



# GPNet Edits Manual

**CGS**

A CMS Medicare  
Administrative Contractor

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## INSTRUCTIONS FOR USING THE EDITS MANUAL

These instructions apply to every section of the Edits Manual. This information will be helpful to you in knowing how the edit works.

- **HL = @HL#** – When you see this in the edit message, it means the hierarchical number of the claim will be displayed in the edit message. For example, if “HL= 23” is displayed, it indicates that the error occurred on the 22<sup>nd</sup> claim in the file.
- **@FLD - HL=@HL# - @FLD** – This edit message will display the invalid data. For example, if the procedure code is not valid, the @FLD displays the code that is not valid and the HL=@HL# indicates the claim within the file.

The **Edit Type** column will indicate how the edit sets with the following values:

- **W** – Warning
- **I** – Informational
- **C** – Claim reject
- **B** – Batch reject
- **F** – File reject

Under the **Edit Logic** column lists the programming logic as to why that edit sets.

### CGS

We are constantly adding/deleting/updating edits to meet the current CMS processing requirements. As you know, changes occur frequently, so we must update our edits to match those changes. When a new edit is added or an old edit updated, the changes will be published through e-mail and also be posted on the our website: [www.cignagovernmentservices.com/J15](http://www.cignagovernmentservices.com/J15). If you have questions, please call the CGS EDI Support Desk at 1.866.758.5666.

## ANSI 276 EDITS

These edits apply to all ANSI 276 Claim Status Request transactions submitted to GPNet for Medicare Part A, Part B and HHH.

Edit #	Edit Type	Message	Segment ID	Edit Logic
B2A	B	Must contain '46' in 2100B/NM1	NM108	A value of 46 must be in the 2100B/NM1
B2B	B	Multi'46' found in 2100B/NM1	NM108	Cannot have multiple values of 46 in the 2100B/NM1
B2C	B	Must contain 'SV' in 2100C/NM1	NM108	The 2100C/NM1 must contain a value of SV
B2D	I	Multi 'SV' found in 2100C/NM1	NM108	Cannot have multiple values of SV in the 2100C/NM1
SAA	B	SVC line prod/ser ID qualifier invalid	SVC01	Valid values are "AD" "CI" "HC" "ID" "IV" "N1" "N2" "N3" "N4" "ND" "NH" "NU" and "RB"
SAB	B	Line item chg amt exceeds maximum	SVC03	Exceeds maximum decimal places
SAC	B	Line item chg exceeds max decimal places	SVC03	Exceeds maximum field size
SAD	B	Units of SVC exceeds maximum	SVC07	Exceeds maximum decimal places
SAE	B	Units of SVC exceeds max decimal places	SVC07	Exceeds maximum field size
SAF	B	SVC line ID qualifier invalid	REF01	Valid value is "FJ"
SA1	B	Submitted claim amt qual invalid ID	AMT01	Valid value is "T3"
SA2	B	Total submitted charge amt exceeds maximum	AMT02	Exceeds maximum decimal places
SA3	B	Total sub charge amt exceeds max decimal places	AMT02	Exceeds maximum field size
SA5	B	Claim SVC date qualifier invalid	DTP01	Valid value is "232"
SA6	B	Claim SVC date format qualifier invalid	DTP02	Valid value is "RD8"
SA7	B	Claim SVC from date invalid	DTP03	From date must be in valid calendar date CCYYMMDD format
SA8	B	Claim SVC to date invalid	DTP03	To date must be in valid calendar date CCYYMMDD format
SB0	B	SVC line item control number missing	REF02	Must be greater than spaces
SB2	B	SVC line date qualifier invalid	DTP01	Valid value is "472"
SB3	B	SVC line date from qualifier invalid	DTP02	Valid value is "RD8"
SB4	B	SVC line from date invalid	DTP03	From date must be in valid calendar date CCYYMMDD format
SB5	B	SVC line to date invalid	DTP03	To date must be in valid calendar date CCYYMMDD format
SB6	F	SE02 does not match ST02	SE 02	SE02 must = ST02
SB7	F	GE02 does not match GS06	GE 02	GE02 must = GS06
SB8	F	IEA02 does not match ISA13	IEA02	IEA02 must = ISA13
SB9	F	Authorization information qualifier invalid	ISA01	Valid values are "00" or "03"
S0A	F	Interchange control ID Must be 'U'	ISA11	Valid value is "U"
S0B	F	Version number invalid	ISA12	Valid value is "00401"
S0C	F	Acknowledgement request indicator invalid	ISA14	Valid values are "0" and "1"
S0D	F	TEST/PROD indicator invalid	ISA15	Valid values are "P" and "T"

Edit #	Edit Type	Message	Segment ID	Edit Logic
S0E	F	Functional ID code invalid	GS01	Valid value is "HR"
S0F	F	Create date invalid format	GS04	Must be in the valid calendar date CCYYMMDD format
S01	F	Authorization information missing	ISA02	If ISA01="03", then ISA02 must be greater than spaces
S02	F	Security information qualifier invalid	ISA03	Valid values are "00" OR "01"
S03	F	File security information missing	ISA04	If ISA03 = "01", then ISA04 must be greater than spaces
S04	F	Submitter interchange ID qualifier invalid	ISA05	Valid values are "01" "14" "20" "27" THRU "30" "33" and "ZZ"
S05	F	Receiver ID qualifier invalid	ISA07	Valid values are "01" "14" "20" "27" THRU "30" "33" and "ZZ"
S06	F	Receiver ID invalid	ISA08	If ISA07="27", then ISA08 must be a valid carrier number
S07	F	Create date invalid	ISA09	Must be in the valid calendar date YYMMDD format
S08	F	Create date is future	ISA09	Cannot be a future date
S09	F	Create time invalid	ISA10	Valid 24 hour clock in HHMM format
S1B	I	HL source ID number invalid	HL01	Must be unique within the ST - SE transaction set
S1C	B	HL source level code invalid	HL03	Valid value is "20"
S1D	B	HL source child code missing	HL04	Must be greater than spaces
S1E	B	HL source level code missing	HL04	Valid value is "1"
S10	F	Functional group create date cannot be future	GS04	Cannot be a future date
S11	F	Create time invalid	GS05	Valid 24 hour clock in HHMM, HHMMSS, HHMMSSD or HHMMSSDD format
S12	F	Resp agency code invalid	GS07	Valid value is "X"
S13	F	X12 version code invalid	GS08	Valid value is "004010X093"
S14	F	Transaction set ID code invalid	ST01	Valid value is "276"
S15	F	X12 HL type code invalid	BHT01	Valid value is "0010"
S16	F	Transaction set purpose code invalid	BHT02	Valid value is "13"
S17	F	Transaction set create date missing	BHT04	Must be greater than spaces
S18	F	Create date invalid format	BHT04	Must be a valid calendar date in the CCYYMMDD format
S19	F	Transaction set create date cannot be future	BHT04	Cannot be a future date
S2A	B	Payer contact comm number 1 qual invalid	PER03	Valid values are "ED", "EM" and "TE"
S2B	B	Payer contact comm number 2 qual missing	PER04	Must be greater than spaces
S2C	B	Payer contact comm number 2 qual invalid	PER05	Valid values are spaces and "EX"
S2D	B	Payer contact comm number 3 qual invalid	PER07	Valid values are spaces, "EX" and "FX"
S2F	B	HL receiver ID number invalid	HL01	Must be unique within the ST-SE transaction set
S22	B	Payer entity ID code invalid	NM101	Valid value is "PR"
S23	B	Payer entity type qualifier invalid	NM102	Valid value is "2"
S24	B	Payer name missing	NM103	Must be greater than spaces
S25	B	Payer ID code qualifier missing	NM108	Must be greater than spaces
S26	B	Payer ID code qualifier invalid	NM108	Valid values are "21", "AD", "FI", "NI", "PI", "PP", and "XV"

Edit #	Edit Type	Message	Segment ID	Edit Logic
S27	B	Payer ID missing	NM109	A valid payer ID must be present in the 2100A/NM109
S28	B	Payer contact function code invalid	PER01	Valid value is "IC"
S29	B	Payer contact comm number 1 qualifier missing	PER03	Must be greater than spaces
S3A	B	Receiver first name missing	NM104	If NM102= "1" then NM104 must be greater than spaces
S3B	B	Receiver ID code qualifier missing	NM108	Must be greater than spaces
S3C	B	Receiver ID code qualifier invalid	NM108	Valid values are "46", "FI" and "XX"
S3D	B	Receiver ID number missing	NM109	Must be greater than spaces
S3F	B	HL service provider ID number invalid	HL01	Must be unique within the ST-SE transaction set
S30	B	HL receiver parent ID number invalid	HL02	Value must equal the value in the 2000A/HL01 to which this loop is subordinate to
S31	B	HL receiver level code invalid	HL03	Valid value is "21"
S32	B	HL receiver child code missing	HL04	Must be greater than spaces
S33	B	HL receiver child code invalid	HL04	Valid value is "1"
S37	B	Receiver entity ID code invalid	NM101	Valid value is "41"
S38	B	Receiver entity type qualifier invalid	NM102	Valid values are "1" and "2"
S39	B	Receiver last/org name missing	NM103	Must be greater than spaces
S4A	B	Receiver first name missing	NM104	If NM102 = "1" then NM104 must be greater than spaces
S4B	B	Receiver ID code qualifier missing	NM108	Must be greater than spaces
S4C	B	Receiver ID code qualifier invalid	NM108	Valid values are "FI", "SV" and "XX"
S4D	B	Receiver ID number missing	NM109	Must be greater than spaces
S4F	B	HL subscriber ID number invalid	HL01	Must be unique within the ST-SE transaction set
S40	B	HL svc prov parent ID number invalid	HL02	Value must equal the value in the 2000B/HL01 to which this loop is subordinate to
S41	B	HL svc prov level code invalid	HL03	Valid value is "19"
S42	B	HL svc prov child code missing	HL04	Must be greater than spaces
S43	B	HL svc prov child code invalid	HL04	Valid value is "1"
S47	B	Provider entity ID code invalid	NM101	Valid value is "1P"
S48	B	Receiver entity type qualifier invalid	NM102	Valid values are "1" and "2"
S49	B	Receiver last/org name missing	NM103	Must be greater than spaces
S5D	B	Subscriber entity ID code invalid	NM101	Valid values are "IL" and "QC"
S5E	B	Subscriber entity type qualifier invalid	NM102	Valid values are "1" and "2"
S5F	B	Subscriber last name missing	NM103	Must be greater than spaces
S50	B	HL subscriber parent ID number invalid	HL02	Value must equal the value in the 2000C/HL01 to which this loop is subordinate to.
S51	B	HL subscriber level code invalid	HL03	Valid value is "22"
S52	B	HL subscriber child code missing	HL04	Must be greater than spaces
S53	B	HL subscriber child code invalid	HL04	Valid values are "0" and "1"
S54	B	Subscriber DOB format qualifier missing	DMG01	Must be greater than spaces
S55	B	Subscriber DOB format qualifier invalid	DMG01	Valid value is "D8"
S56	B	Subscriber DOB invalid	DMG02	Must be in the valid calendar date CCYYMMDD format
S57	B	Subscriber DOB future date	DMG02	Cannot be a future date

Edit #	Edit Type	Message	Segment ID	Edit Logic
S58	B	Subscriber sex code missing	DMG03	Must be greater than spaces
S59	B	Subscriber sex code invalid	DMG03	Valid values are "F", "M" and "U"
S6D	B	Submitted claim amount qualifier invalid	AMT01	Valid value is "T3"
S6E	B	Total submitter charge amt exceeds maximum	AMT02	Exceeds maximum decimal places
S6F	B	Total sub charge exceeds max decimal places	AMT02	Exceeds maximum field size
S60	B	Subscriber first name missing	NM104	If NM102="1" then NM104 must be greater than spaces
S61	B	Subscriber ID code qualifier missing	NM108	Must be greater than spaces
S62	B	Subscriber ID code qualifier invalid	NM108	Valid values are "24", "MI" and "ZZ"
S63	B	Subscriber ID missing	NM109	Must be greater than spaces
S65	B	Claim submitter trace type code invalid	TRN01	Valid value is "1"
S66	B	Claim source ID qualifier invalid	REF01	Valid value is "1K", "BLT" or "EA"
S67	B	Claim source code missing	REF02	Must be greater than spaces
S7A	B	Line item charge amt exceeds maximum	SVC02	Exceeds maximum decimal places
S7B	B	Line item charge exceeds max decimal places	SVC02	Exceeds maximum field size
S7C	B	Units of service exceeds maximum	SVC07	Exceeds maximum decimal places
S7D	B	Units of svc chg exceeds max decimal places	SVC07	Exceeds maximum field size
S7E	B	SVC line item ID qualifier invalid	REF01	Valid value is "FJ"
S7F	B	SVC line item control number missing	REF02	Must be greater than spaces
S71	B	Claim service date/time qualifier invalid	DTP01	Valid value is "232"
S72	B	Claim service date format qualifier invalid	DTP02	Valid value is "RD8"
S73	B	Claim service from date invalid	DTP03	From date must be in the CCYYMMDD format
S74	B	Claim service to date invalid	DTP03	To date must be in the CCYYMMDD format
S75	B	Claim service from date > than to date	DTP03	From date must be greater than or equal to the to date
S76	B	Claim service from date cannot be future date	DTP03	From date cannot be future dated
S77	B	Claim service to date cannot be future date	DTP03	To date cannot be future dated
S79	B	Service line prod/serv ID qualifier invalid	SVC03	Valid values are "AD", "CI", "HC", "ID", "IV", "N1", "N2", "N3", "N4", "ND", "NH", "NU" and "RB"
S8A	B	HL dependent parent ID number invalid	HL02	Value must equal the value in the 2000D/HL01 to which this loop is subordinate to
S8B	B	HL dependent level code invalid	HL03	Valid value is "23"
S8D	B	Dependent DOB format qualifier missing	DMG01	Must be greater than spaces
S8E	B	Dependent DOB format qualifier invalid	DMG01	Valid value is "D8"
S8F	B	Dependent DOB invalid	DMG02	Must be a valid calendar date in the CCYYMMDD format

Edit #	Edit Type	Message	Segment ID	Edit Logic
S81	B	Service line date qualifier invalid	DTP01	Valid value is "472"
S82	B	Service line date format qualifier invalid	DTP01	Valid value is "RD8"
S83	B	Service line from date invalid	DTP03	From date must be in valid calendar date CCYYMMDD format
S84	B	Service line to date invalid	DTP03	To date must be in valid calendar date CCYYMMDD format
S85	B	Service line from date greater than to date	DTP03	From date cannot be greater than to date
S86	B	Service line from date cannot be future	DTP03	From date cannot be future dated
S87	B	Service line to date cannot be future	DTP03	To date cannot be future dated
S89	B	HL dependent ID number invalid	HL 01	Must be unique within the ST - SE transaction set
S9A	B	Claim submitter trace type code invalid	TRN01	Valid value is "1"
S90	B	Dependent DOB cannot be future date	DMG02	Cannot be a future date
S91	B	Dependent sex code missing	DMG03	Must be greater than spaces
S92	B	Dependent sex code invalid	DMG03	Valid values are "F", "M" and "U"
S94	B	Patient entity ID code invalid	NM101	Valid value is "QC"
S95	B	Patient entity type qualifier invalid	NM102	Valid value is "1"
S96	B	Patient last name missing	NM103	Must be greater than spaces
S97	B	Patient ID code qualifier invalid	NM108	Valid values are "MI" and "ZZ"
S98	B	Patient primary ID missing	NM109	Must be greater than spaces

## ANSI 837 INSTITUTIONAL EDITS

These edits apply to ANSI 837 Health Care Claim: Institutional transactions submitted to GPNet for Medicare Part A and Home Health and Hospice (HHH).

Edit #	Edit Type	Message	Segment ID	Edit Logic
A11	I	Sub ETIN cannot be spaces	NM109	Submitter ID (1000A/NM109) must be greater than spaces
B0A	I	Bill provider addr 1 cannot be spaces		The billing providers address must be greater than spaces (2010AA/N3)
B06	B	UPIN NPP000 is not valid		A UPIN of "NPP000" cannot be submitted in the 200 Record/2010 loop REF01=1G.
B07	B	UPIN NPP000 is not valid		If the Qualifier indicates a UPIN (Record 200 with 1G Qualifier) the UPIN cannot be "NPP000"
CA1	C	Drug Unit Price not numeric > @FLD	CTP03	The Drug Unit Price (2410/CTP03) contains an invalid non-numeric value.
CA2	C	Unit Price not > Zero > @FLD	CTP03	The Unit Price (2410/CTP03) must contain a numeric value greater than zero.
CA3	C	Drug Unit Count non-numeric > @FLD	CTP04	The National Drug Count (2410/CTP04) must contain a valid numeric value.
CA4	C	Drug Unit Count not > zero >@FLD	CTP04	The Drug Unit Count (2410/DTP04) must be a numeric value greater than zero.
CA5	C	Unit Qualifier invalid > @FLD	CTP05	The Unit or Basis for Measurement Code (CTP05) does not contain a valid qualifier.
CA6	C	Prescription # Qualifier invalid >@FLD	REF01	The Prescription Number Qualifier (2410/REF01) must contain a valid value.
CA7	C	Prescription # missing >@FLD	REF02	The Prescription Number (2410/REF02) is required.
CA8	C	NDC Qualifier invalid > @FLD	LIN01	NDC qualifier code does not equal N4.
CB1	I	Payer pd amt and CAS seg amts must equal	CAS	If 2320/AMT01=D (payer pd amt) and if 2320/AMT02 + 2320/CAS adjustment amts and 2430/CAS adjustments amounts do not =2300/CLM02 (total clm charge) If they do not balance, set edit.
C13	I	DX used for DX Pnt @PTR Invalid>@FLD	HI	The submitted Diagnosis (2300/HI) must be valid.
C16	I	Condition code - @CCN INVALID -> @CND	HI	The condition code (2300/HI) must be valid.
C2A	C	Admission Source Code Required > @FLD	CL102	If the Bill Type equals 12 or 22, then the Admission Source code (500 Record/Field 25) must be present.
C2C	C	DX type code invalid for Rev code used		If the Revenue code is "045X," "0516" or "0526," then the Qualifier (Record 530) must be

Edit #	Edit Type	Message	Segment ID	Edit Logic
				"ZZ"
C2D	C	Covered Days quantity invalid for output		If the Bill Type is Outpatient, then the QTY01 cannot be CA for Co-Insured Amount.
C2E	C	Service Line Date missing > @FLD		If the Bill Type indicates Outpatient, then every Revenue Code must have a Service Line Date.
C2F	I	Service Date Qualifier invalid > @FLD		If the Bill Type is Outpatient, then every revenue code must not have the service line date range qualifier of "RD8"
C27	C	Admit Date required > @FLD		An admission Date is required on all inpatient claims.
C28	C	Type of Admission required > @FLD	CL101	All inpatient claims must have the admission type code or the claim will be rejected.
C29	C	Patient Status Code required > @FLD	CL103	All inpatient claims must contain the Patient Status Code or the claim will reject.
C3A	I	Source of admission is invalid > @FLD	CL102	The Source of Admission (CL102) must contain a valid value.
C3B	I	Patient Status is invalid > @FLB	CL103	The Patient Status Code (CL103) must contain a valid value.
C30	C	UPIN NPP000 is not valid		If the Qualifier in the REF01 indicates UPIN (REF01=1G), then the UPIN cannot be "NPP000" (REF02).
C31	C	UPIN NPP000 is not valid		If a UPIN is listed, it cannot be "NPP000" (REF01=1G with REF02 of "NPP000" If the REF01=1G (Record 640 of the flat file) then the UPIN in the REF02 cannot be NPP000.
C32	C	UPIN NPP000 is not valid		An invalid UPIN of "NPP000" cannot be submitted (REF01=1G when REF 01= NPP000).
C36	I	Statement From Date is invalid > @FLD	DTP03	The Statement From Date is either not a valid date or future dated.
C37	I	Statement To Date is invalid > @FLD	DTP03	The Statement To Date is either an invalid date or future dated.
C39	I	Type of Admission is invalid > @FLD	CL101	The Type of Admission (CL101) must contain a valid value.
C54	I	Facility code qualifier must be A	CLM05	The facility code qualifier must have a value of A (2300/CLM05-2)
C55	I	EOB Indicator not = Y or N > @FLD	CLM18	The Explanation Of Benefits (EOB) (2300/CLM18) must be Y or N.
C5X	I	POA ending indicator missing	K3	POA ending indicator must be a value of 'X' or 'Z'.
C5Y	I	POA indicator invalid	K3	POA Indicators must be a value of 'Y', 'N', 'U', 'W', '1'. Statement through date must be = to or > than 01/01/2008.
C5Z	I	POA indicator/diagnosis code	K3	A POA indicator must be

Edit #	Edit Type	Message	Segment ID	Edit Logic
		mismatch		submitted for each diagnosis code submitted. (Example: if 5 diagnosis codes are submitted then 5 valid POA indicators must be submitted). Statement through date must be = to or > than 01/01/2008
HBD	C	Total Claim Charge Amt not numeric	CLM02	The Total Claim Charge Amount (2300/CLM02) is either a negative value, non-numeric or does not equal the line level charge amount(s).
HB5	C	Patient's Birthdate invalid	DMG02	The Patient's Date of Birth (2010CA/DMG02) must be a valid calendar date and be in the correct format (CCYYMMDD).
HB6	C	Patient Birthdate = future date	DMG02	The Patient's Birthdate (2010CA/DMG02) must be a valid non-future date.
H1D	I	Transmission Type Code is not valid	REF02	The Header Transmission Type Code (REF02) must contain a valid value.
H17	I	Originator application transaction ID required	BHT03	The Originator Application Transaction ID (BHT03) must be greater than spaces.
H21	I	Submitter last or organization name required	NM103	The Submitter's Last or Organization Name (1000A/NM103) is required and must be greater than spaces.
H3B	I	Billing provider last or org name required	NM103	The Billing Provider's Last Name or Organization Name (2010AA/NM103) is required and must be greater than spaces.
IAB	I	Attending physician NPI is invalid > @FLD	NM109	The attending physicians NPI is not valid.
IAK	I	Attending secondary ID invalid > @FLD	REF02	The attending secondary ID is not valid
IA4	I	> 1 occurrence of add'l referring prov name	N2	The attending provider first name is required. (2310A/NM104)
IA5	I	> 5 occurrences of Referring Prov 2nd ID	REF	There can be no more than five occurrences of the Referring Provider Secondary Identifier (2310A/REF)
IA8	I	> 1 occurrence of rendering prov name - 2310B	NM1	There can only be one occurrence of the Rendering Provider's Name (2310B/NM1).
IA9	I	Rendering Prov Entity ID Code invalid-HL=@HL#	NM101	The Rendering Provider's Entity ID Code (2310B/NM101) must contain a valid value.
IC4	C	Lab or Ser Facility Zip code is required	N4 03	The Laboratory or Service Facility Zip Code (2310D/N403) is required.
ID4	I	Claim filing indicator code invalid - HL=@HL#	SBR09	The Claim Filing Indicator (2320/SBR09) contains an invalid value.

Edit #	Edit Type	Message	Segment ID	Edit Logic
IED	C	Other Insured's Birthdate invalid > @FLD	DMG02	The Other Insured Birthdate (2320/DMG02) must be a valid date and should not contain a future date.
IEE	C	Invalid Other Insured's DOB >@FLD	DMG02	The Other Insured's Birthdate (2320/DMG02) is invalid. The century must be 18, 19, or 20. The value must be in the CCYYMMDD format.
IFD	I	Other insured's state code invalid - HL=@HL#	N4 02	The Other Insured's state code (2330A/N402) is required and must be greater than spaces.
IFE	I	Other Subscriber 2nd ID REF qual inv- HL=@HL#	REF01	The Other Subscriber Secondary Identification Reference ID Qualifier (2330A/REF 01) contains an invalid value.
I21	C	Admission Date is invalid - @FLD	DTP03	The Admission Date (2300/DTP03 when DTP01=435) cannot be an invalid date and must be in the 19XX or 20XX century.
I22	C	Admiss Date cannot be future date > @FLD	DTP03	The Admission Date (DTP03 when DTP01=435) cannot be a future date and must be in the 19XX or 20XX century.
I3Q	I	Prior Auth CD QL Invd > @FLD	REF01	Prior authorization code qualifier must be G1.
I71	I	Invalid amb code category qual 2300- HL=@HL#	CRC01	The Ambulance Code Category (CRC01) contains an invalid value.
I72	I	Drg QL Not = DR > @FLD	HI	Diagnosis related group (DRG) qualifier in the HI segment must be DR.
I8Q	C	Ltr Days Meas Not = DA > @FLD	QTY03	The LifeTime Reserve Days in the QTY03 must be DA if QTY is sent.
I86	C	DX type code invalid for bill type > @FLD	HI 02	If the Bill Type is 12 or 22, then the admitting DX in the 2300/HI, field 4 must equal BJ, not ZZ.
J04	I	Other payer ID code qualifier invalid - 2330B	NM108	The Other Payer Identification Code Qualifier (2330B/NM108) must contain a valid value.
J05	I	Other Payer Id Qualifier invalid	NM108	The Other Payer ID code qualifier in the 2330B/NM101 must be PR.
J1E	I	Other Payer Patient REF qualifier invalid	REF01	The Other Payer Patient Reference ID Qualifier (2330B/REF01) must contain a valid value.
J11	C	2330B Reference ID Qual Inv > @FLD	REF01	The Reference ID Qualifier (2330B/REF01) must contain a valid value.
J86	C	Service date invalid >@FLD	DTP03	The Service Date must be a valid date in the 19XX or 20XX century.
J87	C	Service date cannot be in future >@FLD	DTP03	The Service Date (2400/DTP03 when DTP01=472) cannot be a future date and the century must be in the 19XX or 20XX.

Edit #	Edit Type	Message	Segment ID	Edit Logic
J88	C	Service To Date invalid > @FLD	DTP03	The Service To Date (2400/DTP03 when DTP01=472) contains an invalid date with an RD8 qualifier and must be in the 19XX or 20XX century.
J89	C	From/To Date Future dated >@FLD	DTP03	The Service From/To Date (2400/DTP) cannot be a future date and if the qualifier indicates a range of dates, then the To date must be greater than the From date.
K07	C	Allow amt price invalid	HCP02	If submitted must be greater than spaces. Cannot be a negative value for qualifiers T and F4.
K64	I	Product Qualifier invalid - HL=@HL#	SVD03	The Product or Service ID Qualifier (2430/SVD03-1) must contain a valid value.
V0A	B	Billing provider ID invalid for payor - @FLD	REF02	Provider number in the 2010AA/REF01=1C, is not valid for the payer in the 1000A/NM109.
V0B	B	EMC enrollment required HL=@HL#	REF02	EDI enrollment required.
V0F	I	Pay-to prov ID code qualifier invalid	REF01	At least one of the five 2010AB/REF occurrences must be value of "1C".
V01	F	Invalid interchange qualifier ID for payor	ISA07	The ISA07 must equal 28
V02	F	Payor ID is invalid	ISA08	If ISA07 = 27, then the payor ID must be valid against the payor ID list. If ISA07 = 28, then the payor ID must be valid against the payor ID list.
V03	F	Payor not approved for production	ISA15	This edit will set if the file is sent in as a production file (ISA15=P) but the payor is not authorized for production.
V05	B	Provider taxonomy code invalid	PRV03	A value is in the provider taxonomy field PRV03, but the value used is not on the current taxonomy code table. 2000A/PRV03
V06	I	Billing provider state required	N4 02	The Billing Provider State (2010AA/N402) must be valid.
V07	I	Billing Prov Zip Code invalid - HL=@HL#	N403	If the Billing Prov State is in US, verify the zip is numeric, not zeros or nines & is either 5-9 digits long (2010AA/N403).
V09	B	Billing prov ID qual missing in 2010AA	REF01	The REF with 1C qualifier is missing on the 2010AA/REF01.
V1E	C	Subscriber zip invalid >@FLD	N4 03	If the 2010BA/N402 is a valid state code, then the zip code must be all numeric not all zeros, not all nines and either 5 or 9 bytes
V10	B	Pay-to-provider secondary ID invalid	REF02	The provider is not on the Payor's Provider Table. The edit hits if the 2010AA /REF01 is not 1C but the

Edit #	Edit Type	Message	Segment ID	Edit Logic
				2010AB/REF01 = 1C and the Provider in the REF02 is not valid.
V13	C	Claim filing IND inv; not MB or MA > @FLD	SBR09	Value is MA for Part A
V19	C	Subscriber ID = INV format > @FLD	NM109	The Subscriber ID (2010BA/NM109) must be in a valid HICN format.
V2E	C	Responsible party zip code invalid> @FLD	N4 03	If a valid state code is submitted in the 2010BC/N402, then validate the zip to be all numeric, not all zeros (0), not all nines (9) and is either 5 or 9 bytes long.
V20	C	Subscriber DOB invalid > @FLD	DMG02	The subscriber DOB in the 2010BA/DMG02 is not a valid date. It cannot be future dated and the century must be 18, 19 or 20. Cannot be blank.
V3A	I	Diagnosis 2 invalid > @FLD	HI 02	The diagnosis was invalid per code source 131 (ICD-9) or DX was greater than 5 or, had a decimal or spaces. Location: 2300 loop.
V39	I	Diagnosis 1 invalid > @FLD	HI 01	The first Diagnosis code is invalid since it is greater than 5 positions or contains decimals or has spaces in the 2300/HI01.
V46	I	REF01 contains an invalid value - HL=@HL#	REF01	One of the occurrences must contain the code 1C or 1G. Invalid value (not OB,1B,1C,1D,1G,1H, EI,G2,LU,N5,SY,X5
V5A	C	Adjustment reason code Invalid > @FLD	CAS14	Spaces is valid, otherwise validate against code source 139. Valid codes are: D0, D1, D2, D3, D4, D5, D6, D7, D8, D9, and E0. 2320/CAS19
V5B	C	Adjustment reason code invalid > @FLD	CAS17	Spaces is valid, otherwise validate against code source 139. Valid codes are: D0, D1, D2, D3, D4, D5, D6, D7, D8, D9, and E0. 2320/CAS17
V5C	C	Other insured's DOB century not 18,19,20 > @FLD	DMG02	Other insured's DOB (2320/DMG02) must be in the 18th, 19th or 20th century.
V56	I	Adjustment reason code invalid @FLD	CAS02	Validate against code source 139. Valid codes are: D0, D1, D2, D3, D4, D5, D6, D7, D8, D9, and E0.
V57	I	CAS05 contains an invalid value @FLD -HL=@HL#	CAS05	Spaces is valid, otherwise validate against the code source 139. Valid codes are: D0, D1, D2, D3, D4, D5, D6, D7, D8, D9, and E0.
V58	I	AS08 contains and invalid value @FLD -hl=@hl#	CAS08	Spaces is valid, otherwise validate against code source 139. Valid codes are: D0, D1, D2, D3, D4, D5, D6, D7, D8, D9, and E0.
V59	C	CAS11 contains an invalid value	CAS11	Spaces is valid, otherwise validate

Edit #	Edit Type	Message	Segment ID	Edit Logic
		@FLD hl=@hl#		against code source 139. Valid codes are: D0, D1, D2, D3, D4, D5, D6, D7, D8, D9, and E0.
V6A	C	Invalid other subscriber zip code >@FLD	N4 03	If 2330A/N402 is a valid state, the zip code must be numeric (not zeros or all nines) and must be 5 or 9 bytes long.
V68	I	Other Subscriber City name invalid or space	N4 01	The Other Subscriber city name in the 2330A/N401 must be alphabetic. The first position cannot be a space. It can contain a period, comma or ampersand.
V7C	C	Service date not >19811231 > @FLD	DTP03	The Service Date (2400/DTP=472) must be greater than 12/31/1981
V94	I	SV102 must equal the sum of SVD02+2430/CAS	CAS	SAV102 must equal the sum of SVD02 + 2430/CAS03 + 2430/CAS06 + 2340/CAS09 + 2430/CAS12 + 2430/CAS15 + 2430/CAS18.
X06	C	Other subscriber state/zip mismatch - HL=@HL#	N4 02	The zip code in the 2010CA/N403 is not valid for the state code in 2010CA/N402
X26	C	2nd Ins Name must = spaces if Group ID sent	SBR04	SBR04 must be = spaces if SBR03 is > spaces
X27	C	Assessment date invalid or missing >@FLD	DTP03	Assessment Date invalid/missing Qual = 866 2400/DTP03
X28	C	QTY01 not equal 'NA' >@FLD	QTY01	2300/QTY01 must equal "NA".
X29	C	QTY02 not greater than zero >@FLD	QTY02	2300/QTY02 must be greater than zero
Y01	I	Billing Provider State/Zip do not match	N4 02	The zip code (2010AA/N403) must be valid for the state (2010AA/N402).
Y1A	I	Billing Provider ID invalid	NM108	Billing provider ID (2010AA/NM109) is invalid for NPI.
Y1B	I	NPI without a EI or SY Ref	NM109	2010AA loop with NPI but no 2010AA/REF01=EI or SY
Y1E	I	NPI without a EI or SY Ref	NM109	2010AA loop with NPI but no 2010AA/REF01=EI or SY
Y1F	I	NPI without a EI or SY Ref	NM109	2010AB loop with NPI but no 2010AB/REF01=EI or SY
Y1G	B	NPI not on crosswalk in 2010AA loop		NPI submitted in the 2010AA NM109, when NM108 = XX is not on the NPI crosswalk AND/OR if another occurrence of the 2010AA NM108=1C is submitted the value in the NM109 and the NPI submitted are not on the crosswalk.
Y1H	B	NPI not on crosswalk in 2010AB loop		NPI submitted in the 2010AB NM109, when NM108 = XX is not on the NPI crosswalk AND/OR if another occurrence of the 2010AB NM108=1C is submitted the value

Edit #	Edit Type	Message	Segment ID	Edit Logic
				in the NM109 and the NPI submitted are not on the crosswalk.
Y1I	B	NPI not submitted in the billing provider loop		NPI is required if the 2010AA is submitted AND NM108 does not contain XX qualifier.
Y1J	B	NPI not submitted in the pay to provider loop		NPI is required if the 2010AB is submitted and NM108 does not contain XX qualifier
Y19	B	Billing provider ID invalid	REF01	The 2010AA or AB/REF01 with a 1C qualifier is missing from the claim file or there are multiple REF01=1C qualifiers in the 2010AA/AB
Z00	F	Sub#=@SID and file ID=@FID already accepted		The combination of the submitter ID (1000A/NM109) and file ID (ISA13) have previously been accepted.
Z01	F	Invalid submitter ID - SUBMITTER=@SID	NM109	The Submitter ID is not valid against submitter and vendor table.
Z05	F	Invalid claim format for payor		The input claim format is not defined to this Payor.
Z08	F	Submitter not approved for production	ISA08	The submitter ID listed in ISA06 is not approved for production.
Z09	F	Version 4010A1 required		4010 flat file is not the HIPAA compliant version.
Z10	F	Invalid record length	* *	For 4010A1 FLTA, the record length is greater than 2419.
Z13	F	Record Seq Err > REC-ID = @REC / LC=@LC#		If the Preceding Loop is not the one that is listed in the Specifications, then the loop being evaluated is considered to be out of sequence.
Z14	F	No billing provider in the file		There are no batches and no claims in the file.
183	F	File Rejected - No Accepted Batches		File (ISA-IEA records) did not contain any batches (2000HL records) or the batches the file contained were all rejected.

