

Region B DMERC

AdminaStar Federal EDI

9/1/00

National Standard Format Errors

ABOUT YOUR NSF FRONT-END ERRORS...

When you transmit your claims and CMNs electronically to AdminaStar Federal, they are sent through "front-end" edit programs to ensure that they have been correctly formatted (programmed) in the National Standard Format (NSF). These front-end edits are designed to ensure that the information required for each claim is present and readable by the AdminaStar Federal systems. The purpose of this "up front" editing is to reduce the number of claims that are suspended, developed, or denied. This process can help expedite claim payment.

The front-end edits:

1. Verify that all diagnosis and procedure codes on claims are valid and that they match the codes on the CMN when one is required.
2. Ensure that all required claim/CMN information has been submitted.
3. Check to see that all information is entered within the required data entry rules of the NSF.

In short, it is the responsibility of EDI to receive your claims, validate that they have been submitted in the National Standard format and provide you with a detailed error report to help you resolve any front-end edits.

Your software vendor has provided you with a claims entry software that formats your claims and CMNs into the National Standard Format. Vendors use a "matrix" -- a set of programming instructions-- and "specifications" -- very detailed specifics about how your information is to be formatted-- to create your software.

When you receive a front-end NSF error, your Error Report will give you the number of the error and a brief description of the error. When you reference the Error Log, it will tell you where an error occurred. It will give you the "NSF name" of the "field" where the error was made. Here's how you can use this information:

Claim information is entered into "fields" (screen locations) in your software. These fields have two kinds of names:

1. The descriptive name that your software uses to label the field. For example, the field in which you enter the insurance type code might be called the "Ins Type" field on your software screen.
2. The NSF field name. NSF field names include a record name, which is made up of letters and numbers, and a field name, which is made up of numbers. For example, the "Ins Type" field mentioned above is named the "DA0-06.0" by the NSF.

If you know NSF name for a field (let's use the "Ins Type" example), but you don't know where the field is found in your own software, you can ask your software vendor where the "DA0-09.0" is located in your software. Your vendor can tell you where the field is located in your software and you will know just where to look for the error.

There are more than 650 front-end edit errors. These errors are comprised of both user errors and from errors in your software. This manual provides a detailed overview of how to use your error reports.

In this section, you will find the "Error Log," which contains:

1. A numbered listing of each NSF front-end edit error you could see on your error report.
2. The NSF field name where the error occurred.
3. The appropriate codes required for completion of each field in the NSF.
4. A listing of the abbreviations used on your error reports.

HOW TO USE THE ERROR LOG

After you have retrieved your Error Report, follow these steps to analyze it:

1. Review your Error Report. For a detailed explanation of your report and how to review it refer to EDI Manual.
2. Determine which error(s) you have for each claim that was rejected.
3. Refer to the Error Log to determine why you have received each error.
4. Contact your software vendor if:
 - You cannot identify the field referenced in the Error Log in your own software.
 - An error you have received is identified by the Error Log as a software error.
5. Using the detailed information listed in the Error Log, correct the error.
6. Resubmit only those claims that were rejected for errors.

If you receive the same error after carefully reviewing, correcting and resubmitting the claim, contact the EDI Help Desk . An AdminaStar Federal EDI staff member will provide assistance.

NOTE: EDI does NOT send updated Error Logs when new edits are installed. Please monitor your Error Report notes, which will announce any newly installed edits. To keep up to date, you can insert these user notes from your Error Report into the Error Log that you received initially.

**EDI Help Desk 1-800-470-9630
Option #3
Option #1 for DMERC Help Desk**

**The AdminaStar Federal DMERC EDI Help Desk is available during the following hours:
8:00 a.m. to 11:30 p.m. (EST) / 12:30 p.m. to 4:00 p.m. (EST). Monday-Wednesday, and Friday
9:00 a.m. to 11:30 p.m. (EST) / 12:30 p.m. to 4:00 p.m. (EST). Thursday**

DMERC Provider Assistance

877-299-7900

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SECTION I

National Standard Format Error Message Explanations 12/1/99

NOTE: For your convenience we have created this table to give brief explanations of the errors and the location where the erroneous information can be found in the NSF.

<u>Message Code/Text</u>	<u>Position</u>	<u>Explanation/Resolution</u>
001 Sequence Error-AA0	1-3	The first record in a submission must be a File Header (AA0) record. This error indicates that the first record in the submission is not the AA0 record. Contact your software vendor if you receive this error. (AA0-01.0)
002 Submitter ID Missing	4-19	The Submitter ID has not been entered. Enter the 9 character Submitter ID assigned by DMERC. (AA0-02.0)
003 Test Subm ID in Prod	4-19	The Submitter ID has not been set up for production. Claims cannot be filed to a DMERC if the submitter has not been certified. Contact the DMERC that certified you if you have been certified and receive this error (AA0-02.0)
004 Submitter ID Invalid	4-19	This error indicates that the Submitter ID entered is not recognized as a valid Submitter ID assigned by one of the DMERC's. Ensure that no alpha "O's" or "L's" have been used as numeric zeros or ones. Key the Submitter ID exactly as received from the DMERC. Contact the DMERC that issued the Submitter ID if keying of the Submitter ID has been verified and the error persists (AA0-02-0)
005 Submit Type Invalid	29-34	A valid submission type must be entered. This indicator identifies the method being used to submit claims. This will often be programmed into your software. Contact your software vendor if you receive this error and do not enter the submission type yourself. (AA0-04-0).

Valid submission type codes are:

<u>ASYNC</u>	<u>BISYNC</u>	<u>RJE</u>	<u>TAPE</u>
ASY	BSY	RJE	TPCRTG
ASY003	BSY024	RJE024	TPO800
ASY 012	BSY048	RJE048	TP1600
ASY024	BSY096	RJE096	TP6250
ASY048	BSY192	RJE192	
ASY096			

<u>DISKETTE</u>	<u>SCANNER</u>	<u>CPU</u>	<u>FAX</u>
DSK8SS	SCN	CPU	FAX
DSK8SD			
DSK8DD			
DSK5SS			
DSK5SD			
DSK5HD			
DSK3SS	<u>NDM</u>		

DSK3SD NDM
DSK3DD
DSK3HD

006 Submiss NBR Missing	35-40	A file inventory number must be assigned by your system and must be unique for each new file submitted. Contact your software vendor if you receive this error. (AA0-05.0)
007 ZA0 Record Missing		The ZA0 (File Trailer) record is missing. This is the last record in a submission. (ZA0) Contact your software vendor if you receive this error.
008 Create Date Missing	213-220	The date the file was created must be entered. This error indicates that the create date is missing. Contact your software vendor if you receive this error. (AA0-15.0)
009 Create Date Invalid	213-220	The date the file was created must be entered in the CCYYMMDD format. Your software vendor should arrange this date in the correct format for you. (AA0-15.0)
010 Create Dt<Curr Dt	213-220	The date the file was created cannot be later than the date the file is received by the DMERC. Contact your software vendor if you receive this error. (AA0-15.0)
011 Nat Vers Cde Invalid	244-248	The VALID National Version Code is “ 00301”. Contact your software vendor is you receive this error. (AA0-19)
012 Recv Type Not = C	243	The receiver of all DMEPOS claims must be Medicare. The correct code for Medicare is “C”. You probably will need assistance from your software vendor if this error is received, unless your software allows you to enter the receiver type yourself. (AA0-18.0)
013 Sequence Error – BA0	1-3	The Batch Header (BA0) record is out of sequence in the file. Contact your software vendor if you receive this error.
014 EMC Prov ID Missing	4-18	This error indicates that the Supplier Number has not been entered. The first 6 Positions of the Supplier Number (the number received From the national Supplier (Clearinghouse) must be entered in this field. (BA0-02.0)
015 EMC Prov ID Not = YA0	4-18	The supplier number was somehow not carried through your system to the Batch Trailer Record (YA0-02.0). Contact your software vendor if you receive this error.
016 EMC Prov ID Invalid	4-18	The Supplier Number entered has been entered in an invalid format. Check the Supplier Number for correctness, making sure there are not alpha “O’s” in place of zeros, “L’s” in place of ones and that the number has been keyed in correctly. (BA0-O2.0)
017 Batch Number Missing	22-25	You or your software vendor must enter a sequential batch number, incremented by one for each BA0 (batch) record. If you receive this error, no batch number was submitted with your batch. This error usually requires assistance from your software vendor (BA0-04.0)
018 Batch Nbr Invalid	22-25	This error indicates that an invalid batch number has been submitted.

		Batch numbers must be numeric (0001-9999). The first batch number for each provider or new batch type must be (0001). If you manually enter the batch numbers, correct the batch number. If your system assigns batch numbers automatically, contact your software vendor if you receive this error. (BA0-04.0)
019 Prov Med Nbr Invalid	48-62	This is in reference to the Supplier Number. Your software should carry the Supplier Number throughout your system. Contact your software vendor if you receive this error. (BA0-09.0)
020 Med Nbr Not – EMC ID	48-62	This error indicates that the Supplier Number has not been consistently carried throughout your system by the software. Again, the Supplier Number is also sometimes referred to as the “Provider Medicare Number” in the NSF. Contact your software vendor if you receive this error. (BA0.09-0)
021 YA0 Record Missing	-----	This error indicates that the YA0 (Batch Trailer) record is missing. There must be a Batch Trailer (YA0) for each BA0 (Batch) record in a File. Contact your software vendor if you receive this error.
022-040	N/A	These error codes are not used in the DMERC version of the NSF 00300.
041 Sequence Error – CA0	-----	The CA0 (Claim Header) record is out of sequence. Contact your software vendor if you receive this error.
042 Pat Cntl Nbr Missing	6-22	A Patient control number is an account number assigned by the user (or, in some cases, assigned within the software program) to each patient. Your software should link this number to its patient and carry it throughout the system as a patient identifier. See Section III for Patient Control Number data entry instructions. If you receive this error and assign patient control numbers manually, ensure that your patient control numbers are formatted as indicated in Section II. If your software automatically generates your patient control numbers, contact your software vendor if you receive this error. (CA0-03.0)
043 Patient Ctrl# Invalid	6-22	A patient control number is an account number assigned by the user (or, in the software program) to each patient. Your software should link this number to its patient and carry it throughout the system as a patient identifier. See Section II for Patient Control Number data entry instructions. If you receive this error and assign patient control numbers manually, ensure that your patient control numbers are formatted as indicated in Section III. If your patient control numbers are automatically generated by your software, contact your software vendor if you receive this error. (CA0-03.0)
044 Patient Name Invalid	23-55	The first name, last name or middle initial entered for the patient are incorrectly formatted. Refer to the name data entry instructions in section II. (CA0-04-0, 05.0, and 06.0)
045 Pat Dt Birth Missing	59-66	The patient’s date of birth is required and has not been entered. (CA0-08.0)
046 Pat Dt Birth Invalid	59-66	The patient’s date of birth is incorrectly formatted. See date entry instructions in Section II. (CA0-08.0)

047 Pat DOB Not < Srv Dt	59-66	This error indicates that the patient date of birth entered is after the date of service. The patient's date of birth must be prior to the date of service (CA0-08.0)
048 Patient Sex Missing	67	The patient's sex must be entered. Cannot leave blank. (CA0-09.0) Valid codes to indicate patient sex are: M = Male F = Female
049 Patient Sex Invalid	67	An invalid code for the patient's sex has been entered. (CA0-09) M = Male F = Female
050 Pat Address Missing	69-159	The patient's address is required and has not been entered. (CA0-11.0, 12.0, 13.0, 14.0, AND 15.0)
051 Pat Address Invalid	69-159	There is a formatting error in the patient's address. Punctuation marks cannot be used in the address field. (CA0-11.0, 12.0, 13.0, 14.0, AND 15.0)
052 Pat Death Ind Missing	173	This error indicates that a code indicating whether or not the patient is deceased is required and has not been entered. (CA0-20.0) Valid death indicator codes are: D = Deceased N = Not Deceased
053 Pat Death Ind Invalid	173	This code entered to indicate whether or not the patient is deceased is invalid (CA0-20.0) Valid death indicator codes are : D = Deceased N = Not Deceased
054 Pat Death Dt Invalid	174-181	The patient's date of death cannot be earlier than the date of service and must be formatted according to the Date Entry Instructions in Section II. (CA0-21.0)
055 XA0 Record Missing	-----	There must be an XA0 (Claim Trailer) record for each CA0 (Patient Data) record in a file. This error indicates that there is not. Contact your software vendor if you receive this error.
056 Not used		
057 Clm Edit Ind Missing	183	This error indicates that no Claim Edit Indicator has been entered by your software. The value must be "C". If you do not manually key in a Claim Edit Indicator, you can assume your software does this automatically. Contact your software vendor if you receive this error. If you enter the Claim Edit Indicator yourself, ensure that you have a "C" entered in this field. "C" is the only valid value for this

		field. (CA0-23.0)
058 Clm Edit Ind Invalid	183	This field is most likely automatically entered by your software. The value must be "C". If you do not manually key in a Claim Edit Indicator you can assume your software does this automatically and contact your software vendor if you receive this error. If you enter the Claim Edit Indicator yourself, ensure that you have a "C" entered in this field. "C" is the only valid value for this field. (CA0-23.0)
059 Leg Rep Ind Missing	186	If someone other than the beneficiary (patient) is to receive the Explanation of Benefits (EOB) and/or payment a "Y" must be entered in this field. If the beneficiary (patient) is to receive the Explanation of Benefits (EOB) and/or payment, an "N" must be entered in this field. This error occurs when no code has been entered in the field. (CA0-25.0)
060 Leg Rep Ind Invalid	186	This error occurs when a code other than "Y" or "N" has been entered in the "Legal Representative Indicator" field. If someone other than the beneficiary (Patient) is to receive the Explanation of Benefits (EOB) and/or payment a "Y" must be entered in this Field. If the beneficiary (patient) is to receive the Explanation of Benefits (EOB) and/or payment, an "N" must be entered in this field. (CA0-25.0)
061 CB0 Name/Add Missing	23-146	When there is a legal representative that is to receive the Explanation of Benefits and/or payment on behalf of the beneficiary and the code in the Legal Rep Indicator Field (CA0-25.0 = "Y", the name and address of legal representative must be entered. This error indicates that this information is missing. (CB0-04.0, 05.0, 06.0, 07.0, 08.0, 09.0, 10.0, 11.0)
062 Sequence Error – CB0-----		The Legal Representative Data Record (CB0) record is out of sequence in the file. It must come after CA0 record and before the DA0 record; and there can only be one CB0 record for each claim. If you receive this error, contact your software vendor.
063 Pat Cntl Nbr Missing	6-22	This error indicates that a Patient Control Number is missing. You must enter (or your software must automatically generate) a patient control number (or "patient account number") that identifies the patient to the supplier. This number is carried throughout your system and must be the same in the CA0 through XA0 record. If you get this error, ensure that you have assigned a Patient Control Number to each patient. If your software automatically generates this number and you receive this error, contact your software vendor. See Section II for Patient Control Number data entry instructions if you enter these numbers manually. (CB0-03.0)
064 Pat Cntl Nbr Invalid	6-22	The patient control number is in an invalid format. You must enter (or your software must automatically generate) a patient control number (or "patient account number") that identifies the patient to the provider. This number is carried throughout your system

and must be the same in the CA0 through XA0 records. If you get this error, ensure that you have assigned a Patient Control Number to each patient; if your software automatically generates This number and you receive this error, contact your software vendor. (See Section II for Patient Control Number data entry Instructions if you enter these numbers manually.) (CB0-03.0)

