

EXHIBIT 5 STATUS AND REJECT MESSAGES

This exhibit provides information on all the messages that are currently returned on the rEDI-link Blue response reports that are returned by the Texas Health Information Network (THIN) on transmitted claim files. This exhibit includes reject and informational messages that are generated by the THIN (X-CLR00) system. This exhibit does not include messages returned by clearinghouse commercial payers and/or their contractors.

Edits, as reported in this exhibit, are performed at several different levels:

- **Session Level:** file structure is checked at this level. If an incoming file cannot be identified or translated (i.e., an ANSI file translated to National Standard Format), the session is terminated. These termination messages are not returned on the response report except for the report that is created for tape submissions.
- **File Level:** structural, security and file requirements are validated. If a file is rejected, every batch and every claim within that file are also rejected regardless of the batch/claim level response.
File level messages and edits are indicated by a fist digit of “1”, as in message 122.
- **Batch Level:** structural, security and batch requirements are validated. If a batch is rejected, every claim within the batch is rejected. If all batches within a file are rejected, the file is rejected.
Batch level messages and edits are indicated by a first digit of “2”, as in message 214.
- **Claim Level:** claim field requirements are validated at this level. The requirements are classified into general edits that relate to all claims, regardless of the payer, and payer specific edits that relate to claims for the specified payer only.

The first digit of the message indicates the claim edit classification as follows:

3xx	-	General Claim Edits
4xx	-	Blue Shield Claim Edits
5xx	-	Clearinghouse Commercial Claim Edits
6xx	-	Medicare Claim Edits (aka “Mr. Clean” edits)
Dxx	-	HMO Medicaid Claim Edits - these edit messages are included at the end of this exhibit.

The ACT, or action codes, on the exhibit describe the action or purpose of the message. These codes are defined as follows:

F	-	File Reject
B	-	Batch Reject
C	-	Claim Reject
I	-	Informational
M	-	Informational Message
W	-	Warning Only, Data Has Been Accepted

Within this exhibit, symbols are used to depict information that will be returned on the response report. The following is a list of these symbols and a description of the data that will be displayed on the response report.

- @ BID Batch ID from BA0-05.0.
- @ FID File ID from AA0-05.0.
- @ FLD FLD will be replaced by the actual field that the message is referencing.
- @ LIN LIN is the sequence number of the detail line containing the error or data.
- @ ORG Payor Organization ID from DA0-07.0. Only the payor organization id from the payment DA0 record is referenced.
- @ PID Provider ID; according to type of file that is being processed, will be from:
 - EMC Provider ID, BA0-02.0
 - Provider Tax ID, BA0-06.0
 - Medicare Provider ID, BA0-09.0
 - Provider Blue Shield Number, BA0-14.0
 - Medicaid Provider Number, BA0-12.0
- @ PWD Password from AA0-22.0.
- @ PYN Same as @RID. Payer ID from AA0-17.0.
- @ RID Receiver ID from AA0-17.0. Must be a valid receiver id from the approved list of payers or “MIXED”.
- @ RTY Receiver Type from AA0-18.0. Must be one of the following valid values:
 - C - Medicare
 - D - Medicaid
 - F - Clearinghouse Commercial
 - G - Blue Shield
 - H - Champus
- @T01 This symbol is used to identify one of two counts:
 - The record count of the record containing the error. This is counted from the AA0 record.
 - The system total when displaying out-of-balance information.
- @T02 Count submitted in the indicated field.

MSG ACT MESSAGE

- 101 M PROCESS AS "TEST" - SUBMITTER REQUEST
AA0-21.0 contains "TEST".
- 104 M PROCESS AS "TEST" - PAYOR NOT IN PRODUCTION
Payer ID in payment DA0-07.0 is not in the THIN Security Table as an approved payer to receive production claims.
- 105 F CREATE DATE REQUIRED - MUST BE VALID DATE
AA0-15.0 does not contain a valid date in CCYYMMDD format.
- 106 M ORIGINAL SUBMITTER=@ORG
Reports the original submitter id from field AA0-24.0.
- 107 F FILE ID MUST BE 6 ALPHA/NUMERIC CHARACTERS
AA0-05.0 (Submission Number) must contain six characters A-Z, 0-9.
- 108 M PROCESS AS "TEST" - SUBMITTER FORMAT (NSF = NO)
Submitter (AA0-02.0) is not in production in the THIN security table for NSF.
- 109 M PROCESS AS "TEST" - EDI AGREEMENT REQUIRED
THIN security table does not indicate that an EDI agreement is on file for the submitter.
- 110 F FIRST RECORD IN FILE NOT AN 'AAO' RECORD
First three positions of the first record in the file are not "AA0".
- 112 F DUPLICATE FILE
For submitter in AA0-02.0, the file id (AA0-05.0) is already on the THIN list of files received from this submitter. File IDs remain on this list approximately seven months.
- 113 F INVALID VERSION NUMBER - VERSION=@VER
The version number in AA0-19.0 is not a version currently recognized by THIN.
- 114 F FILE ID IN PROGRESS (CHECK FOR DUPLICATE FILE)
Multiple sessions for this submitter id and file id are in progress. This session is rejected.
- 120 F INVALID RECEIVER ID - ID=@RID
Receiver ID (AA0-17.0) does not contain a valid receiver ID from the approved payer list or "MIXED" for a file containing claims for multiple clearinghouse commercial payers.
- 121 F INVALID SUBMITTER ID - SUBMITTER = @ SID
Submitter ID (AA0-02.0) is not in the THIN Security Table as an allowed submitter.