## ANSI 837 PROFESSIONAL EDITS

These edits apply to ANSI 837 Health Care Claim: Professional transactions submitted to GPNet for Medicare Part B.

Edit #	Edit Type	Message	Edit Logic
141	F	MORE THAN 9,999 BATCHES PER FILE	Maximum number of batches within a file is 9,999.
183	F	FILE REJECTED - NO ACCEPTED BATCHES	File (ISA-IEA records) did not contain any batches (2000HL records) or the batches the file contained were all rejected.
186	F	MISS TRAILER Sub#=@SID and file ID=@FID	IEA record is missing,
A01	F	Multiple BHT segments found	There can only be one BHT for each ST-SE transaction set.
A10	F	SUB COMM # >@PER MUST BE 10 DIGIT NUMERIC >@FLD	If the Qualifier for the Submitter Name Communication Number (1000A PER 03/05/0 7) indicates a Telephone Number (TE) or a Fax Number (FX) then the Communication Number (1000A PER04/06/08) must be ten digit numeric. If the qualifier in the 1000A/PER03,PER05,PER07=ED or EM or EX, then the value in 1000A/PER04,PER06,PER08 must be greater than spaces (can not be blank).
A13	I	PAYOR ID INVALID IN 1000B LOOP >@FLD	The payor id submitted in the 1000B loop does not equal one of the following: 00882, 00883, 00884, 00880, 00900, 00901, 00902, 00903, 00904, 04102, 04202, 04302, 04402, 01102, 01192, 01202, 01302
A2N	F	RECIEVER = NON-PERSON, 1st NAME, MI SUBMITTED	Set Front-End Edit to reject if the 1000A loop is submitted and the value in NM102=2 and the NM104,NM105 and/or NM107 is greater than spaces.
B00	I	LP 2000A HL MUST HAVE AT LEAST ONE VALID CLAIM	
B01	B	Member of Group cannot be Billing Prov >@FLD	If the provider file indicates that the Billing Provider is a member of a group , but is not listed on the claim, then this edit will appear along with the appropriate 'INVALID PROVIDER' message.(2010AA/NM109)
B02	B	Member of group cannot be billing prov >@FLD	If the Provider File indicates the Provider is a member of a group, (2010AB/NM109) then this message will appear with the appropriate invalid provider message.
B03	B	PRV cannot be submitted in the 2000A and 2310B	The PRV segment cannot be submitted in both the 2000A and the 2310B loops.
B05	B	Purchase Service Prov ID invalid>@FLD - HL=@HL#	When the Purchased Service Provider Qualifier in the 2420B is 24 or 34 then the Purchased Service Provider Identifier in the NM109 must be either NN-NNNNNNN for Employer ID or NNN-NN-NNNN for Social Security ID.
B08	B	Cannot submit Rendering Prov & PRV loop	The Rendering Provider loop (2310B) cannot be present when the Billing/Pay-to Provider Specialty (2000A/PRV) loop is submitted.
B10	B	MEMBER OF GROUP NPI CANNOT BE BILLING	NPI submitted in the 2010AA NM109 is classified as a member of a group per the NPI crosswalk. NOTE: This edit is performed when no 2010AA REF = 1C is submitted.
B11	B	Bill Prov Comm #>@PER must be 10	If the Billing Provider Communication Number Qualifier (2010AA PER03/05/07) indicates a telephone (TE) or a Fax

Edit #	Edit Type	Message	Edit Logic
		numeric >@FLD	(FX) number, then the actual Communication Number (PER04/06/08) must equal a ten digit numeric value.
B1F	B	ID code must be 9 numeric-LP=@LP# NM109 =>@FLD	Billing Provider (2010AA/REF) or Pay-To-Provider (2010AB/REF) ID code must be nine numeric. Valid formats for 24 are: NNNNNNNNN, NN NNNNNNN, NN-NNNNNNN Valid formats for 34 are: NNNNNNNNN, NNN NN NNNN, NNN-NN-NNNN
B1G	B	ID code must be 9 numeric-LP=@LP# REF02 =>@FLD	The Billing Provider Name or Pay to Provider Name ID Code must be nine numeric. Valid formats for SY NNNNNNNNN, NNN-NN-NNNN OR NNN NN NNNN. Valid formats for EI NNNNNNNNN, NN-NNNNNNN OR NN NNNNNNN. The above can not be all zero's or all 9's. Further the SY qualifier can not have the first three digits higher than 772.
C10	C	Ref Prov Last Name invalid - HL=@HL#	The Referring Provider's Last Name (2310A/NM103) must be alphabetic only.
C11	C	Other payer primary ID# invalid - HL=@HL#	If the Other Payer Primary ID number (2330B/NM109) is "99999" or "None" or "Other," then this edit will fire. (2320/SBR05 must = MI)
C12	C	Ref Prov First Name invalid @FLD - HL=@HL#	The first position in the Referring Provider's First Name (2310A/NM104) must be an alphabetic character.
C13	I	DX used for DX Pnt @PTR Invalid>@FLD	The submitted Diagnosis (2300/HI) must be valid.
C14	C	DX used for DX Pointer 1 Invalid>@FLD - HL=@HL#	The Diagnosis linked to Diagnosis Pointer 1 must be valid.
C15	C	Admission Date required in 2300 loop HL=@HL#	The Admission Date (2300/DTP01=435) must be submitted if the Place of Service (SV105) is 21, 51 or 61.
C17	C	Invalid MSP amounts - HL=@HL#	If Medicare is Primary, Secondary/Tertiary PD Amt's cannot be submitted. If Medicare is Secondary, Tertiary Paid amounts cannot be submitted. NOTE: Tertiary can not be MB it should be CI
C18	C	Tertiary clm without primary/secondary-HL-@HL#	A tertiary claim (2000B SBR01=T) should not be submitted unless the primary and secondary information (2320 SBR01=P and S) are sent.
C19	C	Only one Primary Payer allowed	If more than one 2320/SBR01 has a value of 'P', reject the claim
C1E	C	Procedure Code invalid>@FLD - HL=@HL#	If the Service Line Qualifier indicates a HCPCS code (SV101-1=HC) than the Procedure Code (SV101-2) must be a valid five character alphanumeric code. If the Service Line Qualifier indicates a NDC Code (2400/SV01-1=N4) than the NDC code (SV101-2) must be valid.
C1H	W	ID Code must be 9 numeric-LP=@LP# REF02=>@FLD	If the REF02 = TJ, then its REF02 must be 9 numeric. Valid formats - NNNNNNNNN, NN NNNNNNN, NN-NNNNNNN and can not be all zero's or all 9's.
C1M	C	Procedure/DX required Date Last Seen-HL=@HL#	If one of the following is submitted: 2400/SV101-2 has a value of 11055, 11056, 11057, 11719, G0127, 11720, 11721 AND 2300/HI01-2, HI02-2, HI03-2, or HI04-2 - has a value of: 25060, 26061, 25062, 25603, 25070, 25071, 25072, 25073, 340, 3573, 3576, 4510, 45119, 4512 and 2300 or 2400 DTP02

Edit #	Edit Type	Message	Edit Logic
			is missing when the DTP01= 304.
C1N	C	Procedure @FLD/DX req Superv NPI - HL=@HL#	If one of the following procedure codes is submitted, 11055, 11056, 11057, 11719, g0127, 11720, 11721 AND the Diagnosis is 250.60, 260.61, 250.62, 256.63, 250.70, 250.71, 250.72, 250.73, 265.2 281.0 340, 357.3 357.5 357.6 451. 0 451.19 451.2 579.0 579.1 585.4, 585.5, 585.6 then the 2310E or 2420D REF01=1G must be present or 2310E or 2420D contains a NM108=XX.
C1R	C	Primary Paid Date required on MSP claims	If the 2430 loop is present, then the 2430/DTP01=573 must be present.
C1V	C	SVD03 Modifier invalid @FLD - HL=@HL#	Set edit if any of the 2430 SVD03- 3-6 modifiers are present on the file and are not valid per the modifier file.
C1X	C	Procedure/Modifer comb invalid > @FLD	If the Service Line Qualifier indicates a HCPCS code (SV101-1=HC) than the Procedure Code (SV101-2) must be a valid five character alphanumeric code. If the Service Line Qualifier indicates a NDC Code (2400/SV01-1=N4) than the NDC code (SV101-2) must be valid.
C20	C	Proc. requires Ref Prov NPI HL=@HL#	Edit is set when the Procedure Code File indicates that the Referring Provider Info is required and the Referring Provider NPI (2310A or 2420F) is blank. (NPI - NM109 when NM108 = XX )
C24	C	DX for DX pointer 2 invalid>@FLD - HL=@HL#	The Diagnosis (2300 HI) linked to Diagnosis Pointer 2 must be a valid ICD-9 cod e.
C25	C	Ambulance Transport Information required	If the Place of Service (2300/CLM05-1) indicates Ambulance (41 or 42) than the Ambulance Cert (CR1 segment) is required.
C26	C	Admission Date required in 2300 loop HL=@HL#	The Admission Date (2300/DTP01=435) must be submitted if the Place of Service ( CLM05-1) is 21, 51, 61 OR if the Place of Service is 41 or 42 and the patient w as admitted to the Facility (CRC03=01).
C2N	I	SUBSCRIBER SEGMENT NOT FOUND IN 2320 SBR	Medicare Claim level in 2320 loop is submitted and the SBR segment is not present.
C2R	C	REFER # SUBMITTED (2300) NO REFER PROV (2310A)	If a 2300 REF01=9F (referral number) is submitted then a 2310A (referring provider) loop is required.
C2S	I	REFER # SUBMITTED (2330B) NO REFER PROV (2330D)	If a 2330B REF01=9F (referral number) is submitted then a 2330D (referring provider) loop is required.
C34	C	DX for DX Pointer 3 invalid @FLD - HL=@HL#	Validate the Diagnosis (2300 HI) that Diagnosis Pointer 3 is linked to is invalid.
C36	I	Statement from date is invalid- HL=@HL#	The Statement From Date is either not a valid date or future dated.
C37	I	Statement to date is invalid- HL=@HL#	The Statement To date is either an invalid date or future dated.
C3B	I	Patient status is invalid- HL=@HL#	Valid values are 01, 02, 03, 04, 05, 06, 07, 08, 09, 20, 30, 40, 41, 42, 50,51, 61, 71, 72.
C3E	C	OTH PAYR REND PRV NOT = LU OR EI	Edit is set if the 2330E/REF is submitted and REF01 does not = LU or EI
C3G	C	REFFERING	Edit is set if the 2310A/REF is submitted and REF01 does not

Edit #	Edit Type	Message	Edit Logic
		PROVIDER NOT = 0B, LU, EI, SY	= 0B, LU, EI, SY. MCS Pre-Pass : M417
C3H	C	RENDERING PROVIDER NOT = 0B, LU, EI or SY	Edit is set if the 2310B/REF is submitted and REF01 does not contain 0B, LU, EI, SY
C3I	C	PURCHASE SERVICE PROVS NOT = 0B, LU, EI or SY	Edit is set if the 2310C/REF is submitted and REF01 does not contain 0B, LU, EI, OR SY
C3J	C	SERVICE FACILITY QUAL NOT = 0B, LU or TJ	Edit is set if the 2310D/REF is submitted and REF01 does not = 0B, LU, OR TJ
C3K	C	SUPERVISING PROVIDER QUAL NOT = 0B, LU, EI SY	Edit is set if the 2310E/REF is submitted and REF01 does not contain 0B, LU, EI OR SY
C3L	C	OTH SER FAC QUAL NOT = LU	Edit is set if the 2330G REF is submitted and REF01 does not = LU
C3M	C	OTHER PAYER SUP QUAL NOT = EI	Edit is set if the 2330H/REF is submitted and REF01 does not contain EI
C3P	C	Anti Markup Info Missing – 2310C	Edit sets when the 2310C is present and either the 2400 PS1 is not or the 2400 PS102 is present but is equal to zero.
C4P	C	Anti Markup Info Missing – 2420B	Edit sets when the 2420B is present and either the 2400 PS1 is not or the 2400 PS102 is present but is equal to zero.
C41	C	Other Insured ID required - HL=@HL#	When the Other Insured information is submitted, the Other Insured's ID (2330A NM109) must be completed.
C42	C	Other Payor ID required - HL=@HL#	When the Other Payer Name information is submitted, the Other Payer ID (2330B/N M109) cannot be blank.
C43	I	Adjustment Amt invalid- HL=@HL#	The Adjustment Amount (2430 CAS03) is either an invalid or a negative value.
C44	C	DX for DX pointer 4 invalid >@FLD - HL=@HL#	The Diagnosis (2300 HI) linked with Diagnosis Pointer 4 is invalid.
C45	C	Payor Resp Seq Code invalid - HL=@HL#	If the Payor Responsibility Sequence Number Code in the 2000B loop indicates secondary (SBR01=S), then the Payor Responsibility Sequence Number in the 2320 lo op must be Primary (2320/SBR01=P).
C46	C	Mult Secondary Payer Code received- HL=@HL#	Only one Payor Responsibility Sequence Number Code of Secondary (2320/SBR01=S) can be present.
C47	C	Insurance Type Code invalid - HL=@HL#	If the Payor Responsibility Sequence Number Code indicates Primary (2320/SBR01= P) then the Insurance Type Code (SBR05) cannot be a value of CP, MB, MC, MI or MP.
C48	C	Anes Minutes required - HL=@HL#	Anesthesia Minutes (2400/SV103=MJ) are required when the Proc. Modifier in the S V101-3 through SV101-6 indicates an Anesthesia Service was rendered. Exception: If procedure 01953 is submitted minutes are not required.
C4A	C	Service Line Amt required when Approved \$ sent	If the Approved Amount Segment (2400/AMT01=AAE) is submitted on the claim then the Line Adjudication Information Paid Amount (2430/SVD02) must be submitted.
C4B	C	Primary Payor Paid Amount required	If 2300/CN1 segment is present without either a 2320/AMT/D or a 2430/SVD02 segment
C4C	C	Primary Payer Paid Amount missing	If there is a line level 2400/CN1 segment submitted on the claim, but there is no claim level 2320/AMT01/D paid amount or line level 2430/SVD02 paid amount. MCS Pre-pass: M303

Edit #	Edit Type	Message	Edit Logic
C4D	C	Payer approved/paid amt missing - HL=@HL#	If the COB Payer Paid Amount (2320 AMT01=D) and COB Allowed Amount (2320 AMT01 =B6) are submitted and either the Approved Amount (2400 AMT01=AAE) OR the Servi line Paid Amount (2430SVD02) is present, (but not both) this edit will set.
C4E	C	Approved Amount must equal COB Amount -HL=@HL#	If the Sum of the Approved Amount (2400 AMT02 when AMT01=AAE) does not equal the sum of the COB Allowed Amount (2320 AMT02 when AMT01=B6), then this edit will fire. The Edit will be bypassed if the Subscriber Information indicates Tertiary (2000B SBR01=T).
C4F	C	Facility Cert/Mod 90 Required -HL=@HL#	Set edit for dates of service on and after 07/01/04 if 2400 REF01 = F4 and modifier 90 is not present in any 2400 SV101 3-6 modifier fields, OR if 2400 REF01 does not equal F4 and modifier 90 is present in any 2400 SV101 3-6 modifier field.
C4G	C	REN PROV QUAL NOT = 0B, LU, EI, SY	Edit is set if the 2420A loop is submitted and contains REF01 1C or 1G
C4H	C	DETAIL PURCH SERV PROVIDER CONTAINS 1C OR 1G	Edit is set if the 2420B is submitted and contains 1C or 1G
C4I	C	SERV FAC QUAL NOT = 0B, LU or TJ - 2420C loop	Edit is set if the 2420C/REF is submitted and REF01 does not contain 0B, LU, or TJ. MCS Pre-Pass = M422
C4J	C	OTHER REF PRV NOT = EI or SY	Edit is set if the 2330D/REF is submitted and REF01 does not contain EI or SY. MCS Pre-Pass = M426
C4K	C	OTH PURCH PRV QUAL NOT = EI or LU	Edit is set if the 2330F/REF is submitted and REF01 does not contain EI or LU. MCS Pre-Pass = M427
C4L	C	DETAIL SUPER PROV QUAL NOT = 0B, LU, EI,SY	Edit is set if the 2420D/REF is submitted and REF01 does not contain 0B, LU, EI, SY. MCS Pre-Pass = M423
C4M	C	DETAIL ORDER PROV QUAL NOT = 0B, LU, EI, SY	Edit is set if the 2420E/REF is submitted and REF01 does not contain 0B, LU, EI SY. MCS Pre-Pass = M424
C4N	C	DETAIL REFEG PROV QUAL NOT = 0B, LU, EI, SY	Edit is set if the 2420F/REF is submitted and REF01 does not contain 0B, LU, EI or SY. MCS Pre-Pass = M424
C4O	C	INVALID VALUE CON,GRA OR ZO IN 2400/MEA02 LOOP	Set edit if the 2400/MEA02 is submitted and contains either a CON, GRA or ZO value
C5B	C	Bill Prov Comm # >@PER s/b 10 numerics >@FLD	If the Billing Provider Communication Number Qualifier (2330B PER03/05/07) indicates a telephone (TE) or a Fax (FX) number, then the actual Communication Number (PER04/06/08) must equal a ten digit numeric value.
C5E	C	Bill Prov Comm # >@PER s/b 10 numerics >@FLD	If the Billing Provider Communication Number Qualifier (2420E PER03/05/07) indicates a telephone (TE) or a Fax (FX) number, then the actual Communication Number (PER04/06/08) must equal a ten digit numeric value.
CAS	C	Incomplete CAS LOOP @LP#@FLD IS REQ - HL=@HL#	If 2320 and/or 2430/CAS01 is submitted, than CAS02 & CAS03 are required. If 2320 and/or 2430/CAS05 is submitted, than CAS06 is required. If 2320 and/or 2430/CAS08 is submitted, than CAS09 is required. If 2320 and/or 2430/CAS11 is submitted, than CAS12 is required. If 2320 and/or 2430/CAS14 is submitted, than CAS15 is required.
CB1	C	Payer PD AMT + CAS	If 2320/AMT01=D (payer Pd amt) and if 2320/AMT02 +

Edit #	Edit Type	Message	Edit Logic
		seg amts must = Billed AMT	2320CAS adjustment amts and 2430/CAS adjustments amts do not =2300/CLM02 (total clm charge) If they do not balance, then edit will be set. Note: If the number in the 2330B NM109 does not equal the 2430 SVD01, then the all CAS will not be included in the balance.
CB4	C	2320 PAID AMT AND 2430 PAID AMT MUST EQUAL	The sum of 2430/SVD02 does not equal sum of 2320/AMT=D, when any 2430/SVD segments are reported on claim. Edit will only set if 2320/AMT is reported and the amount for 2430/SVD02 is greater than zero.
CB5	W	Detail approved amts must = header approved amt	The sum of 2400/AMT=AAE does not equal sum of 2320/AMT=B6. Bypass edit if 2000B /SBR01=T. Edit will only set if 2320/AMT02 is reported and the amount for 2400/AMT=AAE is greater than zero
H01	F	Authorization Information qualifier invalid	The Authorization Information Qualifier (ISA01) must be valid.
H02	F	Authorization Information required	If the Authorization Information Qualifier (ISA01) contains a value of "03," then the Authorization Information (ISA02) must be greater than spaces.
H03	F	Security Information qualifier invalid	The Security Information Qualifier (ISA03) must be a valid value.
H04	F	Security Information required	If the Security Information Qualifier (ISA03) equals "01" (Password) then the Security Information (ISA04) must be completed.
H05	F	Interchange ID qualifier invalid	The Interchange ID Qualifier (ISA05) must contain a valid value.
H06	F	Interchange ID Qualifier invalid	The Interchange ID Qualifier (ISA07) must contain a valid value.
H07	F	Interchange Date invalid	The Interchange Date (ISA09) must be a valid calendar date and in the YYMMDD format.
H08	F	Interchange Date cannot be future date	The Interchange Date (ISA09) cannot be a future date and must be in the YYMMDD format.
H09	F	Interchange Time invalid	The Interchange Time (ISA10) must be a valid value in the 24 hour clock and must be in the HHMM format.
H0A	F	Interchange Ctl Standard ID invalid	The Interchange Control Standards ID (ISA11) must have a valid value.
H0B	F	Interchange Control Version Number invalid	The Interchange Control Version Number (ISA12) must contain a valid value.
H0C	F	Acknowledgement Requested invalid	The value in the Acknowledgement Requested (ISA14) must be valid.
H0D	F	Usage Indicator invalid must be "T" or "P"	The Usage Indicator (ISA) must contain a valid value.
H0E	F	Functional Identifier Code invalid	The Functional Identifier Code (GS01) must be valid.
H0F	F	Functional Group Date invalid - Date=@DAT	The Functional Group Date (GS04) must be a valid calendar date, and in the CCYYMMDD format.
H10	F	Functional Grp Date cant be future dt- DATE=@DAT	The Functional Group Create Date (GS04) cannot be a future date and must be in the CCCYYMMDD format.
H11	F	Functional Group Time invalid	The Functional Group Time (GS05) must be present in a valid time in the 24 hour clock and in the HHMMSSDD format.
H12	F	Responsible Agency Code invalid	The Responsible Agency Code (GS07) must contain a valid value.

Edit #	Edit Type	Message	Edit Logic
H13	F	Invalid Version Code	The Version Code (GS08) must be a valid value.
H14	F	Transaction Set Identifier Code invalid	The Transaction Set Identifier Code (ST01) must be 837
H15	F	Hierarchical Structure Code invalid	The Hierarchical Structure Code (BHT01) must contain a valid value.
H16	F	Transaction Set Purpose code invalid	The Transaction Set Purpose Code (BHT02) must be valid.
H17	F	Originator Application Transaction ID required	The Originator Application Transaction ID (BHT03) must be greater than spaces.
H18	F	Transaction Set Creation Date is invalid	The Transaction Set Creation Date (BHT04) must be a valid date in the CCYYMMDD format.
H19	F	Transaction Set Creation Time invalid	The Transaction Set Creation Time (BHT05) must be a valid value in the 24 hour clock and be in the HHMMSSDD format.
H1A	F	Claim/Encounter ID invalid	The Claim/Encounter ID (BHT06) must be a valid value.
H1B	F	Transmission Type ID segment required	The Transmission Type ID (Header, REF01=87) is required.
H1C	F	Multiple or Invalid Reference ID qualifiers	There can only be one Transmission Type ID REF with the value of "87" in the header.
H1D	F	Transmission Type code is not valid	The Header Transmission Type Code (REF02) must contain a valid value.
H1E	F	Submitter Name required - 1000A Loop	The Submitter Name (1000A NM1) is required.
H1F	F	Entity Identification Code invalid - 1000A	The Entity Identification Code (1000A/NM101) must be a valid value.
H20	F	Entity Type qualifier invalid - 1000A	The Entity Type Qualifier (1000A/NM102) must contain a valid value.
H21	F	Submitter Last or Organization name required	The Submitter's Last or Organization Name (1000A/NM103) is required and must be greater than spaces.
H22	F	Submitter's First Name is required	If the Entity Type Qualifier (1000A/NM102) is "1" for person, then the Submitter's First Name (1000A/NM104) must be greater than spaces.
H23	F	Submitter Name ID Code qualifier invalid	The Submitter Name ID Code Qualifier (1000A/NM108) must contain a valid value.
H24	F	Multiple Submitter Additional Name seg found	For 4010 only: There can only be one Submitter Additional Name Segment (1000A N 2).
H25	F	EDI Submitter Contact info required	The EDI Submitter Contact Information (1000A/PER) segment is required.
H26	F	Submitter Contact Information code invalid	The Submitter Contact Information Code (1000A/PER01) must be valid.
H27	F	Submitter Contact Name required - 1000A	The Submitter Contact Name (1000A/PER02) is required and must be greater than spaces.
H28	F	Submitter Communication Number qualifier inv.	The Submitter's Communication Number Qualifier (1000A/PER03) must contain a valid value.
H29	F	Submitters 2nd Communication ID qualifier inv.	The Submitter's Communication Number Qualifier (1000A/PER05) must contain a valid value.

Edit #	Edit Type	Message	Edit Logic
H2A	F	Communication Number qualifier invalid	The Communication Number Qualifier (1000A/PER07) must be a valid value.
H2B	F	Receiver Name required- 1000B	The Receiver Name (1000B/NM1) is required.
H2C	F	Entity Identifier Code invalid	Entity Identifier Code (1000B/NM101) must contain a valid value.
H2D	F	Entity Type qualifier invalid	The Entity Type Qualifier (1000B/NM102) must be valid.
H2E	F	Receiver Name required	The Receiver Name (1000B/NM103) is required and must be greater than spaces.
H2F	F	Identification Code qualifier invalid	The Identification Code Qualifier (1000B/NM108) must be a valid value.
H30	F	Receiver's add name segment exceeds max use	For Version 4010: Only one Receiver's Additional Name Segment (1000B N2) may be sent. For Version 4010A1: Do not send the Receiver's Additional Name Segment.
H32	B	Hierarchical Level Code invalid	The Hierarchical Level Code (2000A/HL03) should contain a valid value.
H33	B	Hierarchical Child Code invalid	The Hierarchical Child Code (2000A/HL04) contains an invalid value.
H35	B	Billing Provider Speciality Info Prov Code inv	The Billing Provider Specialty Information Provider Code (2000A/PRV01) needs to contain a valid value.
H36	B	Billing Prov Spec Info REF ID Qual invalid	The Billing Provider's Specialty Information Reference ID Qualifier (2000A/PRV 02) should contain a valid value.
H37	B	Foreign Currency Info should not be present	Foreign Currency Information (2000A/CUR) should not be submitted to Medicare.
H38	B	Billing Provider Name required - 2010AA LOOP	The Billing Provider Name (2010AA/NM1) Segment is required.
H39	B	Billing Prov Entity ID Code invalid 2010AA	The Billing Provider's Entity ID Code (2010AA/NM101) must be a valid value.
H3A	B	Billing Provider Entity Type Qual invalid	The Billing Provider's Entity Type Qualifier (2010AA/NM102) must be a valid value.
H3B	B	Billing Provider Last or Org name required	The Billing Provider's Last Name or Organization Name (2010AA/NM103) is required and must be greater than spaces.
H3C	B	Billing Provider's First Name is required	If the Billing Provider's Entity Type Qualifier (2010AA/NM102=1) indicates an individual, then the Billing Provider's First Name (NM104) is required.
H3D	B	Billing Provider ID code qualifier invalid	The Billing Provider's ID Code Qualifier (2010AA/NM108) must be valid.
H3F	B	> 1 occurrence of Billing Provider's address	There can only be one occurrence of the Billing Provider's Address (2010AA/N3). The Billing Provider's Address is required if the 2010AA loop is sent.
H40	B	Billing provider city/state/zip req. - 2010AA	The Billing Provider's City/State and Zip (2010AA/N4) are required.
H41	B	Billing Provider City Name required - 2010AA	The Billing Provider's City Name (2010AA/N401) must be greater than spaces.
H42	B	Billing provider's state invalid >@FLD	The Billing Provider's State (2010AA/N402) is required.
H43	B	Billing Provider's Zip Code required-2010AA	The Billing Provider's Zip Code (2010AA/N403) is required.