065 Res Per Name Missing	23-55	This error indicates that the patient's legal representative's name is missing. If a "Y" was entered in the "Legal Representative" field (CA0-25.0), indicating that someone other than the patient is to receive the Explanation of benefits (EOB) and/or payment for the patient's claim(s), you must enter name of patient's legal representative in fields. (CB0-04.0, 05.0, 06.0)
066 Res Per Name Invalid	23-55	The legal representative's name is entered in an invalid format. Punctuation marks cannot be used in the name field. (CB0-04.0, 05.0, 06.0).
067 Res Per Addr Missing	56-146	If there is a Legal Representative Payee, his/her address must be entered. Punctuation marks cannot be used in the address field. (CB0-07.0, 08.0, 09.0, 10.0, 11.0)
068 Res Per Addr Invalid	56-146	The patient's legal representative's address is entered in an invalid format. Punctuation marks cannot be used in the address field. (CB0-07.0, 08.0, 09.0, 10.0, 11.0)
069 Sequence Error – DA0		The Insurance Information (DA0) record is out of sequence in the file. It must come after a CA0, CB0, DA0, DA1, OR DA2 record and before a DA0, DA1, DA2, OR EA0 record. There cannot be more than three DA0 records per claim. Contact your software vendor if you receive this error.
070 Sequence Nbr Invalid	4-5	DA0 records must come in numerical sequence in each claim (01,02,03). Contact your software vendor if you receive this error. (DA0-02.0)
071 First Seq Nbr Not 01	4-5	The first sequence number for the initial DA0 record for a claim must be 01. This sequence number is probably generated by your software when you enter a primary insurance record. If so, contact your software vendor if you receive this error. If you enter the sequence number yourself, ensure that you have entered "01" for the first DA0 record for a claim (the primary insurance record comes first) (DA0-02.0)
072 Pat Cntl Nbr Missing	6-22	This error indicates that a Patient Control Number(s) is missing . You must enter (or your software must automatically generate) a patient control number (or "patient account number") that identifies the patient to the provider. This number is carried throughout your system and must be the same in the CA0 through XA0 record. If you get this error, ensure that you have assigned a Patient Control Number to each patient; if your software automatically generates this number and you receive this error, contact your software vendor. See Section II for Patient Control Number data entry instructions if you enter these numbers manually. (DA0-03.0)
073 Pat Cntl Nbr Invalid	6-22	The patient control number is in an invalid format. You must enter (or your software must automatically generate) a patient control number (or "patient account number") that identifies the patient to the provider. This number is carried throughout your system and must be the same

in the CA0 through XA0 record. If you get this error, ensure that you have assigned a Patient Control Number to each patient. If your software automatically generates this number and you receive this error, contact your software vendor. See Section II for Patient Control Number data entry instructions if you enter these numbers manually. (DA0-3.0)

074 Ins type Cde Invalid	25-26	This error indicates than an invalid insurance type code has been entered. (DA0.06)
<p>Valid codes for Medicare DMEPOS claims are: MP = Medicare Primary MG = Medigap (Participating providers ONLY!) OT = MediCA1d</p> <p>NOTE: The code ‘SP’ (Supplemental) will pass front end edits, provided all accompanying information is also entered in a correct format. However, this information is not required for electronic crossover by the DMERC’s based On eligibility for crossover as outlined in Section IV. Those submitters whose computer systems do not provide the ability to suppress secondary insurance being submitted when they are not eligible for electronic crossover can use this code. Please see EDI Manual for an explanation of those secondary claims that can be crossed over electronically.</p>		
075 Payor Name Missing	36-68	The name of the payor organization (insurance company) for secondary MediCA1d (crossed over for all providers) and Medigap insurances (See EDI Manual for details on Medigap crossovers) and for primary insurance when Medicare is secondary (MSP) must be entered and has not been. (DA0-09-0)
076 Payor Name Invalid	36-68	The payor organization’s (insurance company’s) name has been entered in an invalid format. See name data entry instructions in Section III of this manual. (DA0-09.0)
077 Group Number Missing	69-88	This error indicates that the group number for a secondary insurer is missing. The identification number of the patient’s insurance group or plan (for MediCA1d and Medigap secondary insurers or primary insurers when Medicare is secondary) must be entered. (DA0-10.0)
078 Group Number Invalid	69-88	The group number entered has invalid character(s). Valid characters are 0-9, A-Z, and a blank within. No other characters are allowed. (DA0-10.0)
079 Group Nbr=Payor ID	69-88	The group number (DA0-10.0) entered is the same as the Payor ID number (DA0-07.0) The group number and Payor ID cannot be the same. (DA0-10.0)
080 Grp Nbr=Ins ID Nbr	69-88	The group number (DA0-10.0) is the same as the Insurance ID Number. (DA0-18.0). The group number and the Insurance ID Number cannot be the same. (DA0-10.0)
081 Grp Nbr=Zero/Space	69-88	The group number entered is made up of all zeros or zeros and spaces. The group number cannot be made up of all zeros or zeros and spaces. (DA0-10.0)
082 Grp Nbr = All Nines	69-88	The group number entered is made up of all nines or nines and zeros. The group number (except for certain commercial claims which allow

		“999999” followed by spaces) cannot be made up of all nines or nines and zeros. (DA0-10.0)
083 Group Name-Invalid	89-121	The group name entered contains either a formatting error (See Section III for name data entry instructions) or has been entered as “UNKNOWN”, “123456789”, “INDIVIDUAL”, “NONE”, “SELF”, “N/A”, OR “NOT APPLICABLE”. (DA0-11.0)
084 Group Nbr=Grp Name	89-121	The group number (DA0-10.0) entered is the same as the group name (DA0-11.0). The group name and number cannot be the same. (DA0-11.0)
085 Prior Auth Nbr Missing	138-152	No prior authorization number has been entered. The procedure code you entered requires that a prior authorization number be entered. (DA0-14.0)
086 assign Ind Missing	153	If you are a participating provider and the patient has Medigap insurance, you must enter an assignment of (MEDIGAP) benefits indicator on the secondary (Medigap) insurance record. (DA0-15.0) Valid values are: Y = Benefits have been assigned to the provider. N = Benefits have not been assigned to the provider. (NOT required on Medicare DA0 records)
087 assign Ind Invalid	153	The assignment of benefits indicator is invalid. (DA0-15.0) Valid values are: Y = Benefits have been assigned to the provider. N = Benefits have not been assigned to the provider. (NOT required on Medicare DA0 records)
088 Pat Rel Not Numeric	155-156	The patient relationship to insured code must be numeric. Codes one through nine must be entered with a leading zero; ie. 01, 02, etc. (DA0-17.0)
089 Pat Relation Invalid	155-156	The patient relationship to insured code must be between 01 and 19; “01” (self) and “02” (spouse) are the most often used codes in filing Medicare DMEPOS claims. (DA0-17.0)
090 HIC Number Invalid	157-181	The Insured’s Identification Number (a.k.a. Medicare number, HIC number) has been entered in an invalid format. Identification numbers may contain numerics (0-9) and alpha characters (A-Z). (DA0-18.0)
091 Medigap Ins ID Req	157-181	The Insured’s Identification Number entered contains all nines or zeros. The Insured’s Identification Number cannot be all nines or all zeros. (DA0-18.0)
092 Ins ID Nbr Invalid	157-181	The Insured’s Identification Number cannot be “UNKNOWN”, “INDIVIDUAL”, “SELF”, “NONE”, OR “1234567890”. (DA0-18.0)
093 Insured Name Invalid	182-214	There are two possible reasons for this error: 1. The Insured’s name has been entered in an invalid format. Punctuation marks cannot be used in the field name. (DA0-19.0, 20.0, 21.0)

2. This error occurred in a secondary insurance claim and the patient is not the insured. The “Patient Relationship” field contains a value other than “01” (self) to indicate that the patient is not the insured. Therefore, the name/sex/birthdate information required is that of the **insured** rather than the patient. Check to see if this scenario applies and ensure that if it does, the name/sex/birthdate information entered belongs to the insured. (DA0-19.0, 20.0, 21.0)

094 Ins Locator ID Missing	229-235	The two digit code indicating the state in which the patient is eligible for Medicaid. If the patient is not eligible for Medicaid, this field may be blank. (DA0-27.0)
095-096 Not Used		
097 Sequence Error-DA1	1-3	The Insurance Information Record (DA1-Payor Data 2) is out of sequence in the file. The DA1 record must come after a DA0 record and before a DA0, DA2, OR EA0 record. Contact your software vendor if you receive this error.
098 Sequence Nbr Invalid	4-5	The sequence number associated with a DA0, DA1 and DA2 record must be 01, 02, or 03. Contact your software vendor if you receive this error.
099 Pat Cntl Nbr Missing	6-22	This error indicates that a Patient Control Number(s) is missing. You must enter (or your software must automatically generate) a patient control number (or “patient account number”) that identifies the patient to the provider. This number is carried throughout your system and must be the same in the CA0 through XA0 record. If you get this error, ensure that you have assigned a Patient Control Number to each patient. If your software automatically generates this number and you receive this error, contact your software vendor. See Section II for Patient Control Number data entry instructions if you enter these numbers manually. (DA0-03.0).
100 Pat Cntl Nbr Invalid	6-22	The Patient Control Number is in an invalid format. You must enter (or your software must automatically generate) a patient control number (or “patient account number”) that identifies the patient to the provider. This number is carried throughout your system and must be the same in the CA0 through XA0 record. If you get this error, ensure that you have assigned a Patient Control Number to each patient; if your software automatically generates this number and you receive this error, contact your software vendor. See Section II for Patient Control Number data entry instructions if you enter these numbers manually. (DA0-03.0).
101 Payor Addr Missing	23-113	The claim payor address for the primary payor (if not Medicare, ie., on an MSP claim) has not been entered. The claim payor address of the primary payor (if not Medicare; ie on an MSP claim) must be entered. (DA1-04.0, 05.0, 06.0, 07.0, 08.0)
102 Payor Addr Invalid	23-113	The payor’s claim mailing address has been entered in an invalid format. (See address data entry instructions in Section II. (DA1-04.0, 05.0, 06.0, 07.0, 08.0)

103 Disallow Cst Invalid	114-120	This error indicates that the amount disallowed by the payor due to the failure to meet the cost containment provisions is entered in an invalid format. The amount disallowed by the payor due to the failure to meet the cost containment provisions must be a positive, unsigned numeric value. (DA1-09.0)
104 Disallow Oth Invalid	121-127	This error indicates that the amount disallowed by the primary payor for reasons other than the failure to meet the cost containment provisions is entered in an invalid format. The amount disallowed by the payor for reasons other than the failure to meet the cost containment provisions must be a positive, unsigned numeric value. (DA1-10.0)
105 Allowed Amt Invalid	128-134	This error indicates that the maximum allowed amount determined by the primary payor has been entered in an invalid format. The maximum amount determined by the payor must be entered as a positive, unsigned numeric value. (DA1-11.0)
106 Deduct Amt Invalid	135-141	This error indicates that the deductible amount for the primary payor is entered in an invalid format. The deductible amount must be entered as a positive, unsigned amount. (DA1-12.0)
107 Coinsure Amt Invalid	142-148	This error indicates that the coinsurance amount for the primary payor has been entered in an invalid format. The coinsurance amount must be entered as a positive, unsigned amount. (DA1-13.0)
108 Payor Pd Amt Invalid	149-155	This error indicates that the payor paid amount is entered in an invalid format. The payor paid amount must be entered as a positive, unsigned amount. (DA1-14.0)
109 Zero Pay Ind Invalid	156	The zero payment indicator entered is invalid. This amount, derived from the EOB or remittance of the primary payor is indicated by the following values (DA1-15.0): Z = Zero Payment N = Payment amount > zero Blank indicates that the claim has not been filed or payment notification has not been received from the payor.
110 Sequence Error-DA2	-----	The additional insurance information record (DA2) is out of sequence in the file. It must come after a DA0 or DA1 record and before a DA0 or EA1 record. Contact your software vendor if you receive this error.
111 Sequence Nbr Invalid	4-5	The sequence number associated with a DA0, DA1 and DA2 record must be 01, 02, or 03. Contact your software vendor if you receive this error.
112 Pat Cntl Nbr Missing	6-22	This error indicates that a Patient Control Number(s) is missing . You must enter (or your software must automatically generate) a patient control number (or "patient account number") that identifies the patient to the provider. This number is carried throughout your system and must be the same in the CA0 through XA0 record. If you get this error, ensure that you have assigned a Patient Control Number to each patient; if your software automatically generates this number and you receive this error, contact your software vendor. (See

Section II for Patient Control Number data entry instructions if you enter these numbers manually). (DA2-03.0)

113 Pat Cntl Nbr Invalid	6-22	The patient control number is in an invalid format. You must enter (or your software must automatically generate) a patient control number (or patient account number) that identifies the patient to the provider. This number must be carried throughout your system and must be the same in the CA0 through XA0 record. If you get this error, ensure that you have assigned a Patient Control Number to each patient. If your software automatically generates this number and you receive this error, contact your software vendor. (See Section II for Patient Control data entry instructions if you enter these numbers manually.) (DA2-03.0)
114 Insured Addr Invalid	23-113	The mailing address of the insured (on MSP claims) has been entered in an invalid format. (See address data entry instructions in Section II) (DA2-04.0, 05.0, 06.0, 07.0, 08.0)
115 Insured Phone# Invalid	114-123	The phone number of the insured (on MSP claims) has been entered in an invalid format. See telephone number data entry instructions in Section III of this manual. (DA2-09-0)
116 Insured Retire Dt Invalid	124-131	The insured's retirement date (on MSP claims) has been entered in an invalid format. (DA2-10.0).
117 Spouse Retir Dt Miss	132-139	The spouse's retirement date (on MSP claims) has not been entered. Enter the spouse's retirement date. (DA2-11.0).
118 Spouse Ret Date Inv	132-139	The spouse's retirement date has been entered in an invalid format. (DA2-11.0)
119 Ins Emp Name Invalid	140-172	The insured's employer's name has been entered in an invalid format. (See name data entry instructions in Section II.) (DA2-12.0)
120 Ins Emp Addr Missing	173-263	The insured's employer's address has not been entered. Enter the insured's employer's address. (DA2-13.0, 14.0, 15.0, 16.0, 17.0)
121 Ins Emp Addr Invalid	173-263	The insured's employer's address has been entered in an invalid format. (See address data entry instructions in Section II.) (DA2-13.0, 14.0, 15.0, 16.0, 17.0)
122 Employer ID Missing	264-275	The identification number assigned by the employer to employee has not been entered and is required. Enter the employee ID number. (DA2-18.0)
123 Employer ID Invalid	264-275	The employee's identification number assigned by employer has been entered in an invalid format. (See ID number data entry instructions in Section II. (DA2-18.0)
124 Sequence Error-EAG	1-3	The Claim Data (EA0) record is out of sequence in the file. It must come after a DA0, DA1, OR DA2 record and before an EA1 or FA0 record. Contact your software vendor if you receive this error.
125 Pat Cntl Nbr Missing	6-22	This error indicates that a Patient Control Number(s) is missing . You must

enter (or your software must automatically generate) a patient control number) that identifies the patient to the provider. This number is carried throughout your system and must be the same in the CA0 through XA0 record. If you get this error, ensure that you have assigned a Patient Control Number to each patient; if your software automatically generates this number and you receive this error, contact your software vendor. (See Section II for Patient Control Number data entry instructions if you enter these numbers manually.) (EA0-03.0)