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- 122 F INVALID SUBMITTER PASSWORD-PASSWORD=@PWD
The submitted password (AA0-22.0) is not in the THIN Security Table for the submitter (AA0-02.0).
- 123 F INVALID RECEIVER TYPE - TYPE=@RTY
Receiver type (AA0-18.0) is not a valid value. See page Exhibit 5.2.
- 124 F RECEIVER ID/TYPE COMBINATION INVALID @RTY@RID
Receiver ID (AA0-17.0) must agree with receiver type code (AA0-18.0) as maintained in the THIN Security Table.
- 136 F INVALID NUMERIC DATA FOR FIELD=@FLD
The indicated field (@FLD) contains data other than 0-9.
- 137 F INVALID DATE (CCYYMMDD) IN FIELD=@FLD
The indicated field (@FLD) contains an invalid date, e.g., 19970230, or a date not in CCYYMMDD format, e.g., 01101997.
- 139 F RECORD SEQUENCE ERROR - RECORD LOCATION=@T01
Record is out of sequence. Refer to the record sequence charts in the payer specific sections.
- 140 F INVALID RECORD TYPE - RECORD LOCATION=@T01
Submitted record is invalid or not allowed for the specified payer. Refer to the payer specific sections for the valid records.
- 182 W AA0-02.0 NOT EQUAL TO ZA0-02.0
Submitter ID (AA0-02.0) does not match submitter ID in ZA0-02.0.
- 183 F NO VALID BATCHES IN THIS FILE
File (AA0-ZA0 records) did not contain any batches (BA0-YA0 records) or the batches the file contained were not valid.
- 185 F ALL BATCHES REJECT (ID'S MATCH REJECTED BATCH)
File contained multiple batches with the same provider ID and batch ID. One of the batches rejected, therefore all the batches with that batch ID and provider ID are rejected.
- 186 F FILE TRAILER RECORD (ZA0) - MISSING
ZA0 record is missing, i.e., a YA0 record was not followed by a BA0 record or a ZA0 record.
- 189 F INCOMPLETE SESSION (LAST RECORD NOT ZA0)
Transmission session or tape file ended but the last record was not a ZA0 record.

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- 190 F FILE - OUT OF BALANCE
Totals contained in the ZA0 record do not agree with the totals that were calculated by the THIN system while the file was being transmitted. Subsequent messages identify the field(s) that is(are) not in balance.
- 192 M FILE-CLAIM-COUNT * SUM=@T01 * TRAILER=@T02
THIN's calculated claim count differs from the claim count submitted in ZA0-07.0. SUM = is THIN's count. TRAILER = is the submitted (ZA0-07.0) count.
- 193 M FILE-BATCH-COUNT * SUM=@T01 * TRAILER=@T02
THIN's calculated batch count (BA0-YA0 records) differs from the batch count submitted in the file trailer record (ZA0-08.0). SUM = is THIN's calculated batch count. TRAILER = is the submitted count.
- 194 M FILE-TOTAL-CHARGES * SUM=@T01 * TRAILER=@T02
THIN's calculated file total charges (sum of BA0-11.0's) does not match the submitted file total charges (ZA0-09.0). SUM = is THIN's calculated file total charges. TRAILER = is the submitted file total charges (ZA0-09.0).
- 201 B BATCH TYPE (BA0-03) MUST = '100' OR '200'
Batch type must be 200 for Dental claims or 100 for All Other types of claims.
- 205 B BATCH ID MUST BE 6 ALPHA/NUMERIC CHARACTERS
Batch ID (BA0-05.0) must be A-Z, 0-9. May not contain embedded blanks.
- 212 B DUPLICATE BATCH
The submitted Batch ID (BA0-05.0) is on the THIN file of batches previously accepted for the provider. The provider ID may be the Blue Shield provider ID (BA0-02.0), the Medicare Provider ID (BA0-09.0) or the EMC provider ID (BA0-14.0).
- 213 W DUPLICATE BATCH - WILL REJECT IN FUTURE
On files with a receiver type of "F", the batch ID (BA0-05.0) for the provider tax ID (BA0-06.0) is checked against the THIN table. Batches received for that provider ID that match a previously submitted batch are flagged with this warning message. This will be turned on as a batch reject at a future date.
- 214 B BATCH ID IN PROGRESS (CHECK FOR DUPLICATE)
- 215 B EDI ENROLLMENT REQUIRED (MEDICARE)
THIN's Security Table does not indicate that the provider's Medicare EDI enrollment is on file.
- 216 B EMC AGREEMENT REQUIRED (ALL PAYORS)
THIN's Security Table does not indicate that the provider's EMC agreement is on file.