Edit #	Edit Type	Message	Edit Logic
H44	B	> 8 occurrences of Billing Prov 2nd ID ref	There can be no more than eight occurrences of the Billing Provider's Secondary Identification REF (2010AA/REF).
H45	B	Billing provider secondary ID invalid	The Billing Provider's Secondary ID REF must contain a value of "1C" for Provider ID in either the 2010AA/REF01 or the 2010AB/REF01.
H46	B	Billing Provider's Secondary ID missing	The 2010AA/REF01 must be greater than space and have a valid value.
H49	B	Billing Prov Contact Function Code invalid	The Billing Provider's Contact Function Code (2010AA/PER01) must contain a valid value.
H4A	B	Billing Provider Contact Name required - 2010AA	The Billing Provider Contact Name (2010AA/PER02) is required and must be greater than spaces.
H4B	B	Billing Provider Communication ID qual invalid	The Billing Provider Communication ID Qualifier (2010AA/PER03) should contain a valid value.
H4C	B	Billing Prov Communication # ID qual invalid	The Billing Provider's Communication Number ID Qualifier (2010AA/PER05) must contain a valid value.
H4D	B	Billing Prov Comm # ID qualifier invalid-2010AA	The Billing Provider's Communication Number ID Qualifier (2010AA/PER07) must contain a valid value.
H4E	B	> 1 occurrence of Pay-To-Provider info - 2010AB	There can only be one occurrence of the Pay-To-Provider Information (2010AB/NM1).
H4F	B	Pay-To-Prov Entity ID Code invalid-2010AB	The Pay-to-Provider's Entity ID Code (2010AB/NM101) should be a valid value.
H50	B	Pay-to-Prov entity ID code is invalid-2010AB	Pay-to-Provider's Entity ID code (2010AB/NM102) must be a valid value.
H51	B	Pay-to-Prov Last or Org Name required - 2010AB	The Pay-to-Provider's Last Name or Organization Name (2010AB/NM103) is required and must be greater than spaces.
H52	B	Pay-to-Provider's First Name required-2010AB	If the Pay-To-Provider's Entity Type Qualifier indicates an individual (2010AB/ NM102=1, then The Pay-To-Provider's First name is required and must be greater than spaces.
H53	B	Pay-to-Provider's ID qualifier is invalid	The Pay-to-Provider's ID Code Qualifier (2010AB/NM108) must be valid.
H54	B	> 1 Occurrence of Addtl Pay-to-Prov name	There can only be one occurrence of the Additional Pay-To-Provider Name (2010AB N2). For 4010 only
H55	B	> 1 occurrence of Pay-to-Prov Address-2010AB	There can only be one occurrence of the Pay-To-Provider Address (2010AB/N3). The Pay-To-Provider Address is required if the 2010AB loop is sent.
H56	B	Pay-to-Provider City/State/Zip required-2010AB	The Pay-To-Provider City/State and Zip are required if the 2010AB/NM1 is sent.
H57	B	Pay-To-Provider City name required - 2010AB	The Pay to Provider City name (2010AB/N401) is required and must be greater than spaces.
H58	B	Pay-to-provider state code invalid > @FLD	The Pay-To-Provider's State Code (2010AB/N402) required and must be valid.
H59	B	Pay-to-Provider's Zip Code is required-2010AB	Pay-To-Provider's Zip Code (2010AB/N402) is required and must be greater than spaces. If he Pay-To Provider state is in the United States, the zip code must be numeric, not all zero's, not all 9's and be either 5 or 9 digits long.
H5A	B	> 5 occurrences of	There cannot be more than five occurrences of the Pay-To-

Edit #	Edit Type	Message	Edit Logic
		Pay-To-Prov 2nd ID-2010AB	Provider Secondary Identifier (2010AB/REF).
H5B	B	Pay-to-Prov Ref ID qualifier invalid	The Pay-To Provider's Reference Identification Qualifier (2010AB/REF01) must contain a valid value.
H5C	B	PAY TO PROVIDER IDENTIFIER REQUIRED MISSING	The Pay-To-Provider's Secondary Identification (2010AB/REF02) is missing when the Pay-To-Provider's Secondary ID Qualifier (REF01=1C) or (REF01=1G) indicates provider number.
H5D	B	Hierarchical Parent ID number required - 2000B	The Hierarchical Parent ID Number (2000B HL02) must be greater than spaces.
H5E	B	Hierarchical Level Code invalid - 2000B	The Hierarchical Level Code (2000B/HL03) must be a valid value. MCS Prepass: 0139
H5F	B	Hierarchical Child Code invalid - 2000B	The Hierarchical Child Code (2000B/HL04) must be a valid value.
H60	C	Subscriber Information required - HL=@HL#	The Subscriber Information (2000B/SBR) is required.
H61	C	Subscriber Payer Resp Code invalid - HL=@HL#	If the 2000B Subscriber Information Payer Responsibility Code (SBR01=S), then the Other Subscriber Information Responsibility Code (2320/SBR01) should equal P. If the 2000B Subscriber Information Payer Responsibility Code (SBR01=T) then the Other Subscriber Information Responsibility Code (2320/SBR01) should equal P or S.
H62	C	Subscriber Relationship 2 Insured inv -HL=@HL#	The Subscriber's Relationship to the Insured (2000B/SBR02) should equal "18" for Self.
H63	C	Insurance Type Code invalid-HL=@HL#	The Subscriber Information Insurance Type Code (2000B/SBR05) must equal one of the following values: 12, 13, 14, 15, 16, 41, 42, 43 or 47 if the 2000B SBR01 is "T" or "S."
H64	C	Claim Filing Ind Code invalid - HL=@HL#	The Claim Filing Indicator (2000B/SBR09) should equal valid IG values.
H65	C	Patient Info Date/Time Qualifier invalid	The Patient Information Date/Time Period Format Qualifier (2000B/PAT05) should contain a valid value.
H66	C	Insured Individual Death Date invalid-HL=@HL#	The Insured Individual's Date of Death (2000B/PAT06) should be a valid calendar date if the Insured Individual's Date of Death Qualifier (2000B/PAT05) is D8.
H67	C	Insured Individual Death Date is future date	The Insured Individual date of death (PAT06) cannot be a future date.
H68	C	Subscriber Weight Measure Qual inv - HL=@HL#	The Subscriber's Weight Measurement Qualifier (2000B/PAT07) must be valid.
H69	C	Subscriber Weight missing - HL=@HL#	If the Subscriber Weight Measurement Qualifier (2000B/PAT07) is equal to "GR," then the Subscriber's Weight must be numeric and greater than zero's.
H6A	C	Pregnancy Indicator invalid - HL=@HL#	Pregnancy Indicator (2000B/PAT) contains an invalid value.
H6B	C	Subscriber name required - HL=@HL#	The Subscriber Name (2010BA/NM1) is required.
H6C	C	Subscriber Name Entity ID Code invalid-HL=@HL#	The Subscriber's Name Entity ID Code (2010BA/NM101) must contain a valid value.
H6D	C	Subscriber Entity Type	The Subscriber Entity Type Qualifier (2010BA/NM102) should

Edit #	Edit Type	Message	Edit Logic
		Qual invalid - HL=@HL#	contain a valid value.
H6E	C	Subscriber Last Name required - HL=@HL#	The subscriber last name (2010BA/NM103) is required, and be greater than spaces. If the Subscriber's Relationship to the Insured's is Self (2000B SBR02=18) and the Subscriber's Name indicates a individual (2010BA NM102=1) then the first position of the field must be alphabetic and the first three positions cannot be MR, MR., DR, DR., JR or JR.
H6F	C	Subscriber First Name missing - HL=@HL#	The Subscriber's First Name (2010BA/NM104) is missing.
H70	B	Subscriber ID # Qual invalid - HL=@HL#	The Subscriber ID Number Qualifier (2010BA/NM108) should be valid.
H71	C	Subscriber Primary ID required - HL=@HL#	The Subscriber Primary ID (2010BA/NM109) must submitted.
H72	C	Add Subscriber Name segment invalid in 4010A1	For Version 4010A1: The Additional Subscriber Name Segment (2010BA N2) cannot be sent in a 4010A1 file.
H73	C	Subscriber Address is required - HL=@HL#	The Subscriber address (2010BA N3) is required if the Subscriber is self (2000B /SBR02=18). There should only be one occurrence of this loop.
H74	C	> 1 occurrence of Subscriber Address - HL=@HL#	If the Subscriber is self (2000B SBR02=18), then the Subscriber address (2010BA /N3) must be present. There can only be one occurrence of the Subscriber address loop.
H75	C	Subscriber City/State/Zip required - HL=@HL#	If the Subscriber's Relationship to the Insured is self (2000B/SBR02=18), then the Subscriber City/State/Zip (2010BA/N4) is required.
H76	C	Subscriber City name required - HL=@HL#	The Subscriber's City Name (2010BA/N401) must be greater than spaces, be alphabetic and can contain the following values .,:&
H77	C	Subscriber state code invalid - HL=@HL#	The Subscriber State Code (2010BA/N402) must be greater than spaces.
H78	C	Subscriber Postal Zip Code required - HL=@HL#	The Subscriber Postal Zip Code (2010BA/N403) must be greater than spaces. If the value in the N402 is a US State, the Zip Code must be numeric, not all zeros, not all nines and must be either 5 or 9 digits in length.
H79	C	Subscriber Demographics required for Medicare	If the Subscriber's Relationship to the Insured is self (2000B/SBR02=18) then the Subscriber Demographics Information (2010BA/DMG) is required.
H7A	C	Sub Info Date/Time Format qualifier inv- 2010BA	The Subscriber Information Date/Time Period Format Qualifier (2010BA/DMG01) should equal a valid value.
H7B	C	Subscriber Gender Code invalid - HL=@HL#	The Subscriber Gender Code (2010BA/DMG03) should contain a valid value.
H7C	C	> 4 occurrences of subscriber 2nd ID - HL=@HL#	There can be no more than four occurrences of the Subscriber Secondary ID (2010 BA/REF).
H7D	C	Subscriber ID qual invalid for MC- HL=@HL#	The Subscriber Secondary ID Qualifier (2010BA/REF01) should contain a valid value of 23 or IG.
H7E	B	Subscriber ID 2 = Subscriber ID 1 - HL=@HL#	Subscriber ID (2010BA/REF01) must equal 23 or IG.
H7F	C	Subscriber Supplemental ID	The Subscriber Supplemental ID (2010BA/REF02) must be greater than spaces.

Edit #	Edit Type	Message	Edit Logic
		required - HL=@HL#	
H81	C	Payer name required - HL=@HL#	The Payer Name (2010BB/NM1) must be present and have only one occurrence.
H82	C	Payer Name Entity ID code invalid-HL=#HL#	The Payer Name Entity ID Code (2010BB/NM101) contains an invalid value.
H83	C	Payer Name Entity qual invalid-HL=@HL#	The Payer Name Entity Type Qualifier (2010BB/NM102) must be valid.
H85	C	Payer Name ID Code qual invalid - HL=@HL#	The Payer Name ID Code Qualifier (2010BB/NM108) is invalid.
H87	C	>1 occurrence of payer address - HL=@HL#	There should only be one occurrence of the Payer Address (2010BB/N3).
H88	C	Payer City/State/Zip required - HL=@HL#	The Payer City/State/Zip (2010BB/N4) is required and must be greater than space s.
H89	C	Payer state code invalid - HL=@HL#	The Payer State Code (2010BB/N402) is required.
H8A	C	Payer Zip code required - HL=@HL#	The Payer Zip Code (2010BB/N403) is required and must be greater than spaces. If the 2010BB/N402 is a US state, then the zip code must be all numerics, not all zero's, not all nines and must be either 5 or 9 numerics long.
H8B	C	> 3 occurrences of payer 2nd ID - HL=@HL#	There can only up to three occurrences of the Payer Secondary ID (2010BB/REF).
H8C	C	Payer Ref ID qualifier invalid - HL=@HL#	The Payer Reference ID Qualifier (2010BB/REF01) must contain a valid value.
H8D	C	Payer Additional ID required - HL=@HL#	The Payer Additional Identification (2010BB/REF02) must be greater than spaces.
H8E	C	> 1 occurrence of responsible party name C	There can only be one occurrence of the Responsible Party Name (2010BC/NM1).
H8F	C	Resp Party Entity ID code invalid-HL=@HL#	The Responsible Party Entity ID Code (2010BC/NM101) is invalid.
H90	C	Resp Party Name Entity Type qual inv-HL=@HL#	The Responsible Party Name Entity Type Qualifier (2010BC/NM102) contains an invalid value.
H91	C	Resp party last or org. name req - HL=@HL#	The Responsible Party Last Name/Organization Name (2010BC/NM103) must be greater than spaces. If the Subscriber Information (2000B SBR02=18) indicates self, & the Responsible Party Entity Type Qualifier (2010BC/NM102=1),then the Resp. Party Name must be alphabetic, and the first three positions of the field cannot be MR, MR. DR, DR. JR or JR.
H92	C	Responsible Party First Name req - HL=@HL#	The Responsible Party First Name (2010BC/NM104) must be greater than spaces if the Responsible Party Type Qualifier (NM102=1) indicates a person. If the Responsible Party Type Qualifier indicates a person and the Subscriber Relationship Code indicates self (SBR02=18), then the first position of the field must be alphabetic, not spaces and the entire field must be alphabetic.
H94	C	> 1 occurrence of resp party address - HL=@HL#	No more than 1 occurrence of 2010BC/N3, else reject the HL03=22 level and its subordinate loops. Required if the 2010BC loop is sent.

Edit #	Edit Type	Message	Edit Logic
H96	C	Responsible Party City Name required - HL=@HL#	The Responsible Party City Name is required (2010BC/N401) if the 2010BC loop is submitted.
H97	C	Responsible party state code invalid - HL=@HL#	The Responsible Party State Code (2010BC/N402) is required if the 2010BC loop is submitted.
H98	C	Responsible Party Zip Code required - HL=@HL#	The Responsible Party Zip Code (2010BC/N403) is required if the 2010BC loop is submitted.
H9A	C	2000C loop is not valid for Medicare - HL=@HL#	The 2000C loop is not accepted by Medicare.
H9C	C	Patient Hier Parent ID Number required - 2000C	The Patient Hierarchical Parent ID Number (2000C/HL02) must be greater than spaces.
H9D	C	Patient Hierarchical Level code req- HL=@HL#	The Patient Hierarchical Level Code (2000C/HL03) contains an invalid value.
H9E	C	Patient Hierarchical Child Code req- HL=@HL#	The Patient Hierarchical Child Code (2000C/HL04) contains an invalid value.
H9F	C	Patient information required - HL=@HL#	The Patient Information (2000C/PAT) is required if the 2000C loop is sent.
HA0	C	Patient Relationship to Insured invalid- HL=@HL#	The Patient Relationship to the Insured (2000C/PAT01) contains an invalid value.
HA1	C	Patient Info Date/Time qualifier invalid -2000C	The Patient Information Date/Time Qualifier (2000C/PAT05) is invalid.
HA2	C	Insured Ind Date of Death invalid - HL=@HL#	The Insured Individual's Date of Death (2000C/PAT06) is not a valid value (not CCYYMMDD).
HA3	C	Ins Ind Death Date cannot be future date- HL=HL#	The Insured Individual's Date of Death (2000C/PAT06) cannot be a future date.
HA4	C	Unit or Basis for Meas. Code invalid - HL=@HL#	The Unit or Basis for Measurement Code (2000C/PAT07) was not a valid value.
HA5	C	Patient Weight invalid - HL=@HL#	The Patient Weight (2000C/PAT08) must be numeric since the Unit or Basis for Measurement Code (PAT07=GR) qualifier was present.
HA6	C	Pregnancy indicator invalid - HL=@HL#	The Pregnancy Indicator (2000C/PAT09) was not a valid value.
HA7	C	> 1 occurrence of patient name - HL=@HL#	Only one occurrence of the Patient Name (2010CA/NM1) can be present.
HA8	C	Entity Identifier code invalid - HL=@HL#	The Entity Identifier Code (2010CA/NM101) must be a valid value.
HA9	C	Entity Type qualifier invalid -HL=@HL#	The Entity Type Qualifier (2010CA/NM102) must be a valid value.
HAA	C	Patient's Last Name is required-HL=@HL#	The Patient's Last Name (2010CA/NM103) is required.
HAB	C	Patient's First Name is required - HL=@HL#	The Patient's First Name (2010CA/NM104) must be greater than spaces.
HAE	C	> 1 occurrence of patient address -	There can only be one occurrence of the Additional Patient Address (2010CA/N3). The Additional Patient address is

Edit #	Edit Type	Message	Edit Logic
		HL=@HL#	required if the 2000C loop is sent.
HAF	C	Patient city/state/zip required - HL=@HL#	The Additional Patient City/State and Zip (2010CA/N4) are required if the 2000C loop is sent.
HB0	C	Patient's City name required-HL=@HL#	The Patient's City Name (2010CA/N401) is required and must be greater than spaces.
HB2	C	Patient's Zip Code is required - HL=@HL#	The Patient's Zip Code (2010CA/N403) is required and must be greater than space s.
HB3	C	Patient demographic info required - HL=@HL#	The Patient's Demographic Information (2010CA/DMG) is required if the 2000C loop is sent.
HB4	C	Patient Demo Date/Time qualifier invalid	The Patient Demographic Date/Time Qualifier (2010CA/DMG01) is invalid.
HB5	C	Patient's Birthdate invalid- HL=@HL#	The Patient's Date of Birth (2010CA/DMG02) must be a valid calendar date and be in the correct format (CCYYMMDD).
HB6	C	Patient Birthdate = future date -HL=@HL#	The Patient's Birthdate (2010CA/DMG02) must be a valid non-future date.
HB7	C	Patient's Gender Code invalid-HL=@HL#	The Patient's Gender Code (2010CA/DMG03) is not a valid value.
HB8	C	> 5 occurrences of patient's 2nd ID- HL=@HL#	There cannot be more than five occurrences of the Patient's Secondary Identification (2010CA/REF).
HB9	C	Patient's 2nd ID ref qual invalid - HL=@HL#	The Patient's Secondary Reference ID Qualifier (2010CA/REF01) is invalid.
HBA	C	Patient secondary ID required - HL=@HL#	The Patient Secondary Identification (2010CA/REF02) must be greater than spaces
HBB	C	Related Causes 1 code invalid - HL=@HL#	The Related Cause 1 Code (2300/CLM11-2) must be a valid value.
HBC	F	Related causes 1 code invalid	Spaces is valid, else reject the 2300 level and its subordinate loops. Invalid value (not AA,AP,EM,OA) in field 11-2 of CLM
HBD	C	Total Claim Charge Amt not numeric - HL=@HL#	The Total Claim Charge Amount (2300/CLM02) is either a negative value, non-numeric or does not equal the line level charge amount(s).
HBE	C	Total Claim Charge Amount not > 0 - HL=@HL#	The Total Claim Charge Amount (2300/CLM02) must be greater than zero and must equal the sum of the 2400/SV102. Value can be zero for procedure code range G8000 - G8999.
HBF	C	Facility Type Code invalid - HL=@HL#	The Facility Type Code (2300/CLM05-1) is not a valid value. If the Facility Type Code is other than 11, 12 or 81, then the Facility Information loop (2310D/N3 and N4) must be present.
HC0	C	Claim Frequency Code is not "1" -HL=@HL#	The Claim Frequency Code (2300/CLM05-3) must equal 1.
HC1	C	Provider Signature Indicator invalid- HL=@HL#	The Provider Signature Indicator (2300/CLM06) should contain a valid value.
HC2	C	Medicare Assignment Code invalid - HL=@HL#	The Medicare Assignment Code (2300/CLM07) should be a valid value.
HC3	C	Benefits Assignment Cert Indicator invalid	The Benefits Assignment Cert Indicator (2300 CLM08) should contain a valid value.
HC4	C	Release of Information Code invalid - HL=@HL#	The Release of Information code (2300 CLM09) must contain a valid value.
HC5	C	Patient signature	The Patient Signature Source Code (CLM10) must be a valid

Edit #	Edit Type	Message	Edit Logic
		source code invalid- HL=@HL#	value, except if CLM0 9 = N, then spaces will be allowed.
HC6	C	Patient Sig Source Code required- HL=@HL#	The Patient Signature Source (2300/CLM10) must be greater than spaces and contain a value except when the Release of Information Code indicates the Provider is not allowed to release data (CLM09=N).
HC7	C	Related Causes 2 Code invalid - HL=@HL#	The Related Causes 2 Code (2300/CLM11-2) must be valid.
HC8	C	Related Causes 3 Code invalid - HL=@HL#	The Related Causes 3 Code (2300/CLM11-3) does not contain a valid value.
HC9	C	Auto Accident State Code required - HL=@HL#	If the Related Causes Code (2300/CLM11-1, -2 or -3) indicates Auto Accident, then the Auto Accident State (CLM11-4) is required.
HCA	C	Auto accident country code invalid	The Auto Accident Country Code (2300/CLM11-5) is invalid.
HCB	C	Special Program Code invalid - HL=@HL#	The Special Program Code (2300/CLM12) must be a valid value.
HCC	C	Participation Agreement invalid - HL=@HL#	The Participation Agreement (2300/CLM16) must contain a valid value.
HCD	C	Delay Reason Code invalid - HL=@HL#	The Delay Reason Code (2300/CLM20) must contain a valid value.
HD0	C	Claim Order Date format qualifier invalid	The Order Date Format Qualifier (2300/DTP02) contains an invalid value.
HD1	C	Claim Order Date invalid - HL=@HL#	The Claim Order Date (2300/DTP03) must be a valid calendar date and in the CCYY MMDD format.
HD2	C	Claim Order Date cannot be future date - HL=@HL	The Claim Order Date (2300/DTP03) cannot be a future date and must be in the CC YYMMDD format. The century should be in the 19XX or 20XX century.
HD3	C	> 1 occurrence of claim initial treatment date	There can only be one occurrence of the Claim Initial Treatment Date (2300/DTP0 1=454).
HD5	C	Claim Initial Treatment Date qualifier invalid	The Initial Treatment Date format qualifier (2300/DTP02) is not a valid value.
HD6	C	Claim Initial Treatment Date invalid -HL=@HL	The Claim Initial Treatment date (2300/DTP03) must be a valid date and value must be 19XX or 20XX.
HD7	C	Init Treat. Date cannot be future date- HL=@HL#	The Initial Treatment Date (2300/DTP03) cannot be a future date and must be in the 19XX or 20XX century.
HDA	C	Claim Referral Date qualifier invalid	The Referral Date Qualifier (2300/DTP02) is invalid.
HDB	C	Claim Referral Date invalid -HL=@HL#	The Referral Date (2300/DTP03) must be a valid date and in the CCYYMMDD format.
HDC	C	Referral Date cannot be future date - HL=@HL#	The Referral Date (2300/DTP03) cannot be a future date and should be in the CCY YMMDD format.
HDD	C	> 1 Occurrence of claim date last seen	There can only be one occurrence of the Claim Date Last Seen (2300/DTP01=304).
HDF	C	Claim Date Last Seen qualifier invalid	The Date Last Seen Qualifier (2300/DTP02) is not an acceptable value.
HE0	C	Date Last Seen has invalid format - HL=@HL#	The Date Last Seen (2300/DTP03) is in an invalid format.

Edit #	Edit Type	Message	Edit Logic
HE2	C	>1 occurrence of clm current illness dt- HL=@HL#	There can only be one occurrence of the Current Illness Date (2300/DTP01=431).
HE4	C	Clm Current Illness Date qualifier invalid	The Current Illness format qualifier (2300/DTP02) is not a valid value.
HE5	C	CLM Onset of Current Illness/inj dt invalid	The Onset of Current Illness or Injury Date (2300/DTP03) must be a valid date and in CCYYMMDD format.
HE6	C	Onset of Curr Illness/inj Dt = fut Dt- HL=@HL#	The Onset of Current Illness or Injury Date (2300/DTP03) cannot be a future date and must be in the 19XX or 20XX century.
HE7	C	>5 occurrences of clm acute manifestation date	There cannot be more than five occurrences of the Acute Manifestation Date (2300/CLM01=453).
HE8	C	Acute manifestation date required - HL=@HL#	There must be a least one occurrence of the Acute Manifestation Date (2300/DTP= 453) when the Patient Condition Code (2300/CR208) is equal to "A" or "M."
HEA	C	Clm Acute Manifestation Date qualifier invalid	The Claim Acute Manifestation Date Format Qualifier (2300/REF02) is not an acceptable value.
HEB	C	Claim Acute Man Date invalid - HL=@HL#	The Acute Manifestation Date (2300/DTP03) should be a valid date and in the 19XX or 20XX century.
HEC	C	Clm Acute Man Date cannot be future date- HL=@HL	The Claim Acute Manifestation Date (2300/DTP03) cannot be a future date and must be in the 19XX or 20XX century.
HED	C	> 10 occurrences of similar illness Dt- HL=@HL#	There can only be up to ten occurrences of the Similar Illness Date (2300/DTP01 =438).
HEF	C	Clm Similar Illness qualifier invalid	The Claim Similar Illness or Symptom Date Qualifier (2300/DTP02) contains an invalid value.
HF0	C	Similar Illness/Symptom Date invalid- HL=@HL#	The Similar Illness or Symptom Date (2300/DTP03) does not contain a valid value and must be in the CCYYMMDD format.
HF1	C	Sim. Ill/Sympt DT cannot be future dt- HL=@HL#	The Similar Illness or Symptom Date (2300/DTP03) cannot be a future date and must be in the CCYYMMDD format in the 19XX or 20XX century.
HF2	C	> 10 occurrences of accident date- HL=@HL#	There can be no more than ten occurrences of the Accident Date (2300/DTP01=439). At least one occurrence of the Accident Date must be present if the 2300 CLM 11-1, -2, -3 is AA or AB or AP or OA.
HF3	C	Rel Cause Code req when Acc Date sent - HL=@HL#	If the Accident Date (DTP01=439) is submitted, then the Related Causes Code (CL M11) must be submitted.
HF4	C	Clm Accident Date Format Qual invalid	The Accident Date Format Qualifier (2300/DTP02) is not an acceptable value.
HF5	C	Clm Accident Date invalid- HL=@HL#	The Accident Date (2300/DTP03) must be a valid date.
HF6	C	Clm Accident Date cannot be in future - HL=@HL#	The Claim Accident Date (2300/DTP03) cannot be a future date and must be in the 19XX or 20XX century.
HF7	C	Clm Accident Date/Time invalid- HL=@HL#	The Accident Date/Time (2300/DTP03) must be in a valid format (CCYYMMDD or CCYY MMDDHHMM).
HF8	C	> 1 occurrence of clm last menstrual date	There can only be one occurrence of the Last Menstrual Date (2300/DTP01=484).
HF9	C	Last Menstrual Date	If the Claim indicates the Patient is pregnant (2000B

Edit #	Edit Type	Message	Edit Logic
		req if Pt pregnant - HL=@HL#	PAT09=Y) then the last menstrual date is required (2300 DTP03 when DTP01=484).
HFA	C	Last Menstrual Date qualifier invalid	The Last Menstrual Date qualifier (2300/DTP02) is not an acceptable value.
HFB	C	Last Menstrual Period Date invalid - HL=@HL#	The Date of Last Menstrual Period (2300/DTP03) must be a valid calendar date and in the CCYYMMDD format.
HFC	C	Date of Last Period invalid/future dt- HL=@hl#	The Last Menstrual Period Date (2300/DTP03) cannot be a future date and must be a valid date in the CCYYMMDD format of the 19XX or 20XX century.
HFD	C	> 1 occurrence of last X-ray date - HL=@HL#	There can only be one occurrence of the Last X-ray date (2300/DTP01=455).
HFF	C	Last Xray Date Format Qualifier invalid	The Last X-ray Date format qualifier (2300/REF02) does not contain an acceptable value.
I00	C	Date of Last Xray is invalid -HL=@HL#	The Date of Last X-Ray (2300/DTP01=455) is invalid or not in the 19XX or 20XX century.
I01	C	Last X-Ray date is future date -HL=@HL#	The Date of Last X-ray (2300/DTP01=455) cannot be a future date (DTP03) and must be in the 19XX or 20XX century.
I04	C	Est Date of Birth qualifier invalid	The Estimated Date of Birth (2300/DTP01=ABC) qualifier is not a valid value.
I06	C	Estimated Date of Birth = future date - HL=@HL#	The Estimated Date of Birth (2300/DTP03 when DTP01=ABC) contains a future date and should be in the CCYYMMDD format.
I07	C	>1 occurrence of hearing/vision prescript. Date	Only one occurrence of the Hearing and Vision Prescription Date (2300/DTP01=471) may be sent.
I09	C	Hearing/Vision Prescript Dt Format qual invalid	The Hearing or Vision Prescription Date Format Qualifier (2300/DTP02) contains an invalid value.
I0A	C	Hearing/Vision Prescription Date invalid - HL=@HL#	The Hearing or Vision Prescription Date (2300/DTP01=471) must be a valid calendar date (DTP03).
I0B	C	Hear/Vis Prescription Date cannot be in future -HL=@HL#	The Hearing or Vision Prescription Date (2300 DTP01=471) must be a non-future date and must be in the CCYYMMDD format and in the 19XX or 20XX century. (2300/DTP01=471)
I0C	C	> 5 occurrences of disability start date - 2300	There can be no more than five occurrences of the Disability Start Date (2300/D TP01=360).
I0E	C	Disability Start Date qualifier invalid	The Disability Start Date Qualifier is not an acceptable value (2300/DTP 02).
I0F	C	Disability From Date invalid - HL=@HL#	The Disability From Date (2300/DTP01=360) must be a valid calendar date and must be in the CCYYMMDD format (DTP03).
I10	C	Disability From Date cannot be in future- HL=@HL#	The Disability From Date (2300/DTP03) cannot be a future date in the 19XX or 20XX century.
I11	C	> 5 occurrences of disability end date - 2300	No more than five occurrences of the Disability End date (2300/DTP01=361) may b e sent.
I13	C	Disability End Date format qualifier invalid	The Disability End Date Format Qualifier (2300/DTP02) is not an acceptable value.
I14	C	Disability To Date invalid - HL=@HL#	The Disability To Date (2300/DTP03) must be a valid calendar date in the CCYYMM DD format.
I15	C	Disability End Date cannot be a future	The Disability From Date (2300/DTP03 with DTP01=361) cannot be a future date and must be in the 19XX or 20XX

Edit #	Edit Type	Message	Edit Logic
		date-HL=@HL#	century.
I17	C	Date Last Worked qualifier invalid	The Date Last Worked Qualifier in the (2300/DTP02 when DTP01=297) contains an invalid value.
I18	C	Last Worked Date invalid - HL=@HL#	The Last Worked Date (2300/DTP03 when DTP01=297) must be a valid calendar date and must be in the CCYYMMDD format.
I19	C	Last Worked Date cannot be in future - HL=@HL#	The Last Worked Date (2300/DTP03 when DTP01=297) cannot be a future date and must be in the CCYYMMDD format with a 19XX or 20XX century date.
I1A	C	> 1 occurrence of auth. to return to work dt	Only 1 occurrence of the Authorized Return to Work date (2300/DTP01=296) may be sent.
I1C	C	Auth Return to Work Date qual invalid	The Authorized to Return to Work Date Qualifier in the (2300/DTP02) contains an invalid value.
I1D	C	Auth to Return to Work date=inv/fut dt-HL=@HL#	The Authorized to Return to Work Date (2300/DTP03 when DTP01=296) cannot be a future date, and must be a valid date in the CCYYMMDD format in the 19XX or 20XX century.
I1E	W	> 1 occurrence of Admission Date - HL=@HL#	Only one occurrence of the Admission Date (2300/DTP01=435) may be sent.
I20	C	Admission Date qualifier invalid	The Admission Date Qualifier (2300/DTP02) contains an invalid value.
I21	C	Admission Date is invalid - HL=@HL#	The Admission Date (2300/DTP03 when DTP01=435) cannot be an invalid date and must be in the 19XX or 20XX century.
I22	C	Admission Date cannot be future date-HL=@HL#	The Admission Date (DTP03 when DTP01=435) cannot be a future date and must be in the 19XX or 20XX century.
I23	C	> 1 occurrence of discharge date - HL=@HL#	There can only be one occurrence of the Discharge Date (2300/DTP01=096).
I25	C	Discharge date qualifier invalid	The Discharge Date Qualifier (2300/DTP02) contains an invalid value.
I26	C	Discharge date is invalid -HL=@HL#	The Discharge Date (2300 DTP03 when DTP01=096) must be a valid date in the 19XX or 20XX century.
I27	C	Discharge date cannot be future date - HL=@HL#	The Discharge Date (2300 DTP03 with DTP01=435) cannot be a future date and must be in the 19XX or 20XX Century.
I28	C	> 2 occurrences of assumed/relinq care date	There can be no more than two occurrences of the Assumed and Relinquished Care Date (2300/DTP01=090,091).
I2A	C	Assumed Care Date qualifer invalid	The Assumed Care Date Qualifier (2300/DTP02) contains an invalid value.
I2B	C	Assumed/Relinquished Care date invalid	The Assumed or Relinquished Care Date (2300/DTP03 when DTP01=090/091) cannot be an invalid date and must be in the CCYYMMDD format.
I2D	C	Attachment Report Type code invalid - HL=@HL#	The Attachment Report Type Code (2300/PWK01) contains an invalid value.
I2E	C	Attachment Transmission code invalid	The Attachment Transmission Code (2300/PWK02) contains an invalid value.
I2F	C	Clm Attachment ID Code qual. invalid - HL=@HL#	The Claim Attachment Identification Code Qualifier (2300/PWK05) must contain a valid value.
I30	C	Clm attachment ID	The Claim Attachment Identification Code (2300/PWK05) is

Edit #	Edit Type	Message	Edit Logic
		required for trans. code type	required for the Report Transmission Code (PWK02). MCS Prepass: 0362
I31	C	Attachment Ctl# missing for Report Trans. Code	The Attachment Control Number (2300/PWK06) must be completed based on the value listed in the Report Transmission Code (PWK02).
I33	C	Contract Type Code invalid - HL=@HL#	The Contract Type Code (2300/CN101) contains an invalid value.
I35	C	> 1 occurrence of patient paid amount-2300	There can only be one occurrence of the Patient Paid Amount (2300/AMT01=F5).
I37	W	> 1 occurrence of total purchased service amt	There can only be one occurrence of the Total Purchased Service Amount (2300/AM T=NE).
I38	C	> Total pchs serv amt cannt neg - HL=@HL#	Total purchase service amount cannot be negative.
I39	C	> 1 occurrence of Service Auth Exception Code	Only one occurrence of the Service Authorization Exception Code (2300/REF01=4N) may be sent.
I3B	C	Service Auth. Exception Code invalid - 2300	The Service Authorization Exception Code (2300/REF02) contains an invalid value.
I3C	C	> 1 mandatory Medicare crossover indicator-2300	There can only be one occurrence of the Mandatory Medicare Crossover Indicator (2300/REF01=F5).
I3E	C	Medicare Section 4081 indicator invalid-2300	The Medicare Section 4081 Indicator (2300/REF02 when REF01=F5) contains an invalid value.
I3F	C	> 1 occurrence of mammography certification #	There can only be one occurrence of the Mammography Certification Number (2300/R EF01-EW).
I41	C	Mammography Certification Number required-2300	The Mammography Certification Number (2300/REF02 when REF01=EW) is required and must be greater than spaces.
I42	C	> 2 occurrences of prior auth/referral number	There can only be up to two occurrences of the Prior Authorization/Referral Number (2300/REF01=9F/G1).
I44	C	Prior Authorization or Referral Number required	The Prior Authorization or Referral Number (2300/REF02 when REF01=9F or G1) is required and must be greater than spaces.
I45	C	>1 occurrence of original reference number	There can only be one occurrence of the Original Reference Number (2300/REF01=F8). Required if the CLM05-3 = 6 or 7 or 8.
I47	C	Claim Original Reference Number required - 2300	The Claim Original Reference Number (2300/REF02 when REF01=F8) is required and must be greater than spaces.
I48	C	> 3 occurrences of CLIA number - HL=@HL#	There can only be up to three occurrences of the CLIA number (2300/REF01=X4).
I4A	C	Clinical Lab Improvement Amendment # required	The Clinical Lab Improvement Amendment Number (CLIA) is required. (2300/REF02 when REF01=X4).
I4B	C	> 1 occurrence of repriced claim number - 2300	There can only be one occurrence of the Repriced Claim Number (2300/REF01=9A).
I4D	C	Repriced Claim Reference Number required - 2300	The Repriced Reference Number (2300/REF02 when REF01=9A) is required and must be greater than spaces.