126 Pat Cntl Nbr Invalid	6-22	The patient control number is in an invalid format. You must enter (or your software must automatically generate) a patient control number (or “patient account number”) that identifies the patient to the supplier. This number is carried throughout your system and must be the same in the CA0 through XA0 record. If you get this error, ensure that you have assigned a Patient Control Number to each patient. If your software automatically generates this number and you receive this error, contact your software vendor. (See Section II for Patient Control Number data entry instructions if you enter these numbers manually.) (EA0-03.0)
127 Pat Ctl Nbr = CA0	6-22	The patient control number must be the same as the patient control number in positions 6-22 of CA0 (Patient Data) record. Contact your software vendor if you receive this error. (EA0-03.0)
128 Empl Rel Ind Missing	23	<p>The employment related indicator, which indicates whether or not the patient’s medical condition is employment related or not, has not been entered and is required. Enter the employment-related indicator. (EA0-04.0)</p> <p>Valid employment related codes are: Y = Employment related N = Not employment related U = Unknown</p>
129 Empl Rel Ind Invalid	23	<p>The employment related code, which indicated whether the patient’s medical condition is employment related must be valid. (EA0-04.0)</p> <p>Valid employment related codes are: Y = Employment related N = Not employment related U = Unknown</p>
130 Accident Ind Invalid	24	<p>A code indicating whether the patient’s medical condition is the result of an accident must be indicated. This error means that the code entered is not valid. (EA0-05.0)</p> <p>Valid accident indicator codes are: A = auto accident O = other, non-auto accident N = no accident</p>
131 Accident Dt Invalid	26-33	If you have indicated that the patient’s medical condition is the result of an accident, the date of that accident must be entered. This error indicates that the date entered is entered in an invalid format or indicates an inappropriate time of accident (i.e., after the supply was prescribed, etc.) (See date data entry instructions in Section II. (EA0-07.0)

132 Accident State Invalid	40-41	<p>If you indicated that the patient’s medical condition is the result of an accident, you must indicate the state in which the accident occurred. This error indicates that the state code entered is invalid. Enter a valid Postal service state code. (EA0-10-0)</p>
133 Rel of Info Invalid	45	<p>A code indicating whether or not the provider has a signed release of information form must be entered. This error indicates that the code entered is invalid. (EA0-13.0)</p> <p>Valid release indicator codes are: Y = Yes. The provider has on file a signed statement permitting release of medical/billing information for purposes of claiming insurance benefits. M = Modified. The provider has limited or restricted authority to release medical/billing information for purposes of claiming insurance benefits. N = No. The provider does not have permission to release any medical/billing information.</p>
134-139 Not used		
140 Diagnosis 1 Invalid	179-183	<p>This error indicates that the first (#1) diagnosis code entered on the claim (EA0-32.0) is either an invalid code or is entered in an invalid format.</p> <p>Things to remember about diagnosis codes:</p> <p>The code must be the most specific diagnosis code allowed in the ICD-9 CM format. DO NOT “pad” the diagnosis code field with extra zeros. For example, if the code is “123”, enter “123,” not “12300”. DO NOT add decimal points to diagnosis codes; your software may automatically add them but do not do it yourself.</p>
141 Diagnosis 2 Invalid	184-188	<p>This error indicates that the second (#2) diagnosis code entered on the claim (EA0-33.0) is either an invalid code or is entered in an invalid format.</p> <p>Things to remember about diagnosis codes:</p> <p>The code must be the most specific diagnosis code allowed in the ICD-9 CM format. DO NOT “pad” the diagnosis code field with extra zeros. For example, if the code is “123”, enter “123,” not “12300”. DO NOT add decimal points to diagnosis codes; your software may automatically add them but do not do it yourself.</p>
142 Diagnosis 3 Invalid	189-193	<p>This error indicates that the third (#3) diagnosis code entered on the claim (EA0-34.0) is either an invalid code or is entered in an invalid format.</p> <p>Things to remember about diagnosis codes:</p> <p>The code must be the most specific diagnosis code allowed in the ICD-9 CM format. DO NOT “pad” the diagnosis code field with extra zeros. For example, if the code is “123”, enter “123,” not “12300”.</p>

		DO NOT add decimal points to diagnosis codes; your software may automatically add them but do not do it yourself.
143 Diagnosis 4 Invalid	194-198	This error indicates that the fourth (#4) diagnosis code entered on the claim (EA0-35.0) is either an invalid code or is entered in an invalid format. Things to remember about diagnosis codes: The code must be the most specific diagnosis code allowed in the ICD-9 CM format. DO NOT “pad” the diagnosis code field with extra zeros. For example, if the code is “123”, enter “123,” not “12300”. DO NOT add decimal points to diagnosis codes; your software may automatically add them but do not do it yourself.
144 Not Used		
145 Prv Assn Ind Missing	199	A code indicating whether the provider accepts assignment or does not accept assignment must be entered. This error indicates that no code has been entered. (EA0-36.0) Valid assignment indicator codes are: A = Assigned N = Not assigned This field may not be blank
146 Prov Assn Ind Invalid	199	The code you entered indicating whether the provider accepts assignment or does not accept assignment is invalid. (EA0-36.0) Valid assignment indicator codes are: A = Assigned N = Not assigned This field may not be blank
147 Facility Name Invalid	209-241	The name of the facility where services were rendered has been entered in an invalid format. (See name data entry instructions in Section II.) The field may be blank if services submitted on this claim were not rendered in a hospital, nursing facility or laboratory. (EA0-39.0)
148 Prv Sign Ind Invalid	200	The code indicating whether or not the provider signature is on file is invalid. (EA0-37.0) Valid signature codes are: Y = signature of provider is on file N = signature of provider is NOT on file
149 Document Ind Invalid	242	The code indicating if/where documentation can be found is invalid. (EA0-40.0) Valid documentation indicator codes are: 1 = In mail 2 = FAX 3 = on file at provider’s site 4 = on file at payor’s site 5 = certification record in this claim (with or without narrative)

6 = narrative record included in this claim

9 = no documentation

150-151 Not Used

152 Sequence Error-EA1	-----	The EA1 (Claim Data) record is out of sequence in the file. It must come after an EA0 record and before an FA0 record. Contact your software vendor if you receive this error.
153 Pat Cntl Nbr Missing	6-22	This error indicates that a Patient Control Number(s) is missing. You must enter (or your software must automatically generate) a patient control number (or "patient account number") that identifies the patient to the provider. This number is carried throughout your system and must be the same in the CA0 through XA0 record. If you get this error, ensure that you have assigned a Patient Control Number to each patient; if your software automatically generates this number and you receive this error, contact your software vendor. (See Section II for Patient Control Number data entry instructions if you enter these numbers manually.) (EA1-03.0)
154 Pat Cntl Nbr Invalid	6-22	The patient control number is in an invalid format. You must enter (or your software must automatically generate) a patient control number (or "patient account number") that identifies the patient to the provider. This number is carried throughout your system and must be the same in the CA0 through XA0 record. If you get this error, ensure that you have assigned a Patient Control Number to each patient; if your software automatically generates this number and you receive this error, contact your software vendor. (See Section II for Patient Control Number data entry instructions if you enter these numbers manually.) (EA1-03.0)
155 Pat Ctl Nbr Not = CA0	6-22	The patient control number must be the same as the patient control number in positions 6-22 of CA0 (Patient Data) record. Contact your software vendor if you receive this error. (EA1.03.0)
156 Record Not Required	-----	An EA1 record is not required if a Facility/Laboratory Name (place of service) is not entered in the Facility Name (EA0-37.0) field. If the services rendered for this claim were not rendered in a hospital, nursing facility or laboratory, this record is not required.
157 Not Used		
158 Facility Add Missing	53-143	If the patient resides in a facility or the services rendered for the submitted claims were rendered in a lab, the address of the facility or lab must be entered. This error indicates that the address of the facility in which the patient resides or the lab in which the services were rendered is missing. (EA1-06.0, 07.0, 08.0, 09.0, 10.0)
159 Facility Add Invalid	53-143	If the patient resides in a facility or the services rendered for the submitted claims were rendered in a lab, the address of the facility or lab must be entered. This error indicates that the address of the facility in which the patient resides or the lab in which the services were rendered is entered in an incorrect format. See address data entry instructions in Section II.

(EA1-06.0, 07.0, 08.0, 09.0, 10.0)

160-175 Not Used

176 Sequence Error-FA0	-----	The Service Line Detail (FA0) record is out of sequence in the file. It must come after an EA0, EA1, FA0, FB0, FA1, or FD0 record and before an FB0, FB1, FD0, HA0, XA0 or Certification Record. Contact your software vendor if you receive this error.
177 Sequence Nbr Missing	4-5	A sequence number indicating which FA0 (01-99) should be generated by your software. Contact your software vendor if you receive this error. (FA0-02.0)
178 Sequence Nbr Invalid	4-5	Sequence numbers must be between 01-99 inclusive. Contact your software vendor if you receive this error. (FA0-02.0)
179 Pat Cntl Nbr Missing	6-22	This error indicates that a Patient Control Number(s) is missing . You must enter (or your software must automatically generate) a patient control number (or “patient account number”) that identifies the patient to the provider. This number is carried throughout your system and must be the same field in the CA0 through XA0 record. If you get this error, ensure that you have assigned a Patient Control Number to each patient; if your software automatically generates this number and you receive this error, contact your software vendor. (See Section II for Patient Control data entry instructions if you enter these numbers manually.) (FA0-03.0)
180 Pat Cntl Nbr Invalid	6-22	The patient control number is in an invalid format. You must enter (or your software must automatically generate) a patient control number (or “patient account number”) that identifies the patient to the provider. This number is carried throughout your system and must be the same in the CA0 through XA0 record. If you get this error, ensure that you have assigned a Patient Control Number to each patient; if your software automatically generates this number and you receive this error, contact your software vendor. See Section III for Patient Control Number data entry instructions if you enter these numbers manually. (FA0-03.0)
181 No Capped Rent K Mod	60-70	This error will display when a procedure code for a capped rental item is entered with the RR modifier, but the appropriate K modifier is not also included. Enter the appropriate K modifier to resolve this error and resubmit the claim. (FA0-09.0 – FA0-12.0)
182 Svc Frm Date Missing	40-47	A valid date indicating the date the service was initiated must be entered. This error indicates that no “service from” date was entered. (FA0-05.0)
183 Svc Frm Date Invalid	40-47	A valid date indicating the date the service was initiated must be entered. If you receive this error, the date you entered has been entered in an invalid format. (See data entry instructions in Section II.) (FA0-05.0)
184 Svc to Date Missing	48-55	A valid date indicating the date through which the service extends must be entered. This error indicates that no “to” or “through” date was entered. (FA0-06.0)

185 Svc to Date Invalid	48-55	A valid date indicating the date through which the service extends must be entered. This error indicates that the “to” or “through” date entered has been entered in an invalid format. (See data entry instructions in Section II. (FA0-06.0)
186 To Date < From Date	40-55	The “service to” date (FA0-06.0) must be greater than or equal to the “service from” date (FA0-05.0). This error indicates that the “to” date entered is less than (earlier) than the “service from” date. (FA0-05.0) (FA0-06.0)
187 Place of Svc Missing	56-57	A place of service code indicating where the services were performed must be entered. This error indicates that no place of service code was entered. (FA0-07.0)
		Valid place of service codes are: 12 = Home 31 = Skilled Nursing Facility 32 = Nursing Facility 33 = Custodial Care Facility 65 = End State Renal Disease Treatment Facility
188 Place of Svc Invalid	56-57	This error indicates that the place of service code entered is invalid or has been entered in an invalid format (place of service codes are two-character codes). (FA0-07.0)
		Valid place of service codes are: 12 = Home 31 = Skilled Nursing Facility 32 = Nursing Facility 33 = Custodial Care Facility 65 = End State Renal Disease Treatment Facility
189 Proc Cds/Mod Invalid	60-70	This error will result when the procedure code/modifier combination entered is not a valid combination. (FA0-09.0,FA0-10.0,FA0-11.0, FA0-12.0,FA0-36.0)
		HCPCS codes must be the latest edition HCPCS procedure codes. An outdated code may have been entered. An alpha “O” instead of a zero or an “L” instead of a one (1) may be erroneously entered within the code. HCPCS codes with unnecessary or invalid modifiers for the code will be rejected. Make sure, if using a modifier, that it is valid with the HCPCS code, keyed correctly and necessary. Also, ensure when using modifiers that the pricing modifier is always the first modifier used! Pricing modifiers include NU (new), UE (used), RR (rental) and MS (maintenance service).
190 Procedure Cd Missing	60-64	A procedure code is always required on a claim, except when you are filing for Oral Cancer Drugs. This error indicates that there is no procedure code for the claim; it is missing. Enter a valid procedure code on the claim. (FA0-09.0)
191 HA0 Required for NOC	HA0	This error will display if you have entered an ‘NOC’ (not otherwise classified) procedure code, but have not entered the NOC descriptor

in the extra narrative area provided by your software (HA0) record).
Enter the NOC descriptor in the extra narrative area within your software.
Contact your software vendor if you do not know where to locate the extra narrative area within your software.

192 CAPPED RENT #SVE 82-85

This error will display if you have entered a procedure code for a rental on the detail line and the units of services is not equal to one (1). The units of service for a rental must equal one (1). (FA0-18.0)

Note: If you have more than one unit, you must split the service line out into the appropriate number of lines, indicating one (1) unit per line. (FA0-18.0)

Related Note: The “from” and “to” dates must be the same and the number of services must be one for a rental procedure code.

193 Line Chg Not Numeric 71-77

The submitted charges for a line of service must be entered as a positive, unsigned numeric value. This error indicates that the line charge is not numeric. Verify that an alpha “O” instead of a zero (0) or an alpha “L” instead of a one (1) was not keyed when the line charge was entered. (FA0-13.0)

194 Diag Pointer Invalid 78-81

On each claim the diagnosis codes that apply to the specific procedure being filed for must be indicated, in order of importance. Most software has slots numbered 1,2,3 and 4 for entry of diagnosis codes. Later, at the line level, the diagnosis pointed code (1, 2, 3, or 4) is required to identify which diagnosis goes with each line. Valid diagnosis pointer codes are 1, 2, 3, and 4.

The pointer entered must point to a non-blank header diagnosis field. For example, suppose you entered a “3” as the diagnosis pointer, and the diagnosis code field 3 is blank. This error would be received in such a case. If an invalid diagnosis pointer code (for example, a “7” or an “8”), the error will display.

If you receive this error and do not know where your diagnosis pointer fields are, contact your software vendor and reference the field/record key provided. (FA0-14.0,15.0,16.0,17.0)

195 Unit of Svc Invalid 82-85

This error indicates that the number of services is entered in an invalid format. The number of services rendered in days or units must be entered as a positive, unsigned numeric value. (FA0-18.0).

Notes on units of service entry:

If the same service is performed more than once on the same day, it must be billed on one line item with the number of services provided.

The units of service for a rental must equal one (1).

To indicate fractional services, use the fourth position of the field with an assumed decimal. Contact your vendor if you have questions on how to enter units of service.

This field is required in all cases except when submitting for Oral

Cancer Drugs.