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- 236 B INVALID NUMERIC DATA FOR FIELD=@FLD
Data contained in the specified field is not 0-9.
- 237 B INVALID DATE (CCYYMMDD) IN FIELD=@FLD
The indicated field (@FLD) contains an invalid date, e.g., 19970230, or a date not in CCYYMMDD format, e.g., 01101997.
- 240 B INVALID MEDICARE PROVIDER ID > @PID
The Medicare provider ID (BA0-09.0) is not on THIN's Security Table as an approved submitter of Medicare claims.
- 241 B INVALID BLUE SHIELD PROVIDER ID > @PID
The Blue Shield provider ID (BA0-14.0) is not on THIN's Security Table as an approved submitter of Blue Shield claims.
- 242 B INVALID MEDICAID/HMO PROV ID > @PID
The Medicaid/HMO provider ID (BA0-12.0) is not on THIN's Security Table as an approved submitter of Medicaid/HMO claims.
- 243 B MEDICAID PROV # INVALID (9 CHAR) - @AID
The Medicaid provider ID (BA0-14.0) is not nine (9) alpha/numeric characters.
- 245 B PROVIDER TAX ID (BA0-06) INVALID - @TAX
Validated only when the receiver type is "F" or "H" (clearinghouse commercial claims and CHAMPUS claims. Provider tax id must be nine (9) numerical digits.
- 246 B PROVIDER TAX ID TYPE (BA0-08) MUST = E S OR X
Validated only when the receiver type is "F". The provider tax ID type must be "E", "S" or "X".
- 247 B BA1 RECORD REQUIRED FOR COMMERCIAL CLAIMS
Validated only when the receiver type is "F". Every BA0 record must be accompanied by a BA1 record.
- 250 B OVER '999' CLAIM REJECT ERRORS IN BATCH
Over 999 claim reject errors occurred in this batch. Batch is therefore rejected.
- 283 B NO CLAIMS IN THIS BATCH
The batch (BA0-YA0 records) did not contain any claims (CA0-XA0 records).
- 290 B BATCH - OUT OF BALANCE
Totals contained in the YA0 record do not agree with the totals that were calculated by the THIN system while the batch was being transmitted. Subsequent messages identify the field(s) that is(are) not in balance.
- 292 M BATCH-CLAIM-COUNT * SUM=@T01 * TRAILER=@T02
THIN's calculated claim count differs from the claim count submitted in YA0-10.0. SUM = is THIN's count. TRAILER = is the submitted (YA0-10.0) count.

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- 294 M BATCH-TOTAL-CHARGE * SUM=@T01 * TRAILER=@T02
THIN's calculated batch total charges differ from the batch total charges submitted in YA0-11.0. SUM = is THIN's calculated batch total charges. TRAILER = is the submitted (YA0-11.0) batch total charges.
- 302 C ONLY ONE DA0-04.0 = 'P' ALLOWED
On a claim, payment may be requested from only one payer. "P" indicates the DAn records that relate to the payer from whom payment is being requested.
- 304 C IF DA0-04 = 'P', DA0-05 MUST = AA0-18
On the payment DA0 record, the source of payment (DA0-05.0) must be the same as the receiver type code (AA0-18.0).
- A file may contain claims of only one type:
Medicare claims (C)
Blue Shield claims (G)
Clearinghouse Commercial claims (F)
CHAMPUS claims (H)
Medicaid claims (D).
- 305 C DA0-04.0 MUST = 'P' OR 'I'
The DAn records must supply information regarding the requested payer (P) or provide information regarding another payer (I).
- 306 C ONE DA0.04.0 = 'P' REQUIRED
For a claim to be valid, payment must be requested of one payer.
- 309 C IF DA0-04.0 = P, DA0-07.0 MUST = AA0-17.0
Since all claims within a file must be for the same receiver type, the payer organization ID (DA0-07.0) must be the same as the receiver ID (AA0-17.0).
EXCEPTION: For clearinghouse commercial claims, DA0-07.0 may be a valid payer ID and AA0-17.0 may contain "MIXED".
- 310 C SEQUENCE FIELD = @FLD REQUIRED
Records that may have multiple occurrences (DAn, Fnn, Gnn) require a sequence number to associate each record with its appropriate corresponding records. This edit validates the sequence fields of these records.
- 311 C 1ST 'DA0' RECORD - DA0-02.0 MUST = '1'
Sequence number, DA0-02.0, must be "01" on the first occurrence of a DA0 record. "01" indicates this is the primary payer, regardless if payment is being requested from this payer.
- 312 C 2ND 'DA0' RECORD - DA0-02.0 MUST = '2'
Sequence number, DA0-02.0, must be "02" on the second occurrence of a DA0 record. "02" indicates this is the secondary payer.

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- 313 C 3RD 'DA0' RECORD - DA0-02.0 MUST = ' 3 '
Sequence number, DA0-02.0, must be "03" on the third occurrence of a DA0 record. "02" indicates this is the tertiary payer.
- 319 W DA1-02 AND DA2-02 (SEQUENCE) MUST = DA0-02
DA records must be sequenced and grouped according to sequence, i.e., DA0 sequence 01 followed by DA1 sequence 01 followed by DA2 sequence 01, et al. Do not group DA records by type; i.e., all DA0 records followed by all DA1 records, followed by all DA2 records, et al.
- 331 C FA0 RECORDS MUST BE IN SEQUENCE (FA0-02)
FA0 records must be sequenced (FA0-02.0) and must be submitted in sequence order, i.e., sequence 01, 02, 03, 04 etc.
- 332 C DETAIL RECORD SEQUENCE MUST MATCH FA0-02
FB records must be sequenced (in field 02.0) and must follow the corresponding FA0 record; i.e., FB0 sequence 01 must follow FA0 sequence 01, FB0 sequence 02 must follow FA0 sequence 02, et al.
- 334 C DENTAL CLAIM - REQUIRES FD0 (DENTAL DETAIL)
When the batch type (BA0-03.0) is "200" (Dental), the claim must contain at least one FD0 record.
- 335 C ' FD0 ' (DENTAL RECORD) IN NON-DENTAL BATCH
When the batch type (BA0-03.0) is "100" (All Others), claims may not contain FD0 records.
- 336 C INVALID NUMERIC DATA FOR FIELD = @FLD
Data contained in the specified field is not 0-9.
- 337 C INVALID DATE (CCYYMMDD) IN FIELD = @FLD
The indicated field (@FLD) contains an invalid date, e.g., 19970230, or a date not in CCYYMMDD format, e.g., 01101997.
- 338 C MAX OCCURRENCES OF RECORD TYPE EXCEEDED
Records may occur a specified number of times according to record type. This edit indicates that the occurrences for a record has exceeded the defined maximum number of occurrences. The record is indicated in the message.
- 390 C CLAIM OUT OF BALANCE
In the XA0 record, the claim charges or record counts do not agree with THIN's calculated charges or record counts. Subsequent records indicate the field(s) that is(are) out of balance.
- 394 M CLM-TOT-CHARGE * SUM = @T01 * TRAILER = @T02
THIN's calculated total charges for the claim (sum of FA0-13.0's) does not agree with the claim total charges in XA0-12.0. The SUM = is THIN's calculated amount. The TRAILER = is from XA0-12.0.