Edit #	Edit Type	Message	Edit Logic
I4E	C	> 1 occurrence of adjusted reprice claim # .	There can only be one occurrence of the Adjusted Reprice Claim Number (2300/REF 01=9C).
I4F	C	Serv Auth excetion code qualifier invalid	Service authorization exception code qualifier is invalid (2300/REF01).
I50	C	Adjusted Repriced Claim Reference # required	The Adjusted Repriced Claim Reference Number (2300/REF02 when REF01=9C) is required and must be greater than spaces.
I51	C	> 1 occurrence of invest. device exemption #	There can only be one occurrence of the Investigational Device Exemption Number (2300/REF01=LX) may be sent.
I53	C	Investigational Device Exemption # required	The Investigational Device Exemption Number (REF02 when REF01=LX) must be greater than spaces and is required.
I54	C	> 1 occurrence of claim ID # for clearinghouses	There can only be one occurrence of the Claim ID Number for Clearinghouses (230 0/REF01=D9).
I56	C	Clearinghouse Trace Number required - 2300	The Clearinghouse Trace Number (2300/REF02 when REF01=D9) is required and must be greater than spaces.
I57	C	> 4 occurrences of ambulatory patient group	There can be no more than four occurrences of the Ambulatory Patient Group (APG) (2300/REF01=1S).
I59	C	Ambulatory Patient Group Number required-2300	The Ambulatory Patient Group Number (2300/REF02 when REF01=1S) is required and must be greater than spaces.
I5A	C	> 1 occurrence of medical record number - 2300	There can only be one occurrence of the Medical Record Number (2300/REF01-EA).
I5C	C	Medical Record Number required - HL=@HL#	The Medical Record Number (2300/REF02 when REF01=EA) is required and greater than spaces.
I5D	C	> 1 occurrence of DEMO project ID-2300	There can only be one occurrence of the Demonstration Project Identifier (2300/ REF01=P4).
I5F	C	Demo project ID missing-HL=@HL#	The Demonstration Project ID (2300/REF02 when REF01=P4) is not a valid value.
I60	C	> 1 occurrence of Claim Note - HL=@HL#	There can only be one occurrence of the Claim Note (2300/NTE).
I61	C	Claim Note Reference Code invalid - HL=@HL#	The Claim Note Reference Code (2300/NTE01) contains an invalid value.
I62	C	Amb Unit/Basis for Meas. Code invalid- 2300	The Ambulance Transport Unit or Basis for Measurement Code (CR101) contains an invalid value.
I63	C	Ambulance Transport Code invalid - HL=@HL#	The Ambulance Transport Code (CR103) contains an invalid value.
I64	C	Ambulance Transport Reason Code invalid - 2300	The Ambulance Transport Reason Code (CR104) contains an invalid value.
I65	C	Ambulance Measurement Code invalid - 2300	The Ambulance Measurement Code (CR105) contains an invalid value.
I66	C	Round Trip Purpose description required	If the Ambulance Transport Code indicates roundtrip (CR103=X) then the Round Trip description (CR109) is

Edit #	Edit Type	Message	Edit Logic
			required.
167	C	Chiro Treatment Series Number required -HL=@HL#	The Chiro Treatment Series Number (CR201) is required and must be greater than spaces.
168	C	Number of Chiro Treatments is missing -HL=@HL#	The number of Chiropractic Treatment (2300 CR202) is missing and the amount must be greater than spaces.
169	C	Subluxation Level Code invalid - HL=@HL#	The Chiropractic Subluxation level code (2300 CR203) is invalid.
16A	C	Subluxation Level Code invalid - HL=@HL#	The Subluxation Level Code (2300/CR204) contains an invalid value.
16B	C	Unit/Basis for Measurement Code invalid-2300	The Unit or Basis for Measurement Code (2300/CR205) contains an invalid value.
16C	C	Chiro Monthly Treatment Count missing-HL=@HL#	The Chiropractic Monthly Treatment Count (CR207) must be completed and greater than spaces.
16D	C	Patient Condition Code invalid - HL=@HL#	The Patient Condition Code (2300/CR208) contains an invalid value.
16E	C	Complication Indicator invalid - HL=@HL#	The Complication Indicator (CR209) contains an invalid value.
16F	C	X-Ray Availability Indicator invalid - 2300	The X-Ray Availability Indicator (CR212) contains an invalid value.
16X	C	NTE message required - HL=@HL#	If 2300/NTE01 has a valid value, then NTE02 must be greater than spaces. MCS Prepass: 0417
170	C	> 3 occurrences of ambo patient condition info	There can be no more than three occurrences of the Ambulance Patient Condition Information (CRC01=07).
171	C	Invalid Amb code Category Qual 2300-HL=@HL#	The Ambulance Code Category (CRC01) contains an invalid value.
172	C	Amb Cert Condition Code invalid - HL=@HL#	The Ambulance Certification Condition Code contains an invalid value.
173	C	Ambo Cert Cond Code 1 invalid - HL=@HL#	For 4010: The Ambulance Certification Condition Code contains an invalid value. For 4010A1: The Code Category (CRC01=07) and the Ambulance Cert Condition Code contains an invalid value (CRC03).
174	C	Amb Cert Condition Code 2 inv - HL=@HL#	The 4010: The Certification Condition Code (CRC04) contains an invalid value. For 4010A1: The Certification Condition Code (CRC04) contains an invalid value and the CRC01=ZZ.
175	C	Amb. Cert Condition Code 3 inv- HL=@HL#	The Ambulance Certification Condition Code (CRC05) contains an invalid value when the CRC01 = ZZ.
176	C	Amb. Cert Condition Code 4 inv -HL=@HL#	The Ambulance Certification Condition Code (CRC06) contains an invalid value.
177	C	Amb. Cert Condition Code 5 invalid - HL=@HL#	The Ambulance Certification Condition Code (CRC07) contains an invalid value.
178	C	> 3 occurrences of vision patient cond info	There can be no more than three occurrences of the Patient Condition Code (CRC0 1=E1, E2 or E3) for vision.
179	C	Code category invalid -	Invalid value is listed in the CRC01.

Edit #	Edit Type	Message	Edit Logic
		HL=@HL#	
I7A	C	Vision Cert Condition Code has invalid value	The Vision Certification Condition Code Applies Indicator (CRC02) contains an invalid value.
I7B	C	Vision Homebound Indicator invalid - HL=@HL#	The Vision Homebound Indicator (CRC03) contains an invalid value.
I7C	C	Condition Code 1 invalid-HL=@HL#	The Vision Condition Code (CRC04) contains an invalid value.
I7D	C	Condition Code 2 invalid-HL=@HL#	The Vision Condition Code (CRC05) contains an invalid value.
I7E	C	Condition Code 3 invalid-HL=@HL#	The Vision Condition Code (CRC06) contains a valid value.
I7F	C	Condition Code 4 invalid-HL=@HL#	The Vision Condition Code (CRC07) contains an invalid value.
I80	C	> 1 occurrence of homebound indicator - 2300	Only one occurrence of the Homebound Indicator (2300/CRC01=75) may be sent.
I81	I	AMBULANCE CERTIFICATION CRC IS MISSING VALUE	Set Front-End Edit to reject if the 2300 CRC is submitted and the CRC01 must equal the value 07.
I82	C	Homebound Cert Condition indicator invalid-2300	The Homebound Certification Condition Indicator (CRC02 when CRC01=75) contains an invalid value.
I83	C	Homebound Indicator invalid - HL=@HL#	The Homebound Indicator (CRC03) contains an invalid value.
I84	C	> 1 occurrence of health care info code - 2300	There can only be one occurrence of the Health Care Info Code (HI) segment.
I85	C	Diagnosis Type Code invalid - HL=@HL#	The Diagnosis Type Code (2300 HI01) contains an invalid value.
I87	C	Diagnosis Type Code invalid - HL=@HL#	The Diagnosis Type code (2300 HI03-1) contains an invalid value.
I88	C	Diagnosis Type Code invalid - HL=@HL#	The Diagnosis Type Code is invalid (2300 HI04-1).
I89	C	Diagnosis Type code invalid - HL=@HL#	The Diagnosis Type Code is invalid (2300 HI05-1).
I8A	I	Diagnosis Type Code invalid - HL=@HL#	The Diagnosis Type Code (2300 HI06-1) contains an invalid value.
I8B	C	Diagnosis Type Code invalid - HL=@HL#	The Diagnosis Type Code (2300/HI07-1) contains an invalid value.
I8C	C	Diagnosis Type Code invalid - HL=@HL#	The Diagnosis Type code (2300 HI08-1) contains an invalid value.
I8D	C	Pricing/Repricing Methodology invalid-HL=@HL#	The Pricing/Repricing Methodology (2300 HCP01) value is not valid.
I8E	C	Repricer allowed amt missing-HL=@HL#	The Repricer Allowed Amount Pricing (2300 HCP02) must be greater than spaces and cannot be a negative value.
I8F	C	Reject Reason Code invalid - HL=@HL#	The Reject Reason Code (2300 HCP13) contains an invalid value.
I90	C	Policy Compliance Code invalid - HL=@HL#	The Claim Pricing/Repricing Policy Compliance Code (2300/HCP14) must contain an acceptable value and must be greater than spaces if submitted.
I91	C	Clm Pricing/Repricing Except. code inv-	The Claim Pricing/Repricing Exception Code (2300/HCP15) must be greater than sp aces and contain a valid value if

Edit #	Edit Type	Message	Edit Logic
		HL+@HL#	submitted.
I92	C	> 1 occurrence of home health care plan info	There can only be one occurrence of the Home Health Care Plan Information (CR7).
I93	C	Home Health Discipline Type code inv -HL=@HL#	The Home Health Discipline Type Code (CR701) should contain a valid value.
I94	C	> 3 health care services delivery - HL=@HL#	There can be no more than three occurrences of the Health Care Services Delivery (2305/HSD) information.
I95	C	Health Care Serv Delivery qual invalid - HL=@HL#	The Health Care Services Delivery (2305/HSD01) should contain a valid value.
I96	C	Health Care Serv Delivery Freq invalid - HL=@HL#	The Health Care Services Delivery (2305/HSD03) contains an invalid value.
I97	C	Duration of Visit Units invalid HSD - HL=@HL#	The Health Care Services Delivery Duration of Visit Units (2305/HSD05) contains an invalid value.
I98	C	Health Care Services Pattern Code inv - HL=@HL#	The Health Care Services Delivery Pattern Code (2305/HSD07) contains an invalid value.
I99	C	Health Care Services Delivery Time code invalid	The Health Care Services Delivery Time Code (2305/HSD08) contains an invalid value.
I9A	C	> 2 occurrences of referring prov name - 2310A	There can only be up to two occurrences of the Referring Provider Name (2310A/N M1).
I9B	I	REFERRING PROVIDER NAME INVALID - HL=@HL#	No more than 2 occurrences of 2310A/NM1 may be sent. The 1st or only iteration must have the value of DN in NM01, the 2nd iteration must contain the value of P3.
I9C	C	Referring provider name invalid - HL=@HL#	The first position in the Referring Provider's First Name (2310A/NM104) must be an alphabetic character.
I9D	C	Ref Prov Name Entity ID Code invalid - HL=@HL#	The Referring Provider Name Entity Identification Code (2310A/NM101) contains an invalid value.
I9E	C	Referring Prov Entity Type qual invalid- HL=@HL#	The Referring provider Entity Type Qualifier (2310A/NM102) does not contain a valid value.
I9F	C	Referring Provider Last Name required - 2310A	The Referring Provider's Last Name (2310A/NM103) is required and must be greater than spaces.
IA0	C	Referring Provider First Name required	The Referring Provider's First Name (2310A/NM104) must be greater than spaces if the Referring Provider's Entity Type Qualifier (NM102=1) indicates a person.
IA1	W	Referring Prov Name ID Code qual invalid- 2310A	The Referring Provider's Name ID Code Qualifier (2310A/NM108) contains an invalid value.
IA2	C	Referring Prov Spec Prov Code invalid - HL=@HL#	The Referring Provider's Specialty Information Provider Code (2310A/PRV01) contains an invalid value.
IA3	C	Referring Prov Ref ID Qual invalid- HL=@HL#	The Referring Provider's Reference ID Qualifier (2310A/PRV02) contains an invalid value.

Edit #	Edit Type	Message	Edit Logic
IA5	C	> 5 occurrences of Referring Prov 2nd ID	There can be no more than five occurrences of the Referring Provider Secondary Identifier (2310A/REF)
IA6	C	Referring Prov ID qualifier invalid- HL=@HL#	The Referring Provider's Reference ID Qualifier (2310A/REF01) is not a valid value.
IA7	C	Referring Prov 2nd ID invalid	The Referring Provider's Secondary ID (2310A/REF02) is not a valid value and must be greater than spaces.
IA8	C	> 1 occurrence of rendering prov name - 2310B	There can only be one occurrence of the Rendering Provider's Name (2310B/NM1).
IA9	C	Rendering Prov Entity ID Code invalid- HL=@HL#	The Rendering Provider's Entity ID Code (2310B/NM101) must contain a valid value.
IAA	C	Rendering Prov Entity Type qual invalid- HL=@HL#	The Rendering Provider Entity Type Code (2310B/NM102) is invalid.
IAB	C	Rendering Provider Last/Organization Name req.	The Rendering Provider's last Name or Organization Name (2310B/NM103) must be greater than spaces. The first position must be alphabetic, not spaces and the first three positions cannot be one of the following: MR MR. DR DR. JR or JR. This field should be alphabetic only.
IAC	C	Rendering Provider First Name required - 2310B	The Rendering Provider First Name (2310B/NM104) should be greater than spaces if the Entity Type Qualifier (NM102=1) indicates a person.
IAD	C	Rendering Prov ID code qualifier invalid	The Rendering Provider Identification Code Qualifier (2310B/NM108) must be greater than spaces and must contain a valid value.
IAE	C	Rendering Prov Spec Provider Code invalid	The Rendering Provider Specialty Information Provider Code (2310B/PRV01) contains an invalid value.
IAF	C	Rend Prov Spec Ref ID Qualifier invalid- HL=@HL#	The Rendering Provider Specialty Information Reference Identification Qualifier (2310B/PRV02) is invalid.
IB1	I	> 5 OCCURRENCES OF RENDERING PROV 2ND ID-2310B	There can be no more than five occurrences of the Rendering Provider Secondary Identification (2310B/REF) sent.
IB2	C	Rendering Prov ID qualifier inv- HL=@HL#	The Rendering Provider Identification Qualifier (2310B/REF01) must contain a valid value.
IB3	C	Rendering Provider required-2310B	The Rendering Provider Secondary Identifier (2310B/REF02) must be submitted if the Rendering Provider loop (2310B) is submitted.
IB4	I	PURCH SER PROV NAME EXCEEDS MAX USE -HL=@HL#	Only one occurrence of the Purchased Service Provider Name (2310C NM1) may be sent.
IB5	C	Pur Service Prov ID code invalid- HL=@HL#	The Purchased Service Provider's Entity ID Code (2310C NM101) contains an invalid value.
IB6	C	Pur Provider Entity Qualifier invalid- HL=@HL#	The Purchased Provider Entity Type Qualifier (2310C NM102) contains an invalid value.
IB7	W	Pur Prov ID code Qualifier invalid - 2310C	The Purchased Provider Identification Code Qualifier (2310C NM108) contains an invalid value.
IB8	C	> 5 occurrences of purchased prov 2nd ID	There can be no more than five occurrences of the Purchased Provider Secondary Identification (2310C REF).

Edit #	Edit Type	Message	Edit Logic
IB9	C	Pur Serv Prov REF ID Qual invalid- HL=@HL#	The Purchased Service Provider Reference Identification Qualifier (2310C/REF01) is invalid.
IBA	C	Purchased Service Prov 2nd ID required	The Purchased Service Provider's Secondary ID (2310C/REF02) is required and must be greater than spaces.
IBB	C	> 1 occurrence of Service Facility Location	There should only be one occurrence of the Service Facility Location (2310D/NM1).
IBC	C	Invalid Facility ID Code qualifier -HL=@#HL#	The Facility ID Code Qualifier (2310D/NM101) does not contain a valid value.
IBD	C	Service Facility Qualifier inv- HL=@HL#	The Service Facility Entity Type Qualifier (2310D/NM102) is invalid.
IBE	W	Service Fac ID Code Qualifier invalid - 2310D	The Service Facility Identification Code Qualifier (2310D/NM108) contains an in valid value.
IC0	C	Service Facility Address missing	The Service Facility Address (2310D/N3) is required if the Service Facility loop is submitted.
IC1	C	Service Facility City/State/Zip is required	The Service Facility Location City/State/Zip (2310D/N4) is required if the Service Facility loop is submitted.
IC2	C	Service Facility/Lab City name is required	The Service Facility or Laboratory City Name (2310D N401) must be greater than spaces and is required. The first position of the field cannot be a space, and must be alphabetic or one of the following: &,.:
IC3	C	Lab/facility state code invalid - 2310D	The Service Facility or Lab's State Code (2310D N402) is required and must be greater than spaces.
IC4	C	Lab or Ser Facility Zip code is required	The Laboratory or Service Facility Zip Code (2310D N403) is required.
IC5	C	> 5 occurrences of service facility locat. ref	There can be no more than five occurrences of the Service Facility Location Secondary Identification (2310D REF).
IC6	C	Service Facility REF ID qualifier inv- HL=@HL#	The Service Facility Location Reference Identification Qualifier (2310D REF01) must contain a valid value.
IC7	C	Service Facility ID missing - 2310D loop	The Service Facility ID (2310D REF02) is missing.
IC8	C	Super Prov Name Entity ID code invalid - HL=@HL#	The Supervising Provider's Name Entity ID Code (2310E NM101) is not a valid value.
IC9	C	Super. Prov Entity Type qual invalid - HL=@HL#	The Supervising Provider's Name Entity Type Qualifier (2310E NM102) contains an invalid value.
ICA	C	Supervising Provider Last Name required- HL=@HL#	The Supervising Provider's Last Name (2310E/NM103) is required and must be greater than spaces.
ICB	C	Supervising Provider First Name req - HL=@HL#	The Supervising Provider's First Name (2310E/NM104) is required and must be greater than spaces.
ICC	W	Sup Prov ID code qualifier invalid - 2310E	The Supervising Provider's Identification Code Qualifier (2310E NM108) contains an invalid value.
ICE	C	> 5 occurrences of supervising prov 2nd ID	There can be no more than five occurrences of the Supervising Provider's Secondary Identification loop (2310E/REF).

Edit #	Edit Type	Message	Edit Logic
ICF	C	Super Prov REF ID qualifier invalid - HL=@HL#	The Supervising Provider's Reference Identification Qualifier (2310E/REF01) is invalid.
ID0	C	Supervising Provider 2nd ID required- HL=@HL#	The Supervising Provider's Secondary Identifier (2310E/REF02) must be greater than spaces.
ID1	C	Payor Resp Seq Code invalid - HL=@HL#	If the Payor Responsibility Sequence Code indicates Primary (2320/SBR01=P), or Secondary (2320/SBR01=S) then the Paid Amount (2320/AMT01) is required. There can only be one 2320B whose value is P (Primary) or S (Secondary). If the 2000B/ SBR01 is T for Tertiary there must be a 2320/SBR01 that indicates Primary/Secondary.
ID2	C	Individual Relationship Code invalid- HL=@HL#	The Individual Relationship Code (2320 SBR02) is invalid.
ID3	C	Ins Type Code invalid - HL=@HL#	If the Other Subscriber Information loop is submitted, then the Insurance Type Code (2320/SBR05) must be valid.
ID4	C	Claim Filing Indicator code invalid - HL=@HL#	The Claim Filing Indicator (2320/SBR09) contains an invalid value.
ID5	C	> 5 occurrences of claim level adjustments	No more than five occurrences of the Claim Level Adjustment (2320/CAS) may be sent. VERIFY: VMS - The sum of all the 2320/CAS03 + 2320/CAS06 + 2320/CAS09 + 2320/CAS12 + 2320/CAS15 + 2320/CAS18 + 2320/AMT02 (for 2320/AMT01=D) must = 2300/CLM02,
ID6	C	Claim Level Adj Group Code invalid - HL=@HL#	The Claim Adjustment Group Code (2320/CAS01) does not contain a valid value.
ID7	C	> 1 occurrence of COB payer paid amount - 2320	Only one occurrence of the COB Payer Paid Amount (2320/AMT01=D) can be sent. MCS Prepass: 0580
ID8	C	CAS03 CANNOT BE NEGATIVE - HL=@HL#	REJECT CLAIMS WHEN 2320/CAS03, CAS06, CAS09, CAS12, CAS15, CAS18 IS A NEGATIVE VALUE
ID9	C	> 1 occurrence of COB approved amount - 2320	Only one occurrence of the COB Approved Amount (2320/AMT01=AAE) may be sent.
IDA	C	Approved Amount cannot be neg- HL=HL#	The Approved Amount (2320 AMT02 when 2320 AMT01=AAE) cannot be negative.
IDB	C	> 1 occurrence of COB allowed amount - 2320 AMT	There should only be one occurrence of the COB Allowed Amount (2320/AMT) information.
IDC	C	Payer Paid Amt cannot be neg - HL=HL#	COB Payer Paid Amount (2320 AMT01=D) cannot be negative.
IDD	C	> 1 occurrence of COB patient's resp. amount	There should only be one occurrence of the COB Patient Responsibility Amount information (2320/AMT01=F2).
IDF	C	> 1 occurrence of COB covered amount	There should only be one occurrence of the COB Covered Amount information (2320 AMT=AU).
IE1	C	> 1 occurrence of COB discount amount - 2320	Only one occurrence of the COB Discount Amount (2320/AMT01=D8) may be sent.
IE3	C	> 1 occurrence of COB daily limit amount - 2320	Only one occurrence of the COB Daily Limit Amount (2320/AMT01=DY) may be sent.

Edit #	Edit Type	Message	Edit Logic
IE5	C	> 1 occurrence of COB patient paid amount- 2320	Only one occurrence of the COB Patient Paid Amount (2320/AMT01=F5) may be sent.
IE7	C	> 1 occurrence of COB tax amount - HL=@HL#	Only one occurrence of the COB Tax Amount (2320/AMT01=T) may be sent.
IE9	C	> 1 occurrence of COB total clm before tax amt	Only one occurrence of the COB Total Claim Before Tax Amount (2320/AMT01=T2) may be sent.
IEB	C	Subscriber Demographic Info required - 2320DMG	If the Other Subscriber Name is a person (2330A/NM102=1), then the Subscriber Demographic Information Segment is required.
IEC	C	Subscriber Date/Time Format qual invalid - 2320	The Subscriber Demographic Information Date/Time Format Qualifier (2320/DMG01) contains an invalid value.
IED	C	Other Insured's Birthdate invalid- HL=@HL#	The Other Insured Birthdate (2320/DMG02) must be a valid date and should not contain a future date.
IEE	C	Invalid Other Insured's DOB >@FLD - HL=@HL#	The Other Insured's Birthdate (2320 DMG02) is invalid. The century must be 18, 19, or 20. The value must be in the CCYYMMDD format.
IEF	C	Other Insured Gender Code is invalid - HL=@HL#	The Other Insured Gender Code (2320/DMG03) must contain a valid value.
IF0	C	Other insurance coverage info required - 2320	The Other Insurance Coverage Information (2320/OI) is required if the 2320 loop is sent.
IF1	C	Benefits Assignment Cert indicator invalid	The Other Insurance Coverage Benefits Assignment Certification Indicator (2320/ OI03) must contain a valid value.
IF2	C	Patient Signature Source Code invalid- HL=@HL#	The Other Insurance Coverage Information Patient Signature Source Code (2320/OI 04) must contain a valid value.
IF3	C	Release of Info Code inv for Pat Sig- HL=@HL#	The Patient Signature Source Code (OI04) must contain a valid value unless the Release of Information code (OI06) contains an "N" for provider not allowed to release information.
IF4	C	Release of Information Code invalid - HL=@HL#	The Release of Information Code (2320/OI06) must contain a valid value.
IF5	C	> 1 occurrence of other subscriber name - 2330A	Only one occurrence of the Other Subscriber Name (2330A/NM1) may be sent.
IF6	C	Other Sub Name Entity ID code invalid- HL=@HL#	The Other Subscriber Name Entity Identifier Code (2330A/NM101) contains an invalid value.
IF7	C	Other Sub Name Entity Type qual invalid- HL=@HL#	The Other Subscriber's Name Entity Type Qualifier (2330A/NM102) must contain a valid value.
IF8	C	OTHER INSURED LAST NAME REQUIRED - HL=@HL#	The Other Insured's Last Name (2330A/NM103) is required and must be greater than spaces.
IF9	C	Other Insured's First Name required - HL=@HL#	If the Other Insured is identified as a person (2330A/NM102=1) then the Other Insured's First Name is required in the NM104.
IFA	C	Other Subscriber ID	The Other Subscriber Name ID Code Qualifier (2330A/NM108)

Edit #	Edit Type	Message	Edit Logic
		qualifier invalid - 2330A	contains an invalid value.
IFB	C	> 1 occurrence of other subscriber name - 2330A	For 4010 only: The Other Subscriber Name Information (2330A/N2) should only have one occurrence.
IFC	C	> 1 occurrence of other subscriber address	There should only be one occurrence of the Other Subscriber Address (2330A/N3).
IFD	C	Other insured's state code invalid - HL=@HL#	The Other Insured's state code (2330A/N402) is required and must be greater than spaces.
IFE	C	Other Subscriber 2nd ID REF qual inv- HL=@HL#	The Other Subscriber Secondary Identification Reference ID Qualifier (2330A/REF 01) contains an invalid value.
IFF	C	Other Subscriber 2nd ID required	The Other Subscriber Secondary Identifier (2330A/REF02) is required and must be greater than spaces.
J00	C	Other payer name required - HL=@HL#	Edit is set if the 2320 loop is used, and the 2330B/NM1 loop is missing.
J01	C	Other Payer Name Entity ID code invalid- HL=@HL#	Other Payer Name Entity Identification Code (2330B/NM101) contains an invalid value.
J02	C	Other Payer Name Entity type qual inv- HL=@HL#	The Other Payer Name Entity Type Qualifier (2330B/NM102) must contain a valid value.
J03	C	Other Payer Last or Org name required - 2330B	The Other Payer Last Name or Organization Name (2330B/NM103) must be greater sp aces.
J04	C	Other Payer ID Code qualifier invalid - 2330B	The Other Payer Identification Code Qualifier (2330B/NM108) must contain a valid value.
J06	C	Contact Function Code invalid - HL=@HL#	The Other Payer Contact Function Code (2330B/PER01) contains an invalid value.
J07	C	Other Payer Contact Name required - HL=@HL#	The Other Payer Contact Name (2330B/PER02) must be greater than spaces.
J08	C	Other Payer Communication # qual invalid-2330B	The Other Payer Communication Number qualifier (2330B/PER03) contains an invalid value.
J09	C	Other Payer 2nd Communication # invalid- 2330B	The Other Payer Communication Number Qualifier (2330B/PER05) should contain a valid value.
J0A	C	Other Payer Contact Comm # qualifier invalid	The Other Payer Contact Information Communication Number (2330B/PER07) must contain a valid value.
J0B	C	> 1 occurrence of claim adjudication date-2330B	There can only be one occurrence of the Claim Adjudication Date (2330B/DTP).
J0C	C	Clm Adjudication Date qualifier invalid- HL=@HL#	The Claim Adjudication Date Qualifier (2330B/DTP01) must contain a valid qualifier.
J0D	C	Claim Adj Date format qualifier invalid -2330B	The Claim Adjudication Date Format Qualifier (2330B/DTP02) must contain a valid value.
J0E	C	Adjudication OR Payment Date invalid - 2330B	The Adjudication or Payment Date (2330B/DTP03 when DTP01=573) must be a valid calendar date and in the CCYYMMDD format.

Edit #	Edit Type	Message	Edit Logic
J0F	C	Adjudication OR Payment Date invalid - 2330B	Valid calendar date and not future dated, else reject the 2300 level and its subordinate loops. Invalid value (not CCYYMMDD) in field 03 of DTP.
J10	C	> 2 occurrences of other payer 2nd identifier	There can be no more than two occurrences of the Other Payer Secondary Identifier (2330B REF).
J11	C	Other Payer ID Qualifier invalid- HL=@HL#	The Reference ID Qualifier (2330B REF01) must contain a valid value.
J12	C	Other payer Secondary Identifier required-2330B	The Other Payer Secondary Identifier (2330B REF02) is required and must be greater than spaces.
J13	C	> 2 occurrences of other payer prior auth- 2330B	There can be no more than two occurrences of the Other Payer Prior Authorization (2330B REF).
J15	C	Other Payer Prior Auth/Referral # required	The Other Payer Prior Authorization or Referral Number (2330B REF02) must be greater than spaces.
J16	C	> 2 occurrences of other payer claim adjustment	There can be no more than two occurrences of the Other Payer Claim Adjustment (2330B.REF01=T4).
J18	C	Other Payer Claim Adjustment Indicator required	The Other Payer Claim Adjustment Indicator (2330B/REF02 when REF01=T4) must be greater than spaces.
J19	C	> 1 occurrence of other payer patient info	There can only be one occurrence of the Other Payer Patient Information (2330C/ NM1).
J1A	C	Other Payer Patient Info Entity ID code inv	The Other Payer Patient Information Entity ID Code (2330C NM101) contains an in valid value.
J1B	C	Other payer pat entity type qual inv- HL=@HL#	The Other Payer Patient Information Entity Type Qualifier (2330C NM102) should contain a valid value.
J1C	C	Other Payer Patient Last Name required - HL=@HL#	The Other Payer Patient Last Name (2330C NM103) is required and must be greater than spaces.
J1D	C	Other payer ID code qualifier invalid - 2330C	The Other Payer ID Code Qualifier (2330B NM108) must contain a valid value.
J1E	C	Other Payer Patient REF qualifier invalid	The Other Payer Patient Reference ID Qualifier (2330B REF01) must contain a valid value. MCS Prepass: 0674
J1F	C	Other Payer Patient 2nd identification required	The Other Payer Patient Second Identification (2330B REF02) is required.
J1G	I	OTHER PAYER PATIENT PRIMARY REQUIRE ID MISSING	The Other Payer ID Code (2330B NM109) must contain a value.
J20	C	> 2 occurrences of other payer referring prov	The Other Payer Referring Provider loop (2330D/NM1) should repeat no more than two times.
J21	C	Other Payer REF ID Code invalid- HL=@HL#	NM101 must = DN on the 1st or only use of this loop, NM101 must = P3 on the 2nd use of this loop, Invalid value (not DN,P3) in field 01 of NM1.
J22	C	Entity identifier code invalid - HL=@HL#	RESEARCH NM101 must = DN on the 1st or only use of this loop, NM101

Edit #	Edit Type	Message	Edit Logic
			must = P3 on the 2nd use of this loop, else reject the 2300 level and its subordinate loops. Invalid value (not DN,P3) in field 01 of NM1
J23	C	Other Payor Refer ID qual invalid-HL=@HL#	The Other Payor Referring Provider ID Qualifier (2330D/NM102) must contain a valid value.
J24	C	Other Payor Ref Prov Last Name required-2330D	The Other Payor Referring Provider's Last Name (2330D/NM103) is required and must be greater than spaces.
J25	C	Other payer referring prov ID required - 2330D	The Other Payer Referring Provider ID (2330D/REF) must be sent if the 2330D loop is submitted.
J26	C	Other Payer Ref Prov Qual invalid-HL=@HL#	The Other Payer Referring Provider Qualifier (2330D REF01) contains an invalid value.
J27	C	Other Payer Referring Prov ID required-2330D	The Other Payer Referring Provider ID (2330D/REF02) is required and must be greater than spaces.
J28	C	> 1 occurrence other payer rendering provider	There can only be one occurrence of the Other Payer Rendering Provider (2330E N M1).
J29	C	Other Payer Rendering qual invalid-HL=@HL#	The Other Payer Rendering Provider Entity Type Qualifier (2330E NM101) must contain a valid value.
J2A	C	Other Payor Rendering Prov qual inv-HL=@HL#	The Other Payer Rendering Provider Entity Type Qualifier (2330E/NM102) must contain a valid value.
J2B	C	Other Payor Render. Prov Last Name req-2330E	The Other Payor Rendering Provider Last Name (2330E/NM103) must contain a value greater than spaces.
J2C	C	Other payer rendering prov 2nd ID required	The Other Payer Rendering Provider Secondary Identifier (2330E/REF) is required if the 2330E loop is sent.
J2D	C	Other Payor Render Prov 2nd ID REF qual. inv	The Other Payor Rendering Provider's Secondary Identifier Reference ID Qualifier (2330E/REF01) must contain a valid value.
J2E	C	Other Payer Rendering Prov 2nd ID required	The Other Payer Rendering Provider Secondary Identification (2330E/REF02) must be greater than spaces.
J2F	C	> 1 occurrence of other payer purchased service	There can only be one occurrence of the Other Payer Purchased Service (2330F/NM 1).
J30	C	Other Payer Pur Service Prov ID invalid-HL=@HL#	The Other Payer Purchased Service Provider's Qualifier (2330F/NM101) must contain a valid value.
J31	C	Other Payer Pur Service Prov qual inv-HL=@HL#	The Other Payer Purchased Service Provider Entity Type Qualifier (2330F/NM102) must contain a valid value.
J32	C	Other Payer Pur Ser Prov Name required - 2330F	The Other Payer Purchased Service Provider's Name (2330F/NM103) is required and must be greater than spaces.
J33	C	Other payer purchased service prov ID required	The Other Payer Purchased Service Provider ID (2330F/REF) is required if the 23 330F loop is sent.
J34	C	Other Payer Pur Serv Prov Ref ID req.-HL=@HL#	The Other Payer Purchased Service Provider Reference ID Qualifier (2330F/REF01) is required.

