT	REV. 450 CANNOT BE USED WITH REV. CODES 451,452,456,459
					REVENUE CODE INVALID	REV. CODE 452 MUST BE USED IN CONJUNCTION WITH 451
					SERVICE PROCEDURE REPORTED, REV CODE NOT REPORTED	REV CODE # = <REV CODE IS LISTED> 0001 REV CODE MUST BE ON LAST PAGE ONLY
					TWO (0001) REVENUE CODES FOUND	23RD REV CODE MUST BE 0001 <ELEMENT POSITION IS LISTED> REV CODE: REQUIRED FIELD
REVENUE UNITS	ID	51 - 114	n/a	34	REVENUE CHARGE UNITS INVALID	<REV CHG #> REV UOS: <UNITS OF SVC REPORTED IS LISTED>
	IL	51 - 114	36 - 99	40	REVENUE CODE UNITS INVALID	REV CODE UNITS <REVENUE ITEM #> = <UNITS OF SVC REPORTED IS LISTED>
	MS	199 - 304	191 - 296	*	ROOM AND BOARD REVENUE CODE UNITS BLANK	REQUIRED FIELD
	MT	51 - 114	36 - 99	33		
	OR	51 - 114	36 - 99	35		
SEX	ID	2	n/a	8	SEX BLANK	REQUIRED FIELD
	IL	2	2	12	SEX INVALID	REPORTED GENDER: <PATIENT SEX REPORTED IS LISTED>
	MS	7	7	*		
	MT	2	2	8		
	OR	2	2	10		
SITE ID	ID	n/a	n/a	n/a	SITE ID BLANK	REQUIRED FIELD
	IL	n/a	113	n/a	SITE ID INVALID	<SITE ID REPORTED IS LISTED>
	MS	n/a	n/a	n/a		
	MT	n/a	113	n/a		
	OR	n/a	113	n/a		

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	State	IP	OP	837 5010 Segment		
VALUE CODE	MS Only	365 - 388	357 - 380	*	VALUE AMOUNT INVALID	REPORTED <ITEM NAME> VALUE AMOUNT: <VALUE AMOUNT REPORTED IS LISTED>
					VALUE CODE BLANK / VALUE AMOUNT REPORTED	REPORTED <ITEM NAME> VALUE AMOUNT: <VALUE AMOUNT REPORTED IS LISTED>
					VALUE CODE INVALID	REPORTED <ITEM NAME> VALUE CODE: <VALUE CODE REPORTED IS LISTED>
					VALUE CODE REPORTED / VALUE AMOUNT BLANK	<ITEM NAME> VALUE AMOUNT REQUIRED. VALUE CODE REPORTED: <CODE REPORTED IS LISTED>
ZIP CODE	ID	3, 4	n/a	7	ZIP CODE BLANK	REQUIRED FIELD
	IL	3, 4	3, 4	11	ZIP CODE INVALID	<ZIP CODE REPORTED IS LISTED>
	MS	11, 12	11, 12	*		
	MT	3, 4	3, 4	7		
	OR	3, 4	3, 4	9		
*SEE THE NATIONAL 837 4010A1 OR NEW 5010A2 MANUAL FOR SEGMENT INFORMATION						