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- 395 M CLM-TOT-CO-INS * SUM = @T01 * TRAILER = @T02
THIN's calculated total co-insurance amount (sum of FB0-08.0) does not agree with the co-insurance amount in XA0-17.0. The SUM = is THIN's calculated amount. The TRAILER = is from XA0-17.0.
- 396 M CLM-TOT-PUR-SVC * SUM = @T01 * TRAILER = @T02
THIN's calculated purchased service total (sum of FB0-05.0) does not agree with the purchase service total in XA0-20.0. The SUM = is THIN's calculated amount. The TRAILER = is from XA0-20.0.
- 4A1 M BILLING PROVIDER INVALID FOR THE PAYOR > @ FLD
- 4A3 C UNKNOWN NSF RECORD ID > @ FLD
The record ID is not equal to:
AA0, BA0, BA1, CA0, CA1, CB0, DA0, DA1, DA2, DA3, EA0, EA1, EA2, FA0, FB0, FB1, FB2, FB3, FD0, FE0, GA0, GC0, GD0, GD1, GE0, GP0, GU0, GX0, GX1, GX2, HA0, XA0, YA0, ZA0.
- 4A4 C LINE ITEMS EXCEED THE MAXIMUM LIMIT > @ FLD
Blue Shield only allows nine lines per claim.
- 4A5 C INVALID SOURCE ID OR PAYOR ID > @ FLD
- 4A6 C SEND FEP DENTAL CLAIMS ON PAPER > @ FLD
A batch type, BA0-03.0, of "200" indicates dental claims which FEP currently does not accept electronically. FEP subscribers can be identified by their subscriber ID in DA0-18.0 which begin with "R".
- 4BA C INSURED'S NAME INVALID > @ FLD
See Section 8, fields DA0-19.0 and 20.0.
- 4BB C PATIENT'S NAME INVALID > @ FLD
See Section 8, fields CA0-04.0 and 05.0.
- 4BC C NEWBORN'S FIRST NAME INVALID > @ FLD
See Section 8, field CA0-05.0.
- 4BD C INSURED'S ADDRESS INVALID > @ FLD
See Section 8, field DA2-04.0.
- 4BE C INSURED'S CITY INVALID > @ FLD
See Section 8, field DA2-06.0.
- 4BF C INSURED'S STATE - INVALID > @ FLD
See Section 8, field DA2-07.0.
- 4BG C INSURED'S ZIP INVALID FOR STATE > @ FLD
See Section 8, field DA2-08.0.

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4BH	C	PATIENT'S SEX MUST BE M OR F Must not be blank. Valid values are "M" or "F".	> @ FLD
4BJ	C	PATIENT'S RELATIONSHIP INVALID See Section 8, field DA0-17.0 for valid values.	> @ FLD
4BK	C	PATIENT'S BIRTH INVALID / AFTER FIRST DOS Patient's birth date must be a valid date equal to or before the first date of service on the claim.	> @ FLD
4BL	C	WORK RELATED INDICATOR MUST BE Y OR N Must not be blank. Valid values are "Y" or "N".	> @ FLD
4BM	C	ACCIDENT INDICATOR MUST BE A, O OR N See Section 8, field EA0-05.0.	> @ FLD
4BN	C	CONDITION DATE INVALID See Section 8, field EA0-07.0.	> @ FLD
4BP	W	ADMISSION DATE INVALID OR<CONDITION DATE See Section 8, field EA0-28.0.	>@FLD
4BQ	C	PATIENT'S ADDRESS INVALID See Section 8, field CA0-11.0.	> @ FLD
4BR	C	PATIENT'S CITY INVALID See Section 8, field CA0-13.0.	> @ FLD
4BS	C	PATIENT'S STATE INVALID See Section 8, field CA0-14.0.	> @ FLD
4BT	C	PATIENT'S ZIP INVALID FOR STATE See Section 8, field CA0-15.0.	>@ FLD
4BZ	C	SUBMIT ACCIDENT DENTAL CLAIM ON PAPER Dental claims, batch type (BA0-03.0) of "200", with an accident indicator (EA0-05.0) of "Y", must be submitted on paper.	> @ FLD
4B1	C	GROUP NUMBER MUST MATCH INSURED ID CARD See Section 8, field DA0-10.0.	>@FLD
4B2	C	CERTIFICATE NUMBER INVALID See Section 8, field DA0-18.0.	> @ FLD
4B3	C	PLAN ROUTE CODE/ALPHA PREFIX INVALID See Section 8, field DA0-08.0.	> @ FLD
4E1	C	GROUP NUMBER NOT ON FILE	> @ FLD