Edit #	Edit Type	Message	Edit Logic
J35	C	Other Payer Pur Service Prov ID required	The Other Payer Purchased Service Provider Identifier (2330F/REF02) must contain a value other than spaces.
J36	C	> 1 occurrence of other payer service facility	There can only be one occurrence of the Other Payer Service Facility Location (2330G/NM1).
J37	C	Other Payer Ser Facility Id invalid-HL=@HL#	The Other Payer Service Facility Location Entity ID Code (2330G/NM101) must contain a valid value.
J38	C	Other Payer Ser Fac Location type qual inv-	The Other Payer Service Facility Location Type Qualifier (2330G/NM102) must contain a valid value.
J39	C	Other Payer Ser Facility Name required-HL=@HL#	The Other Payer Service Facility Name (2330G/NM103) is required and must be greater than spaces.
J3A	C	Other payer service facility loc ID required	The Other Payer Service Facility Location ID (2330G REF) is required if the 233 0G REF is submitted.
J3B	I	Other Payer Facility Loc ID invalid -2330G	The Other Payer Service Facility Location ID Qualifier (2330G REF01) must contain a valid value.
J3C	C	Other Payer Service Facility Loc ID required	The Other Payer Service Facility Location Reference ID (2330G REF02) must be greater than spaces.
J3D	C	> 1 occurrence other payer supervising provider	There can only be one occurrence of the Other Payer Supervising Provider (2330H /NM1).
J3E	C	Other Payer Sup Prov Entity ID code inv-HL=@HL#	The Other Payer Supervising Provider Entity Identification Code (2330H/NM101) contains an invalid value.
J3F	C	Other Payer Super Prov qual invalid - HL=@HL#	The Other Payer Supervising Provider Entity Type Qualifier (2330H NM102) must contain a valid value.
J40	C	Other Payer Super Prov Last Name required-2330H	The Other Payer Supervising Provider's Last or Organization Name (2330H/NM103) is required and must be greater than spaces.
J41	C	Other payer supervising prov Id required-2330H	The Other Payer Supervising Provider ID (2330H/REF) is required if the 2330H lo op is submitted.
J42	C	Other Payer Super Prov ID invalid-HL=@HL#	The Other Payer Supervising Provider ID (2330H/REF01) is required.
J43	C	Other Payer Supervising Provider ID required	The Other Payer Supervising Provider ID (2330H/REF) is required and must be greater than spaces.
J44	C	Service line required - HL=@HL#	At least one occurrence of the Service Line (2400/LX) must be present but no more than fifty occurrences of the Service Line may be sent.
J45	C	Excess number of Service Lines - HL=@HL#	For SC Part B, DMERC and RR: The number of Service Lines per claim cannot be greater than fifty.
J46	C	Line Counter invalid - HL=@HL# - VALUE @FLD	For SC Part B, DMERC and Railroad: The line counter is invalid since it is not a number between one and fifty. The number of service lines cannot exceed fifty.
J47	C	Professional service line req - HL=@HL#	There can only be one occurrence of the Professional Service Line (2400/SV1) for each iteration of the 2400 LX.
J48	C	Prod/ser ID qualifier invalid - HL=@HL#	For version 4010: MEDB - must equal HC DMERC - HC, N4 valid values (CRITICAL) For version 4010A1: MEDB - must equal HC

Edit #	Edit Type	Message	Edit Logic
			DMERC - If HC validate HCPCS
J49	C	Line Item Charge Amount invalid - HL=@HL#	The Line Item Charge Amount (2400/SV102) cannot be a negative value or more than 99,999.99 or exceed decimal places.
J4A	C	Unit/Basis for Measurement Code inv -HL=@HL#	The Unit or Basis for Measurement Code (2400/SV103) must be a valid value.
J4B	C	Place of Service Code invalid - HL=@HL#	The Place of Service Code (2400/SV105) must contain a valid value. If the Place of Service is not 11, 12 or 81 then Facility Information must be present.
J4C	C	Composite Diagnosis Code Pointer required-2400	The Composite Diagnosis Code Pointer (2400/SV107) must be present if a Diagnosis (2300 HI) is submitted.
J4D	C	Diagnosis Code Pointer invalid - HL=@HL#	The Diagnosis Code Pointer (2400/SV107) should contain a valid value.
J4E	C	Diagnosis Code Pointer invalid - HL=@HL#	The Diagnosis Code Pointer (2400 SV107) must contain a valid value.
J4F	C	Diagnosis Code Pointer invalid - HL=@HL#	The Diagnosis Code Pointer (2400 SV107) contains an invalid value.
J50	C	Diagnosis Code Pointer invalid - HL=@HL#	The Diagnosis Code Pointer (2400 SV107-4) must contain a valid value.
J51	C	Emergency indicator invalid - HL=@HL#	The Emergency Indicator Response Code (2400 SV109) must contain a valid value.
J52	C	EPSDT indicator invalid - HL=@HL#	The Early and Periodic Screening for Diagnosis and Treatment for Children (EPSDT) Indicator (SV111) must contain a valid value if completed. If a "Y" is submitted for 4010A1, then the CRC EPSDT (CRC01=ZZ) is required.
J53	C	Family planning indicator invalid - HL=@HL#	The Family Planning Indicator (2400 SV112) must contain a valid value if completed.
J54	C	Co-pay Status Code invalid - HL=@HL#	The Co-Pay Status Code (2400 SV115) must contain a valid value.
J55	C	DMERC CMN indicator exceeds max use -HL=@HL#	Only one occurrence of the DMERC CMN Indicator (2400 PWK) may occur.
J56	C	DMERC Attachment Report Code invalid- HL=@HL#	For DMERC only: The DMERC Attachment Report Type Code (2400 PWK01) must contain a valid value.
J57	C	DMERC Report Transmission Code invalid-2400	The DMERC Report Transmission Code (2400 PWK02) must contain a valid value.
J58	C	Ambulance Unit/Measurement Code invalid - 2400	The Ambulance Transport Unit or Basis for Measurement Code (2400 CR101) must contain a valid value.
J59	C	Pat weight invalid - HL=@HL#	Cannot be blank if CR101=LB. Cannot be a negative value.
J5A	C	Ambulance Transport Code invalid - HL=@HL#	The Ambulance Transport Code (2400/CR103) must contain a valid value.
J5B	C	Ambulance Transport Reason Code invalid -	The Ambulance Transport Reason Code (2400/CR104) must contain a valid value.

Edit #	Edit Type	Message	Edit Logic
		2400	
J5C	C	Ambulance Unit/Meas. Code invalid - 2400	The Ambulance Unit or Basis for Measurement Code (2400 CR105) must contain a valid value.
J5D	C	Round Trip Purpose Description required - 2400	If the Ambulance Transport was Round Trip (CR103=X), then the Round Trip Description (CR109) is required and must be greater than spaces.
J5E	C	Chiro Treatment Number required - HL=@HL#	The Spinal Manipulation Treatment Series Number (2400 CR201) must be completed and greater than spaces.
J5F	C	Subluxation Level Code invalid - HL=@HL#	The Spinal Manipulation Subluxation Level Code (2400 CR203) must contain a valid value.
J60	C	Subluxation Level Code invalid - HL=@HL#	The Subluxation Level Code (2400 CR204) must contain a valid value.
J61	C	Spinal Manip Unit/Meas. code invalid -HL=@HL#	The Spinal Manipulation Unit or Basis for Measurement Code (CR205) must contain a valid value.
J62	C	Spinal Monthly Treatment Count required-HL=@HL#	The Spinal Manipulation Monthly Treatment Code (2400 CR207) is required.
J63	C	Spinal PT Condition Code invalid-HL=@HL#	The Spinal Manipulation Patient Condition Code (2400 CR208) must contain a valid value.
J64	C	Spinal Manipulation Complication ind invalid	The Spinal Manipulation Complication Indicator (2400 CR209) must contain a valid value.
J65	C	Chiro Xray Availabililty Ind invalid-HL=@HL#	For 4010: The Chiropractic X-ray Availability Indicator (2400 CR212) must contain a valid value. For 4010A1: The Chiropractic X-ray Availability Indicator is required if the Service Date is prior to January 01, 2000.
J66	C	DME Certification Type Code invalid - HL=@HL#	The DME Certification Type Code (2400 CR301) must contain a valid value.
J67	C	DME Duration Qualifier invalid - HI=@HL#	The DME Duration Qualifier (2400 CR302) must contain a valid value.
J68	C	Home O2 Cert Type Code invalid - HL=@HL#	The Home Oxygen Therapy Information (2400 CR501) Code must contain a valid value.
J69	C	Home O2 Treatment Period count req - HL=@HL#	The Home Oxygen Therapy Treatment Period Count (2400 CR502) is required.
J6A	C	Blood Gas or Saturation level required	The Arterial Blood Gas Quantity (CR510) must be completed unless the Oxygen Saturation Quantity (CR511) is completed.
J6B	C	Blood Gas or Saturation level required	10619 If the oxygen saturation quantity (CR511) is present then the arterial blood gas is not required in the CR510.
J6C	C	Oxygen Test Condition Code invalid - HL=@HL#	The Oxygen Test Condition Code (2400 CR512) must contain a valid value.
J6D	C	Oxygen Test Finding code invalid - HL=@HL#	The Oxygen Test Findings Code (2400 CR513) must contain a valid value.

Edit #	Edit Type	Message	Edit Logic
J6E	C	Oxygen Test Findings invalid - HL=@HL#	The Oxygen Test Findings Code (CR514) must contain a valid value.
J6F	C	Oxygen Test Finding code invalid - HL=@HL#	The Oxygen Test Findings Code (2400 CR515) must contain a valid value.
J70	C	Ambulance Code Category invalid - HL=@HL#	The Ambulance Condition Code (CRC01) must contain a valid value.
J71	C	Ambulance Certification Response Code invalid	The Ambulance Certification Response Code (CRC02 when CRC01=07) must contain a valid value.
J72	C	Ambulance Condition Code invalid - HL=@HL#	The Ambulance Condition Code (CRC03 when CRC01=07) must contain a valid value.
J73	C	Condition Code invalid - HL=@HL#	The Ambulance Condition Code (CRC04 when CRC01=07) must contain a valid value.
J74	C	Ambulance Condition Code invalid - HL=@HL#	The Ambulance Condition Code (CRC05 when CRC01=07) must contain a valid value.
J75	C	Ambulance Condition Code invalid - HL=@HL#	The Ambulance Condition Code (CRC06 when CRC01=07) must contain a valid value.
J76	C	Ambulance Condition Code invalid - HL=@HL#	The Ambulance Condition Code (CRC07 when CRC01=07) must contain a valid value.
J77	C	> 1 occurrence of hospice employee indicator	Only 1 occurrence of 2400.CRC01=70 may be sent, else reject the 2300 level and its subordinate loops.
J79	C	Hospice Employee Response invalid - 2400	The Hospice Employee Response Code (2400 CRC02) must contain a valid value.
J7A	C	Hospice Condition Indicator invalid - HL=@HL#	If the Hospice Employee Indicator (2400 CRC01=70) then the Condition Indicator (CRC03) must be valid.
J7B	C	> 2 occurrences of DMERC condition indicator	There can be no more than two occurrences of the DMERC Condition Indicator (2400 CRC =09 or 11).
J7D	C	DMERC Cert Response Code invalid - 2400	The DMERC Certification Response Code (2400 CRC02) must contain a valid value.
J7E	C	DMERC Condition Indicator invalid - HL=@HL#	The DMERC Condition Indicator (CRC03 when CRC01=09 or 11) must contain a valid value.
J7F	C	DMERC condition indicator invalid - HL=@HL#	The DMERC Condition Indicator (CRC04) must contain a valid value.
J80	C	DMERC condition indicator invalid - HL=@HL#	The DMERC Condition Code Indicator (CRC05 when CRC01 = 09 or 11) must contain a valid value.
J81	C	DMERC condition code invalid - HL=@HL#	The DMERC Condition Code Indicator (CRC06 when CRC01 = 09 or 11) must contain a valid value.
J82	C	DMERC condition code invalid - HL=@HL#	The DMERC Condition Code (CRC07 when CRC01=09 or 11) must contain a valid value.

Edit #	Edit Type	Message	Edit Logic
J83	C	> 1 occurrence of Serv Line Date per LX- HL=@HL#	There can only be one occurrence of the service line date (2400 DTP01=472) per LX.
J85	C	Service Date Format Qualifier invalid	The Service Date Format Qualifier (2400 DTP02) contains an invalid value.
J86	C	Service date invalid >@FLD - HL=@HL#	The Service Date (2400 DTP03) must be a valid date in the 19XX or 20XX century.
J87	C	Service Date cannot be in future >@FLD - HL=@HL	The Service Date (2400 DTP03 when DTP01=472) cannot be a future date and the century must be in the 19XX or 20XX.
J88	C	From/To Date invalid - HL=@HL#	The To or From Date must be a valid, non-future date in the 19XX or 20XX century.
J89	C	From/To date future dated HL=@HL#	The From or To Date (2400 DTP03) cannot be a future date.
J8A	C	Cert revision cate exceeds max use - HL=@HL#	The Certification Revision Date (2400 DTP01=607) must be present and have only one occurrence if the Home Oxygen Therapy Type Code is a Renewal or Revised (CR 501= R or S).
J8B	C	Cert revision dt missing - HL=@HL#	FOR VERSIONS 4010A1 and 4010. If CRC301=R or S, 2400.DTP01=607 must be present, only 1 occurrence of 2400.DTP01=607 may be sent, else reject the 2300 level and its subordinate loops. Not valid for Medicare.
J8D	C	Cert Revision Date Format qualifier invalid	The Certification Revision Date Format Qualifier (DTP02 when DTP01=607) must be a valid value.
J8E	C	Cert Revision Date invalid -HL=@HL#	The Certification Revision Date (DTP03 when DTP01=607) contains an invalid date and must be in the CCYYMMDD format.
J8F	C	Cert Revision Date cannot be in future - HL=@HL#	The Certification Revision Date (2400 DTP03 when DTP01=607) contains a future date and must be in the CCYYMMDD format.
J92	C	Referral Date Format Qualifier invalid	The Referral Date Format Qualifier (DTP02 when DTP01=330) must contain a valid value. For 4010 only:
J93	C	Referral Date invalid- HL=@HL#	For 4010: The Referral Date (DTP03 when DTP01=330) must be a valid date in the 19XX or 20XX century.
J94	C	Referral Date = future date -HL=@HL#	For 4010: The Referral Date (2400 DTP03 when DTP01=330) must be a valid, non-future date in the 19XX or 20XX Century.
J95	C	> 1 occurrence of begin therapy date- 2400	There can only be one occurrence of the Begin Therapy Date (2400 DTP01=463).
J97	C	Begin Therapy Date Qualifier invalid -2400	The Begin Therapy Date Format Qualifier (2400 DTP02 when DTP01=463) must be a valid value.
J98	C	Begin Therapy Date invalid -HI=@HL#	The Begin Therapy Date (2400 DTP03 when DTP01=463) contains an invalid value and must be in the 19XX or 20XX century.
J99	C	Begin Therapy Date is future date -HL=@HL#	The Begin Therapy Date (2400 DTP03 when DTP01=463) cannot be a future date and should be in the 19XX or 20XX century.
J9A	C	> 1 occurrence of last certification date-2400	There can be one occurrence of the Last Certification Date (2400 DTP01=461).
J9C	C	Last Cert Date Format Qualifier invalid -2400	The Last Certification Date Format Qualifier (DTP02 when DTP01=461) must contain a valid value.
J9D	C	Last Certification Date invalid - HL=@HL#	The Last Certification Date (2400 DTP03 when DTP01=461) contains an invalid date and should be in the CCYYMMDD format.
J9E	C	Last Certification Date	The Last Certification Date (2400 DTP03 when DTP01=461)

Edit #	Edit Type	Message	Edit Logic
		= Future Date - HL=@HL#	should not be a future date and must be in the CCYYMMDD format.
JA1	C	Order Date/Time Format qualifier invalid -2400	The Order Date/Time Format Qualifier (2400/DTP02 when DTP01=938) contains an invalid value.
JA2	C	Order Date invalid - HL=@HL#	For 4010 only: The Order Date (2400/DTP03) can not be an invalid date and must be in the CCYYMMDD format.
JA3	C	Order Date is future date -HL=@HL#	For 4010 only: The Order Date (2400/DTP03) cannot be a future date.
JA4	C	>1 occurrence of date last seen - 2400	There can only be one occurrence of the Date Last Seen (2400/DTP01=304).
JA6	C	Date Last Seen format qualifier invalid -2400	The Date Last Seen Format Qualifier (2400/DTP02 when DTP01=304) contains an invalid value.
JA7	C	Date Last Seen invalid - HL=@HL#	The Date Last Seen (2400/DTP03 when DTP01=304) contains an invalid value and must be in the 19XX or 20XX century.
JA8	C	Date Last Seen cannot be future date- HL=@HL#	The Date Last Seen (2400/DTP03 when DTP01=304) cannot be a future date and must be in the 19XX or 20XX.
JA9	C	>2 occurrences of test per date- HL=@HL#	There can only be two occurrences of the Test Performed Date (2400/DTP01=738, 739).
JAB	C	Test Performed Date format qual invalid - 2400	The Test Performed Date (2400/DTP02 when DTP01=738/739) Format Qualifier must contain a valid value.
JAC	C	Test Date invalid - HL=@HL#	The Test Date (2400/DTP03 when DTP01=738/739) contains an invalid value and must be in the 19XX or 20XX century.
JAD	C	Test Date cannot be future date - HL=@HL#	The Test Date (2400/DTP03 when DTP01=738/739) cannot be a future date and must be in the 19XX or 20XX century.
JAE	C	>3 occurrences of O2 sat/blood gas test - 2400	No more than three occurrences of Oxygen Saturation/Arterial Blood Gas Test (2400/DTP01=119,481,480) may be sent.
JB0	C	O2 Sat/Blood Gas format qualifier invalid 2400	The Oxygen Saturation or Arterial Blood Gas Test Date (2400/DTP02 when DTP01=119, 480, 481) contains an invalid value.
JB1	C	Oxygen Saturation/ABG Test date invalid - 2400	The Oxygen Saturation or Arterial Blood Gas Test Date (2400/DTP03 when DTP01=119,480, 481) contains an invalid value and must be in the CCYYMMDD format.
JB2	C	Oxygen Saturation/ABG test date is future date	The Oxygen Saturation or ABG test date (2400/DTP03 when DTP01=119/480) cannot be a future date and must be in the CCYYMMDD format.
JB3	C	> 1 occurrence of shipping date- HL=@HL#	There can only be one occurrence of the Shipped Date (2400/DTP01=011).
JB5	C	Shipped Date format qualifier invalid - 2400	The Shipped Date Format Qualifier (DTP02 when DTP01=011) contains an invalid value.
JB6	C	Shipped Date invalid - HL=@HL#	Shipped Date (2400/DTP03 when DTP01=011) contains an invalid value and must be in the CCYYMMDD format.
JB7	C	Shipped Date cannot be future date - HL=@HL#	The Shipped Date (2400/DTP03 when DTP01=011) cannot be a future date and must be in the CCYYMMDD format.
JB8	C	> 1 occurrence of onset of current symptom date	There can only be one occurrence of the Onset of Current Symptom Date (2400/DTP01=431).
JBA	C	Onset of Current Illness format qual inv	The Onset of Current Illness Format Qualifier (2400/DTP02 when DTP01=431) contains an invalid value.

Edit #	Edit Type	Message	Edit Logic
		-2400	
JBB	C	Onset Date invalid - HL=@HL#	The Onset of Current Symptom or Illness Date (2400/DTP03 when DTP01=431) contains an invalid date and must be in the CCYYMMDD format.
JBC	C	Onset Date cannot be future date -HL=@HL#	The Onset Date (2400/DTP03 when DTP01=431) cannot be a future date and must be in the CCYYMMDD format in the 19XX or 20XX century.
JBD	C	>1 occurrence of last X-ray date - HL=@HL#	There can only be one occurrence of the Last X-Ray Date (2400/DTP01=455).
JBF	C	Last X-ray date format qualifier invalid -2400	The Date of Last X-Ray Format Qualifier (2400/DTP02 when DTP01=455) contains an invalid value.
JC0	C	Last X-ray date invalid- HL=@HL#	The Date of Last X-Ray (DTP03 when DTP01=455 2400 loop) contains in invalid value and must be in the 19XX or 20XX century.
JC1	C	Last X-ray date cannot be future date - HL=@HL#	The Last X-Ray Date cannot be a future date and must be in the 19XX or 20XX century.
JC2	C	> 1 occurrence of acute manifestation date	There can only be one occurrence of the Acute Manifestation Date (2400/DTP01=45 3).
JC4	C	Acute Manifestation Date qualifier invalid- 2400	The Acute Manifestation Date Qualifier (2400/DTP02 when DTP01=453) must contain a valid date qualifier.
JC5	C	Acute Manifestation Date invalid - HL=@HL#	The Acute Manifestation Date (2400/DTP03 when DTP01=453) contains an invalid date and must be in the 19XX or 20XX century.
JC6	C	Acute Manif Date cannot be future date - HL=@HL#	Acute Manifestation Date (2400/DTP03 with DTP01=453) cannot be a future date and must be in the 19XX or 20XX century.
JC7	C	> 1 occurrence of initial treatment date	There can only be one occurrence of the Initial Treatment Date (2400/DTP01=454).
JC9	C	Initial Treatment Date qualifier invalid -2400	The Initial Treatment Date (2400/DTP02) must contain a valid value.
JCA	C	Initial Treatment Date invalid -HL=@HL#	The Initial Treatment Date (2400/DTP03 when DTP01=454) contains and invalid value and must be in the 19XX or 20XX century.
JCB	C	Initial Treatment Date is in future-HL=@HL#	The Initial Treatment Date (2400/DTP03 when DTP01=454) cannot be a future date and must be in the 19XX or 20XX century.
JCC	C	> 1 occurrence of similar illness date - 2400	There can only be one occurrence of the Similar Illness Date (2400/DTP01=438).
JCE	C	Similar Illness qualifier invalid -2400	The Similar Illness Format Qualifier (2400/DTP02 when DTP01=438) must contain a valid value.
JCF	C	Similar Illness or Treatment Date invalid -2400	The Similar Symptom or Illness Date (2400/DTP03 when DTP01=438) contains an invalid value and must be in the CCYYMMDD format.
JD0	C	Similar Illness/Treatment date is future date	The Similar Illness or Treatment Date (2400/DTP03 when DTP01=438) cannot be a future date and must be in the CCYYMMDD format.
JD1	C	Anesthesia Modifying Quantity qualifier invalid	The Anesthesia Modifying Quantity Qualifier (2400/QTY01) must contain a valid value.
JD2	C	Anesth Mod Units invalid - HL=@HL#	If a value of MJ was submitted in the 2400/SV103, SV104 must contain the minutes. Must be greater than spaces, max

Edit #	Edit Type	Message	Edit Logic
			value is 99.
JD3	C	Test Result Measurement ID code invalid-2400	The Test Result Measurement ID Code (2400/MEA01) must contain a valid value.
JD4	C	Test Result Measurement qualifier inv -HL=@HL#	The Test Result Measurement Qualifier (2400/MEA02) must contain a valid value.
JD5	C	Test results invalid - HL=@HL#	The Test Results (2400 MEA03) contains an invalid value.
JD6	C	Contract Information Type Code invalid - HL=@HL#	The Contract Information Type Code (2400/CN101) must contain a valid value.
JD7	C	> 1 occurrence of repriced line item ref #	There can only be one occurrence of the Repriced Line Item Reference Number (24 00/REF01=9B).
JD9	C	Repriced Line Item Reference Number required	The Repriced Line Item Reference Number (2400/REF02 when REF01=9B) must contain a valid value.
JDA	C	> 1 occurrence of adjusted repriced Line Item	There can only be one occurrence of the Adjusted Repriced Line Item (2400/REF01 =9D).
JDC	C	Adjusted/Repriced Line item ref # required	The Adjusted Repriced Line Item Reference Number is required (2400/REF02 when R EF01=9D).
JDD	C	> 2 occurrences of prior auth/referral # - 2400	There can be no more than two occurrences of the Prior Authorization or Referral Number (2400/REF01= 9F or G1).
JDF	C	Prior Auth/Ref# ID qualifier invalid -2400	The Prior Authorization or Referral Number Reference ID Qualifier (2400/REF02 w hen REF01= 9F or G1) must contain a valid value.
JE0	C	> 1 Occurrence of line item control # - 2400	There can only be one occurrence of the Line Item Control Number (2400/REF01=6R).
JE2	C	Line Item Control Number required - HL=@HL#	The Line Item Control Number (2400/REF02 when REF01=6R) is required and must be greater than spaces.
JE3	C	> 1 occurrence of mammography cert number -2400	There can only be one occurrence of the Mammography Certification Number (2400/ REF01=EW).
JE5	C	Mammography Certification Number required-2400	The Mammography Certification Number (2400/REF02 when REF01=EW) is required and must be greater than spaces.
JE6	C	> 1 occurrence of CLIA identification	There can only be one occurrence of the CLIA Identification (2400/REF01=X4).
JE8	C	CLIA number required	The CLIA Number (2400/REF02 when REF01=X4) is required and must be greater than spaces.
JE9	C	> 1 occurrence of referring CLIA facility ID	There can only be one occurrence of the Referring CLIA Facility ID (2400/REF01= F4).
JEB	C	Referring CLIA number required - HL=@HL#	The Referring CLIA Number (2400/REF02 when REF01=F4) is required.
JEC	C	> 1 occurrence immunization batch number -2400	There can only be one occurrence of the Immunization Batch Number (2400/REF01=B T).
JEE	C	Immunization Batch Number required -	The Immunization Batch Number (2400/REF02 when REF01=BT) is required and must b e greater than spaces.

Edit #	Edit Type	Message	Edit Logic
		HL=@HL#	
JEF	C	> 4 occurrences of ambulatory patient group	There can be no more than four occurrences of the Ambulatory Patient Group (240 0/REF01=1S).
JF1	C	Ambulatory Patient Group # required- HL=@HL#	The Ambulatory Patient Group Number is required (2400/REF02 when REF01=1S) and must be greater than spaces.
JF2	C	> 1 occurrence of oxygen flow rate- HL=@HL#	There can only be one occurrence of the Oxygen Flow Rate (2400/REF01=TP).
JF4	C	Oxygen Flow Rate invalid - HL=@HL#	The Oxygen Flow Rate (2400/REF02 when REF01=TP) must be between 1 - 999 or "X" for less than one liter per minute.
JF5	C	> Invalid qualifier in the 2400/AMT01	AMT01 in 2400 loop is invalid. The valid values are 'T', 'AAE' and F4
JF7	C	Universal Product Number required - HL=@HL#	The Universal Product Number (UPN) is required and must be greater than spaces (2400/REF02 when REF01=OZ or VP).
JF8	C	> 1 occurrence of sales tax amount - HL=@HL#	There can only be occurrence of the Sales Tax Amount (2400/AMT01=T).
JFA	I	> 1 occurrence of approved amount - HL=@HL#	There can only be one occurrence of the Approved Amount (2400/AMT01=AAE).
JFC	C	> 1 occurrence of postage claimed amount - 2400	There can only be one occurrence of the Postage Claimed Amount (2400/AMT01=F4).
JFE	C	> 1 occurrence of line note - HL=@HL#	There can only be one occurrence of the Line Note (2400/NTE).
JFF	C	Line Note Reference Code invalid - HL=@HL#	The Line Note Reference Code (2400/NTE01) must contain a valid value.
JFX	C	NTE message required - HL=@HL#	If 2400/NTE01 is valid, than NTE02 must be greater than spaces.
K00	C	Healthcare Serv Qualifier invalid	The Healthcare Services Qualifier (2400 HSD01) contains an invalid value.
K01	C	Healthcare Serv Frequency Period invalid value	The Healthcare Services Frequency Period (2400 HSD03) contains an invalid value.
K02	C	Duration of Visits Units invalid	The Duration of Visits Units (2400 HSD05) contains an invalid value.
K03	C	Bad HSD06, If HSD05 > spaces then HSD06 must be	If HSD05 > spaces then HSD06 must be > spaces, else reject the 2300 level and its subordinate loops.
K04	C	Ship/Delivery Pattern invalid	The Shipping/Delivery Pattern (2400 HSD07) contains an invalid value.
K05	C	Delivery Pattern Time Code invalid	Delivery Pattern Time (2400 HSD08) contains an invalid value.
K06	C	Line Pricing Methodology invalid value	The Line Pricing Methodology (2400 HCP01) must contain a valid value.
K07	C	Allow Amt Price must be > spaces - HL=@HL#	The Line Pricing Allowed Amount (2400 HCP02) must be greater than spaces.
K08	C	Product service ID qualifier invalid	Spaces is valid, else reject the 2300 level and its subordinate loops. Invalid value (not HC,IV,ZZ) in field 09 of HCP.