196 CAP RENT FR=TO DT	40-47,48-55	This error displays when the “to” and “from” dates for a procedure code for a rental are not equal. “To” and “from” dates for rental procedure codes must be the same. (FA0-05.0, FA0-06.0)
197Not Used		
198 Rend Prov ID Missing	93-107	This error means that the Supplier Number (the 10-digit number received from the National Supplier Clearinghouse) has not been entered. Enter the complete Supplier Number to resolve this error. (FA0-23.0)
199 Rend Prov ID Invalid	93-107	The Supplier Number has been entered in an invalid format or is not a valid Supplier Number assigned by the National Supplier Clearinghouse. Make sure no alpha “O’s” instead of zeros (0) or alpha “L’s” instead of ones (1) have been entered. The full 10 digits of the supplier number must be entered. (FA0-23.0)
200 Modifier 1 Invalid	65-66	This error indicates that the first modifier entered on the claim is not a valid modifier value. Consult your Supplier Manual to determine valid modifier values and ensure that you have not made a keying error when entering modifiers. (FA0-10.0)
201 Modifier 2 Invalid	67-68	This error indicates that the second modifier entered on the claim is not a valid modifier value. Consult your Supplier Manual to determine valid modifier values and ensure that you have not made a keying error when entering modifiers. (FA0-11.0)
202 Modifier 3 Invalid	69-70	This error indicates that the third modifier entered on the claim is not a valid modifier value. Consult your Supplier Manual to determine valid modifier values and ensure that you have not made a keying error when entering modifiers. (FA0-12.0)
203 Modifier 4 Invalid	186-187	This error indicates that the fourth modifier entered on the claim is not a valid modifier value. Consult your Supplier Manual to determine valid modifier values and ensure that you have not made a keying error when entering modifiers. (FA0-36.0)
204 Disallow CC Invalid	126-132	This field is not used, but may generate this error if not zero filled. Contact your software vendor if you receive this error. (FA0-27.0)
205 Disallow Oth Invalid	133-139	This field is not used, but may generate this error is not xero filled. Contact your software vendor if you receive this error. (FA0-27.0)
206 Review Code Invalid	140	You may wish to enter an indicator describing extenuating circumstances or justification which might assist in any review of the medical necessity for a service. This is not a required field and may be blank. (FA0-29.0)

Valid review code indicators are:

A = Case turned over to a consultant

B = Pre-admission Testing

C = XRAY/Lab procedure related to a covered surgery.

D = Provider/Supplier determined the service is not covered, but the patient is requesting a formal review by the payor.

E = Beneficiary was notified that the item might not be considered

medically necessary and has agreed in writing to pay for the item. A signed waiver is on file with the provider.

F = Beneficiary was notified that the item might not be considered medically necessary and has not agreed to pay for the item. No signed waiver is on file with the provider.

207 Primary Paid Invalid	179-185	This error indicates that the amount paid by the payor under the provisions of the contract is invalid or entered in an invalid format; must be the actual amount paid by the payor. It must be a positive, unsigned numeric value. (FA0-35.0)
208-210 Not Used		
211 Sequence Error – FB0	-----	The Service Line Detail Record (FB0) is out of sequence in the file. It must come after an FA0 record and before an FA0, FB1, HA0, XA0, or any GU0 record. Contact your software vendor if you receive this error.
212 Sequence Nbr Missing	-----	A sequence number that matches record to FA0 record must be entered. This number will be generated by your software. Contact your software vendor if you receive this error. (FB0-02.0)
213 Pat Cntl Nbr Missing	6-22	This error indicates that a Patient Control Number(s) is missing . You must enter (or your software must automatically generate) a patient control number (or “patient account number”) that identifies the patient to the provider. This number is carried throughout your system and must be the same in the CA0 through XA0 record. If you get this error, ensure that you have assigned a Patient Control Number to each patient. If your software automatically generates this number and you receive this error, contact your software vendor. (See Section II for Patient Control Number data entry instructions if you enter these numbers manually.) (FB0-03.0)
214 Pat Cntl Nbr Invalid	6-22	The patient control number is in an invalid format. You must enter (or your software must automatically generate) a patient control number (or “patient account number”) that identifies the patient to the provider. This number is carried throughout your system and must be the same in the CA0 through XA0 record. If you get this error, ensure that you have assigned a Patient Control Number to each patient. If your software automatically generates this number and you receive this error, contact your software vendor. (See Section II for Patient Control Number data entry instructions if you enter these numbers manually.) (FB0-03.0)
215 Natl Drug Cd Invalid	110-120	If you are submitting for an Oral Cancer Drug, you must enter a valid national drug code. This error indicates that an invalid National Drug Code or a code entered in an invalid format has been entered. If you have verified your data entry and are certain that the code is properly entered and you still receive this error, contact your Internal Operations Team for assistance in obtaining a valid National Drug Code. (FB0-15.0)
216 Natl Drug Units Inv	121-127	When you are submitting for an Oral Cancer Drug, you must enter the national drug units, or the dispensing quantity, based on the unit of measure as defined by the National Drug Code Number. This field may be blank. (FB0-16.0)
217 Allowed Amt Missing	47-53	This error indicates that the allowed amount has not been entered. This amount is derived from the primary Payor EOB and is required on MSP claims. The amount allowed by the primary payor must be entered. If the

		allowed amount equals zero (0000000) for an MSP claim, use the HA0-05.0 to explain. Enter the amount allowed by the Primary Payor to resolve this error. (FB0-06.0)
218 Allowed Amt not numeric	47-53	The amount allowed by the Primary Payor must be entered as a positive, unsigned, numeric value. Ensure that all numerics (numbers) have been entered in this field. (FB0-06.0)
219 Deduct Amt Missing	54-60	The amount applied to the deductible by the Primary Payor (from the Primary Payor EOB) must be entered on an MSP claim. This error indicates that it has not been entered. (FB0-07.0)
220 Deduct Amt Not Numer	54-60	The amount applied to the deductible by the Primary Payor (from the Primary Payor EOB) must be entered as a positive, unsigned, numeric value on MSP claims. Ensure that all numerics (numbers) have been entered in this field. (FB0-07.0)
221 Coinsure Amt Missing	61-67	The amount deducted by the Primary Payor (from the Primary Payor EOB) as the coinsurance amount must be entered on an MSP claim. (FB0-08.0)
222 Coins Amt Not Numer	61-67	The amount deducted by the Primary Payor (from the Primary Payor EOB) as the coinsurance amount must be entered as a positive, unsigned, numeric value on MSP claims. Ensure that all numerics (numbers) have been entered in this field. (FB0-08.0)
223-254 Not Used		
255 Sequence error – FB1	-----	The Service Line Detail (FB1) record is out of sequence in the file. It must come after an FA0 or FB0 record and before a FB0, HA0, XA0, or any GU0 record. Contact your software vendor if you receive this error.
256 Sequence Nbr Missing	-----	A sequence number that matches the preceding FA0-02.0 must be entered by your software. Contact your software vendor if you receive this error. (FB1-02.0)
257 Pat Cntl Nbr Invalid	6-22	The patient control number is in an invalid format. You must enter (or your software must automatically generate) a patient control number (or “patient account number”) that identifies the patient to the provider. This number is carried throughout your system and must be the same in the CA0 through XA0 record. If you get this error, ensure that you have assigned a Patient Control Number to each patient. If your software automatically generates this number and you receive this error, contact your software vendor. (See Section II for Patient Control Number data entry instructions if you enter these numbers manually.) (FB1-03.0).
259-161 Not Used		
262 Ord Prv Name Invalid	73-105	The name of the physician who ordered the supply (ordering provider) has been entered in an invalid format. (See name data entry instructions in Section II of this manual.) (FB1-06.0, 07.0, 08.0)
263 Ord Prv Upin Invalid	106-120	The ordering provider’s UPIN number has been entered in an invalid format. UPIN numbers consist of either one alpha and five numerics

(C12345) or three alphas and three numerics. (FB1-09.0)

264 Sequence Error – FB2	-----	The Service Line Detail (FB2) record is out of sequence in the file. Contact your software vendor if you receive this error.
265 Sequence Nbr Missing	4-5	Your software must enter a sequence number which matches this record in the preceding FA0-02.0 record. Contact your software vendor if you receive this error. (FB2-02.0)
266 Pat Cntl Nbr Missing	6-22	This error indicates that a Patient Control Number(s) is missing. You must enter (or your software must automatically generate) a patient control number (or “patient account number”) that identifies the patient to the provider. This number is carried throughout your system and must be the same in the CA0 through XA0 record. If you get this error, ensure that you have assigned a Patient Control Number to each patient. If your software automatically generates this number and you receive this error, contact your software vendor. (See Section II for Patient Control Number data entry instructions if you enter these numbers manually.) (FB2-03.0)
267 Pat Cntl Nbr Invalid	6-22	The patient control number is in an invalid format. You must enter (or your software must automatically generate) a patient control number (or “patient account number”) that identifies the patient to the provider. This number is carried throughout your system and must be the same in the CA0 through XA0 record. If you get this error, ensure that you have assigned a Patient Control Number to each patient. If your software automatically generates this number and you receive this error, contact your software vendor. (See Section II for Patient Control Number data entry instructions if you enter these numbers manually.) (FB2-03.0)
268 Prov Type A Invalid	40-41	Not required for DME (NSF Version 00301)
269 Prov A Addr Invalid	42-132	This error means that the mailing address of the physician identified in FB2-05.0 (attending, consulting or other ordering) has been entered in an invalid format. (See address data entry instructions in Section II of this manual.) (FB2-06.0,07.0,08.0, 09.0,10.0)
270 Sequence Error – GU0	-----	The Certification Record (GU0) is out of sequence in the file. Certification (GU0) records must come after an FA0, FB0, FB1, FB2 record and before an FA0, HA0, XA0 record. Contact your software vendor if you receive this error.
271 Sequence Nbr Missing	4-5	Your software must enter a sequence number (code values are 01 through 99) which matches the preceding FA0-02.0 to the GU0 (cert) record. Contact your software vendor if you receive this error. (GU0-02.0)
272 Pat Cntl Nbr Missing	6-22	This error indicates that a Patient Control Number(s) is missing. You must enter (or your software must automatically generate) a patient control number (or “patient account number”) that identifies the patient to the provider. This number is carried throughout your system and must be the same in the CA0 through XA0 record. If you get this error, ensure that you have assigned a Patient Control Number to each patient; if your software automatically generates this number and you receive this error, contact your software vendor. (See Section II for Patient Control Number

		data entry instructions if your enter these numbers manually.) (GU0-03.0)
273 Pat Cntl Nbr Invalid	6-22	The patient control number is in an invalid format. You must enter (or your software must automatically generate) a patient control number (or “patient account number”) that identifies the patient to the provider. This number is carried throughout your system and must be the same in the CA0 through XA0 record. If you get this error, ensure that you have assigned a Patient Control Number to each patient; if your software automatically generates this number and you receive this error, contact your software vendor. (See Section II for Patient Control Number data entry instructions if your enter these numbers manually.) (GU0-03.0)
274 Cert Type Invalid	24-25	The certification type entered is invalid. (GU0-04.0) Valid codes to identify the type of certification being submitted are: 1 = Initial certification 2 = Revision 3 = Recertification
275 Place of Svc Invalid	24-25	The place of service code on the CMN is invalid. (GU0-05.0) Valid place of service codes are: 12 = Home 31 = Skilled Nursing Facility 32 = Nursing Facility 33 = Custodial Care Facility 65 = End Stage Renal Disease Treatment Facility
276 Replace Ind Invalid	26	The code indicating whether or not the supply is a replacement for a previously purchased item is invalid. (GU0-O6.0) Valid codes are: Y = Yes N = No
277 Not Used		Must be blank for DMERC form 08.02
278 Warranty Ind Invalid	34	Not currently used for DMERC (Version 00301) GU0-09.0
279 Warranty Len Invalid	35-36	Not currently used for DMERC (Version 00301) GU0-10.0
280 Warranty Type Invalid	37	Not currently used for DMERC (Version 00301) GU0-11.0
281 Diagnosis 1 Invalid	38-42	This error indicates that the first diagnosis code listed on the CMN (GU0-12.0) is either an invalid code or is entered as an invalid format. This field may not be blank.

Things to remember about diagnosis codes:

The diagnosis code on a line in the claim must match the diagnosis code for that line item on the CMN.

The code must be the most specific diagnosis code allowed in the ICD-9 CM format.

DO NOT “pad” the diagnosis code field with extra zeros. For

example, if the code is “123”, enter “123”, not “12300”.

DO NOT add decimal points to diagnosis codes; your software may automatically add them, but do not do it yourself.

282 Pat Height Invalid	58-59	The patient’s height is entered in an invalid format. Enter the Patient’s height in inches. For example, if the patient is 5 feet two inches tall, enter 62 inches. (GU0-16.0)
283 Pat Weight Invalid	60-62	This error indicates that the patient’s weight has been entered in an invalid format or as all zeros. The patient’s weight must be greater than zero. The patient’s weight must be entered on CMN’s 2, 8, 9, and 10. This is a three-position field. Be sure to enter weights less than 100 pounds with a leading zero, i.e., a weight of 90 pounds would be entered “090”. (GU0-17.0)
284 Last Exam Dt Invalid	63-70	Not Used for DMEPOS claims.
285 Initial Date Invalid	71-78	The initial date is the beginning date of the certified period of medical necessity. This error indicates that the initial date entered is entered in an invalid format or is an “unreasonable” date. (See Section II for date data entry instructions.) (GU0-19.0)
286 Rec/Rev Data Invalid	79-86	The effective date of the revision or recertification provided by the certifying physician has been entered in an invalid format or is an “unreasonable” date. (GU0-20.0)
287 Rev Dt Not > Init Dt	79-86	The revision or recertification date entered is not greater than the initial date. You cannot revise a cert or recertify a supply unless it has already been initially submitted. Enter a revision or recertification date later than the initial date. (GU0-20.0)
288 Len of Need	87-88	The number of months covered by the certification is invalid. Enter the length of need in months 01-99. “99” = lifetime. (GU0-21.0)
289 Date Signed Invalid	89-96	This error indicates that the date the CMN was signed by the physician was entered in an invalid format or is an “unreasonable” date. (See Section II for date data entry instructions. (GU0-22.0)
290 Prov Phone Invalid	97-106	The telephone number of the physician was entered in an invalid format. (See telephone data entry instructions in Section II of this manual.) Ensure that you have not miskeyed the area code or entered a space prior to entry of the telephone number. (GU0-23.0)
291 Cert on File Invalid	107	The code indicating the supplier’s guarantee that a copy of the hardcopy certification (signed and dated by the physician) is on file at the supplier’s office is invalid. (GU0-24.0)

Valid cert-on-file codes are:

Y = Yes, certification is on file

N = No, certification is not on file

292-461 Form/Q Errors See next page for a detailed explanation of how to decipher and resolve Certificate of Medical Necessity question set errors.

292 – 461 All “Form/Q” Errors

A Guide to Deciphering and Resolving Certificate of Medical Necessity Question Set Errors

“Form/Q” errors are errors that occur within the section of a Certificate of Medical Necessity (a.k.a. “cert” or “CMN”) that pertains to the question section. “Q” represents the question number (i.e., Question #2, etc.) All Form/Q errors are displayed in the same format and they all mean that there is missing or invalid information within the form (CMN) and question (Q) referenced.

Deciphering Form/Q Errors

Example: Form 01/Q1/GU0-26

This example indicates that there is invalid or missing information in question 1 on Form 01 on the Certificate of Medical Necessity. Using this example, decipher all Form/Q errors as follows:

The error is on Form 01. This is the CMN for Hospital Beds/Support Surfaces. The Form part of a Form/Q error always indicates which DMERC CMN contains the error.

The error is on Q1 (questions #1) on Form (CMN) 01. The Q part of a form/Q error always indicates what question within a form (CMN) is in error. Reference the hardcopy CMN included in the Region B Supplier Manual to determine appropriate response for the question in error. Enter a valid response.

The GU0-26 you see in this error is the identifier that tells which record (it will always be “GU0” in form/Q errors because “GU0” is the NSF “name” that identifies the CMN record) and which field (-26) the error occurred in. While this information is of little help to you, it is helpful to Electronic Data Interchange (EDI) personnel when they are assisting you with error analysis, and to your vendor when you identify a field in error so that the vendor can crossmatch that field with the field it represents in your software.