MSG ACT MESSAGE

- 401 C @LIN FROM DATE OF SERVICE INVALID / FUTURE >@FLD
See Section 8, field FA0-05.0.
- 402 C @LIN DATE OF SERVICE PRIOR TO BIRTHDATE > @ FLD
See Section 8, field FA0-05.0.
- 403 C @ LIN DATE OF SERVICE PRIOR CONDITION DATE >@FLD
See Section 8, field FA0-05.0.
- 404 C @ LIN DATE OF SERVICE PRIOR ADMISSION DATE >@FLD
See Section 8, field FA0-05.0.
- 405 C @ LIN TO DATE OF SERVICE INVALID/PRIOR FROM >@FLD
See Section 8, field FA0-06.0.
- 406 C @ LIN UNIT OF SERVICES MUST BE 1 THROUGH 999 >@FLD
See Section 8, field FA0-18.0.
- 407 C @ LIN LINE ITEM CHARGE INVALID > @ FLD
See Section 8, field FA0-13.0.
- 408 C @ LIN PLACE OF SERVICE INVALID > @ FLD
See Section 8, field FA0-07.0.
- 409 C @ LIN PLACE OF SERVICE NEEDS ADMISSION DATE >@FLD
See Section 8, field EA0-28.0.
- 410 C @ LIN OTHER INSURANCE INDICATOR INVALID >@FLD
See Section 8, field FA0-21.0.
- 430 C @ LIN RENDERING PROVIDER NOT ON FILE > @ FLD
See Section 8, field FA0-23.0.
- 431 C @ LIN RENDERING PROVIDER INVALID FOR GROUP >@FLD
See Section 8, field FA0-23.0.
- 440 C @ LIN LINE DIAGNOSIS POINTER INVALID > @ FLD
See Section 8, field FA0-14.0.
- 441 C @ LIN DIAGNOSIS IS INVALID > @ FLD
See Section 8, field EA0-32.0.
- 442 C @ LIN DIAGNOSIS INVALID FOR PATIENT'S SEX > @ FLD
See Section 8, field EA0-32.0.
- 443 C @LIN BILL MULTIPLE CONDITIONS SEPARATE > @ FLD
See Section 8, field EA0-32.0.

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- 444 C @ LIN DIAGNOSIS REQUIRES CONDITION DATE > @ FLD
See Section 8, field EA0-07.0.
- 451 C @ LIN FEP REQUIRES ALCOHOL ABUSE SEPARATELY >@FLD
See Section 8, field EA0-32.0 - EA0-35.0.
- 452 C @ LIN FEP REQUIRES PSYCHIATRIC SEPARATELY >@FLD
See Section 8, field EA0-32.0 - EA0-35.0.
- 453 C @ LIN FEP REQUIRES DRUG ABUSE SEPARATELY >@FLD
See Section 8, field EA0-32.0 - EA0-35.0.
- 459 C @ LIN SUBMIT THIS DIAGNOSIS CODE ON PAPER >@FLD
Dental claims (batch type, BA0-03.0, of "200") with an accident diagnosis code (EA0-32.0-EA0-35.0) must be submitted on paper.
- 460 C @ LIN TYPE OF SERVICE INVALID > @ FLD
See Section 8, field FA0-08.0.
- 461 C @ LIN PROCEDURE CODE INVALID > @ FLD
See Section 8, field FA0-09.0.
- 462 C @ LIN PROCEDURE/ TOS NOT A VALID COMBINATION >@FLD
See Section 8, field FA0-09.0.
- 463 C @ LIN PROCEDURE NOT VALID FOR PATIENT'S AGE > @FLD
See Section 8, field FA0-09.0.
- 464 C @ LIN PROCEDURE NOT VALID FOR PATIENT'S SEX > @FLD
See Section 8, field FA0-09.0.
- 465 C @ LIN PLACE OF SERVICE INVALID FOR PROC. > @ FLD
See Section 8, field FA0-09.0.
- 467 C @ LIN ANESTHESIA REQUIRES MINUTES > @ FLD
See Section 8, field FA0-19.0.
- 470 C @ LIN NOC PROC. REQUIRE NARRATIVE DESC. > @ FLD
See Section 8, fields FA0-09.0 and HA0-05.0.
- 471 C @ LIN BILL MULTIPLE ADMISSIONS SEPARATELY >@FLD
See Section 8, field FA0-09.0.
- 490 C @ LIN TOOTH NUMBER INVALID > @ FLD
See Section 9, field FD0-05.0.
- 492 C @ LIN PROCEDURE REQUIRES VALID ARCH > @ FLD
See Section 9, field FD0-05.0.

MSG ACT MESSAGE

- 5A3 C UNKNOWN NSF RECORD ID > @ FLD
Record is not a valid NSF record for the submission of clearinghouse commercial claims. Refer to Section 10.
- 5A4 C LINE ITEMS EXCEED THE MAXIMUM LIMIT > @ FLD
Payers specify the number of service detail lines to be accepted per claim. THIN's default is twelve. Refer to Section 10.
- 5A5 C INVALID SOURCE ID OR PAYOR ID > @ FLD
Refer to Section 10, field DA0-07.0.
- 5BH W PATIENT'S SEX MUST BE M OR F > @ FLD
Patient sex code (CA0-09.0) must be "M" or "F".
- 5BI C PATIENT CONTROL NO. - REQUIRED > @ FLD
Patient control number (CA0-03.0) is required for the submission of clearinghouse commercial claims.
- 5BJ W PATIENT'S RELATIONSHIP INVALID > @ FLD
Patient's relationship (DA0-17.0) to the insured must be a valid NSF value. Refer to Section 10.
- 5BK C PAYOR REQS VALID PATIENT DATE OF BIRTH > @ FLD
Certain clearinghouse commercial payers require a valid date in the patient date of birth field (CA0-08.0). Refer to Section 10.
- 5BO W PATIENT'S STUDENT STATUS INVALID > @ FLD
Patient's student status code (CA0-18.0) must be "F", "P", or "N".
- 5B2 W INSURED'S ID INVALID > @ FLD
Insured's ID must be present and must be "A" - "Z", "0" - "9". Clearinghouse commercial payers may specify additional editing on this field. Refer to Section 10.
- 5CA W TYPE OF CLAIM INDICATOR INVALID > @ FLD
If CA0-24.0 (type of claim indicator) is not blank, then must contain a valid NSF value. Refer to Section 10.
- 5CB W CHAMPUS PROVIDER TAX ID INVALID > @ FLD
CHAMPUS requires the provider's tax id in CA0-28.0, billing provider number. Must be nine numerics.
- 5CC W EMPLOYER IDENTIFICATION NUMBER INVALID > @ FLD
Employer ID number (DA2-18.0), if present, may only contain valid NSF values of "A" - "Z", "0" - "9".
- 5CD W REFERRING PROVIDER ID NUMBER INVALID > @ FLD
Refer to Section 10, field EA0-20.0.