Edit #	Edit Type	Message	Edit Logic
K09	C	Units qualifier invalid	The Product service id qualifier contains an invalid value (2400 HCP09)
K0A	C	Reject/Reason code is an invalid value HL=@HL#	The Line Pricing/Repricing Reject/Reason Code (2400 HCP13) contains an invalid value.
K0B	C	Policy Compliance Code = invalid value- HL=@HL#	The Policy Compliance Code (2400 HCP14) contains an invalid value.
K0C	C	Exception Code is an invalid value HL=@HL#	The Exception Code (2400 HCP15) contains an invalid value.
K0D	C	Only one Rendering Provider per Service Line	Only one occurrence of the Rendering Provider (2420A NM1) per Service Line submitted.
K0E	C	Render ID code qual is an invalid value HL=@HL#	The Rendering ID Code Qualifier (2420A NM101) contains an invalid value.
K0F	C	Rendering Prov Entity Type Qualifier invalid	The Rendering Provider Entity Type Qualifier (2420A NM102) contains an invalid value.
K10	C	Rendering Prov Last/Organization Name missing	The Rendering Provider Last or Organization Name (2420A NM103) must be greater than spaces, start with an alpha character and the first three positions of the field must be alphabetic, not spaces and cannot be one of the following: MR , MR., DR , DR., JR or JR.
K11	C	Rendering Provider First Name missing	If the Rendering Provider is an individual (2420A NM102=1) then the First Name (NM104) must be greater than spaces and alphabetic.
K12	C	Rendering Prov Qualifier invalid (NM108)	The Rendering Provider ID Code Qualifier (2420A NM108) must contain a valid value.
K14	C	Rendering Provider Code qualifier invalid	The Rendering Provider Code Qualifier (2420A PRV01) must contain a valid value.
K15	C	Rendering Provider Spec. ID qualifier invalid	The Rendering Provider Specialty Identification Qualifier (2420A PRV02) must contain a valid value.
K16	C	> 1 occurrence of add. rendering prov name Info	There can only be one occurrence of the Additional Rendering Provider Name (2420A N2) Information.
K17	C	> 5 occurrences of Rendering Prov Name REF	There can be no more than five occurrences of the Rendering Provider Ref's (2420A REF).
K18	C	Rendering Provider Ref ID qualifier invalid	The Rendering Provider Reference ID Qualifier (2420A REF01) must contain valid value.
K19	C	Rendering Provider ID missing	The Rendering Provider ID (2420A REF02) must be greater than spaces.
K1A	C	Only one Purchase Service Provider Name allowed	There can be only one occurrence of the Purchased Service Provider Name (2420B NM1).
K1B	C	Purchase Service Provider ID code invalid	The Purchased Service Provider ID Code (2420B NM101) must contain a valid value.
K1C	C	Invalid Purchase Service Prov name qualifier	The Purchased Service Provider Name Entity Type Qualifier (2420B NM102) must contain a valid value.
K1D	W	Invalid Purchased	The Purchased Service Provider ID Code Qualifier (2420B

Edit #	Edit Type	Message	Edit Logic
		Provider ID code qualifier	NM108) contain an invalid value.
K1E	C	> than 5 Purchased Service Prov 2nd REF present	There can be no more than five occurrences of the Purchased Service Provider Secondary ID References (2420B REF).
K1F	C	Purchase Service Provider 2nd ID qual. invalid	The Purchased Service Provider Secondary ID Qualifier (2420B REF01) must contain a valid value.
K20	C	Purchase Service Provider ID invalid	The Purchased Service Provider (2420B REF02) ID must contain a valid value.
K21	C	> 1 occurrence of facility information	There can only be one occurrence of the Facility Information (2420C NM1).
K22	C	Facility ID qualifier invalid	The Service Facility ID Qualifier (2420C NM101) must contain a valid value.
K23	C	Service Facility Name required	The Service Facility Name (2420C NM103) is required and must contain a valid value.
K25	W	Service facility qualifier must valid	The Service Facility Qualifier (2420C/NM108) must contain a valid value.
K26	C	Only 1 occurrence of Service Facility s/b sent	Only 1 occurrence of Service Facility (2420C N2) may be sent.
K27	C	Only 1 service facility address allowed	Only 1 occurrence of the Service Facility address (2420C N3) may be sent.
K29	C	Facility City must be > than spaces	The Facility City (2420C N401) is required and must be greater than spaces.
K2A	C	Lab/facility state code invalid - HL=@HL#	The Facility State (2420C N402) is required and must be greater than spaces.
K2B	C	Service Facility Zip must be > than spaces	The Service Facility Zip (2420C N403) is required and must be numeric, not all zero's or nines and must be either 5 or 9 numeric if a US State Code (N402) is submitted.
K2C	C	>5 Service Facility Ref's present	No more than five occurrences of the Service Facility (2420C REF) may be submitted.
K2D	C	Service Facility Ref ID qualifier inv-HL=@HL#	The Service Facility Reference ID Qualifier (2420C REF01) is missing or invalid.
K2E	C	Facility ID Number missing -HL=@HL#	The Service Facility Identification Number (2420C REF02) is missing and is required.
K2F	C	> 1 occurrence of supervising provider Info.	There can only be one occurrence of the Supervising Provider Information (2420D NM1).
K30	C	Supervising Provider ID code must be valid	The Supervising Provider's ID Code (2420D NM101) must contain a valid value.
K31	C	Supervising Entity Type Code invalid	The Supervising Entity Type Code (2420D NM102) contains an invalid value.
K32	C	Supervising Last Name required	The Supervising Provider's Last Name (2420D NM103) is required and must be greater than spaces.
K33	C	Supervising First Name required	The Supervising Provider's First Name (2420D NM104) is required and must be greater than spaces.
K34	W	Supervising Provider ID code invalid	The Supervising Provider's ID Code (2420D NM108) must contain a valid value.
K36	C	Greater than 5 supervising prov ref's present	No more than 5 occurrences of Supervising Provider's Reference information (242 0D REF) may be sent.
K37	C	Super Prov 2nd ID Qualifer invalid	The Supervising Provider's Secondary Identification Qualifier (2420D REF01) contains an invalid value.

Edit #	Edit Type	Message	Edit Logic
K38	C	Supervising provider ID missing	The Supervising Provider ID (2420D REF02) must be greater than spaces.
K39	C	Only one ordering provider per claim allowed	Only 1 occurrence of 2420E/NM1 may be sent, else reject the 2300 level and its subordinate loops.
K3A	C	Ordering Provider ID code qualifier invalid	The Ordering Provider ID Code (2420E NM101) must contain a valid value.
K3B	C	Ordering Provider Entity type qualifier invalid	The Ordering Provider Entity's Type Qualifier (2420E/NM102) must contain a valid value.
K3C	C	Ordering Prov Last Name must be > than spaces	The Ordering Provider's last name (2420E/NM103) must contain a value greater than spaces.
K3D	C	Ordering Prov First Name must be > than spaces	The Ordering Provider's First Name (2420E NM104) must be greater than spaces.
K3E	W	Ordering Provider ID qualifier invalid	The Ordering Provider's ID Qualifier (2420E NM108) must contain a valid value.
K40	C	Only 1 ordering prov address allowed	Only 1 occurrence of 2420E.N3 may be sent, else reject the 2300 level and its subordinate loops.
K41	C	Ordering Provider City missing	The Ordering Provider's City (2420E N401) is missing.
K42	C	Ordering prov state must be > spaces	If submitted the ordering provider's state must be greater than spaces. Validate against code source 22, else reject the 2300 level and its subordinate loops.
K43	C	Ordering Prov Zip must be > than spaces	The Ordering Provider's Zip Code (2420E N403) must be greater than spaces. If the State is in the US, then the zip code must be numeric, not all zeros, not all nines and is either five or nine digits in length.
K44	C	> 5 Ordering Provider's Ref's sent - HL=@HL#	No more than 5 occurrences of the Ordering Provider's Ref segment (2420D REF) can be sent.
K45	C	Ordering Prov Ref ID Qualifier invalid	At least one occurrence of the Ordering Provider's Reference ID Qualifier (2420 E REF01) must be sent and must contain a valid value.
K46	C	Ordering Provider ID number missing	The Ordering Provider's Identification Number (2420E REF02) must be present. If the Ordering Provider is a Medicare Provider (REF01=1C), the Provider Number must be valid. If the Ordering Provider's UPIN is sent (REF01=1G), then the UPIN number (REF02) must be a valid UPIN format.
K47	C	Only 1 ordering prov contact allowed	Only 1 occurrence of 2420E.PER may be sent, else reject the 2300 level and its subordinate loops.
K48	C	Ordering Prov Contact Code Qualifier invalid	The Ordering Provider's Contact Function Code (2420E PER01) must contain a valid value.
K49	C	Ordering Prov Contact Name required - 2420E	If the 2420E loop PER segment is being submitted then the Ordering Provider Contact Name (PER02) is required.
K4A	C	Ordering Provider Communication ID qual invalid	The Ordering Provider's Communication ID Qualifier (2420E PER03) must be valid.
K4B	C	Ordering Provider Communication ID Qual invalid	The Ordering Provider's Communication ID Qualifier (2420E PER05) contains an in valid value.
K4C	C	Ordering Provider Communication ID	The Ordering Provider's Communication ID Qualifier (2420E PER07) contains an in valid value.

Edit #	Edit Type	Message	Edit Logic
		Qual invalid	
K4D	C	No more than 2 Referring Prov per line item	There can be no more than two occurrences of the Referring Provider (2420F NM1). The value of first or only iteration of the Referring Provider must be DN, the value of the second occurrence must be P3.
K4E	W	The 1st Referring Prov Entity code must be DN	The first Referring Provider Entity Identifier Code (2420F NM101=DN) must indicate a Referring Provider.
K4F	W	Referring Prov: 1st REF must be DN/2nd =P3	No more than 2 occurrences of Referring Provider may be sent (2420F NM1). The first or only iteration must indicate a Referring Provider (2420F NM101=DN). The second occurrence must be for the Primary Care Provider (2420F NM101=P3).
K50	C	Referring Prov Entity Code invalid	The Referring Provider's Entity ID Code (2420F NM101) must contain a valid value.
K51	C	Referring Provider Entity Qualifier invalid	The Referring Provider's Entity Qualifier (2420F NM102) must contain a valid value.
K52	C	Referring Provider Last Name required	The Referring Provider's Last Name (2420F NM103) is required.
K53	C	Referring Provider First Name required	The Referring Provider's First Name (2420F/NM104) is required.
K54	W	Referring Prov ID Qualifer invalid	The Referring Provider's ID Qualifier (2420F NM108) must contain a valid value.
K55	C	Referring Provider Speciality code invalid	The Referring Provider's Specialty Code (2420F PRV01) must contain a valid value.
K56	C	Referring Provider Ref ID code must be valid	The Referring Provider's Reference ID Code (2420F PRV02) must contain a valid value.
K58	C	> 5 Referring Provider REF present	No more than five occurrences of the Referring Provider Ref (2420F) may be sent.
K59	C	Ref Prov ID Qual missing/invalid - HL=@HL#	Multiple Referring Provider UPIN's (2420F REF01=1G) cannot be sent.
K5A	C	Referring Provider ID missing	The Referring Provider ID (2420F REF02) must contain a value other than spaces.
K5B	C	Only 4 Other payer prior auth number	No more than 4 occurrences of 2420G.NM1 (Referring Provider) may be sent, else reject the 2300 level and its subordinate loops.
K5C	C	Other Payer Prior Auth/Refer# ID code invalid	The Other Payer's Prior Authorization or Referral Number Qualifier (2420G NM101) must contain a valid value.
K5D	C	Other Payor Entity Qualifier invalid	The Other Payer Entity Qualifier (2420G/NM102) contains an invalid value.
K5E	C	Other Payer Prior Auth/Referral# Name missing	The Other Payer's Prior Authorization or Referral Number Last or Organization Name (2420G NM103) is missing.
K5F	C	Other Payer Prior Auth/Referral# ID code inv	The Other Payer's Prior Authorization or Referral Number ID Code Qualifier (2 420G NM108) contains an invalid value.
K60	C	Only 2 Other Payer Prior Auth Referral# allowed	There can be no more than two occurrences of the Other Payer's Prior Authorization/Referral Number (2420G REF) may be submitted.
K61	C	Other Payer Referral# Ref ID Qual invalid	The Other Payer Referral Number or Authorization Number (2420G REF01) must contain a valid value.
K62	C	No more then 25 Line Adjudication Seg per	No more than 25 occurrences of the line adjudication segment (2420G SVD) may be sent per claim.

Edit #	Edit Type	Message	Edit Logic
		claim	
K64	C	Product Qualifier invalid - HL=@HL#	The Product or Service ID Qualifier (2430 SVD03-1) must contain a valid value.
K65	C	PAID SERVICE COUNT MUST BE > ZERO'S -HL=@HL#	If submitted, the Paid Service count must be greater than zero's (2430 SVD05).
K66	C	Claim adjustment group code invalid	The Claim Adjustment Group Code (2430 CAS01) must contain a valid value.
K67	C	Only 1 line adjudication date allowed per claim	Only 1 occurrence of 2430/DTP may be submitted. Required if loop 2430 is submitted.
K68	C	Line Adjudication Date Qualifier invalid	The line adjudication Date Qualifier (2430 DTP01) must contain a valid value.
K69	C	Line Adjudication Format Qualifier invalid	The Line Adjudication Format Qualifier (2430 DTP02) must contain a valid value.
K6A	C	Line adjudication date invalid	Invalid calendar date (CCYYMMDD) 2430/DTP01=573 (date claim paid) YYMMDD format.
K6B	C	Adjudication Date cannot be future date	The Adjudication Date (2430 DTP03) cannot be a future date.
K6C	C	No more than 5 occurrences of form ID accepted	No more than 5 occurrences of 2440/LQ may be submitted.
K6E	C	Form ID code invalid & must be > than spaces	The Form ID Code (2440 LQ02) must a valid code and greater than spaces.
K6F	C	Supporting Documentation Condition Code invalid	The Supporting Documentation Condition Code (2440 FRM02) must contain a valid value.
K70	C	Supporting Documentation Date invalid	The Supporting Documentation (FRM04) Date must be a valid date in the CCYYMMDD format.
K71	C	Supporting Documentation date cannot be future	The Supporting Documentation Date (FRM04) cannot be a future date if it is submitted.
K72	F	Transaction Set Cntrl # must match ST02=SE02	The Header Transaction Set Control Number (SE02) must equal the Transaction Set Trailer Control Number.
K73	F	Functional Group Header must= Trailer GS02=GE02	The Functional Group Header (GS02) must equal the Functional Group Trailer (GE0 2).
K74	F	Header Interchange # must = Interchange Trailer	The Interchange Control Number listed in the Header (ISA13) must equal the Interchange Control Number listed in the Trailer (IEA02).
K75	C	Patient Weight exceeds max- HL=@HL#	The Patient Weight (2000B PAT08) exceeds the maximum value.
K76	C	Pt Weight exceeds max decimal places - HL=@HL#	The Patient Weight (2000B PAT08) exceeds the maximum number of decimal places.
K77	C	Invalid Patient Weight - HL=@HL#	If the Patient Weight qualifier (2000B PAT07=GR) is grams, then the Patient Weight is required and must be greater than zero.
K78	C	Invalid patient weight - HL=@HL#	If 2000C/PAT07=GR, PAT08 must be numeric and > zeroes. If submitted must be greater than spaces.
K79	C	Total Claim Charge	The Total Claim Charge Amount exceeds the maximum

Edit #	Edit Type	Message	Edit Logic
		exceeds maximum- HL=@HL#	amount or is a negative value or it does not equal the 2400/SV102.
K7A	C	Total CLM charge has >2 decimal places- HL=@HL#	The Total Claim Charge Amount cannot exceed two decimal places, 2400 SV102.
K7B	C	Contract Amt exceeds maximum - HL=@HL#	2300/CN1 = 09 does not equal the sum of 2400/CN1 = 09. This edit only applies when Claim Level CN1 is greater than zero and 2300/CN102 is reported. 2300/CN1 = 09 is a negative amount.
K7C	C	Contract Amt cannot have > 2 dec places	The Contract Amount (2300 CN102) cannot have greater than two decimal places.
K7D	C	Contract Amt Term Percent > 2 decimal places	The Contract Amount Term Discount Percent (2300 CN1) cannot be greater than two decimal places.
K7E	C	Contract Amount Term Percent must be > spaces	The Contract Amount Term Percentage (2300 CN105) must be greater than spaces.
K80	C	Primary Payor Date paid missing - HL=@HL#	The Claim Adjudication Date (2330B DTP = 573) is required when the Payer Paid Amount (2320 AMT01=D) is sent.
K81	C	Patient Paid Amount is invalid HL=@HL#	The Patient Paid Amount (2300 AMT02) cannot exceed the value of 99,999.99. Value of 99,999.99.
K82	C	Pt PD Amt cannot have > 2 dec places - HL=@HL#	The Patient Paid Amount (2300 AMT02) cannot exceed two decimal places.
K83	C	Tot Purch Svc Amt exceeds maximum - HL=@HL#	The Total Purchased Service Amount (2300 AMT02 when AMT01=NE) cannot exceed the maximum value.
K84	C	Tot Purch Svc Amt has > 2 dec - HL=@HL#	The Total Purchased Service Amount (2300 AMT02 when AMT01=NE) cannot exceed two decimal places.
K85	C	Pt Weight exceeds maximum - HL=@HL#	If the Patient Weight is submitted (2300 CR102), then it cannot exceed "999."
K86	C	Pt weight exceeds max decimal places - HL=@HL#	If the Patient Weight is submitted, (2300 CR102) then it cannot exceed the maximum number of decimal places.
K87	C	Transport Distance exceeds max - HL=@HL#	The Transport Distance (CR106) must contain a value greater than spaces and can not be greater than 9999.
K88	C	Transport Dist cannot have > 1 dec place	If submitted, the Transport Distance (2300 CR106) cannot exceed more than one decimal place.
K89	C	Spinal Manipulation Treatment # exceeds max	The Spinal Manipulation Treatment Number (2300 CR201) cannot exceed the maximum value.
K8A	C	Spinal Treatment Count exceeds max decimals	The Spinal Manipulation Treatment count (2300 CR201) must not exceed the maximum number of decimals.
K8B	C	Manipulation Count exceeds Maximum - HL=@HL#	The Spinal Manipulation Treatment Count (2300 CR202) value exceeds the maximum number.
K8C	C	Treatment cnt cannot have decimal - HL=@HL#	If submitted must be greater than space. Max value is 999.
K8D	C	Treatment Period Cnt exceeds maximum - HL=@HL#	The Spinal Manipulation Period Count (2300 CR206) must be greater than spaces and cannot be greater than "999."

Edit #	Edit Type	Message	Edit Logic
K8E	C	Treatment Period Cnt cannot have decimal	The Spinal Manipulation Period Count (2300 CR206) cannot contain a decimal.
K8F	C	Monthly Treat Cnt exceeds maximum - HL=@HL#	The Spinal Manipulation Monthly Treatment Count (2300 CR207) cannot exceed 99
K8G	W	Patient weight required	Patient weight (2300/CR102) must be present and greater than zero if the Patient Weight Measurement Code (CR101) is present.
K90	C	Monthly Treat Count has decimal- HL=@HL#	The Spinal Manipulation Monthly Treatment Count (2300 CR207) may not contain a decimal.
K91	C	Allow AMT Pricing exceeds maximum - HL=@HL#	The Allowed Amount Pricing (2300 HCP02) value exceeds the maximum value.
K92	C	Allow Amt Pricing cannot have > 2 dec places	The Allowed Amount Pricing value (2300 HCP02) must not have greater than two decimal places.
K93	C	Savings Amt Pricing exceeds maximum - HL=@HL#	The Claim Savings Amount Pricing (2300 HCP03) cannot exceed the maximum value.
K94	C	Savings Amt Pricing cannot have > 2 dec places	The Claim Savings Amount Pricing (2300 HCP03) cannot exceed two decimal places.
K95	C	Pricing Rate exceeds maximum - HL=@HL#	The Pricing Rate (2300 HCP05) must not exceed the maximum value.
K96	C	Pricing Rate cannot have > 2 dec places	The Pricing Rate (2300 HCP05) cannot contain greater than two decimal places.
K97	C	Appr APG Amt pricing exceeds maximum - HL=@HL#	The Approved APG Amount (2300 HCP07) must be a positive value greater than spaces.
K98	C	Appr APG Amt Pricing cannot have > 2 dec places	The Approved APG Amount (2300 HCP07) must not contain greater than two decimal places.
K99	C	Invalid value for # of visits - Max value	The value submitted in the Health Care Delivery Number of Visits (2305 HSD02) contains an invalid value.
K9A	C	Invalid # of Home Services value	The number of Home Services (2305 HSD02) must contain a valid value.
K9B	C	Invalid value for Health Care Frequency Count	The Health Care Frequency Count (2305 HSD04) must contain a valid value.
K9C	C	Invalid Health Care Frequency Count HSD04	The Health Care Services Frequency Count (2305 HSD04) must contain a value greater than spaces.
K9D	C	Adj Amt exceeds maximum - HL=@HL#	The Adjustment Amount (2320 CAS03) exceeds the maximum value. MCS Prepass: 1204/M208
K9E	C	Adj Amt cannot have > 2 dec places - HL=@HL#	The Adjustment Amount (2320 CAS03) cannot exceed two decimal places.
K9F	C	Adjustment Units exceeds Max value.	The Adjustment Units (2320 CAS04) amount exceeds the maximum value.
KA0	C	Adjustment Units exceeds max decimal - HL=@HL#	The Adjustment Unit amount (2320 CAS04) cannot exceed the maximum decimal amount.
KA1	C	Adj amt exceeds maximum - HL=@HL#	Adjusted Units Claim Level value (2320/CAS06) exceeded the max value
KA2	C	Adj Amt cannot have >	The Adjustment Amount (2320 CAS06) cannot exceed two

Edit #	Edit Type	Message	Edit Logic
		2 dec places - HL=@HL#	decimal places.
KA3	C	Adjusted Units Claim Level invalid - HL@HL#	The Adjusted Units Claim Level (2320 CAS07) exceeds the maximum value.
KA4	C	Invalid value for CAS07 HL=@HL#	If submitted, must be greater than spaces.
KA5	C	Adj Amt exceeds maximum - HL=@HL#	The Adjustment Amount (2320 CAS09) exceeds the maximum value.
KA6	C	Adj Amt cannot have > 2 dec places - HL=@HL#	The Adjustment Amount (2320 CAS09) cannot exceed two decimal places.
KA7	C	Adjusted Units Claim level invalid -HL=@HL#	The Adjusted Units at the Claim Level (2320 CAS10) cannot exceed the maximum value.
KA8	C	Invalid value for CAS10 HL=@HL#	If submitted, must be greater than spaces.
KA9	C	Adj Amount exceeds maximum -HL=@HL#	The Adjustment Amount (2320 CAS12) cannot exceed the maximum value
KAA	C	Adj Amt cannot have > 2 dec places - HL=@HL#	The Adjustment Amount (2320 CAS12) cannot exceed two decimal places
KAB	C	Adjusted Units exceeds maximum - HL=@HL#	The Adjusted Units (2320 CAS13) value exceeds the Maximum.
KAC	C	Adjusted Units exceeds max decimal - HL=@HL#	The Adjusted Units (2320 CAS13) exceeds the maximum decimal places.
KAD	C	Adj Amt exceeds maximum - HL=@HL#	The Claim Level Adjustment Amount (2320 CAS15) exceeded the max value
KAE	C	Adj Amt cannot have > 2 dec places - HL=@HL#	The Claim Level Adjustment Amount (2320 CAS15) cannot exceed two decimal places.
KAF	C	Adjusted Units Clm level invalid - HL=@HL#	The Adjusted Units Claim Level value (2320 CAS16) exceeded the max value
KB0	C	Invalid value for CAS16 HL=@HL#	If submitted, must be grater than spaces.
KB1	C	Adj amt exceeds maximum - HL=@HL#	Adjusted Units Claim Level value (2320/CAS18)exceeded the max value
KB2	C	Adj Amt cannot have > 2 dec places - HL=@HL#	The Adjustment Amount (2320 CAS18) cannot exceed two decimal places.
KB3	C	Adjusted Units CLM level invalid - HL=@HL#	Adjusted Units Claim Level value (2320/CAS19)exceeded the max value
KB4	C	Adjusted Units (2400 CAS19) contains dec error	The Adjusted Units Amount (2430 CAS19) contains a decimal error.
KB5	C	COB payer pd amt exceeds maximum - HL=@HL#	D qualifier has a value of more than 99,999.99 or if decimal place exceeded. If submitted must be greater than spaces.
KB6	C	COB Payer PD Amt cannot have > 2 dec - HL=@HL#	The COB Payer Paid Amount (2320 AMT02 when AMT01=D) cannot exceed two decimal p laces.
KB7	C	COB Approved Amt	The COB Approved Amount (2320 AMT02 when

Edit #	Edit Type	Message	Edit Logic
		exceeds maximum - HL=@HL#	AMT01=AAE) exceeds the maximum value.
KB8	C	COB Approved Amt cannot have > 2 dec - HL=@HL#	The COB Approved Amount (2320 AMT02 when AMT01=AAE) cannot exceed two decimal places.
KB9	C	COB Allowed Amt exceeds maximum - HL=@HL#	The COB Allowed Amount (2320 AMT02 when AMT01=B6) exceeds the maximum value.
KBA	C	COB Allowed Amt cannot have > 2 dec - HL=@HL#	COB Allowed Amount (2320 AMT02 when AMT01=B6) cannot have greater than two decimals.
KBB	C	PT Responsibility Amt invalid HL=@HL#	The COB Patient Responsibility Allowed Amount (2320 AMT02 when AMT01=F2) contains an invalid amount.
KBC	C	Pt responsibility amt invalid HL=@HL#	If submitted must be greater than spaces.
KBD	C	COB covered amt invalid HL=@HL#	If submitted must be greater than spaces.
KBE	C	COB Covered Amt decimal error - HL=@HL#	The COB Covered Amount (2320 AMT02) contains a decimal error.
KBF	C	COB Discount Amt invalid HL=@HL#	The COB Discount Amount (2320 AMT02) is invalid or exceeds the maximum value.
KC0	C	COB Discount Amt invalid HL=@HL#	The COB Discount Allowed Amount (2320 AMT02) is invalid.
KC1	C	COB Daily Limit Amt invalid HL=@HL#	The COB Daily Limit Amount (2320 AMT02) must contain a value other than spaces.
KC2	C	COB Daily Limit Amt exceeds max decimal- HL=@HL#	The COB Daily Limit Amount (2320 AMT02) exceeds the max decimal.
KC3	C	COB Patient Paid Amount exceeds Max - HL=@HL#	The COB Patient Paid Amount (2320 AMT02) exceeds the maximum value.
KC4	C	COB Patient Pd Amount cannot be >2 Dec places	The COB Patient Paid Amounts (2320 AMT02) cannot be greater than two decimal places.
KC5	C	COB Tax Amt invalid value HL=@HL#	The COB Taxable Amount (2320 AMT02) cannot contain an invalid value.
KC6	C	COB tax amt invalid value HL=@HL#	If submitted, must be greater than spaces.
KC7	C	COB Total before Taxes Amt invalid HL=@HL#	The COB Total Before Taxes Amount (2320 AMT02) contains an invalid value.
KC8	C	COB Total Amt Before Taxes dec err- HL=@HL#	The COB Total Amount before Taxes (2320 AMT02) contains an invalid value.
KC9	C	Outpt Reimb Rate exceeds maximum - HL=@HL#	The Outpatient Reimbursement Rate exceeds the max value
KCA	C	Outpt Reimb Rate cannot have > 2 dec places	The Medicare Outpatient Reimbursement Rate (2320 MOA01) cannot have greater than two decimal places.
KCB	C	HCPCS Pay Amt exceeds maximum - HL=@HL#	The HCPCS Payer Amount (2320 MMOA02) is required, and cannot exceed the max value
KCC	C	HCPCS Pay Amt	The HCPCS Payable Amount (2320 MOA02) cannot exceed

Edit #	Edit Type	Message	Edit Logic
		cannot have > 2 dec places	two decimal places.
KCD	C	ESRD Pd Amt exceeds maximum - HL=@HL#	The ESRD Paid Amount (2320 MOA08) cannot exceed the max value
KCE	C	ESRD Pd Amt has > 2 dec places - HL=@HL#	The ESRD Paid Amount (2320 MOA08) cannot exceed two decimal places.
KCF	C	Prof Component Amt exceeds maximum - HL=@HL#	The Professional Component Amount (2320 MOA09) is required, cannot exceed the max value
KD0	C	Prof Component Amt cannot have > 2 dec places	The Professional Component Amount (2320 MOA09) cannot exceed two decimals.
KD1	C	Svc Unit Count exceeds maximum - HL=@HL#	The Service Unit Count (2400 SV104) exceeds the maximum value.
KD2	C	Ser Unit Count exceeds max decimal places	The Service Unit Count (2400 SV104) exceeds the Maximum number of decimal place s.
KD3	C	Pt Weight exceeds maximum - HL=@HL#	The Patient Weight (2400 CR102) exceeds the Maximum value of 999.
KD5	C	Transport Distance exceeds Max - HL=@HL#	The Transport Distance (2400 CR106) exceeds the Maximum value of 9999.
KD6	C	Transport Dist cannot have > 1 dec places	The Transport Distance (2400 CR106) cannot have greater than one decimal place.
KD7	C	Treatment number exceeds maximum	The Treatment Number (2400 CR201) exceeds the maximum.
KD8	C	Treatment number required for this loop	If submitted must be greater than spaces.
KD9	C	Treatment Cnt exceeds maximum - HL=@HL#	The Spinal Treatment Count (2400 CR202) exceeds the Max value of 999.
KDA	C	Treatment Cnt cannot have decimal - HL=@HL#	The Spinal Treatment Count (2400 CR202) cannot contain a decimal.
KDB	C	Treatment Period Cnt exceeds maximum - HL=@HL#	The Spinal Treatment Period Count (2400 CR206) exceeds the maximum value.
KDC	C	Treatment Period Cnt cannot have decimal	The Treatment Period Count (2400 CR206) cannot have a decimal.
KDD	C	Monthly Treat Cnt exceeds maximum - HL=@HL#	The Monthly Treatment Count (2400 CR207) cannot exceed the max value of 99.
KDE	C	Monthly Treat Cnt has decimal - HL=@HL#	The Monthly Treatment Count (2400 CR207) has a decimal.
KDF	C	Length of Medical Necessity invalid value	The Length of Medical Necessity (2400 CR303) contains an invalid value.
KDG	C	SERVICE UNIT COUNT MUST BE GREATER THAN ZERO	The Service Unit Count (2400 SV104) must be greater than zero.
KE0	C	Length of Medical Necessity invalid value	The Length of Medical Necessity (2400 CR303) contains an invalid value.

Edit #	Edit Type	Message	Edit Logic
KE1	C	Home O2 treatment mo. exceeds maximum	The Certification Period (2400 CR502) for Home O2 Therapy exceeds the maximum number of months.
KE2	C	Home O2, length of necessity invalid HL=@HL#	The Home Oxygen (2400 CR502) Length of Medical Necessity is invalid.
KE3	C	Blood Gas Level is an invalid value HL=@HL#	The Blood Gas Level (2400 CR510) must be greater than spaces or exceeds the maximum value.
KE4	C	Blood gas level invalid value HL=@HL#	Spaces if valid only if CR411 is greater than spaces.
KE5	C	Invalid quantity in oxygen saturation quantity	The Home Oxygen Therapy Quantity for Oxygen Saturation (2400 CR511) must be in the 99.9 format.
KE6	C	Oxygen saturation level invalid value HL=@HL#	Spaces if valid only if CR510 is greater than spaces.
KE7	C	Anesth Modifying Unit exceeds Max- HL=@HL#	The Anesthesia Modifying Units (2400 QTY02) exceeds the max value of 99.
KE8	C	Anesth Modifying Units exceed Max Dec- HL=@HL#	The Anesthesia Modifying Units Amount (2400 QTY02) cannot exceed the maximum decimal place of two. For 4010 only
KE9	C	Test Result Value exceeds maximum - HL=@HL#	The Test Results Value (2400 MEA03) exceeds the maximum value.
KEA	C	Test Results exceed Max Decimal - HL=@HL#	The Test Results Value (2400 MEA03) exceed the maximum number of decimals.
KEB	C	Contract Amt exceeds maximum - HL=@HL#	The Contract Amount (2400 CN102) exceeds the maximum value.
KEC	C	Contract Amt cannot have > 2 dec places	The Contract Amount (2400 CN102) cannot exceed two decimal places.
KED	C	Contract Term Discount % invalid HL=@HL#	The Contract Terms Discount Percent (2400 CN105) contains an invalid value.
KEE	C	Contract Terms Discount % invalid HL=@HL#	The Contract Terms Discount Percent (2400 CN105) contains an invalid value.
KEF	C	Sales Tax Amt exceeds maximum - HL=@HL#	If submitted, must be greater than spaces and cannot be a negative value.
KF0	C	Sales Tax Amt cannot have > 2 dec places	The Sales Tax Amount (2400 AMT02) cannot exceed two decimals
KF1	C	Approved Amt Invalid - HL=@HL#	The Approved Amount (2400 AMT02) exceeds the maximum value or it's negative.
KF2	C	Approved Amt cannot have > 2 dec places	The Approved Amount (2400 AMT02) cannot have greater than two decimals.
KF3	C	Postage Claimed Amt invalid value HL=@HL#	The Postage Claimed Amount (2400 AMT02) contains an invalid value.
KF4	C	Postage Claimed Amt decimal error HL=@HL#	The Postage Claimed Amount (2400 AMT02) contains a decimal error.
KF5	C	Purch Svc Chg Amt	The Purchased Service Charge Amount (2400 PS102)

Edit #	Edit Type	Message	Edit Logic
		exceeds maximum - HL=@HL#	exceeds the maximum value.
KF6	C	Purch Svc Chg Amt has > 2 dec - HL=@HL#	The Purchased Service Charge Amount contains greater than two decimals (2400 PS 102).
KF7	C	Number of Visits is invalid HL=@HL#	The Number of Visits (2400 HSD02) contains an invalid value.
KF8	C	Number of visits contains decimal err- HL=@HL#	The Number of Visits (2400 HSD02) contains a decimal error.
KF9	C	Frequency Count is an invalid value HL=@HL#	The Frequency Count (2400 HSD04) contains an invalid value.
KFA	C	Health Care Frequency Amt invalid value HL=@HL#	The Health Care Frequency Amount (2400 HSD04) cannot have decimal amt.
KFB	C	Allow Amt Pricing exceeds maximum - HL=@HL#	The Allowed Amount Pricing (2400 HCP02) exceeds the Maximum value.
KFC	C	Allow Amt Pricing cannot have > 2 dec places	The Allowed Amount Pricing (2400 HCP02) cannot have greater than two decimal places.
KFD	C	Savings Amt Pricing exceeds maximum - HL=@HL#	The Savings Amount Pricing Value (2400 HCP03) exceeds the maximum value.
KFE	C	Savings Amt Pricing cannot have < 2 dec places	The Savings Amount Pricing (2400 HCP03) cannot exceed two decimal places.
KFF	C	Pricing Rate exceeds maximum - HL=@HL#	The Pricing Rate (2400 HCP05) exceeds the maximum value.
L00	C	Pricing Rate cannot have > 2 Decimals	If the Pricing/Repricing Rate (2400 HCP05) is submitted, it must be a positive value and cannot exceed two decimal places.
L01	C	Appr APG amt pricing exceeds maximum - HL=@HL#	The Approved APG Amount (2400 HCP07) must be a positive value, greater than spaces, if submitted.
L02	C	Appr APG amt pricing cannot have > 2 dec places	The Approved APG Amount (2400 HCP07) cannot exceed two decimal places.
L03	C	Pricing Appr Units/Inpt Days exceeds max value	The Pricing Approved Units or Inpatient Day value (2300 HCP12) cannot exceed the maximum value of "999."
L04	C	Pricing Appr Units/Inpt Days exceed decimal	The Pricing/Repricing Approved Units or Inpatient Days (2300 HCP12) cannot exceed two decimal places.
L05	C	SVC LINE PD AMT EXCEEDS MAXIMUM - HL=@HL#	
L06	C	SVC Line PD Amt cannot have > 2 dec places	The Service Line Paid Amount (2430 SVD02) cannot have greater than two decimal places.
L07	C	Pd Svc Count exceeds max - HL=@HL#	The Paid Service Count (2430 SVD05) exceeds the Maximum value of 999.9
L09	C	Adjustment Amount exceeds Max - HL=@HL#	The Adjustment Amount (CAS03) cannot be negative, be greater than 9999.99.