Form/Q Error Correction Summary

1. Determine which form the error is in.
2. Determine which question has missing or invalid information.
3. Reference the appropriate hardcopy CMN and determine the correct response for the Form/Q.
4. Enter a correct response to resolve the Form/Q error and resubmit your claim.

462 GU0 Form Nbr Invalid	108-111	This error indicates that you have submitted a CMN that is not appropriate for the procedure code you are submitting for. This means, for example, that you are submitting a claim for a TENS unit (CMN #6), but trying to submit the CMN appropriate for oxygen. Verify that you are using the CMN appropriate for the procedure code you are submitting by reviewing the list in your Region B DMERC Supplier Manual, or consult Provider Assistance at the number listed in Section II. (GU0-.25.0)
463 Procedure Not=FA0	27-31	This error indicates that the procedure code on the CMN (GU0-07.0) does not match the procedure code on the claim (FA0-07.0) The procedure code indicated for a supply on the claim must match the procedure code indicated for a supply on the CMN. (GU0-07.0)
464 Sys Error – Form Nbr	108-111	This error means that the form number of the DMERC Certification of Medical Necessity used is invalid (GU0-25.0). Valid CMN form numbers are:

- 01.01 = Hospital Bed AND Support Services
- 02.01 = Manual and Motorized Wheelchairs
- 03.01 = Respiratory Equipment
- 04.01 = Orthotics, Lymphedema Pump, Osteogenesis Stimulator and Therapeutic Shoes
- 05.01 = Surgical Dressings and Urological Supplies
- 06.01 = TENS
- 07.01 = Seat Lift Mechanisms and Power Operated Vehicle (POV)
- 08.01 = Immunosuppressive Drugs
- 09.01 = Infusion Pump and Home Glucose Monitor
- 10.01 = Parenteral and Enteral Nutrition
- 11.01 = Oxygen

If you key in your own CMN number, verify that you entered the number without decimals, that you did not key an alpha "O" or "L" instead of a zero or a one. If your software generates this number, contact your software vendor if you receive this error.

465 Diagnosis 2 Invalid 43-47

This error indicates that the second (#2) diagnosis code entered on the CMN (GU0-13.0) is either an invalid code or is entered in an invalid format.

Things to remember about diagnosis codes:

The code must be the most specific diagnosis code allowed in the ICD-9 CM format.

DO NOT "pad" the diagnosis code field with extra zeros. For example, if the code is "123", enter "123", not "12300." **DO NOT** add decimal points to diagnosis codes. Your software may automatically add it, but do not do it yourself.

466 Diagnosis 3 Invalid 48-52

This error indicates that the third (#3) diagnosis code on the CMN (GU0-14.0) entered is either an invalid code or is entered in an invalid format.

Things to remember about diagnosis codes:

The code must be the most specific diagnosis code allowed in the ICD-9 CM format.

DO NOT "pad" the diagnosis code field with extra zeros. For example, if the code is "123", enter "123", not "12300."

DO NOT add decimal points to diagnosis codes. Your software may automatically add it, but do not do it yourself.

467 Diagnosis 4 Invalid 53-57

This error indicates the fourth (#4) diagnosis code entered on the CMN (GU0-15.0) is either an invalid code or is entered in an invalid format.

Things to remember about diagnosis codes:

The code must be the most specific diagnosis code allowed in the ICD-9 CM format.

DO NOT "pad" the diagnosis code field with extra zeros. For example, if the code is "123", enter "123", not "12300."

DO NOT add decimal points to diagnosis codes. Your software may automatically add it, but do not do it yourself.

468 Not Used

469 R/R Too Far Futr	79-86	The recert/revision date entered on the CMN is too far in the future; recert/revision dates must be less than 60 days in the future. Edit the claim to reflect a recert/revision date of less than 60 days in the future and resubmit the claim. (GU0-20.0)
470 Cert Not On File	107	You have answered “N” (no) to the question that asks you to indicate that a copy of the paper CMN signed and dated by the physician is on file at the supplier’s office. While “N” is a valid NSF response, this edit has been implemented to reject “N” responses and ensure that the submitter does actually have the required copy of the signed, dated CMN on file in the supplier’s office. This precludes certain denial of the claim once it is passed to adjudication. You must enter Y if a CMN is on file. (GU0-24.0)
471-483 Not Used		
484 Sequence Error – GX0	1-3	The Oxygen Certification (GX0) record is out of sequence in the file. It must come after an FA0, FB0, or FB1 record and before an FA0, GX1, GX2, HA0, or XA0 record. Contact your software vendor if you receive this error.
485 Sequence Nbr Missing	4-5	A sequence number matching this record (GX0) with the preceding FA0-02.0 must be entered and must be the same sequence number value as that in the FA0-02.0. (GX0-02.0) Contact your software vendor if you receive this error.
486 Sequence Nbr Invalid	4-5	The sequence number entered is invalid. It must be between 01 and 99 inclusive and be identical to positions 4-5 of subsequent GX1 and GX2 records. (GX0-02.0) Contact your software vendor if you receive this error.
487 Pat Cntl Nbr Missing	6-22	This error indicates that a Patient Control Number(s) is missing. You must enter (or your software must automatically generate) a patient control number (or patient account number”) that identifies the patient to the provider. This number is carried throughout your system and must be the same in the CA0 through XA0 record. If you get this error, ensure that you have assigned a Patient Control Number to each patient; if your software automatically generates this number and you receive this error; contact your software vendor. (See Section II for Patient Control Number data entry instructions if you enter these numbers manually.) (GX0-03.0)
488 Pat Cntl Nbr Invalid	6-22	The patient control number is in an invalid format. You must enter (or your software must automatically generate) a patient control number (or “patient account number”) that identifies the patient to the provider. This number is carried throughout your system and must be the same in the CA0 through XA0 record. If you get this error, ensure that you have assigned a Patient Control Number to each patient. If your software automatically generates this number and you receive this error, contact your software vendor. (See Section II for Patient Control Number data entry instructions if you enter these numbers manually.) (GX0-03.0)
489 Cert Type Missing	23	The type of certification (initial, recertification, revision) being billed must be entered. This error indicates that it has been entered. (GX0-04.0)

Valid codes for cert type are:

1 = Initial certification

		<p>2 = Revised certification 3 = Renewal/Recertification</p>
490 Cert Type Invalid	23	<p>This error indicates that the certification type code entered is invalid. (GX0-04.0)</p> <p>Valid codes for cert type are:</p> <p>1 = Initial certification 2 = Revised certification 3 = Renewal/Recertification</p>
491 Oxy Sys Type Missing	24	<p>The oxygen system type must be entered on the CMN. This error indicates that the type of oxygen system code is missing. (GX0-05.0)</p> <p>Valid oxygen system type codes are:</p> <p>S = Stationary P = Portable</p>
492 Oxy Sys Type Invalid	24	<p>The code indicating type of oxygen system delivery is invalid. (GX0-05.0)</p> <p>Valid oxygen system type codes are:</p> <p>S = Stationary P = Portable</p>
493 Len Of Need Invalid	25-26	<p>The numbers indicating the length of time oxygen therapy will be required is entered in an invalid format or is invalid. The length of need must be entered as the number of months covered by certification (entered as 01-99). Enter 99 if the length of need is "lifetime". (GX0-06.0)</p>
494 Type Equipment Missing	27-28	<p>Not required for DMERC</p>
495 Type Equipment Invalid	27-28	<p>Not required for DMERC</p>
496 Flow Rate Not> .4	125-127, 263-265	<p>See Note This error indicates that an oxygen flow rate of less than .4 (four-tenths) has been entered. You must enter a flow rate of more than .4 (four-tenths).</p> <p>This field is a three-position field in which the third field (field furthest to the right) is an 'implied decimal.' This means that the DMERC systems will assume that the position farthest to the right is a fraction (one-tenth through nine-tenths). The value should be entered taking the implied decimal into consideration. For example, if you want to enter a flow rate of "1" (one), type "010." Do not enter a decimal. The system will consider the second zero a fractional value of nothing. If you wanted to enter a flow rate of 10.5, you would enter "105").</p> <p>If you are submitting a claim for a stationary oxygen system (GX0-05.0 =Y or N), you must enter an oxygen flow rate greater than .4 (four-tenths) in the oxygen flow rate field GX0-14.0. Refer to the above data entry instructions when entering this value.</p>

If you are submitting a claim for a portable oxygen system (GX-05.0 =D), you must enter an oxygen flow rate greater than .4 (four-tenths) in the oxygen flow rate field GX0-14.0. Refer to the above data entry instructions when entering this value. (GX0-14.0)

NOTE: The position for GX0-14.0 (Stationary flow rate) is 125-127. The position for GX0-24.0 (Portable flow rate) is 263-265.

497 Cert Not On File	311	You have answered "N" (no) to the question that asks you to indicate that a copy of the paper Oxygen CMN, signed and dated by the physician is on file at the supplier's office. While "N" is a valid response, this edit has been implemented to reject "N" responses and ensure that the submitter does actually have the required copy of the signed, dated Oxygen CMN on file in the supplier's office, and thus preclude certain denial of the claim once it is passed to adjudication. (GX0-35.0)
498 Equip Reason Invalid	29-92	Not required by DMERC. (GX0-09.0)
499 Presc Frm Dt Missing	93-100	The oxygen prescription must be entered. This error indicates that the beginning date of the oxygen prescription has not been entered. (GX0-10.0)
500 Presc Frm Dt Invalid	93-100	The beginning date of the oxygen prescription is entered in an invalid format (See Section II for date data entry instructions) or "unreasonable" (i.e. after the patient's death or before the patient's birth). (GX0-10.0)
501 Presc To Dt Missing	101-108	The ending date of the oxygen prescription must be entered. This error indicates that the ending date of the oxygen prescription has not been entered. (GX0-11.0)
502 Presc To Dt Invalid	101-108	The ending date of the oxygen prescription is entered in an invalid format (see Section III for date data entry instructions) or is "unreasonable." An "unreasonable" date might be, for example, a date before the beginning date. (GX0-11.0)
503 Dt Prescribe Missing	109-116	The date the oxygen was prescribed or date physician signed a prescription renewal must be entered. This error indicates that the date the oxygen was prescribed or the date the physician signed a renewal is missing. (GX0-12.0)
504 Dt Prescribe Invalid	109-116	The date oxygen was prescribed is entered in an invalid format (See Section II for date data entry instructions) or "unreasonable." An "unreasonable" date, for example, would be a date after the patient was deceased. (GX0-12.0)
505 Dt Pat Eval Missing	117-124	Not required by DMERC (GX0-13.0)
506 Dt Pat Eval Invalid	117-124	Not required by DMERC (GX0-13.0)
507 Ox Flow Rate Missing	125-127	The oxygen flow rate in liters per minute must be entered for stationary equipment. This error indicates that the oxygen flow rate for a piece of stationary equipment has not been entered. (GX0-14.0)
508 Freq of Use Missing	128-129	Not Required by DMERC (GX0-15.0)

509 Duration Missing	130-131	Not Required by DMERC (GX0-16.0)
510 No ABG or Oximetry	212-217	The Arterial Blood Gas result and/or the Oxygen Saturation (oximetry) test results must be entered in the Arterial Blood Gas (GX0-22.0) and/or Oxygen Saturation (GX0-23.0) fields. This error indicates that this information is missing.
511 ABG Results Invalid	212-214	The arterial blood gas test results (at rest breathing room air) must be entered. Three positions are available, with the third (furthest to the right) position an implied decimal. Consult your software vendor if you are unsure as to how this value should be entered. (GX0-22.0) Note: Arterial Blood Gasses are also known as PO2 levels.”
512 Oximetry Invalid	215-217	The arterial blood oxygen saturation (oximetry) test results (at rest breathing room air) must be entered. Three positions are available, with the third (furthest to the right) position an implied decimal. Consult your software vendor if you are unsure as to how this value should be entered. (GX0-23.0)
513 Dt Test Perf Missing	218-225	The date the patient was tested for arterial blood gas and/or oxygen saturation at rest on room air must be entered. This error indicates that the date the patient was tested for ABG’s and/or O2 saturation is missing. (GX0-24.0)
514 Dt Test Perf Invalid	218-225	The date of arterial blood gas and/or oxygen saturation tests is entered in an invalid format (See Section II for date data entry instructions) or “unreasonable.” An ‘unreasonable” date, for example, would be a before the patient’s birth or after the patient was deceased. (GX0-24.0)
515 Test Facilit Missing	226-258	This error indicates that the name of facility where arterial blood gas or oximetry tests were performed is missing. (GX0-25.0)
516 Test Facilit Invalid	226-258	This error indicates that the name of the facility where arterial blood gas or oximetry tests wee performed contains formatting errors. See Section III for company name data entry instructions. (GX0-25.0)
517 Ord Prv UPIN Invalid	266-280	Not used for DMERC (GX0-29.0)
518 Test Cond Invalid	259	The code describing conditions under which patient was tested for oximetry is invalid. (GX0-26.0) Valid codes are: 1 = At Rest 2 = During Exercising 3 = During Sleep NOTE: If more than one test is performed, show the results in the Test Results field (GX1.04.0)
519 Ord Prv Tele Invalid	281-290	The telephone number for the ordering physician has been entered in an invalid format. See Section III for telephone data entry instructions. (GX0-30.0)
520 Clinic Find Invalid	260-262	If the patient’s arterial PO2 is 56-59 mm Hg or arterial blood saturation

is 89 percent, a code describing the clinical findings must be entered. This error indicates that the code describing clinical findings pertaining to the above criteria is invalid. (GX0-27.0)

Valid codes are:

260 = Indicate “Y” or “N”: Does the patient suffer dependent edema due to congestive heart failure?

261 = Indicate “Y” or “N”: Is their cor pulmonale or pulmonary hypertension documented by PP pulmonate on EKG or by an echocardiogram, gated blood pool scan or direct pulmonary artery pressure measurement?

262 = Indicate “Y” or “N”: Does the patient have a hematocrit greater than 56%?

521 Port Ox Rate Missing 263-265

Field not used for DMERC

522 Diagnosis 1 Invalid 291-295

This error indicates that the first (#1) diagnosis code entered on the oxygen CMN (GX0.31.0) is either an invalid code or is entered in an invalid format.

Things to remember about diagnosis codes:

The code must be the most specific diagnosis code allowed in the ICD-9CM format.

DO NOT ‘pad’ the diagnosis code field with extra zeros. For example, if the code is “123,” enter “123,” not “12300.”

DO NOT add decimal points to diagnosis codes; your software may automatically add them, but do not do it yourself.

523 Diagnosis 2 Invalid 296-300

This error indicates that the second (#2) diagnosis code entered on the oxygen CMN (GX0-32.0) is either an invalid code or is entered in an invalid format.

Things to remember about diagnosis codes:

The code must be the most specific diagnosis code allowed in the ICD-9CM format.

DO NOT ‘pad’ the diagnosis code field with extra zeros. For example, if the code is “123,” enter “123,” not “12300.”

DO NOT add decimal points to diagnosis codes; your software may automatically add them, but do not do it yourself.

524 Diagnosis 3 Invalid 301-305

This error indicates that the third (#3) diagnosis code entered on the oxygen CMN (GX0-33.0) either an invalid code or is entered in an invalid format.

Things to remember about diagnosis codes:

The code must be the most specific diagnosis code allowed in the ICD-9CM format.

DO NOT ‘pad’ the diagnosis code field with extra zeros. For example, if the code is “123,” enter “123,” not “12300.”