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5CE C REFER PROVIDER LAST NAME REQ'D WITH ID > @ FLD
Refer to Section 10, field EA0-22.0.

5CF C REFER PROVIDER FIRST NAME REQ'D WITH ID > @ FLD
Refer to Section 10, field EA0-23.0.

5CG W FACILITY / LAB ID IS INVALID > @ FLD
Refer to Section 10, field EA1-04.0.

5C1 C CHAMPUS REQUIRES ORIGIN CODE > @ FLD
Refer to Section 10, CHAMPUS specifications, field CA0-26.0.

5D1 W PAYOR REQS LEGAL REP - PATIENT UNDER 18 > @ FLD
Refer to Section 10, CHAMPUS specifications, field CB0-all.

5D2 C DA1 REC NOT ALLOWED ON CHAMPUS PRIMARY > @ FLD
Refer to Section 10, CHAMPUS specifications, field DA1-all.

508 C @ LIN PLACE OF SERVICE IS INVALID > @ FLD
Refer to Section 10, field FA0-07.0.

509 C @ LIN CHAMPUS REQ'S PAPER CLAIM FOR POS > @ FLD
Refer to Section 10, CHAMPUS specifications.

530 W @ LIN RENDERING PROVIDER ID INVALID > @ FLD
Refer to Section 10, CHAMPUS specifications, field FA0-23.0.

533 W @ LIN REFERRING PROVIDER ID INVALID > @ FLD
Refer to Section 10, CHAMPUS specifications, field FA0-24.0.

550 C @ LIN RENDERING LAST NAME REQ'D > @ FLD
Refer to Section 10, ALL PAYERS specifications, fields FB1-14.0 and FB1-15.0.

551 C @ LIN RENDERING FIRST NAME REQ'D > @ FLD
Refer to Section 10, ALL PAYERS specifications, fields FB1-14.0 and FB1-15.0.

552 W @ LIN MULTIPLE RENDERING NAMES NOT ALLOWED > @ FLD
Refer to Section 10, ALL PAYERS specifications, fields BA0-19.0, BA0-20.0,
FB1-14.0 and FB1-15.0.

553 C @ LIN CHAMPUS PROVIDER SUB ID INVALID > @ FLD
Refer to Section 10, CHAMPUS specifications, field FB1-17.0.

558 C @ LIN CHAMPUS REQ'S 'FB1' FOR EACH 'FA0' > @ FLD
Refer to Section 10, CHAMPUS specifications, field FB1-all.

560 W @ LIN TYPE OF SERVICE INVALID > @ FLD
Refer to Section 10, field FA0-08.0.

MSG ACT MESSAGE

561	C	@ LIN PROCEDURE CODE INVALID Refer to Section 10, field FA0-09.0.	> @ FLD
6A1	C	BILLING PROVIDER INVALID FOR THE PAYER	> @ FLD
6A3	C	UNKNOWN NSF RECORD ID	> @ FLD
6A4	C	LINE ITEMS EXCEED THE MAXIMUM LIMIT Maximum line items (Fxx records) may not exceed 32.	> @ FLD
6A5	C	INVALID MEDICARE PAYER FLD = value received in DA0-07.0.	> @ FLD
6A6	C	MEDICARE CAN NOT BE PRIMARY & SECONDARY Only one DA0-05.0 may = 'C' per claim.	> @ FLD
6A7	C	MEDICARE PRIMARY (DA0-06) MUST = 'MP' FLD = value received in DA0-06.0. If DA0-04.0 = 'P' in the first DA0 record, DA0-06.0 must = "MP".	> @ FLD
6BA	C	PATIENT'S SEX MUST BE M OR F FLD = value received in CA0-09.0.	> @ FLD
6BB	C	WORK RELATED INDICATOR MUST = Y , N , OR U FLD = value received in EA0-04.0.	> @ FLD
6BC	C	ACCIDENT INDICATOR MUST BE A , O , OR N FLD = value received in EA0-05.0.	> @ FLD
6BD	C	PATIENT SIGNATURE SOURCE INVALID FLD = value received in DA0-16.0.	> @ FLD
6BE	C	PATIENT SIGNATURE M OR P UNPROCESSABLE The "M" and "P" values cause the claim to be rejected as unable to be processed by the Medicare B claims processing system.	> @ FLD
6BF	C	PROVIDER ASSIGNMENT INDICATOR INVALID FLD = value received in EA0-34.0.	> @ FLD
6EA	I	PATIENT'S INITIALS DO NOT MATCH FILE FLD = first character received in CA0-04.0 and 05.0.	> @ FLD
6EC	I	PATIENT'S SEX DOES NOT MATCH FILE FLD = value received in CA0-09.0.	> @ FLD
6EP	C	PATIENT'S NAME INVALID FLD = value received in CA0-04.0 & 05.0.	> @ FLD