Edit #	Edit Type	Message	Edit Logic
L0A	C	Adj Amt cannot have > 2 dec places - HL=@HL#	The Adjustment Amount (2430/CAS03) cannot exceed two decimal places.
L0B	C	Adjustment Quantity Amount invalid	If the Adjustment Quantity Amount (2430 CAS04) is submitted, then the value must be greater than zero.
L0C	C	Adjustment quantity invalid amount	The Adjustment Quantity amount (CAS04) must be greater than spaces.
L0D	C	Adjustment Amount exceeds Max - HL=@HL#	The Adjustment Amount (2430 CAS06) should be a positive value that does exceed the maximum value of 99,999.99.
L0E	C	Adj Amt cannot have > 2 dec places - HL=@HL#	The Adjustment Amount (2430 CAS06) cannot have greater than two decimal places.
L0F	C	Adjustment quantity amount invalid	The Adjustment Quantity (2320/CAS07) amount cannot exceed the max value.
L10	C	Adjustment quantity amount invalid	The Adjustment Quantity Amount (2430 CAS07) must be greater than spaces.
L11	C	Adj Amt exceeds maximum - HL=@HL#	The Adjustment Amount (2430 CAS09) exceeds the maximum value and cannot be a negative value.
L12	C	Adj Amt cannot have > 2 dec places - HL=@HL#	The Adjustment Amount (2430 CAS09) cannot exceed two decimal places.
L13	C	Adjustment Units Claim Level invalid	Adjusted Units Claim Level Amount (2430 CAS10) cannot exceed the max value.
L14	C	Adjustment Units Amount invalid	The Adjusted Units Claim Amount (2430 CAS10) ?????
L15	C	Adj Amt exceeds maximum - HL=@HL#	The Adjustment Amount (2430 CAS12) exceeds the maximum value.
L16	C	Adj Amt cannot have > 2 dec places - HL=@HL#	The Adjustment Amount (2430 CAS12) cannot exceed two decimal places.
L17	C	Invalid Adjustment Amount	The Adjustment Amount (2430 CAS12) must contain a value greater than spaces.
L18	C	Adjustment Amount invalid value	The Adjustment Amount (2430 CAS12) contains an invalid value.
L19	C	Adj amt exceeds maximum - HL=@HL#	The Adjustment Amount (2430 CAS15) cannot exceed the maximum value.
L1A	C	Adj Amt cannot have > 2 dec places - HL=@HL#	The Adjustment Amount (CAS15) cannot exceed two decimal places, be a negative amount or exceed the value of 99,999.99.
L1B	C	Adjustment Quantity Amount invalid	Adjustment Quantity Amount (2430 CAS16) cannot exceed the max value
L1C	C	Adjustment Quantity Amount invalid	The Adjustment Quantity Amount (2430 CAS16) must be valid.
L1D	C	Adjustment Amount exceeds Max - HL=@HL#	The Adjustment Amount (2430/CAS18) cannot exceed the maximum value
L1E	C	Adj Amt cannot have > 2 dec places - HL=@HL#	The Adjustment Amount (2430 CAS18) cannot exceed two decimal places.
L1F	C	Adjustment Quantity Amount invalid	The Adjustment Quantity Amount (2430 CAS19) cannot exceed the max value.
L1L	C	SERVICE FACILITY LOCATION SEGMENT MISSING	If the 2310d loop is submitted and the NM1 Segment is not greater than spaces.

Edit #	Edit Type	Message	Edit Logic
L20	C	Ajstment Quantity Amount invalid	The Adjustment Quantity Amount (2320 CAS19) must contain a valid value.
L21	C	Supporting Doc Percent exceeds Max - HL=@HL#	If submitted, the Supporting Documentation Percentage exceeds the maximum value of 999.9 and must be greater than spaces.
L22	C	Percent Value exceeds max decimal places	If submitted, the Percent Value exceeds max decimals or is greater than 999.9 (2440 FRM05).
L23	C	POS req Facility City/State/Zip in 2310D	If the Place of Service (2300 CLM05-1) is other than 11, 12 or 81, then the Facility City/State/Zip (2310D N4) is required.
L24	C	POS requires Facility information - 2310D/2420C	If the Place of Service (2400 SV105) is other than 11 or 12, then the Facility address (2310D N3 and N4 or 2420C N3 and N4) must be present.
L25	C	Place of service code invalid	Spaces is valid. If SV105 not = 11 and 12 and 81, then 2420C/N4 must be present Invalid value (not 11,12,21,22,23,24,25,26,31,32,33,34,41,42,50,51,52,53,54,55, 56,60,61,62,65,71,72,81,99) in field 05 of SV1.
L26	C	Transaction set creation date cannot be future	The date can not be greater than current date and must be in the CCYYMMDD format.
L27	C	Submitter name required	If 1000B/NM1 is missing, reject the ST-SE transaction set, only 1 1000B/NM1 may be sent else reject the ST-SE transaction
L28	B	Billing Provider address required	The Billing Provider's Address (2010AA N3) must be submitted if the 2010AA loop is submitted.
L29	C	Only 1 billing prov address can be submitted	Only 1 occurrence of 2010AB/N3 may be submitted. Required if the 2010AB is sent.
L2A	C	Payer name required	2010BB/NM1 must be present. Only one occurrence of 2010BB/NM1 allowed.
L2B	C	Responsible Party Address required 2010BC	The Responsible Party Address (2010BC N3) is required if the 2010BC loop is sent.
L2C	C	Res party city, st, zip required HL=@HL#	Required if the 2010BC loop is sent.
L2D	C	Patient name required	Only one occurrence of the 2310CA/NM1 allowed. Required of 2000C is sent.
L2E	C	Only 1 patient address loop can be submitted	Only one occurrence of the 2010CA/N3 allow. Required if the 2000C is sent.
L2F	C	Only one Facility Address loop can be submitted	Only 1 occurrence of the Facility Address (2310D N3) may be sent.
L30	C	Line Item Charge Amt exceeds max. - HL=@HL#	The Line Item Charge Amount (SV102) cannot be a negative value, or be greater than the maximum value of 99,999.99.
L31	C	Line Item Chg Amt cannot have >2 dec - HL=@HL#	The Line Item Charge Amount (2400 SV102) cannot have greater than two decimals places.
L34	C	No more than 3 occurrences of the 2400/CRC	No more than 3 occurrences of the 2400/CRC may be present.
L36	C	If CAS is present-oher payer name is required	If 2320/CAS is present then 2330B/NM1 must be present. Required if the 2330B loop is sent.
L37	C	Only 1 serv facility	Only 1 occurrence of 2420C/N3 may be submitted.

Edit #	Edit Type	Message	Edit Logic
		location address allowed	
L38	C	No more than 2 occurrences of 2420G/REF allowed	No more than 2 occurrences of 2420G/REF may be sent. Required if the 2420G loop is submitted.
L39	C	Only 1 line adjudication Dt accepted > HL=@HL#	Only 1 occurrence of 2430/DTP allowed. Required of the 2430 loop is submitted.
L3A	F	Only one occurrence of Submitter Name allowed	Only one occurrence of the Submitter Name (1000A NM1) is allowed.
L3B	C	Invalid Date qualifier on claim - HL=@HL#	An invalid Date/Time Qualifier is present (DTP01) is present in the claim.
L3C	C	Invalid Date Qualifier on line - HL=@HL#	The Date/Time Qualifier (DTP01) must contain a valid value on the line.
L3D	C	POS requires Facility Street Address in 2310D	If the Place of Service (2300 CLM05-1) is other than 11, 12 or 81 then the Facility address (2310D N3) must be present.
L3E	C	Invalid Contract Percent submitted	The Contract Percent (2400 CN103) must be greater than zero
L3F	C	Invalid Contract Percent submitted	The Contract Percent (2400 CN103) must be greater than spaces.
L41	C	Total claim charge invalid amount - HL=@HL#	Value is a negative value or the sum does not equal 2400/SV102. Max value is 99,999.99. Decimal places cannot exceed two.
L42	C	Ambulance Transport Distance required	The Ambulance Transport Distance (2300 CR106) must be greater than spaces.
L43	C	Treatment Count cannot = spaces	If submitted, the Treatment Count (CR206) must contain a value greater than spaces but not more than 999.
L44	C	Line Item Charge equals spaces - HL=@HL#	The Line Item Charge Amount (2400 SV102) should not equal spaces.
L45	C	Service Unit Count equals spaces - HL=@HL#	The Service Unit Count (2400 SV104) must contain a value other than spaces.
L46	C	Invalid value for ambulance miles	If submitted must be greater than spaces.
L47	C	Spinal Manipulation Count invalid	If the Spinal Manipulation Count (CR202) is submitted, then it must be greater than spaces and cannot exceed the maximum value of 999.
L48	C	Spinal Treatment count equals spaces- HL=@HL#	If submitted, the Spinal Treatment Count (CR206) must be greater than spaces and cannot exceed the maximum value of 999.
L49	C	Monthly Treatment Count equal spaces - HL=@HL#	If submitted, the Spinal Monthly Treatment Count (CR207) must be greater than spaces and cannot exceed the maximum value of 99.
L4A	C	Length of Medical Necessity invalid	The DME Certification Duration (CR303) must be greater than spaces.
L4B	C	Transport Miles invalid value - HL=@HL#	The Number of Transport Miles (CR502) must be greater than spaces and cannot be greater than the maximum value of 9999.
L4C	C	Anes Modifying Units equal spaces - HL=@HL#	The Anesthesia Modifying Units (2400 QTY02) must be greater than spaces. For 4010 only.
L4D	C	Test Result Value	If submitted, the Test Results value (MEA03) must be greater

Edit #	Edit Type	Message	Edit Logic
		equal spaces - HL=@HL#	than spaces.
L4E	C	Allowed Amount cannot equal spaces.	The Pricing Allowed Amount (2400 HCP02) must be greater than spaces.
L4F	C	Bad DTP01, date/time qualifier description	Date/Time Qualifier Description
L50	C	Max value exceeded for CN102	If 2300/CN102 is submitted it must be greater than spaces.
L51	C	Invalid value for CN103	If submitted must be greater than spaces. ???crossed out????????
L52	C	Invalid qualifier for 2300/REF01	Value in REF01 in the 2300 loop is invalid
L53	C	Ref invalid for loop HL=@HL#	Value in REF01 within the 2400 loop is invalid.
L54	C	Invalid AMT qualifier submitted > HL@HL#	AMT01 in 2300 loop is invalid
L55	C	Bad AMT, - HL=@HL#	AMT01 in 2400 loop is invalid.
L56	C	1st HL01 within the ST-SE trans must be 1	1st HL01 within the ST-SE transaction set must begin with 1, else reject the ST-SE transaction set
L57	C	All HL01 segments must have numeric first byte	All HL01 segments must have numeric first bytes.
L58	C	All HL01 segments must increment by 1	All HL01 segments except the first occurrence within an ST-SE transaction set should increment by one.
L59	C	Date of service require for each line item	One 2400/DTP01=472 must be sent for each LX segment.
L5A	C	Invalid Claim Adjustment value	The value submitted in a Claim Level Adjustment Amount (2320 CAS01) is invalid.
L5B	C	Invalid usage indicator, must be T or P	ISA15 must equal T for test files and P for production files.
L5C	C	One occurrence of 2400/SV1 required for LX	One occurrence of 2400/SV1 must be present for each iteration of 2400/LX,
L60	B	Add Billing Prov Name not allowed - HL=@HL#	For 4010A1 claims: The Additional Billing Provider Name (2010AA N2) information is not allowed.
L61	B	Add Pay-to Prov Name not allowed - HL=@HL#	The Additional Pay-to Provider Name (2010AB N2) segment is not permitted for 40 10A1 claims.
L62	C	Credit Card Holder Name qualifier inv- HL=@HL#	The Credit Card Holder Name (2010BD NM101) qualifier is invalid.
L63	C	Credit Card Qualifier invalid - HL=@HL#	A valid value for Credit Card Qualifier (2010BD/NM102) must be valid.
L64	C	Credit Card Holder Name invalid- HL=@HL#	The Credit Card Holder (2010BD NM103) Last Name or Organization Name is invalid and must be greater than spaces.
L65	C	Credit Card Holder Name First Name Req -HL=@HL#	If the Credit Card Holder Name Qualifier (2010BD02=1) for individual, then the First Name is required.
L66	C	Credit Card Qualifier invalid -HL=@HL#	The Credit Card Qualifier (2010BD NM108) contains an invalid value.
L67	C	Credit Card ID code invalid - HL=@HL#	The Credit Card ID Code (2010BD NM109) is invalid.

Edit #	Edit Type	Message	Edit Logic
L68	C	Credit Card Add Name must be greater than space	For 4010: The Credit Card Additional Name (2010BD N201) must be greater than spaces if submitted.
L69	C	Ref Identification Qual invalid- HL=@HL#	The Ref Identification Qualifier (REF01) is invalid.
L6A	C	Add Pay-to-Provider Ref invalid-HL=@HL#	The Additional Pay-to-Provider (2010BD REF02) contains an invalid value.
L6B	C	Receiver Add Name not allowed HL=@HL#	For 4010 A1 Claims: The Receiver Additional Name (1000B N2) segment is not allowed.
L6C	C	Fac Info Present for Home POS- HL=@HL#	If the Place of Service is home (2400 SV105=12), then Facility Information should not be submitted.
L8F	C	Add Rendering Prov not allowed-HL=@HL#	For 4010A1 ONLY: The Additional Rendering Provider Name (2310B/N2) loop is not allowed in the A1 Version.
LB8	C	EPSDT Segment exceeds max use HL=@HL#	Version 4010A1: Only 1 EPSDT segment may only occur once.
LB9	C	EPSDT Response code invalid - HL=@HL#	If the Early and Periodic Screening, Diagnosis and Treatment Code Category (CRC 01=ZZ), then the Response Code (CRC02) must contain a valid value.
LBA	C	EPSDT Condition Reason Code 1 invalid - HL=@HL#	If the Early and Periodic Screening, Diagnosis and Treatment Referral (2300 CRC 01=ZZ) is present, then the Condition Code (2300 CRC03) must contain a valid value.
LBB	C	EPDST code invalid when no referral - HL=@HL#	The Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Referral Code (2300 CRC02=N when CRC01=ZZ) indicates no referral is given then the Condition Indicator value must be appropriate (CRC03=NU).
LBC	C	EPSDT Condition Reason 2 invalid - HL=@HL#	If the Early & Periodic Screening, Diagnosis and Treatment (EPSDT) Code Category is used (2300 CRC01=ZZ) then the Condition Code (CRC04) must be valid.
LBE	C	EPSDT Condition Reason 3 invalid - HL=@HL#	If the Early & Periodic Screening, Diagnosis and Treatment (EPSDT) Code Category is used (2300 CRC01=ZZ) then the Condition Code (CRC05) must be valid.
LBF	C	DME Product Qualifier invalid- HL=@HL#	The DME Product Qualifier (SV501-1) must contain a valid value.
LC0	C	Service ID Qualifier invalid - HL=@HL#	If 2400/SV501-2 does not equal SV101-2 in position 21.
LC1	C	DME Unit ID Qualifier invalid -HL=@HL#	The DME Unit ID Qualifier (2400 SV502) must contain a valid value.
LC2	C	DME Quantity is missing - HL=@HL#	The DME Length of Medical Necessity must be present (2400 SV503) if this segment is sent.
LC3	C	DME Rental Amt is invalid-HL=@HL#	The DME Rental Amount (2400 SV504) must have a decimal and must be greater than zero.
LC4	C	DME Rental Amt exceeds Max Value- HL=@HL#	The DME Rental Amount (2400 SV504) cannot exceed the value of 9,999,999.99.
LC5	C	DME Rental Price exceeds maximum - HL=@HL#	The DME Rental Price (2400 SV503) exceeds the maximum value.
LC8	C	DME Purchase Price invalid - HL=@HL#	The DME Purchase Price (2400 SV505) does not have a valid decimal and must be greater than zero.
LC9	C	DME Purchase Price exceeds Max - HL=@HL#	The DME Purchase Price (SV505) must not exceed the maximum value of 9,999,999.99.
LCA	C	DME Frequency Code	The DME Service Frequency Code (2400 SV506) must

Edit #	Edit Type	Message	Edit Logic
		invalid -HL=@HL#	contain a valid value.
LCB	C	Purchased Prov Last Name missing - HL=@HL#	If the Purchased Service Provider Segment is present (2310C) and the Entity Type Qualifier indicates a Person (NM102=1), then the Last Name is required (2310 C NM103).
LCC	C	Purchased Prov First Name missing - HL=@HL#	The Purchased Provider First Name is required if the Entity is a person (2310C NM104 when NM102=1).
LD1	C	Invalid Drug loop on 4010 file - HL=@HL#	The Drug Pricing Loop (2410 CTP) cannot be sent on a 4010 file.
LD3	C	Drug Service qualifier invalid - HL=@HL#	The Drug Product/Service ID (2410 LIN02) must contain a valid value.
LD4	C	National Drug Code missing - HL=@HL#	If the National Drug Code Qualifier is present, then the National Drug Code is required (2410 LIN03).
LD6	C	Drug Unit Price invalid- HL=@HL#	The Drug Unit Price (2410 CTP03) must be numeric and greater than zero.
LD7	C	Drug Price exceeds Max value- HL=@HL#	The Drug Price (2410 CTP03) exceeds the Maximum value.
LDC	C	Drug Measurement Code invalid - HL=@HL#	The Drug Unit or Basis for Measurement Code is invalid (2410 CTP05). Valid values are: UN, ML,F2 and GR.
LDE	C	Prescription REF ID Qual invalid- HL=@HL#	The Prescription Reference Identification Qualifier (2410 REF01) must contain a valid value.
LDF	W	Rx # submitted without the Product/Service ID	If the Pharmacy Rx number (2410/REF01=XZ)is present, than the product/service ID number must be present (2410/LIN02)
LDG	C	MODIFIER REQUIRES PRESCRIPTON # >HL=@HL#	When 2400 SV101-3, 4, 5, and/or 6 = J1 then a 2410 REF01=XZ must be present.
LEA	C	EPSDT claim but EPSDT referral missing-HL=HL#	The Early and Periodic Screening, Diagnosis and Treatment (EPSDT) indicator is present but the EPSDT Referral (2300/CRC01=ZZ) is not present.
LEB	C	EPSDT Ref doesnt match Special Prog Ind-HL=@HL#	The Early & Periodic Screening, Diagnosis and Treatment (EPSDT) Referral Information (2300/CRC01=ZZ) is present, however the EPSDT Special Program Indicator (CLM12) indicates an EPSDT.
LEC	C	Pur Facility Information required - HL=@HL#	The Purchased Facility Information segment (2400 PS1) is required when Purchase d Service information (2310C or 2420B) is sent.
LF5	C	CRC segment missing for EPSDT claim - HL=@HL#	If a value of Y is submitted the 2300/CRC segment must be present.
S6F	W	Total sub charge excee max decimal places	50112 IF ERROR BYTE = 'Y' ELSE REJECT THE 2200D LOOP AND ITS SUBORDINATE LOOPS
SA3	W	Total sub charge amt exceeds max decimal places	50163 IF ERROR BYTE = 'Y' ELSE REJECT THE HL03=23 LEVEL AND ITS SUBORDINATE LOOPS
V01	F	Invalid Interchange Qualifier ID for payor	The ISA 07 must equal 27 for Medicare Part B and DMERC. The ISA 07 must equal 28 for Medicare Part A.
V02	F	Payor ID is invalid	If ISA 07 = 27, then the Payor ID must be valid against the If ISA 07 = 28, then the Payor ID must be valid against the payor ID list.payor ID list.
V03	F	Payor not approved for production	This edit will set if the file is sent in as a production file (ISA15=P) but the payor is not authorized for production.

Edit #	Edit Type	Message	Edit Logic
V04	F	Submitter ID invalid	The Submitter ID (1000A NM109) is not on the Carrier's PCF table.
V05	B	Provider Taxonomy Code invalid	A value is in the provider taxonomy field (2000A PRV03), however the value is not on the current Taxonomy Code Table.
V06	W	Billing Provider State required	The Billing Provider State (2010AA/N402) must be valid.
V07	B	Billing Prov Zip Code invalid - HL=@HL#	If the Billing Prov State is in US, verify the zip is numeric, not zeros or all 9s & is either 5-9 digits long (2010AA N403).
V09	B	Billing Prov ID qual missing in 2010AA	The Billing Provider Qualifier (2010AA NM109) must be completed.
V0A	B	Billing Provider ID invalid for payor - @FLD	Provider Number (2010AA NM109) is not valid for the Payer (1000A NM109).
V0B	B	EMC Enrollment required HL=@HL#	EDI enrollment required.
V0C	W	Pay-to-Provider State invalid - loop 2010AB	If submitted, the Pay-to-Provider State Code (2010AB N402) contains an invalid value.
V0D	B	Pay-to-Provider Zip code invalid	The Pay-to-Provider Zip Code (2010AB N403) must be numeric, not zero's or nine's and must either be five or nine bytes.
V0E	I	Invalid country code	20014 VMS - if N402 is a non-US state or province, validate against code source 5 and if invalid, reject the HL03=20 level and its subordinate loops
V0F	I	Pay-to prov ID code qualifier 1C missing	At least one of the 5 2010AB/REF occurrences must be value of '1C'.
V10	B	Pay-to-Provider Secondary ID invalid	The Provider is not on the Payor's Provider Table. If the Pay-to-Provider (201 0AA REF01 is NOT 1C) but the 2010AB REF01=1C and the Provider in the REF02 is not a valid Provider ID.
V12	C	Ins name req when Group # submitted	The Group Name (2000B SBR04) must be greater than spaces if the Group/Policy Number is submitted in the SBR03.
V13	C	Claim Filing IND invalid;not MB or MA HL=@HL#	The Claim Filing Indicator (2000B SBR09) contains a value other than "MB" or "M A."
V14	C	Patient weight invalid - HL=@HL#	If PAT07=GR must be > zeroes and numeric. Max value is 999,999.99, not to exceed two decimal places.
V16	C	Subscriber First Name invalid - HL=@HL#	Subscriber's First Name (2010BA/NM104) must be greater than spaces.
V17	C	Subscriber's Middle Name must be alpha's-HL=@HL	If the Subscriber is a person (NM102=1) and the Middle Name (NM105) is not all spaces then the 1st position must be an alpha and cannot be all spaces or have special characters.
V18	C	Subscriber ID code invalid	The Subscriber ID Code (2010BA/NM108) contains an invalid value.
V19	C	Subscriber ID = INV format >@FLD - HL=@HL#	The Subscriber ID (2010BA/NM109) must be in a valid HICN format. (9 numeric, followed by 1 alpha; the 4th and 5th digits must be greater than zero.
V1A	C	Subscriber Address cannot be a space - HL=@HL#	The first position of the Subscriber Address line (2010BA/N301) cannot be a spaces.
V1B	C	1st position Subscriber Address is space-HL=@HL#	The first position of the Subscriber Address (2010BA N302) cannot be a space.
V1C	C	Subscriber City Name invalid- HL=@HL#	The Subscriber City Name (2010BA N401) cannot contain a space in the first position,

Edit #	Edit Type	Message	Edit Logic
V1D	W	Subscriber State Code invalid	The Subscriber State Code (2010BA/N402) must contain a valid state.
V1E	C	Subscriber Zip invalid >@FLD - HL=@HL#	If the Subscriber State (2010BA N402) is valid, then the Zip Code must be all numeric, not all zero's or nine's and either five or nine bytes.
V20	C	Subscriber DOB invalid - HL=@HL#	The Subscriber DOB (2010BA DMG02) is not a valid date. It cannot be future dated and the century must be 18, 19 or 20. Cannot be blank.
V22	C	Payer Name ID code Qualifier not PI- HL=@HL#	The Payer Name ID Code Qualifier (2010BB NM108) must contain the Payer Identification Qualifier (PI).
V23	C	Payer City cannot be spaces - HL=@HL#	The Payer City (2010BB N301) cannot start with a space.
V24	W	Payor State Code invalid - HL=@HL#	The Payor State Code (2010BB N402) must contain a valid value.
V25	C	Payor Zip Code invalid HL=@HL#	The Payor Zip (2010BB N403) must be numeric, not all zero's or nine's and must be either five or nine bytes in length.
V27	C	Responsible Party Name cannot be spaces-HL=@HL#	If the Subscriber Relationship code indicates self (SBR02=18) then the Responsible Party Name in the 2010BC/NM103 first position cannot be a space, it must be alphabetic and the first three positions cannot be one of the following: MR. MR DR DR. JR or JR.
V28	C	Responsible Party First Name invalid	If the Responsible Party indicator is for a person, then the First Name is required. (2010BC NM104) and must be alphabetic.
V29	C	Responsible Party Middle Name invalid - HL=@HL#	If the Responsible Party Name (2010BC NM102=1-for person) and the Middle Name is submitted, then the first position must be an alpha and cannot be a blank.
V2A	C	Responsible party add cannot be blank - HL=@HL#	20042 VMS - 1st position cannot be a space, else reject the HL03=22 level and its subordinate loops
V2B	C	Responsible party add cannot be blank - HL=@HL#	20043 VMS - if the entire field is not all spaces then the 1st position cannot be a space, else reject the HL03=22 level and its subordinate loops 2010BC/N302
V2C	C	Responsible Party City Name invalid HL=@HL#	The Responsible Party City Name (2010BC N401) cannot start with a spaces, and must be alphabetic or .,&
V2D	W	Responsible Party State code invalid HL=@HL#	The Responsible Party State Code (2010BC/N402) must contain a valid state code.
V2E	C	Responsible Party Zip Code invalid> @FLD	If a valid state code is submitted in the 2010BC/N402, then validate the zip to be all numeric, not all zeros (0), not all nines (9's) and is either 5 or 9 bytes long.
V30	C	If 2000C.PAT07=GR, PAT08 must be > 0 - HL=@HL#	If 2000C/PAT07=GR, PAT08 must be numeric and > spaces.
V31	W	Patient State Code invalid HL=@HL#	The Patient State Code (2010CA/N402) must contain a valid state code.
V32	C	Patient country code invalid - HL=@HL#	20050 VMS - if > spaces, validate against code source 5, else reject the HL03=23 level and its subordinate loops 2010CA/N404
V33	C	Total Claim Charge Amount invalid - HL=@HL#	The Total Claim Charge amount is a negative value or does not equal the SV102 or invalid decimal places were used. If the claim is over 50 lines this edit could be received since it looks at the line totals for the first 50 lines.
V35	C	Auto Accident State	The Accident State Code (2300 CLM11-4) must be submitted

Edit #	Edit Type	Message	Edit Logic
		Code required - HL=@HL#	if an accident indicator is present (2300 CLM11-1,-2, or -3 = AA).
V36	C	If CLM11-5>spaces, check cde srce 5 - HL=@HL#	If CLM11-5 is greater than space validate against code source 5.
V37	C	Date of Accident required	Accident Date required (2300/CLM11-1, -2, or -3 = AA or AB or AP or OA)
V38	C	Patient Amount Paid invalid - HL=@HL#	Patient Amount Paid (AMT02) contains an invalid value.
V39	C	Diagnosis 1 invalid >@FLD - HL=@HL#	The first Diagnosis code is invalid since it is greater than 5 positions or contains decimals or has spaces (2300 HI01).
V3A	C	Diagnosis 2 invalid >@FLD - HL=@HL#	The Diagnosis was invalid (2300 HI02) or greater than five digits, contained a decimal or spaces.
V3B	C	Diagnosis 3 invalid >@FLD - HL=@HL#	Diagnosis 3 (2300 HI03) is invalid, greater than five or contains decimals.
V3C	C	Diagnosis 4 invalid >@FLD - HL=@HL#	Diagnosis #4 (2300 HI04) must be valid, not greater than five, contains decimals or spaces.
V3D	C	Diagnosis 5 invalid >@FLD - HL=@HL#	The fifth diagnosis size is greater than five, contains decimals or spaces.
V3E	C	Diagnosis 6 invalid >@FLD - HL=@HL#	The sixth diagnosis size is greater than five positions or contains decimals or spaces.
V3F	C	Diagnosis 7 invalid >@FLD - HL=@HL#	Diagnosis 7 is invalid (2300 HI07) or it is greater than 5 digits or has spaces or contains a decimal.
V40	C	Diagnosis 8 invalid >@FLD - HL=@HL#	Diagnosis 8 (2300 HI) must be valid, not greater than five, contain decimals or spaces.
V41	C	Referring Prov Taxonomy code invalid-HL=@HL#	If a taxonomy code is submitted (2310A PRV03), then it must be valid.
V42	C	Rendering Prov Last Name invalid - HL=@HL#	Rendering provider Last name (2310B NM103) is invalid. The first position must be either an alpha and not spaces and the 1st 3 positions cannot be one of the following: MR, MR., DR, DR., JR or JR., the entire field must be alphabetic.
V43	C	Rendering Prov First Name invalid - HL=@HL#	If NM102=1 (person) then the 1st position of 2310B NM104 must be alphabetic and not spaces and the entire field must be alphabetic.
V44	C	Rendering Prov Middle Name invalid - HL=@HL#	If the NM102=1 (person) then the 2310B NM105 cannot be spaces and the 1st position must be alphabetic and not spaces, the entire field must be alphabetic.
V45	C	Rendering Prov Taxonomy Code invalid - HL=@HL#	The Rendering Provider Taxonomy Code (2310B PRV03) must be valid.
V46	C	Rendering Prov Qual invalid - HL=@HL#	The Rendering Provider Qualifier (2310D REF01) contains an invalid value. VMS - One of the occurrences must contain the code 1C or 1G.
V47	C	Rendering Provider ID invalid - HL=@HL#	The Rendering Provider (2310B REF01=1C) Qualifier indicates a Provider Number is present and must be valid per the Provider File Table.
V48	C	REF01 contains an invalid value - HL=@HL#	Loop 2310C/REF - One of the occurrences must contain the code 1C or 1G. Invalid value (not OB,1B,1C,1D,1G,1H,EI,G2,LU,N5,SY,X5) in field 01 of REF.
V49	W	Purchase Service Prov ID is invalid-HL=@HL#	The Purchased Service Qualifier (2310C REF01 =1C) indicates a Provider Number (REF02) is present and must be valid.
V4A	C	Lab/Facility Name is invalid or not	The Lab or Facility Name (2310D NM103) is invalid. The first position of the field must be alphabetic, not spaces and the