DO NOT add decimal points to diagnosis codes; your software may automatically add them, but do not do it yourself.

525 Cert on File Missing	311	A code indicating whether or not a certification signed by the ordering physician is on file at the supplier's office must be entered. This error indicates that a code indicating whether or not a certification signed by the ordering physician is on file at the supplier's site is missing. (GX0-35.0)
		Valid cert-on-file codes are: Y = Yes, Oxygen certification is on file. N = No, Oxygen certification is not on file.
526 Sequence Error – GX1	----	Not required on 03.01
527 Sequence Nbr Missing	4-5	Not required on 03.01
528 Sequence Nbr Invalid	-----	Not required on 03.01
529 Pat Cntl Nbr Missing	6-22	This error indicates that a Patient Control Number (s) is missing. You must enter (or your software must automatically generate) a patient control number (or "patient account number") that identifies the patient to the provider. This number is carried throughout your system and must be the same in the CA0 through XA0 record. If you get this error, ensure that you have assigned a Patient Control Number to each patient. If your software automatically generates this number and your receive this error, contact your software vendor. (See Section II for Patient Control Number data entry instructions if you enter these numbers manually.) (GX2-03.0)
530 Pat Cntl Nbr Invalid	6-22	Field not used for DMERC
531 Test Results Missing	23-112	Field not used for DMERC
532 Medical Find Missing	113-202	Field not used for DMERC
533 Exercise RTN Missing	203-292	Field not used for DMERC
534 Sequence Error – GX2	-----	The GX2 record (Oxygen Certification Facility Information) is out of sequence in the file. The GX2 record must come after GX0 or GX1 record and before FA0, HA0, or XA0 record. Contact your software vendor if you receive this error.
535 Sequence Nbr Missing	4-5	A sequence number which must be the same as the preceding FA0-02.0 must be entered in the GX2-02.0. This error indicates that the sequence number is missing. Contact your software vendor if you receive this error. (GX2-02.0)
536 Sequence Nbr Invalid	4-5	The sequence number on the GX2 record is invalid. The sequence number must be between 01 and 99 inclusive and be identical to positions 4-5 of previous GX0 and subsequent GS2 record. Contact your software vendor if you receive this error. (GX2-02.0)
537 Pat Cntl Nbr Missing	6-22	This error indicates that a Patient Control Number(s) is missing. You must enter (or your software must automatically generate) a patient control number (or "patient account number") that identifies the patient to the supplier. This number is carried throughout your system

and must be the same in the CA0 through XA0 record. If you get this error, ensure that you have assigned a Patient Control Number to each patient. If your software automatically generates this number and you receive this error, contact your software vendor. (See Section II for Patient Control Number data entry instructions if you enter these numbers manually.) (GX2-03.0)

538 Pat Cntl Nbr Invalid	6-22	The patient control number is in an invalid format. You must enter (or your software must automatically generate) a patient control number (or “patient account number”) that identifies the patient to the provider. This number is carried throughout your system and must be the same in the CA0 through XA0 record. If you get this error, ensure that you have a Patient Control Number to each patient. If your software automatically generates this number and you receive this error, contact your software vendor. (See Section II for Patient control Number data entry instructions if you enter these numbers manually.) (GX2-03.0)
539 Test Fac Add Invalid	23-113	The complete address of the test facility where oxygen tests were performed must be entered. This error indicates that the test facility address is missing or entered in an invalid format. (See Section II for address data entry instructions.) (GX2-04.0)
540 GX1 Fields All Blank	23-292	Field not used for DMERC
541 Sequence Error – HA0	----	The HA0 (Provider Narrative) record is out of sequence in the file. It must come after an FA0, FB0, FB1, GA0, GC0, GE0, GP0, GX0, GX1, or GX2 record and before an XA0 record. Contact your software vendor if you receive this error.
542 Sequence Nbr Missing	4-5	A sequence number, which must be the same as the sequence number in the preceding FA0-02.0 must be entered. This error indicates that the sequence number is missing. Contact your software vendor if you receive this error. (HA0-02.0)
543 Sequence Nbr Invalid	4-5	The sequence number entered in the HA0-02.0 is invalid. The sequence number must be between 01 and 99 inclusive and be identical to positions 4-5 of the associated FA0 record. (HA0-02.0)
544 Pat Cntl Nbr Missing	6-22	This error indicates that a Patient Control Number(s) is missing. You must enter (or your software must automatically generate) a patient control number (or “patient account number”) that identifies the patient to the supplier must be the same in the CA0 through XA0 record. If you get this error, ensure that you have assigned a Patient Control Number to each patient. If your software automatically generates this number and you receive this error contact your software vendor. (See Section II for Patient Control Number data entry instructions if you enter these numbers manually.) (HA0-03.0)
545 Pat Cntl Nbr Invalid	6-22	The patient control number is in an invalid format. You must enter (or your software must automatically generate) a patient control number (or “patient account number”) that identifies the patient to the supplier. This number is carried throughout your system and must be the same in the CA0 through XA0 record. If you get this error, ensure that you have assigned a Patient Control Number to each patient. If your software automatically generates this number and you receive this error, contact your software vendor. (See Section II for Patient Control Number data entry instructions if you enter these numbers manually.) (HA0-03.0)

546- 547 Not Used

548 Extra Narrat Missing	40-320	This error indicates that you have indicated somewhere in your claim that additional free form narrative of additional information that may assist in adjudication of the service line item in the preceding FA0 (Claim) record will be entered and none has been entered. (HA0-05.0)
549 Sequence Error – XA0	-----	The XA0 (Claim Trailer) record is out of sequence in the file. It must come after an FA0, FB0, FB1, DE0, GA0 (Cert Records) or HA0 record and before a CA0 of YA0 record. Contact your software vendor if you receive this error.
550 Pat Cntl Nbr Missing	6-22	This error indicates that a Patient Control Number(s) is missing . You must enter (or your software must automatically generate) a patient control number (or “patient account number”) that identifies the patient to the provider. This number is carried throughout your system and must be the same in the CA0 through XA0 record. If you get this error, ensure that you have assigned a Patient Control Number to each patient. If your software automatically generates this number and you receive this error, contact your software vendor. (See Section II for Patient Control Number data entry instructions if you enter these numbers manually. (XA0-03.0)
551 Pat Cntl Nbr Invalid	6-22	The patient control number is in an invalid format. You must enter (or your software must automatically generate) a patient control number (or “patient account number”) that identifies the patient to the provider. This number is carried throughout your system and must be the same in the CA0 through XA0 record. If you get this error, ensure that you have assigned a Patient Control Number to each patient. If your software automatically generates this number and you receive this error, contact yours software vendor. (See Section II for Patient Control Number data entry instructions if you enter these numbers manually.) (XA0-03.0)
552 CXX rcrd Cnt Missing	23-24	The total number of all CXX (Claim Header) records included in this claim must be entered. This error indicates that the total number of all CXX records included in the claim has not been entered. Contact yours software vendor if you receive this error. (XA0-04.0)
553 CXX Rcrd Cnt Not Num	23-24	The total number of all CXX (Claim Header) records included in this claim must be numeric. This error indicates that the total number of all CXX records is not entered as a numeric. Contact your software vendor if you receive this error. (XA0-04.0)
554 CXX Rcrd Cnt Invalid	23-24	The CXX (Claim Header) record count is invalid. It must equal the total number of all CXX records for this claim. Contact yours software vendor if you receive this error. (XA0-04.0)
555 DXX Rcrd Cnt Missing	25-26	The total number of all DXX (Insurance Information) records included in this claim must be entered. This error indicates that the total number of all DXX records included in the claim has not been entered. Contact your software vendor if you receive this error. (XA0-05.0)
556 DXX Rcrd Cnt Not Num	25-26	The total number of all DXX (Insurance Information) records included in this claim must be numeric. This error indicates that the total number of all DXX records is not entered as a numeric. Contact your software vendor if you receive this error. (XA0-05.0)

557 DXX Rcrd Cnt Invalid	25-26	The DXX (Insurance Information) record count is invalid. It must equal the total number of all DXX records for this claim. Contact your software vendor if you receive this error. (XA0-05.0)
558 EXX Rcrd Cnt Missing	27-28	The total number of all EXX (Claim Data) records included in this claim must be entered. This error indicates that the total number of all EXX records included in the claim has not been entered. Contact your software vendor if you receive this error. (XA0-06.0)
559 EXX Rcrd Cnt Not Num	27-28	The total number of all EXX (Claim Data) records included in this claim must be numeric. This error indicates that the total number of all EXX records are not entered as a numeric. Contact your software vendor if you receive this error. (XA0-06.0)
560 EXX Rcrd Cnt Invalid	27-28	The EXX (Claim Data) record count is invalid. It must equal the total number of all EXX records for this claim. Contact your software vendor if you receive this error. (XA0-06.0)
561 FXX Rcrd Cnt Missing	29-30	The total number of all FXX (Line Detail) records included in this claim must be entered. This error indicates that the total number of all FXX records included in the claim has not been entered. Contact your software vendor if you receive this error. (XA0-07.0)
562 FXX Rcrd Cnt Not Num	29-30	The total number of all FXX (Line Detail) records included in this claim must be numeric. This error indicates that the total number of all FXX records is not entered as a numeric. Contact your software vendor if you receive this error. (XA0-07.0)
563 FXX Rcrd Cnt Invalid	29-30	The FXX (Line Detail) record count is invalid. It must equal the total number of all FXX records for this claim. Contact your software vendor if you receive this error. (XA0-07.0)
564 GXX Rcrd Cnt Missing	31-32	The total number of all GXX (Certification) records included in this claim must be entered. This error indicates that the total number of all GXX records included in the claim has not been entered. Contact your software vendor if you receive this error. (XA0-08.0)
565 GXX Rcrd Cnt Not Num	31-32	The total number of all GXX (Certification) records included in this claim must be numeric. This error indicates that the total number of all GXX records is not entered as a numeric. Contact your software vendor if you receive this error. (XA0-08.0)
566 GXX Rcrd Cnt Invalid	31-32	The GXX (Certification) record count is invalid. It must equal the total number of all GXX records for this claim. Contact your software vendor if you receive this error. (XA0-08.0)
567 HXX Rcrd Cnt Missing	33-34	The total number of all HXX (Extra Narrative) records included in this claim must be entered. This error indicates that the total number of all HXX records included in the claim has not been entered. Contact your software vendor if you receive this error. (XA0-09.0)
568 HXX Rcrd Cnt Not Num	33-34	The total number of all HXX (Extra Narrative) records included in this claim must be numeric. This error indicates that the total number of all HXX records is not entered as a numeric. Contact your software vendor if you receive this error. (XA0-09.0)

569 HXX Recd Cnt Invalid	33-34	The HXX (Extra Narrative) record count is invalid. It must equal the total number of all HXX records for this claim. Contact your software vendor if you receive this error. (XA0-09.0)
570 Clm Rcrd Cnt Missing	35-37	The total number of records submitted for each claim (excluding the XA0 record) must be entered in the Claim Trailer record. This error indicates that the total number of records submitted for each claim has not been entered in the Claim Trailer record. Contact your software vendor if you receive this error. (XA0-10.0)
571 Clm Rcrd Cnt Not Num	35-37	This error indicates that the claim record count in the Claim Trailer record (XA0) is not numeric. The claim record count must be numeric. Contact your software vendor if you receive this error. (XA0-10.0)
572 Clm Rcrd Cnt Invalid	35-37	This error indicates that the claim record count in the Claim Trailer record (XA0) is invalid. The claim record count must equal the total number of records submitted for this claim, excluding this record (XA0). Contact your software vendor if you receive this error. (XA0-10.0)
573 Tot Clm Chgs Invalid	78-84	The sum of all line item charges (FA0-13.0) included within each claim must be entered for each claim. This error indicates that the sum of all line item charges included within this claim is missing is not numeric or does not balance. If your software totals the line charges for you, contact your software vendor if you receive this error. If not, check your figures and correct the error. (XA0-12.0)
574 Tot Allowed Invalid	99-105	The sum of all allowed amount field (FB0-06.0) must be entered. This error indicates that the allowed amount is missing, not numeric or does not balance. Contact your software vendor if you receive this error. (XA0-15.0)
575 Tot Dis CC Invalid	85-91	The computed sum of all disallowed cost containment charges included in the claim (FA0-27.0) must be entered. This error indicates that the computed sum of the disallowed cost containment charges (FA0-27.0) is missing, not numeric or does not balance. Contact your software vendor if you receive this error. (XA0-12.0)
576 Tot Dis Ot Invalid	92-98	The computed sum of all the disallowed charges (FA0-28.0) included in this claim is missing or does not balance. Contact your software vendor if you receive this error. (XA0-14.0)
577 Tot Ded Amt Not Num	106-112	The computed sum of all the deductible amount fields (FB0-07.0) must be entered. This error indicates that the total amount applied to deductible by the primary payor is not numeric. Contact your software vendor if you receive this error. (XA0-16.0)
578 Tot Ded Amt Invalid	106-112	The computed sum of all the deductible amount fields (FB0-07.0) must be entered. This error indicates that the total amount applied to deductible by the primary payor is missing or does not balance. Contact your software vendor if you receive this error. (XA0-16.0)
579 Tot Coin Amt Missing	113-119	The computed sum of all the coinsurance amount fields (FB0-08.0) must be entered. This error indicates that the computed sum of all the coinsurance amount fields is missing. Contact your software vendor if you receive this error. (XA0-17.0)

580 Tot Coin Amt Not Num	113-119	The computed sum of all the coinsurance amount fields (FB0-08.0) must be numeric. This error indicates that the computed sum of all the co-insurance amount fields is not numeric. Contact your software vendor if you receive this error. (XA0-17.0)
581 Tot Coin Amt Invalid	113-119	The total co-insurance amount must equal the computed sum of all the co-insurance amount fields (FB0-08.0). This error indicates that it does not. Contact your software vendor if you receive this error. (XA0-17.0)
582 Tot Amt Paid Invalid	120-126	The computed sum of all payor amount paid fields (DA1-14.0) included in the claim must be entered as a numeric and must balance. This error indicates that the total amount paid is missing, not numeric or is not equal to the sum of all payor amount paid fields included in the claim and/or that it exceeds total claim charges. Contact your software vendor if you receive this error. (XA0-18.0)
583 Tot Pat Paid Invalid	127-133	The total amount the provider has received from the patient must be a positive, unsigned numeric value and it must not exceed the total claim charges. This error indicates that the total amount the provider has received from the patient is not entered as a positive, unsigned numeric value and/or it exceeds the total claim charges. Contact your software vendor if you receive this error. (XA0-19.0)
584 Tot Prch Svc Invalid	134-140	Not applicable to DMEPOS claims submissions.
585 Sequence Error – YA0	1-3	The Batch Trailer (YA0) record is out of sequence in the file. It must come after an XA0 record and before BA0 or ZA0 record. . Contact your software vendor if you receive this error. (YA0-01.0)
586 EMC Prov ID Missing	4-18	This error indicates that your Supplier number has not been carried to the YA0 record. . Contact your software vendor if you receive this error. (YA0-02.0)
587 EMC Prov ID Invalid	4-18	This error indicates that your Supplier number has been entered in an invalid format in the YA0 record. . Contact your software vendor if you receive this error. (YA0-02.0)
588 EMC Prov ID Not=BA0	4-18	The Supplier number in the YA0 record is not the same Supplier number entered in the BA0 (Batch Header) record. Contact your software vendor if you receive this error. (YA0-02.0)
589 Batch Number Missing	22-25	The batch number must be entered in the Batch Trailer (YA0) record and must be identical to batch number in BA0-04.0. This error indicates that the batch number is not entered in the Batch Trailer record. . Contact your software vendor if you receive this error. (YA0-04.0)
590 Batch Nbr Not = BA0	22-25	Batch number must be numeric and it must be identical to batch number in BA0-04.0. This error indicates that the batch number is not numeric and/or that it does not match the batch number in the Batch Header (BA0) record. Contact your software vendor if you receive this error. (YA0-04.0)
591 Batch Number Invalid	22-25	This error indicates that the batch number in the Batch Trailer (YA0) is invalid. It must be between “0001” through “9999” inclusive; first batch number must be “0001; must match the batch number (positions 22-25) of the Batch Header (BA0) record. Contact your software vendor if you

receive this error. (YA0-04.0)