MSG ACT MESSAGE

6EQ	C	PATIENT'S ADDRESS INVALID FLD = value received in CA0-11.0.	> @ FLD
6ER	C	PATIENT'S CITY INVALID FLD = value received in CA0-13.0.	> @ FLD
6ES	C	PATIENT'S STATE INVALID FLD = value received in CA0-14.0.	> @ FLD
6ET	C	PATIENT'S ZIP INVALID FOR STATE FLD = value received in CA0-15.0.	> @ FLD
6E1	C	INSURED ID (HIC) INCORRECT FORMAT FLD = value received in DA0-18.0.	> @ FLD
617	C	REFERRING PROVIDER ID IS NOT VALID UPIN FLD = value received in EA0-20.0.	> @ FLD
621	W	LAB INDICATOR REQUIRES FACILITY INFO FLD = value received in EA0-28.0.	> @ FLD
625	C	FACILITY / LAB ID IS NOT ON FILE FLD = value received in EA1-04.0.	> @ FLD
626	C	FACILITY / LAB NAME MISSING / INVALID FLD = value received in EA0-37.0.	> @ FLD
627	C	FACILITY / LAB ADDRESS MISSING FLD = value received in EA1-06.0.	> @ FLD
628	C	FACILITY / LAB CITY MISSING FLD = value received in EA1-08.0.	> @ FLD
629	C	FACILITY / LAB STATE INVALID FLD = value received in EA1-09.0	> @ FLD
630	C	FACILITY / LAB ZIP INVALID FOR STATE FLD = value received in EA1-10.0.	> @ FLD
635	C	@ LIN DIAGNOSIS POINTER 1 - MISSING/INVALID FLD = value received in FA0-14.0.	> @ FLD
636	C	@ LIN DIAGNOSIS NOT ON FILE FLD = value received in EA0-30.0, 31.0, 32.0, or 33.0 based on the diagnosis pointer.	> @ FLD
637	C	@ LIN DIAGNOSIS INVALID FOR PATIENT'S SEX FLD1 = value received in FA0-14.0. FLD2 = value received in EA0-30.0, 31.0, 32.0, OR 33.0 based on the value in FLD1.	>@FLD1 @FLD2

MSG ACT MESSAGE

- 640 C @ LIN FROM DATE OF SERVICE - INVALID / FUTURE > @ FLD
FLD = value received in FA0-05.0.
- 641 C @ LIN TO DATE OF SERVICE - INVALID > @ FLD
FLD = value received in FA0-06.0.
- 645 C @ LIN UNIT OF SERVICES MUST BE 1 THRU 99 > @ FLD
FLD = value received in FA0-18.0.
- 646 C @ LIN PROC CHARGE MUST BE GREATER THAN ZERO >@FLD
FLD = value received in FA0-13.0.
- 648 C @ LIN PLACE OF SERVICE IS INVALID > @ FLD
FLD = value received in FA0-07.0.
- 649 C @ LIN PLACE OF SERVICE REQUIRES FACILITY > @ FLD
FLD = value received in FA0-07.0. Refer to Section 7, Medicare specifications for more detailed information regarding facilities.
- 650 C @ LIN RENDERING PROVIDER NOT ON FILE > @ FLD
FLD = value received in FA0-23.0.
- 651 C @ LIN RENDERING PROVIDER REQUIRED FOR GROUP > @ FLD
FLD = value received in FA0-23.0.
- 652 C @ LIN RENDERING PROVIDER INVALID FOR GROUP > @ FLD
FLD = value received in FA0-23.0.
- 658 C @ LIN PURCHASED TEST CHARGE AMOUNT MISSING >@FLD
FLD = value received in FB0-05.0.
- 659 C @ LIN PURCHASED TEST SUPPLIER ID INVALID > @ FLD
FLD = value received in FB0-11.0.
- 660 C @ LIN PROCEDURE CODE INVALID > @ FLD
FLD = value received in FA0-09.0.
- 661 C @ LIN MODIFIER 1 INVALID > @ FLD
FLD = value received in FA0-10.0.
- 662 C @ LIN MODIFIER 2 INVALID > @ FLD
FLD = value received in FA0-11.0.
- 663 C @ LIN MODIFIER 1 INVALID FOR PROCEDURE > @ FLD1 > @FLD2
FLD1 = value received in FA0-09.0.
FLD2 = value received in FA0-10.0.

MSG ACT MESSAGE

664 C @ LIN MODIFIER 2 INVALID FOR PROCEDURE > @ FLD1 > @ FLD2
FLD1 = value received in FA0-09.0.
FLD2 = value received in FA0-11.0.

666 C @ LIN PROCEDURE / MODIFIER NOT ON FILE > @ FLD1 > @ FLD2
FLD1 = value received in FA0-09.0.
FLD2 = value received in FA0-10.0.

668 C @ LIN PROCEDURE NOT VALID FOR PATIENT'S SEX > @ FLD
FLD = value received in FA0-09.0.

669 C @ LIN PLACE OF SERVICE INVALID FOR PROC. > @ FLD1 > @FLD2
FLD1 = value received in FA0-07.0.
FLD2 = value received in FA0-09.0.