Edit #	Edit Type	Message	Edit Logic
		alphabetic	remaining positions must be alphabetic or one of the following .,&:
V4B	C	Serv Fac Add must be > than spaces - HL=@HL#	Service Facility Address (2310D N301) must be greater than spaces. The first position can not be a special character.
V4C	C	Serv Fac Add must be > than spaces - HL=@HL#	The Service Facility Address (2310D N302) cannot contain a space in the first position.
V4D	C	Facility City Name invalid HL=@HL#	Facility City Name (2310 D N401) must be alphabetic and cannot start with a spaces or contain .,&
V4E	C	Facility state code invalid HL=@HL#	Facility State Code (2310D N402) must be valid.
V4F	C	Facility zip Code invalid in 2310D- HL=@HL#	If the Facility State (2310D/N402) is valid, then the Zip Code (N403) must be numeric, not all zeros or nines and must be either five or nine bytes long.
V51	I	Service Facility Qualifier invalid	The Service Facility Qualifier (2310D REF01) must be a valid value.
V52	I	Service Facility/Lab ID invalid - HL=@HL#	The Service Facility Lab ID (2310D REF02) must be valid.
V54	I	Supervising Provider ID invalid - HL=@HL#	If 2420D/REF01= 1C and REF02 is not on Provider File
V55	C	Only 5 occurrences 2320/CAS allowed - HL=@HL#	No more than 5 occurrences of 2310/CAS may be submitted. The sum of all the 2320/CAS03 + 2320CAS/06 + 2320/CAS09 + 2320/CAS12 +0 level 2320/CAS15 + 2320/CAS18 + 2320/AMT02 (for 2320/AMT01=D) must = 2300/CLM02.
V56	C	Adj Reason Code (2320 CAS02) inv @FLD -HL=@HL#	The Claim Adjustment Reason Code (2320 CAS02) contains an invalid value.
V57	C	CAS05 contains an invalid value @FLD - HL=@HL#	The Claim Adjustment Reason Code (2320 CAS05) contains an invalid value
V58	C	CAS08 contains and invalid value @FLD - hl=@hl#	The Claim Adjustment Reason Code (2320 CAS08) contains an invalid value
V59	C	CAS11 contains an invalid value @FLD hl=@hl#	The Claim Adjustment Reason Code (2320 CAS11) contains an invalid value.
V5A	C	CAS14 is an invalid value - @FLD - HL=@HL#	The Claim Adjustment Reason Code (2320 CAS14) contains an invalid value.
V5B	C	CAS17 is an invalid value -@FLD - HL=@HL#	The Claim Adjustment Reason Code (2320 CAS17) contains an invalid value.
V5C	C	Other Insured's DOB century not 18/19/20	Other insured's DOB (2320/DMG02) must be in the 18th, 19th or 20th century.
V5D	C	Claim payment remark code invalid - HL=@HL#	Spaces is valid for 2320/MOA03, otherwise validate against code source 411.
V5E	C	Claim payment remark code invalid - HL=@HL#	Spaces is valid for 2320/MOA04, otherwise validate against code source 411.
V5F	C	Claim payment remark code invalid - HL=@HL#	Spaces is valid for 2320/MOA05, otherwise validate against code source 411.
V60	C	Claim payment remark	Space is valid for 2320/MOA06, otherwise validate against

Edit #	Edit Type	Message	Edit Logic
		code invalid	code source 411.
V61	C	Claim payment remark code invalid	Spaces is valid for 2320/MOA07, otherwise validate against code source 411.
V62	C	Other Subscriber Last Name must be alpha	The Other Subscriber's Last Name (2330A/NM103) must be alphabetic, not spaces and the first three positions cannot be MR MR. DR DR. JR or JR. if the Other Subscriber indicates an individual (2330A/NM102=1).
V63	C	Other Subscriber 1st Name invalid, alpha's only	If the other subscriber's name is a person (2330A/NM102=1) then the first name is required in the NM104. The first position of the field must be alphabetic and cannot be a space. The field is alpha only.
V64	C	Other Insured's Middle Name invalid-	If the other insured is a person and the middle name is present it must be alpha- not spaces and the entire field must be alphabetic. (2330A NM105)
V65	C	Other Subscriber Name ID qualifier is not MI	The value in the 2330A/NM108 must be MI.
V66	C	Other Subscriber Address invalid value	The first position of 2330A/N301 cannot be a space.
V67	C	Other Subscriber Address invalid value	The first position of 2330A/N302 cannot be a space.
V68	C	Other Subscriber City name invalid or space	The Other Subscriber city name in the 2330A/N401 must be alphabetic. The first position cannot be a space. It can contain a period, comma or ampersand.
V69	W	Other Subscriber State Code invalid	The Other Subscriber State Code (2330A/N402) must contain a valid state code.
V6A	C	Invalid Other Subscriber Zip Code >@FLD	If the Other Subscriber State (2330A N402) is submitted, the Zip code must be numeric, not all zeros' or nine's and must be five or nine bytes long.
V6C	C	Other Payer Name qualifier invalid	The Other Payer Name qualifier (2330B NM108) contains an invalid value. VMS- PI is the only valid value.
V6D	C	Product/service ID qualifier invalid - HL=@HL#	Value must be HC for Medicare. MCS Pre-pass: M067
V6E	C	Procedure code invalid > @FLD - HL=@HL#	The Procedure Code (2400 SV101) cannot be six characters or more.
V6F	C	Invalid modifier 1	If the SV101-1 is HC-validate that the SV101-3 is a valid modifier. Note: If the procedure code is HCPCS code and a modifier is present it must be valid.
V70	C	Proc/modifier 1 combination not valid	20112 VMS1 - spaces is valid, if SV101-1=HC validate SV101-3 is a valid modifier against the Modifier table, else reject the 2300 level and its subordinate loops. VMS2 - for Sv101-1=HC, validate the combination of SV101-2 and SV101-3 is
V71	C	Proc/Modifier 2 combination not valid	The second procedure code/modifier combination is invalid (2400 SV101)
V72	C	Proc/modifier 2 not a valid combination	20114 VMS1 - spaces is valid, if SV101-1=HC validate SV101-4 is a valid modifier against the Modifier table, else reject the 2300 level and its subordinate loops. VMS2 - for Sv101-1=HC, validate the combination of SV101-2 and SV101-4 is
V73	C	Proc/Modifier 3 combination not valid	If the SV101-1=HC then validate the SV101-5 is a valid procedure code and modifier combination.
V74	C	Proc/modifier 3 combination not valid	20116 VMS1 - spaces is valid, if SV101-1=HC validate SV101-5 is a valid modifier against the Modifier table, else reject the 2300 level and its subordinate loops. VMS2 - for Sv101-1=HC, validate the combination of SV101-2 and SV101-5 is

Edit #	Edit Type	Message	Edit Logic
V75	C	Proc/Modifier 4 not a valid combination	If the Value in the SV101-1=HC, validate that the 4th modifier is valid. If the SV101-1=HC, validate the combination of the procedure and the modifier to ensure that they are a valid combination.
V76	C	Proc/modifier 4 combination not valid	20118 VMS1 - spaces is valid, if SV101-1=HC validate SV101-6 is a valid modifier against the Modifier table, else reject the 2300 level and its subordinate loops. VMS2 - for Sv101-1=HC, validate the combination of SV101-2 and SV101-6 is
V77	C	Line Item Charge AMT invalid - HL=@HL#	Max value is 99,999.99 and cannot be a negative value.
V78	C	Diag Pointer 1-4 valid for Medicare> @FLD	The Diagnosis Code Pointer (2400 SV107) contains an invalid value other than 1 thru 4, unless the specialty is "59."
V7A	C	Invalid Diagnosis Code Pointer	An invalid Diagnosis Code Pointer (2400 SV107-3) must contain a valid value.
V7B	C	Diagnosis Code Pointer 4 contains invalid value	The Diagnosis Code Pointer (2400 SV107-3) contains an invalid value.
V7C	C	Service Date not > 19811231 > @FLD - HL=@HL#	The Service Date (2400/DTP=472) must be a date greater than 12/31/1981.
V7D	C	Rendering Prov Last Name must be alphabetic	If 2420A/NM102 = 1, then the 1st position must be alphabetic and not spaces. The 1st 3 positions can not be one of the following: MR, MR., DR, DR.,JR or JR. The entire field must be alphabetic.
V7E	C	Pay-to-Provider Name invalid/begins with spaces	If the Pay-to Provider Qualifier in the 2010AB/NM102=1 (person) the Pay to Provider first name in the NM104 is required. It must be alphabetic and the first position cannot be a space.
V7F	C	Rendering Provider's middle name is invalid	If the Rendering Provider has been identified as a person in the 2310B NM102 and the middle name is present in the 2310B NM105 then the first position of the field must be alphabetic and not a space. The entire field must be alphabetic if completed
V80	C	Rendering Provider Taxonomy invalid - HL=@HL#	There is data in the Taxonomy code field but it is not a current valid taxonomy code. You may obtain a current taxonomy code listing from WPC-EDI.COM Web site. 2420A/PRV03
V81	C	Rendering Provider qualifier invalid/missing	The Rendering Provider ID Qualifier (2420A/REF01) must have a least one occurrence for Provider Number (1C).
V82	C	Rendering provider PIN invalid-HL=@HL#	The Rendering Provider Number (2420A/REF02) is either invalid or not in the correct format.
V85	W	Service Facility Location state invalid	The Service Facility State Code (2420C/N402) must contain a valid value.
V86	C	Service Facility Zip Code invalid	If the service facility state (2420C N402) is valid, then the zip must be numeric, not all zero's, not all nines and must be either 5 or 9 bytes in length.
V88	C	Serv fac loc ref ID qual invalid - HL=@HL#	FOR VERSIONS 4010A1 and 4010. 1C qualifier missing.
V89	C	Serv fac loc secondary ID invalid - HL=@HL#	FOR VERSIONS 4010A1 and 4010. Multiple 1C qualifiers.
V8A	C	INVALID NPI IN 2420D LOOP >@FLD	The NPI must be 10 all numeric, start with 1, 2, 3, or 4 (2420D)
V8B	W	Ordering Provider State invalid - 2420E	The Ordering Provider State Code (2420E/N402) must contain a valid state code.
V8C	C	Ordering provider zip	If N402 is a valid state, then the zip must be numeric, not all

Edit #	Edit Type	Message	Edit Logic
		invalid- 2420E	zeros (0), not all nines (9) and must be 5 or 9 bytes long.
V8E	C	Ordering provider ID qualifier invalid value	20142 Reject the 2300 level and its subordinate loops. VMS - at least one occurrence must be the value of 1C or 1G, else reject the 2300 level and its subordinate loops. Invalid value (not 0B,1B,1C,1D,1G,1H,EI,G2,LU,N5,SY,X5) in field 01 of REF
V8F	C	Ordering provider ID invalid value	20143 Must be > spaces, else reject the 2300 level and its subordinate loops. VMS - if REF01=1C validate REF02 against the PROVFILE, if REF01=1G validate the format of REF02 as a UPIN format, else reject the 2300 level and its subordinate loops.
V90	C	Referring Provider Speciality Code must be valid	Referring Taxonomy Code (2420F PRV03) if submitted, must be valid
V91	I	Prior Auth ID code qualifier invalid - HL=@HL#	The Prior Auth ID Code qualifier (2420G NM108) is invalid.
V92	C	SVD product/service qualifer invalid value	Reject the 2300 level and its subordinate loops.. VMS - valid values are HC and N4, Reject the 2300 level and its subordinate loops. Invalid value (not HC,IV,N1,N2,N3,N4,ZZ) in field 03-1 of SVD.
V94	I	SV102 must equal the sum of SVD02+2430/CAS	20148 SV102 must equal the sum of SVD02 + 2430.CAS03 + 2430.CAS06 + 2340.CAS09 + 2430.CAS12 + 2430.CAS15 + 2430.CAS18, else reject the 2300 level and its subordinate loops.
V95	C	CAS02 is an invalid value -@FLD - HL=@HL#	The Claim Adjustment Reason Code (2430 CAS02) contains an invalid value.
V96	C	CAS05 is an invalid value -@FLD - HL=@HL#	The Claim Adjustment Reason Code (2420 CAS05) contains an invalid value.
V97	C	CAS08 is an invalid value -@FLD - HL=@HL#	The Claim Adjustment Reason Code (2420 CAS08) contains an invalid value.
V98	C	CAS 11 is an invalid value @FLD - HL=@HL#	The Claim Adjustment Reason Code (2420 CAS11) contains an invalid value.
V99	C	Adj Reason Code (2420 CAS14) inv - @FLD -HL=@HL#	The Claim Adjustment Reason Code (2420 CAS02) contains an invalid value.
V9A	C	Claim Adj Reason Code inv -@FLD - HL=@HL#	The Claim Adjustment Reason Code (2420 CAS17) contains an invalid value.
V9B	C	Supporting documentaion response code invalid	Spaces is valid, else reject the 2300 level and its subordinate loops. Invalid value (not N,W,Y) in field 02 of FRM.
V9C	B	Receipt Date Qualifier invalid	The Receipt Date Qualifier must be valid.
V9D	B	Receipt Date Format Qualifier invalid	The Receipt Date Format Qualifier must be valid.
V9E	B	Invalid Claim Receipt Date	The Claim Receipt Date must be a valid calendar date in the CCYYMMDD format and must not be greater than the current date.
V9F	B	Claim Source REF is required	The Claim Source REF must be submitted.

Edit #	Edit Type	Message	Edit Logic
VA0	I	Blak LP clm src ref ID qual inv >@FLD - HL=@HL#	20160 VMS - Validate the value of 'PR'; else reject the ISA-IEA envelope. NOTE: To avoid this edit from firing on the REF01='87' below, '87' is also considered a valid value. Invalid value (not +PR) in field 01 of REF
VA1	F	Invalid Claim Source code	The Claim Source Code (Header REF02) contains an invalid value.
VA3	C	DEMO PROJECT ID IS INVALID OR NON-NUMERIC >@FLD	The DEMO Project ID (2300 REF02 when REF01=P4) must be valid for the submitted Payer. Add edit logic to existing VA3 if the 2300 REF01=P4 is submitted and the REF02 is greater than 2 positions in the length BUT is less than 8 position in length or IF the value is 8 positions but contains a non-numeric value.
VA6	C	Claim Control Number required- HL=@HL#	The Claim Control Number (2300 CLM01) is required.
VA7	I	Line Item Charge Amt invalid - HL=@HL#	The Line Item Charge Amount (2400/SV102) contains an invalid value. Value can be zero for the following procedures: G8000-G8999, G9063 - G9078, 0001F, 0005F, 0012F, 0500F, 0501F, 0502F, 0503F, 1000F, 1002F, 1003F, 1004F, 1005F, 1006F, 1007F, 1008F, 1015F, 1018F, 1019F, 1022F, 1026F, 1030F, 1034F, 1035F, 1036F, 1038F, 1039F, 2000F, 2001F, 2002F, 2004F, 2010F, 2014F, 2018F
VA8	I	Ordering Provider Last Name invalid - HL=@HL#	Ordering Provider Last Name (2420E NM103) must be greater than spaces and the first character must be an alpha.
VAB	C	NOT USED - HL=@HL#	FOR VERSIONS 4010A1 and 4010. Value is a negative value or the sum does not equal 2400/SV102. Decimal place exceeded (related to preceding max value edit - 1 or 2 places) translator error switch = Y or Z.
VAC	C	Line item charge equals spaces - HL=@HL#	Max value is 99,999.99, cannot be a negative value.
VAD	C	Total charge amount invalid - HL=@HL#	Max value is 99,999.99 and cannot be a negative value. The sum must equal the value in 2400/SV102. Decimal places cannot exceed two.
VAE	I	Line item charge exceeds max value- hl=@hl#	Line item charge amount cannot be a negative value (2400/SV102)
VAF	C	Invalid qualifier	Reject the HI03=20 and its subordinate loops. VMS - 24,34,XX. Invalid value (not 24,34,XX) in field 08 of NM1
VB0	C	Bad NM108, reject the HL03=20 level and its sub	20176 Reject the HL03=20 and its subordinate loops. VMS - 24,XX. Invalid value (not 24,34,XX) in field 08 of NM1
VB1	C	INVALID NPI FORMAT @FLD 2310A LOOP	The NPI must be 10 all numeric, start with 1, 2, 3, or 4 (2310A) valid value.
VB2	C	INVALID NPI FORMAT @FLD 2310B LOOP	The NPI must be 10 all numeric, start with 1, 2, 3, or 4 (2310B) X will not be valid until NPI is implemented.
VB3	C	INVALID NPI FORMAT @ FLD 2310C LOOP	The NPI must be 10 all numeric, start with 1, 2, 3, or 4 (2310C)08). Qualifier XX is invalid until NPI is implemented.
VB4	C	INVALID NPI FORMAT @FLD 2310D LOOP	The NPI must be 10 all numeric, start with 1, 2, 3, or 4 (2310D)r XX is not valid until NPI is implemented.
VB5	C	INVALID NPI	The NPI must be 10 all numeric, start with 1, 2, 3, or 4 (2310E)

Edit #	Edit Type	Message	Edit Logic
		FORMAT @ FLD 2310E LOOP	invalid value. XX is invalid until NPI is implemented.
VB6	C	INVALID NPI FORMAT @ FLD 2420A LOOP	The NPI must be 10 all numeric, start with 1, 2, 3, or 4 (2420A) invalid value. MCS Pre-pass: M321 M334 M347
VB7	C	INVALID NPI FORMAT @ FLD 2420B LOOP	The NPI must be 10 all numeric, start with 1, 2, 3, or 4 (2420B) invalid value.
VB8	C	INVALID NPI FORMAT @ FLD 2420C LOOP	The NPI must be 10 all numeric, start with 1, 2, 3, or 4 (2420C). The 10th digit, check digit, must be valid
VB9	C	INVALID NPI FORMAT @ FLD 2420E LOOP	The NPI must be 10 all numeric, start with 1, 2, 3, or 4 (2420E). The 10th digit, check digit, must be valid
VBA	C	INVALID NPI FORMAT IN 2420F LOOP >@FLD	The NPI must be 10 all numeric, start with 1, 2, 3, or 4 (2420F) value.
VBC	C	Invalid DX code >@FLD -HL=@HL#	The Diagnosis Code (2300 HI) must be valid whether pointed to or not.
VBD	C	Invalid DX for Date Submitted>@FLD - HL=@HL#	The Diagnosis Code (2300 HI) must be valid for the date of service that was submitted.
VBE	C	Patient Paid Amount cannot be negative - HL=@HL#	The Patient Paid Amount (2300 AMT01=F5) cannot be a negative value (AMT02).
VBF	W	Line Item Charge Amt cannot be neg - HL=@HL#	The Line Item Charge Amount (2400 SV102) cannot be a negative value.
VBN	C	PURCHASED SERVICE PROVIDER NPI INVALID	NPI submitted in the 2400 PS101 does not begin with a 1, 2, 3 or 4, OR is not 10 digits AND/OR the check digit is not valid per CR 4320.
VNE	C	PUR TEST AMT,BUT NO PUR TEST PROV >@FLD	The 2310C loop is not submitted, when the 2300 AMT01=NE.
VNF	C	PURCHASED AMOUNT ELEMENT MISSING - HL=@HL#	The 2310C NM1 segment is billed and there is not a 2300 AMT01=NE.
X01	B	Subscriber State/Zip does not match HL=@HL#	The Subscriber State (2010BA N402) is not valid for the zip code (N403).
X02	B	Payor State/Zip does not match HL=@HL#	Payor Zip Code (2010BB/N403) is not valid for the state code (2010BB N402).
X03	W	Responsible Party State/Zip mismatch HL=@HL#	Responsible Party Zip (2010BC/N403) is not valid for the State (2010BC/N402).
X04	B	Patient State/Zip mismatch - 2010CA HL=@HL#	Patient Zip Code (2010CA/N403) is not valid for the state code (2010CA/N402).
X05	C	Facility State/Zip mismatch 2310D - HL=@HL#	Facility Zip (2310D/N403) is not valid for the state code (2310D/N402).
X06	C	Other Subscriber State/Zip mismatch - HL=@HL#	The zip code in the 2330A/N403 is not valid for the state code in 2330A/N402
X07	C	Service Fac Loc	The zip code in the 2420C/N403 is not valid for the state code

Edit #	Edit Type	Message	Edit Logic
		State/Zip mismatch - HL=@HL#	in 2420C/N402
X08	C	Ordering Provider State/Zip mismatch - HL=@HL#	The zip in the 2420E/N403 is not valid for the state code in the 2420E/N402.
X0A	C	NPI NOT ON CROSSWALK IN 2420A LOOP > @FLD	NPI submitted in the 2420A NM109, when NM108 = XX is not on the NPI crosswalk AND/OR if another occurrence of the 2420A NM108=1C is submitted the value in the NM109 and the NPI submitted are not on the crosswalk.
X0B	C	NPI NOT ON CROSSWALK IN 2310B LOOP > @FLD	NPI submitted in the 2310B NM109, when NM108 = XX is not on the NPI crosswalk AND/OR if another occurrence of the 2310B NM108=1C is submitted the value in the NM109 and the NPI submitted are not on the crosswalk.
X1I	C	NPI NOT SUBMITTED IN THE RENDERING PROV LOOP	NPI is required if the 2310B is submitted and NM108 does not contain a XX qualifier.
X1J	C	NPI NOT SUBMITTED IN THE RENDERING PROV LOOP	NPI is required if the 2420A is submitted and NM108 does not contain a XX qualifier.
X1K	C	NO NPI SUBMITTED IN THE 2420B NM109 SEGMENT	NPI is required if the 2420B is submitted and NM108 does not contain a XX qualifier.
X1M	C	RENDER PROV SSN OR EIN NOT ON XWALK > @FLD	Edit is set if the 2310B is submitted and does not contain a REF01 of 1C. The 2310B REF01 does contain: - EI and the EIN from the 2310B. REF02 or the EIN from the 2010AA or 2010AB REF02 where REF01 is EI is not on the PIN/NPI Crosswalk file for the NPI in the 2310B NM109
X1N	C	RENDERING PROVIDER SSN OR EIN NOT ON CROSSWALK	Edit is set if the 2420A is submitted and does not contain a REF01 of 1C. The 2420A REF01 does contain: - EI and the EIN from the 2420A REF02 or the EIN from the 2010AA or 2010AB REF02 where REF01 is EI is not on the PIN/NPI Crosswalk file for the NPI in the 2420A NM109 OR
X1R	C	INVALID SERVICE FACILITY VALUE (2420C)	2420C NM108 does not = XX or spaces. If spaces, the REF segment may not be submitted.
X1S	C	NO NPI SUBMITTED IN THE 2420D NM109 SEGMENT	NPI is Required if the 2420D is submitted and NM108 does not contain a XX qualifier.
X1T	C	NO NPI SUBMITTED IN THE 2420E NM109 SEGMENT	NPI is Required if the 2420E is submitted and NM108 does not contain a XX qualifier.
X20	C	Oth Subscriber Ins Type cannot = MB(Medicare B)	The 2320/SBR05 can not equal MB (Medicare Part B).
X21	C	MSP claim requires Primary Paid Amount	If the claim is an MSP claim (2320/SBR01 = P) then the Primary Paid Amount information must be present (AMT01=D).
X2L	B	SUBSCRIBER = NON-PERSON, 1st NAME, MI SUBMITTED	Set Front-End Edit to reject if the 2010BA loop is submitted and the value in NM102=2 and the NM104,NM105 and/or NM107 is greater than spaces.
X2M	C	RESP PROV = NON-PERSON, 1st NAME, MI SUBMITTED	Set Front-End Edit to reject if the 2010BC loop is submitted and the value in NM102=2 and the NM104,NM105 and/or NM107 is greater than spaces.
X2N	C	REF PRV = NON-PERSON, 1st NAME,	Set Front-End Edit to reject if the 2310A loop is submitted and the value in NM102=2 and the NM104,NM105 and/or NM107

Edit #	Edit Type	Message	Edit Logic
		MI SUBMITTED	is greater than spaces.
X2O	C	REND PROV = NON-PERSON, 1st NAME, MI SUBMITTED	Set Front-End Edit to reject if the 2310B loop is submitted and the value NM102=2 and the NM104,NM105 and/or NM107 is greater than spaces.
X2P	C	PUR SER = NON-PERSON, 1st NAME, MI SUBMITTED	Set Front-End Edit to reject if the 2310C loop is submitted and the value in NM102=2 and the NM104,NM105 and/or NM107 is greater than spaces
X2Q	C	OTHER PRV = NON-PERSON, 1st NAME, MI SUBMITTED	Set Front-End Edit to reject if the 2330A loop is submitted and the value in NM102=2 and the NM104,NM105 and/or NM107 is greater than spaces.
X2R	C	DETAIL REND =NON PERSON,1st NAME, MI SUBMITTED	Set Front-End Edit to reject if the 2420A loop is submitted and the value in NM102=2 and the NM104,NM105 and/or NM107 is greater than spaces.
X30	C	Diag not in sequence - HL=@HL#	The Diagnosis listed are not listed in sequence (2300 HI).
X31	C	Loop/seg err > LP =@LP#/@SEG HL=@HL# LC=@LC#	If the preceding loop is not the one that is listed in the specifications, the loop being evaluated is then considered to be out of sequence.
X32	C	INVALID REFERRING PROVIDER VALUE	2310A NM108 is not = XX or spaces. If spaces, REF may not be submitted.
X33	I	Loop/seg err > LP =@LP#/@SEG HL=@HL# LC=@LC#	Edit fails when the 2300 segments are not submitted in correct sequence order.
X3C	C	NO NPI SUBMITTED IN THE 2310C NM109 SEGMENT	NPI is Required if the 2310C is submitted and NM108 does not contain an X qualifier.
X3D	C	INVALID SERVICE FACILITY VALUE	2310D NM108 = is not XX OR spaces. If spaces, REF segment may not be submitted.
X3E	C	NO NPI SUBMITTED IN THE 2310E NM109 SEGMENT	NPI is Required if the 2310E is submitted and NM108 does not contain an X qualifier.
X3F	I	NO NPI SUBMITTED IN THE 2420F NM109 SEGMENT	NPI is Required if the 2420F is submitted and NM108 does not contain an X qualifier.
X3M	C	EXCEEDED MEA SEGMENTS SUBMITTED > HL=@HL#	Edit sets when more than 20 iterations of the MEA segment are submitted.
X40	I	Loop/seg err > LP =@LP#/@SEG HL=@HL# LC=@LC#	Edit fails when the 2400 segments are not submitted in correct sequence order.
X4B	C	Diagnosis Pointer Invalid	Edit sets when diagnosis point is invalid or not in proper sequence.
X4D	I	DMERC CMN invalid for Part B - HL=@HL#	Edit sets when the 2400 PWK is submitted.
X4F	C	NO NPI SUBMITTED IN THE 2420F NM109 SEGMENT	NPI is Required if the 2420F is submitted and NM108 does not contain a XX qualifier.
Y01	B	Billing Provider State/Zip do not match	The Zip Code (2010AA/N403) must be valid for the state (2010AA/N402).
Y02	B	Pay-to-Provider State/Zip does not match	Pay-to-Provider Zip (2010AB N403) is not valid for the state (2010AB/N402).
Y03	B	Billing Provider ID invalid for Submitter	

Edit #	Edit Type	Message	Edit Logic
Y13	B	Loop/seg err > LP =@LP#/@SEG HL=@HL# LC=@LC#	If the preceding loop is not the one that is listed in the specifications, the loop being evaluated is then considered to be out of sequence.
Y17	C	Bad N403, VMS - If N402 is a US state, validate	20106 VMS - IF N402 is a US state, validate N403 is numeric, not all zeroes, not all nines and is either 5 long or 9 long, else reject the 2300 level and its subordinate loops
Y1A	B	Invalid NPI format > @FLD	The NPI must be 10 digit, all numeric, and the first digit must be 1, 2,3 or 4 2010AAer until NPI is implemented.
Y1B	B	INVALID NPI IN 2010AB > @FLD	The NPI must be 10 digit, all numeric, and start with 1, 2, 3, or 4 2010AB
Y1C	B	BILLING PROVIDER QUAL NOT = 0B, LU, EI, SY	Edit is set if the 2010AA/REF is submitted and REF01 does not = 0B, LU, EI, or SY
Y1E	B	NPI without a EI or SY Ref	2010AA loop with NPI but no 2010AA/REF01=EI or SY
Y1F	B	NPI without a EI or SY Ref	2010AB loop with NPI but no 2010AB/REF01=EI or SY
Y1I	B	NPI NOT SUBMITTED IN BILLING PROV LOOP	NPI is Required if the 2010AA is submitted and NM108 does not contain a XX Qualifier.
Y1J	B	NPI NOT SUBMITTED IN PAY TO PROV LOOP	NPI is Required if the 2010AB is submitted and NM108 does not contain a XX Qualifier.
Y2C	B	PAY TO PROVIDER QUAL NOT = 0B, LU, EI, SY	Edit is set if the 2010AB/REF is submitted and REF01 does not = 0B, LU, EI, or SY
Y2G	B	NPI NOT ON CROSSWALK IN 2010AA LOOP > @FLD	NPI submitted in the 2010AA NM109, when NM108 = XX is not on the NPI crosswalk.
Y2H	B	NPI NOT ON CROSSWALK IN 2010AB LOOP > @FLD	NPI submitted in the 2010AB NM109, when NM108 = XX is not on the NPI crosswalk
Y2M	B	BILLING PRV = NON- PERSON, 1st NAME,MI SUBMITTED	Set Front-End Edit to reject if the 2010AA loop is submitted and the value in NM102=2 and the NM104,NM105 and/or NM107 is not greater than spaces.
Y2N	B	PAY TO PRV = NON- PERSON, 1st NAME,MI SUBMITTED	Set Front-End Edit to reject if the 2010AB loop is submitted and the value in NM102=2 and the NM104,NM105 and/or NM107 is not greater than spaces.
Y31	B	Loop/seg err > LP =@LP#/@SEG HL=@HL# LC=@LC#	If the preceding loop is not the one that is listed in the specifications, the loop being evaluated is then considered to be out of sequence.
Z00	F	Sub#=@SID and file ID=@FID already accepted	The combination of the Submitter ID (1000A/NM109) and File ID (ISA13) have previously been accepted.
Z01	F	Invalid Submitter ID - SUBMITTER=@SID	The Submitter ID is not valid against submitter and vendor table.
Z02	F	Invalid Payor ID in ISA - PAYOR=@RCV	The Payor ID (ISA08) contains an invalid value.
Z03	F	Bad SEG-ID=@SEG or LOOP=@LP# HL=@HL#	The Segment ID is not proper for the loop.

Edit #	Edit Type	Message	Edit Logic
Z04	F	Application Sender Code must = APP sender ID	The Submitter ID in the GS02 must equal the ISA06.
Z05	F	Invalid Claim Format for payor	The input claim format is not defined to this Payor.
Z06	F	HL01 out of seq	HL01 hierarchical number should be equal to the computed HL01 number.
Z07	F	Multiple GS segments not allowed	The Submitted file has multiple GS-GE segments.
Z08	F	Submitter not approved for production	The Submitter ID listed in ISA06 is not approved for production.
Z09	F	Version 4010A1 required	4010 flat file is not the HIPAA compliant version.
Z10	F	Invalid record length	For 4010A1 FLTA, the record length is greater than 2419.
Z11	F	Invalid Format for Railroad	Railroad Medicare can only submit Version 4010A1 ANSI claims.
Z12	F	Invalid Payor at GS03	If the Payer in the GS03 is in the C>NNNNN format, it must equal the ISA08. If the Payer in the GS03 is in the N>NNNN format, it must equal the ISA08.
Z13	F	Loop/Seg err > LP =@LP#/@SEG HL=@HL# LC=@LC#	If the Preceding Loop is not the one that is listed in the Specifications, then the loop being evaluated is considered to be out of sequence.
Z14	F	No Billing Provider in the file	There are no Batch or Claims listed in the file.
Z18	F	Invalid Payor in Receiver Primary ID	If the Payer in the Receiver's ID (1000B NM109) is in the C>NNNNN format, then the Payer in the Interchange Receiver ID (ISA08). If the Payer in the 1000B NM1 09 is in the N>NNNN format, then it should equal the Payer number in the ISA08 without the "C" prefix.