592 Batch Ln Cnt Missing	47-53	This error indicates that the batch service line count is missing. Contact your software vendor if you receive this error. (YA0-08.0)
593 Batch Ln Cnt Not Num	47-53	This error indicates that the batch service line count is not entered as a numeric. Contact your software vendor if you receive this error. (YA0-08.0)
594 Ln Cnt Not = Sum FA0	47-53	This error indicates that the batch service line count does not equal the computed sum of all record type FA0's within this batch. Contact your software vendor if you receive this error. (YA0-08.0)
595 Bat Rcrd Cnt Missing	54-60	This error indicates that the batch record count has not been entered. Contact your software vendor if you receive this error. (YA0-09.0)
596 Bat Rcrd Cnt Not Num	54-60	This error indicates that the batch record count is not entered as a numeric. Contact your software vendor if you receive this error. (YA0-09.0)
597 Bat Rcrd Cnt Invalid	54-60	This error indicates that the batch record count does not equal the computed sum of all record types BA0 through YA0. Contact your software vendor if you receive this error. (YA0-09.0)
598 Bat Clm Cnt Missing	61-67	This error indicates that the batch claim count has not been entered. Contact your software vendor if you receive this error. (YA0-10.0)
599 Bat Clm Cnt Not Num	61-67	This error indicates that the batch claim count is not entered as a numeric. Contact your software vendor if you receive this error. (YA0-10.0)
600 Clm Ct Not = Sum CA0	61-67	This error indicates that the batch claim count does not equal the computed sum of all record type CA0's included between this batch trailer record (YA0) and the preceding batch header record (BA0). Contact your software vendor if you receive this error. (YA0-10.0)
601 Bat Tot Chg Missing	68-76	This error indicates that the batch total charges have not been entered. Contact your software vendor if you receive this error. (YA0-11.0)
602 Bat Tot Chg Not Num	68-76	This error indicates that the batch total charges have not been entered as a numeric. Contact your software vendor if you receive this error. (YA0-11.0)
603 Tot Chg Not Sum XA0	68-76	This error indicates that the batch total charges do not equal the computed sum of all the total claim charges (positions 78-84 of Claim Trailer (XA0) records) included in this batch. Contact your software vendor if you receive this error. (YA0-11.0)
604 Sequence Error – ZA0	1-3	This error indicates that the File Trailer (ZA0) record is out of sequence in the file. It must come after a YA0 record and must be the last record in the file. (ZA0-01.0)
605 Submitter ID Missing	4-19	This error indicates that your Submitter Identification number as defined by the carrier is missing from the File Trailer (ZA0) record. Contact your software vendor if you receive this error. (ZA0-02.0)
606 Subm ID Not = AA0 ID	4-19	This error indicates that the submitter identification number does not match the submitter ID (positions 4-19) in the File Header (AA0) record.

		Contact your software vendor if you receive this error. (ZA0-02.0)
607	Recv ID Not = AA0 ID 29-44	The receiver identification number in the File Trailer (ZA0) record does not match the receiver ID (positions 227-242) in the File Header (AA0) record. Contact your software vendor if you receive this error. (ZA0-04.0)
608	File Lin Cnt Invalid 45-51	The service line count does not equal the total of all batch service line count fields and/or it is not entered as a numeric. Contact your vendor if you receive this error. (ZA0-05.0)
609	Lin Ct Not = Sum YA0 45-51	The service line count does not equal the computed sum service line count fields and/or it is not entered as a numeric. Contact your software vendor if you receive this error. (ZA0-05.0)
610	File Rec Cnt Missing 52-58	The number of records included in this file is missing. Contact your software vendor if you receive this error. (ZA0-06.0)
611	File Rec Cnt Invalid 52-58	This error indicates that the number of records in the File Trailer (ZA0) record is invalid. The number of records included in this file must be numeric and should not include any count of the AA0 or the ZA0 records. Contact your software vendor if you receive this error. (ZA0-06.0)
612	Rec Ct Not = Sum YA0 52-58	The number of records in the file must equal the computed sum of all batch record counts (positions 54-60) in the Batch Trailer (YA0) records. Contact your software vendor if you receive this error. (ZA0-06.0)
613	File Clm Cnt Missing 59-65	The number of claims included in the file is missing. Contact your software vendor if you receive this error. (ZA0-07.0)
614	File Clm Cnt Invalid 59-65	This error indicates that the number of claims included in the file has not been entered as a numeric and/or does not equal the total of all batch claim count fields included in the file. Contact your software vendor if you receive this error. (ZA0-07.0)
615	Clm Ct Not=Sum YA0 59-65	This error indicates that the number of claims included in the file do not equal the computed sum of all batch claim counts (positions 61-67) in the Batch Trailer (YA0) records. Contact your software vendor if you receive this error. (ZA0-07.0)
616	File Bat Cnt Invalid 66-69	This error indicates that the number of batches included in the file are not entered as a numeric and do not equal the total of all YA0 record types within this file. Contact your software vendor if you receive this error. (ZA0-08.0)
		NOTE: Only submissions using the same submitter ID# (AA0-02.0) are able to transmit more than one batch per AA0 through ZA0.
617	Bch Ct Not = Sum YA0 66-69	This error indicates that the number of batches included in the file do not equal the computed sum of all Batch Trailer (YA0) records in this file. Contact your software vendor if you receive this error. (ZA0-08.0)
618	File Tot Chg Invalid 70-80	This error indicates that the total of all batch charges included in the claim are not entered as a positive, unsigned numeric value. Contact your software vendor if you receive this error. (ZA0-09.0)

619 Record Not Required	-----	A CB0 record is not allowed/required when CA0-25.0 Legal Representative Indicator equals "N" (no), indicating that there is not a responsible (legal rep payee). Contact your software vendor if you receive this error.
620 Clm File Ind Missing	23	<p>A Claim Filing Indicator must be entered to indicate whether or not payment is being requested of the payor. (DA0-04.0)</p> <p>Valid claim filing indicator codes are:</p> <p>P = Payment is being requested of this payor (enter "P" on the Primary Record.) I = Payment is not being requested of this payor (enter "I" on Secondary records).</p>
621 Clm File Ind Invalid	23	<p>The Claim Filing Indicator entered to indicate whether or not payment if being requested of the payor is invalid. (DA0-04.0)</p> <p>Valid claim filing indicator codes are:</p> <p>P = Payment is being requested of this payor (enter "P" on the Primary Record.) I = Payment is not being requested of this payor (enter "I" on Secondary records).</p>
622 Clm Fl Ind P Invalid	23	A claim filing indicator of "P" has been entered and is invalid. There can be only one DA0 record with "P". (DA0-04.0)
624 Clm Fl Ind I Invalid	23	A claim filing indicator of "I" has been entered and is invalid. There cannot be more than two DA0 (Insurance Information) records with an "I" indicator. (DA0-04.0)
625 Source of Pay Invalid	24	<p>A code indicating the source of payment must be entered (DA0-05.0) and may be either user entered or entered by software in conjunction with the entry of an insurance type code (DA0-06.0). This error indicates that the source of payment indicator entered is an invalid code. The code may be invalid because it is not an acceptable code or because it does not match information about the source of payment (insurer) entered in the system. (DA0-05.0)</p> <p>Valid DMEPOS source of payment codes for Medicare Primary claims are:</p> <p>C = Medicare (primary record) D = MediCA1d (secondary record) Z = Medigap (secondary record)</p> <p>Valid DMEPOS source of payment codes for the primary insurance record on MSP claims are:</p> <p>B = Worker's Compensation E = Other Federal Program F = Commercial Insurance Company G = Blue Cross Blue Shield H = Champus I = HMO J = FEP (Federal Employee's Program) K = Central Certification</p>

626 Tot Chg Not = Sum YA0	68-76	The total of all batch charges in this file does not equal the computed sum of all Batch Total Charges fields in the file. Contact your software vendor if you receive this error. (YA0-11.0)
627-632	Not used	
633 Delivery Typ Invalid	312	Not Required for DMERC
634 Diagnosis 4 Invalid	306-310	This error indicates that the fourth (#4) diagnosis code entered on the oxygen CMN (GX0-34.0) is either an invalid code or is entered in an invalid format.
Things to remember about diagnosis codes:		
The code must be the most specific diagnosis code allowed in the ICD-9CM format.		
DO NOT “pad” the diagnosis code field with extra zeros. For example, if the code is “123”, enter “123” not “12300”		
DO NOT add decimal points to diagnosis codes; your software may automatically add them, but do not do it yourself.		
635 Receiver ID Invalid	227-242	The Receiver Identification number must be entered to indicate which DMERC is to receive the claims being transmitted. This error indicates that the Receiver ID entered is invalid. A five position DMERC Carrier ID entered is invalid. A five position DMERC Carrier ID must be entered. (AA0-17.0)
The Receiver IDs for each DMERC are:		
Region A – 10555		
Region B = 00635		
Region C = 00885		
Region B = 05655		
All claims submitted to AdminaStar Federal must contain “00635” in this field.		
636 Loc Vers Cde Invalid	249-253	The Local version code is entered in an invalid format. It must be 00301. (AA0-20.0)
637 Payor CL Off Invalid	32-35	(See explanation immediately below.)
638 Payor ID Invalid	27-35	Either or both of these errors (637, 638) mean that the OCNA (Other Carrier Name and Address) number is missing or invalid. (DA0-07.0 – DA0-08.0)

Important notes about OCNA numbers:

OCNA numbers are required only for Medigap secondary payors.

MediCA1d payors do not have/require an OCNA number.

A list of OCNA numbers for all Medigap insurers can be found in the Region B Supplier Manual. If you have a beneficiary with a Medigap policy and you cannot find an OCNA number for the insurer, contact

your DMERC Help Desk. (See Section II for telephone directory.)

639 Review Code Invalid	140	Field not used for DMERC
640 Patient Gen Invalid	56-58	<p>The patient generation is invalid. Some software does not allow patient generation indicators! Check with your software vendor to see if your software allows for this field. (CA0-07.0)</p> <p>A patient generation indicator is to be used only if shown on the patient's Medicare Health Insurance card. Valid patient generation indicators are I, II, III, JR and SR. If you use a patient generation indicator DO NOT use any punctuation!</p>
641 Group Name Invalid	89-121	The insurer Group Name is entered in an invalid format. See Section III for company name data entry instructions. The Group Name is not required on the Medicare primary insurance record. (DA0-11.0)
642 Sign Source Invalid	154	<p>The code indicating the patient signature source is invalid. (DA0-16.0)</p> <p>Valid signature source code values are:</p> <p>C = Signed, 1500 claim form on file. S = Signed signature authorization form for Block 12 is on file. M = Signed signature authorization form for Block 12 is on file. B = Signed signature authorization form or forms for both Block 12 and Block 13 are on file P = Signature generated by provider because the patient was not physically present for services.</p>
643 Insured Gen Invalid	215-217	<p>The insured generation is invalid. Some software does not allow for insured generation indicators! Check with your software vendor to see if your software allows for this field. (CA0-07.0 DA0-22.0)</p> <p>An insured generation indicator is to be used only if shown on the patient's Medicare Health Insurance card. Valid insured generation indicators are I, II, III, JR and SR. If you use a patient generation indicator DO NOT use any punctuation!</p>
644 Insured Sex Invalid	218	<p>The code indicating the sex of the insured is invalid. This error occurs primarily on secondary insurance records. The insured's sex is required only if the patient and the insured are not the same person (as indicated by a code other than "01" in the "Patient Relationship to Insured" field [DA0-17.0]). (DA0-23.0)</p> <p>Code values for insured's sex are: M = Male F = Female U = Unknown</p> <p>Remember: This field is looking for the sex of the insured. The insured and the patient may not be one and the same. If you indicated in the "Patient Relationship to Insured" field (DA0-17.0) that the patient is not the insured (i.e. a code other than "01" was entered), be sure to enter the sex of the insured and not the sex of the patient.</p>
645 Ins Birth Dt Invalid	219-226	The insured's date of birth is either entered in an invalid format

(see Section III for date data entry instructions) or is incorrect. This error occurs primarily on secondary insurance records. The insured's date of birth is only required if the patient and the insured are not the same person (as indicated by a code other than "01" in the "Patient Relationship to Insured" field [DA017.0]) (DA0-24.0)

Remember: This field is looking for the birth date of the insured. The insured and the patient may not be one and the same. If you indicated in the "Patient Relationship to Insured" field (DA0-17.0) that the patient is not the insured (i.e. a code other than "01" was entered). Be sure to enter the sex of the insured and not the sex of the patient.

646 Insd Emp St Invalid	227	<p>The code indicating the employment status of the insured is invalid. (DA0-25.0)</p> <p>Valid insured employment status codes are:</p> <ul style="list-style-type: none"> 1 = Employed full time 2 = Employed part time 3 = Not employed 4 = Self-employed 5 = Retired 6 = On active military duty 9 = Unknown
647 Adjud Ind Invalid	157-158	<p>The code indicating the Adjudication status is invalid. (DA1-16.0) Valid Adjudication indicators, derived from the EOB or remittance from the primary payor are:</p> <ul style="list-style-type: none"> 01 = Benefits exhausted 02 = Non covered benefits 03 = Insured coverage lapsed or did not exist 04 = Cost containment disallowed 05 = Entire amount applied to deductible 06 = Charges Exceeded Allowance
648 Balance Due Invalid	183-189	<p>The balance due amount for an MSP claim, which is derived from the Primary Payor EOB or remittance is invalid. (DA1-24.0)</p>
649 No CA0 Record Found	----	<p>No CA0 (Claim Header – Patient Data) Record was found for this claim. A CA0 record must be submitted for the claim. Contact your software Vendor if you receive this error.</p>
650 No DA0 Record Found	----	<p>No DA0 (Insurance Information) Record was found for this claim. A DA0 record must be submitted for the claim. Contact your software vendor if you receive this error.</p>
651 No EA0 Record Found	----	<p>No EA0 (Claim Data) Record was found for this claim. An EA0 record must be submitted for the claim. Contact your software vendor if you receive this error.</p>
652 No FA0 Record Found	----	<p>No FA0 (Line Detail) Record was found for this claim. An FA0 record must be submitted for the claim. Contact your software vendor if you receive this error.</p>
653 Not used		
654 Test/Prod Ind Invalid	254-257	<p>This error indicates that the test/production (TEST/PROD) indicator</p>

is invalid. Contact your software vendor if you receive this error.
(AA0-21.0)

Valid test/production indicators are:

TEST = file should be run through test system

PROD = file should be run through production system.