670 C @ LIN PURCHASE TEST INDICATOR INVALID > @ FLD
FLD = value received in FA0-26.0.

671 C @ LIN ANESTHESIA REQ. SUBMISSION OF MINUTES > @ FLD
FLD = value received in FA0-19.0.

673 C @ LIN PROC. REQUIRES REFERRING PROV. INFO > @ FLD
FLD = value received in FA0-09.0.

674 C @ LIN PROC. REQUIRES NARRATIVE DESCRIPTION > @ FLD
FLD = value received in FA0-09.0.

675 W @ LIN PROC/MOD. INVALID FOR PROVIDER TYPE > @ FLD
FLD = value received in FA0-09.0 and FA0-10.0.

676 W @ LIN PROC/MOD. INVALID FOR PROV.SPECIALTY > @ FLD
FLD = value received in FA0-09.0 and FA0-10.0.

677 W @ LIN PROC. REQUIRES VALID CLIA ID > @ FLD
FLD = value received in FA0-34.0.

680 C @ LIN MOD 1 / 2 NEEDS LAB. IND. (EA0-28) = 'Y' > @ FLD
FLD = value received in FA0-10.0/11.0.

681 C @ LIN MOD 1 / 2 NEEDS FACILITY (EA0-37/EA1-04) >@FLD
FLD = value received in FA0-10.0/11.0.

MSG ACT MESSAGE

- DA1 C BILLING PROVIDER INVALID FOR PAYOR > @ FLD
- DA3 C UNKNOWN NSF RECORD ID > @ FLD
Record ID is not equal to: AA0, BA0, BA1, CA0, CA1, CB0, DA0, DA1, DA2, DA3, EA0, EA1, EA2, FA0, FB0, FB1, FB2, FB3, FD0, FE0, GA0, GC0, GD0, GD1, GE0, GP0, GU0, GX0, GX1, GX2, HA0, XA0, YA0, ZA0.
- DA4 C LINE ITEMS EXCEED THE MAXIMUM LIMIT > @ FLD
HMO Blue Medicaid only allows 27 lines (FA0 records) per claim.
- DA5 C INVALID SOURCE ID OR PAYOR ID > @ FLD
- DBA W INSURED NAME INVALID > @ FLD
See Section 11, fields DA0-19.0 and 20.0.
- DBB W PATIENT'S NAME INVALID > @ FLD
See Section 11, fields CA0-04.0 and 05.0.
- DBH C PATIENT'S SEX MUST BE M or F > @ FLD
See Section 11, field CA0-09.0.
- DBK C PATIENT'S DATE OF BIRTH INVALID > @ FLD
See Section 11, field CA0-08.0.
- DBL C WORK RELATED INDICATOR MUST BE Y or N > @ FLD
See Section 11, field EA0-04.0.
- DBM C ACCIDENT INDICATOR MUST BE (A, O, N) > @ FLD
See Section 11, field EA0-05.0.
- DBN C CONDITION DATE INVALID > @ FLD
See Section 11, field EA0-07.0.
- DBP C ADMISSION DATE INVALID / PRIOR CONDITION DTE > @ FLD
Admission date (EA0-28.0) must be a valid date, not a future date, and must not be prior to the condition date (EA0-07.0).
- DB2 C CERTIFICATE NUMBER INVALID > @ FLD
See Section 11, field DA0-18.0.
- DEA C DISABILITY CLAIM - SUBMIT TO N.H.I.C. > @ FLD
Services for disabilities must be submitted to N.H.I.C.
- DEB W SEX ON ELIGIBILITY DOES NOT MATCH CLM > @ FLD
Sex of the patient (CA0-09.0) does not match the sex indicated on the eligibility file.
- DE1 C CERTIFICATE NUMBER NOT ON FILE > @ FLD
The certificate number (DA0-18.0) on the claim is not listed on the eligibility file.

MSG ACT MESSAGE

DE2 C ELIG. STARTED AFTER 1st DATE OF SERVICE > @ FLD
The effective date of coverage is after the first date of service listed on the claim.

DE3 C ELIG. ENDED BEFORE 1st DATE OF SERVICE > @ FLD
The coverage ended before the first date of service listed on the claim.

D01 C @ LIN FROM DATE OF SERVICE INVALID / FUTURE > @ FLD
See Section 11, field FA0-05.0.

D02 C @ LIN DATE OF SERVICE PRIOR TO BIRTHDATE > @ FLD
See Section 11, field FA0-05.0.

D03 C @ LIN DATE OF SERVICE PRIOR CONDITION DATE > @ FLD
See Section 11, field FA0-05.0.

D04 C @ LIN DATE OF SERVICE PRIOR ADMISSION DATE > @ FLD
See Section 11, field FA0-05.0.

D05 C @ LIN TO DATE OF SERVICE INVALID/NOT = FROM > @ FLD

D06 C @ LIN UNIT OF SERVICES MUST BE 1 THROUGH 999 > @FLD
See Section 11, field FA0-18.0.

D07 C @ LIN LINE ITEM CHARGE INVALID > @ FLD
See Section 11, field FA0-13.0.

D08 C @ LIN PLACE OF SERVICE INVALID > @ FLD
See Section 11, field FA0-07.0.

D40 C @ LIN LINE DIAGNOSIS POINTER INVALID > @ FLD
See Section 11, field FA0-14.0.

D41 W @ LIN DIAGNOSIS IS NOT ON FILE > @ FLD
See Section 11, field EA0-32.0.

D42 W @ LIN DIAGNOSIS NOT VALID FOR PATIENT'S SEX > @ FLD
See Section 11, field EA0-32.0.

D43 W @ LIN DIAGNOSIS NOT VALID FOR PATIENT'S AGE > @FLD
See Section 11, field EA0-32.0.

D60 C @ LIN TYPE OF SERVICE INVALID > @ FLD
See Section 11, field FA0-08.0.

D61 M @ LIN PROCEDURE CODE INVALID > @ FLD
See Section 11, field FA0-09.0.