655 Test File in Prod	254-257	A test file has been submitted to the production system. It must run through the test system, or the test/production indicator changed to PROD for production. Contact your software vendor if you receive this error. (AA0-21.0)
656 Legal Rep But no CB0	----	It is indicated that there is a Legal Representative for the patient, because a “Y” (yes) has been entered in the CA0 (Patient Data) record field 25.0, but no CB0 (Legal Representative Data) record has been submitted with the claim. You must complete a CB0 Record.
657 MSP But no DA1 Rec	----	A DA1 record is required when Non-Medicare Primary Insurance (MSP) policies exist for the beneficiary and none has been submitted. Contact your software vendor if you receive this error.
658 MSP But no DA2 Rec	----	A DA2 record is required for Medicare Secondary Payor (MSP) claims and none has been submitted. Contact your software vendor if you receive this error.
659 No FB1 Record Found	----	No FB1 (Line Detail) record is found for this claim. FB1 record(s) is required on all claims. Contact your software vendor if you receive this error.
660 CMN With no FB2 Rec	----	When a Certificate of Medical Necessity (CMN) is used, an FB2 (Physician Information) record must be completed. This error indicates that there is no FB2 record for this claim and one is required as a CMN has been submitted. Contact your software vendor if you receive this error.
661 Prove Type B Invalid	133-134	Not used for DMERC
662 Prove B Addr Invalid	135-225	Not used for DMERC
663 Bad Date Cert Signed	109-116	The date the oxygen certification was signed is invalid or entered in an invalid format. It must be the date the CMN was issued, recertified, or revised. (See Section II for date data entry instructions.) (GX0-33.0)
664 GX0 But no GX2 Found	----	A GX2 record (Oxygen Certification Record – Facility Information) must be submitted with every oxygen certification.
669 Rev Date < To Date	40-55	The from and/or dates indicated on the claim are dates in the future (dates greater than the date the claim was received). You may only bill future dates of service on HCPCS codes as outlined in your Region B DMERC Supplier Manual. (FA0-05.0 and .06.0)
674 From Date > Receipt Date	40-47	The from date on the claim’s line item is greater than (ahead of) the date the claim was received. Example: the “from” date on the line is 11/1/00. The claim is sent to and received by AdminaStar on 11/1/00. (FA0-05.0)

678 Prove Not Authorized for EMC		This error indicates that a current and valid EDI Enrollment form has not been sent to EDI Operations. Please call the Help Desk and request an EDI Enrollment form. The Monday following the week EDI Operations receives a current and valid EDI Enrollment form.
679 – 694	Not used	
695 – 697	Not used	
698 ABG>4 LPM Invalid	132-134	If greater than 4 LPM is prescribed, the arterial blood gas results taken on 4 LPM must be entered into question 7a on form 484.2 in numeric form. (GX0-17.0)
699 OXY > 4 LPM Invalid	135-137	If greater than 4 LPM is prescribed, the oxygen saturation results taken on 4 LPM must be entered into question 7b on form 484.2 in numeric form. (GX0-18.0)
700 LPM Test DT Miss	138-145	If greater than 4 LPM is prescribed the ABG or oxygen saturation test date must be entered into question 7c on form 484.2. (GX0-19.0)
701 4 LPM Test DT Invd	138-145	The date of the ABG or oxygen saturation test has been entered in an invalid format. (See Section II for dates for more information.) (GX0-19.0)
702 Inpat Stable Invd	146	Certificate of Medical Necessity: Oxygen (Form 484.2) Question 2 has invalid information. Valid values are: Y – Yes N = No (GX0-20.0)
703 Pat Mob Invalid	24	Certificate of Medical Necessity: Oxygen (Form 484.2) Question 5 has invalid information. Valid values are: Y – Yes N = No (GX0-05.0)
704 Dependent Edema Invd	260	Certificate of Medical Necessity: Oxygen (Form 484.2) Question 8 has invalid information. Valid values are: Y – Yes N = No D = Does not apply (GX0-27.0)
705 Cor Pulmonale Invalid	261	Certificate of Medical Necessity: Oxygen (Form 484.2) Question 9 has invalid information. Valid values are: Y – Yes N = No D = Does not apply

		(GX0-27.0)
706 Hematocrit Invalid	262	Certificate of Medical Necessity: Oxygen (Form 484.2) Question 10 has invalid information. Valid values are: Y = Yes N = No D = Does not apply (GX0-27.0)
707 Edema/Cor/Hemat Miss	260-262	Certificate of Medical Necessity: Oxygen (Form 484.2) Question 8, 9 and/or 10 is missing. Valid values are: Y = Yes N = No D = Does not apply (GX0-27.0)
708 ABG/SAT >4 Missing	132-137	Certificate of medical Necessity: Oxygen (Form 484.2) Question 7a or 7b is required when the response to question 6 (GX0-14.0) is greater than 4. (GX0-17.0, 18.0)
709 Form 02/ Q9 / GU0-33	119	Certificate of Medical Necessity: Manual Wheelchairs (Form 02.03) Question 9, missing or invalid information. Valid values are: Y = Yes N = No D = Does not apply (GU0-33.0)
710 Form 02 / Q 5/ GU0-62	266-269	Certificate of medical Necessity: Manual/Motorized Wheelchairs (Form 02.03) Question 5, missing or invalid information; must be 0001 through 0024. (GU0-62.0)
711 Form 02 / Q6/ GU0- 30	116	Certificate of medical Necessity: Motorized Wheelchairs (Form 02.03) Question 6, missing or invalid information. Valid values are: Y = Yes N = No D = Does not apply (GU0-30.0)
712 – 714	Not used	
715 Form 04 / Q 6 / GU0-31	117	Certificate of Medical Necessity: Osteogenesis Stimulators (Form 04.03) Question 6, missing or invalid information. Valid values are: Y = Yes N = No D = Does not apply (GU0-31.0)

716 Form 04 / Q 6b / GU0-62	266-269	Certificate of Medical Necessity: Osteogenesis Stimulators (Form 04.03) Question 6b, missing or invalid information; must be 0001 through 0099. (GU0-62.0)
717 Form 04 / Q 7a / GU0-32	118	Certificate of Medical Necessity: Osteogenesis Stimulators (Form 04.03) Question 7a, missing or invalid information. Valid values are: Y = Yes N = No D = Does not apply (GU0-32.0)
718 Form 04 / Q 7b / GU0-63	270-273	Certificate of Medical Necessity: Osteogenesis Stimulators (Form 04.03) Question 7b, missing or invalid information; must be 0001 through 0099. (GU0-63.0)
719 Form 04 / Q 9a / GU0-34	120	Certificate of Medical Necessity: Osteogenesis Stimulators (Form 04.03) Question 9a, missing or invalid information. Valid values are: Y = Yes N = No D = Does not apply (GU0=34.0)
720 Form 04 / Q 9b / GU0-64	274-277	Certificate of Medical Necessity: Osteogenesis Stimulators (Form 04.03) Question 9b, missing or invalid information; must be 0001 through 0099. (GU0-64.0)
721 Form 04 / Q 10a / GU0-35	121	Certificate of Medical Necessity: Osteogenesis Stimulators (Form 04.03) Question 10a, missing or invalid information. Valid values are: Y = Yes N = No D = Does not apply (GU0-35.0)
722 Form 04 / Q 10b / GU0-65	278-281	Certificate of Medical Necessity: Osteogenesis Stimulators (Form 04.03) Question 10b, missing or invalid information; must be 0001 through 0099. (GU0-65.0)
723 Form 04 / Q 10c / GU0-66	282-285	Certificate of Medical Necessity: Osteogenesis Stimulators (Form 04.03) Question 10c, missing or invalid information; must be 0001 through 0099. (GU0-66.0)
724 Form 04 / Q 11a / GU0-36	122	Certificate of Medical Necessity: Osteogenesis Stimulators (Form 04.03) Question 11a, missing or invalid information. Valid values are: Y = Yes N = No

D = Does not apply
(GU0-36.0)

725 Form 04 / Q 11b / GU0-67 286-289 Certificate of Medical Necessity: Osteogenesis Stimulators (Form 04.03)
Question 11b, missing or invalid information; must be 0001 through
0099. (GU0-67.0)

726 Form 02 / Q 7 / GU0-31 117 Certificate of Medical Necessity: Motorized Wheelchairs (Form 02.03)
Question 7, missing or invalid information.

Valid values are:

Y = Yes

N = No

D = Does not apply
(GU0-31.0)

727 Form 02 / Q 8 / GU0-32 118 Certificate of Medical Necessity: Manual Wheelchairs (Form 02
.03) Question 8, missing or invalid information.

Valid values are:

Y = Yes

N = No

D = Does not apply
(GU0-32.0)

CMN Rejections

****If you have questions regarding a CMN Rejection Code, please contact Medicare DMERC Provider
Assistance at 877-299-7900.**

The AdminaStar Federal DMERC Call Center cannot assist you with these error codes.

3030

Already have an initial certification for this procedure code with the same dates.

Claim will be processed against the certification that is already on file.

If the original certification was completed correctly, the claim will pay.

If the submitter was trying to resend a corrected initial certification, this cannot
be done. The submitter will have to file a review on the claim that contained the
original initial certification.

- 3031 Already have an initial certification for this procedure and the initial date of the certification just submitted is less than the end date of the previous initial certification. Claim will be processed against the certification already on file.
If the original certification was completed correctly, the claim will pay.
However, the submitter may want to review the claim to see if they were trying to submit a revised certification rather than an initial.
If the submitter was trying to resend a “corrected” initial certification, this cannot be done. The submitter will have to file a review on the claim that contained the original initial certification.
- 3032 This error will occur for one of two reasons:
1. This certification is a duplicate of a previous revision / recertification sent in on a previous claim.
2. The recertification date on the latest CMN is earlier than the revision / recertification date on the previous claim.
If the previous certification was completed correctly, the claim will be paid.
If the submitter was trying to resend a “corrected” revision/recertification, this cannot be done. The submitter will have to file a review on the claim that contained the original revision/recertification.
- 3047 The incoming EMC recertification date is not equal to the initial date on file for the Same HCPCS code.
- 3048 The supplier is trying to re-certify a CMN that has been placed in a discontinued status within our system.
- 3052 Submitted revised CMN for an initial CMN that has been closed.

Note: This report will also show the corrected HIC numbers when the submitted HIC number was not correct.

Sample NSF (E300-E400) and CMN Error Reports (D320)

Sample NSF Error Report (E300)

ABC SUPPLIER
123 MAIN ST.
INDIANAPOLIS IN 12345-

ON THIS DATE, 05/26/00, WE RECEIVED YOUR ELECTRONIC TRANSMISSION.
THE FOLLOWING REPORT SHOWS THE DETAIL OF THAT FILE.

CONTRACTOR: INDIANA
PROGRAM : DMEEC230
REPORT ID : E300
BILLER : B08000000
ORIGINATING DMERC: B

CARRIER - 00635 SUBMITTER - B08000000
ADMINASTAR FEDERAL DMERC B
MEDICARE DMERC
ELECTRONIC MEDIA CLAIMS
RECEIPT LISTING

RUN DATE : 05/26/00
RUN TIME : 14:17:40
PAGE NO. : 1
RUN TYPE : PROD

SUPPLIER	HICN	CCN	BENE NAME	PAT ACCT NBR	TOTAL SUBMITTED	SERV DATE	BILL SLIP	STATUS
1234567890	123456789A	00147000000000	SMITH JOHN	SMITHJ	15.85	20000211		A
1234567890	123456789A	00147000000000	SMITH JOHN	SMITHJ	63.34	20000324		A
1234567890	123456789A	00147000000000	SMITH JOHN	SMITHJ	279.25	20000331		R
1234567890	123456789A	00147000000000	SMITH JOHN	SMITHJ	63.34	20000426		A
1234567890	123456789A	00147000000000	SMITH JOHN	SMITHJ	69.20	20000426		A

ASSIGNED 5
NONASSIGNED 0
TOTAL NUMBER OF CLAIMS RECEIVED = 5
ASSIGNED 10
NONASSIGNED 0
TOTAL NUMBER OF LINES RECEIVED = 10
ASSIGNED \$490.98
NONASSIGNED \$.00
TOTAL DOLLAR VALUE OF CLAIMS RECEIVED = \$490.98

CLAIMS REJECTED 1 20.0 % OF TOTAL RECEIVED
CLAIMS TRANSFERRED 0 0.0 % OF TOTAL RECEIVED
CLAIMS ACCEPTED 4 80.0 % OF TOTAL RECEIVED

STATUSES: A = ACCEPTED R = REJECTED TX = TRANSFERRED TO DMERC X RX = REJECTED FOR NSF ERRORS AND SENT TO WRONG REGION

Sample NSF Error Report (E400)

CONTRACTOR: INDIANA
 PROGRAM : DMEEC230
 REPORT ID : E400
 BILLER : B08000000
 RUN TYPE : PROD
 REC SQ
 TYP NO SUPPLIER HICN PAT ACCT NO SVC DT
 MMDYY - - - - - E R R O R M E S S A G E S - - - - -
 DA0 01 1234567890 SMITHJ
 EAO
 FA0 01 1234567890 033100
 FA0 02 1234567890 033100
 FA0 03 1234567890 033100
 0 TOTAL CLAIMS IN ERROR FOR THIS BILLER/FILE : 1
 141-DIAGNOSIS 2 INVALID
 ELECTRONIC MEDIA CLAIMS
 ERROR REPORT
 MEDICARE DMERC
 ADMINASTAR FEDERAL DMERC B
 RUN DATE : 05/26/00
 RUN TIME : 14:17:40
 PAGE NO. : 1

Sample CMN Reject Report (D320)

REPORT ID : D320
 BILLER : B08000000
 ELECTRONIC MEDIA CLAIMS
 CMN REJECT REPORT
 PAGE NO. :
 SUPPLIER HICN CCN PROC CODE INIT DATE REC/REV DATE TYPE LEN OF ERROR CODES
 NEED
 1234567890 123456789A 0014700000000000 E0431RR 08/05/99 0300 INIT DATE DUP
 1234567890 123456789A 0014700000000000 E0431RR 08/01/97 0301 INIT DATE < PREV END DATE
 1234567890 123456789A 0014700000000000 B4154 02/17/95 03/03/00 0302 CURR REC/REV DATE <= PREV
 1234567890 123456789A 0014700000000000 B4150 05/22/97 05/27/99 03047 RCT/REV INIT DATE INVALID
 1234567890 123456789A 0014700000000000 E0431RR 08/01/97 03048
 1234567890 123456789A 0014700000000000 B4154 02/17/95 03/03/00 03052

SECTION II

ENTERING DATA ACCORDING TO THE NSF (NATIONAL STANDARD FORMAT)

NSF DATA ENTRY INSTRUCTIONS

ADDRESS DATA ENTRY

ADDRESS 1 and ADDRESS 2

ADDRESS 1 may not contain a blank in the first position.

If entered, ADDRESS 2 may not contain a blank in the first position.

Must contain at least one embedded blank.

May contain alpha characters A-Z and numeric characters 0-9.

No other special characters are allowed.

CITY

First position must not be blank.

May contain A-Z.

No other special characters are allowed.

STATE

Must be a valid, two character, alpha (A-Z) postal state code.

ZIP

Must be a valid postal zip code.

Position 6-9 is optional but must be numeric if entered.

If the state code is a foreign country a zip is not required.

DO NOT put a space in the first position of the zip code.

DATE DATA ENTRY

The valid date format is **CCYYMMDD**. The fields on the screens in your software may not look like the date is being entered in this format; this is because your software is translating the date as you enter it into this required format.

The century must be a value of "18" or "19".

The year must be a value of "00" through "99".

The month must be a value of "01" through "12".

The day must be a value of "01" through "31" dependent on the month.

IDENTIFICATION NUMBER DATA ENTRY

The first position of an identification number may not be blank.

May contain alpha characters A-Z and numeric characters 0-9.

No embedded blanks are allowed.

INDIVIDUAL NAME DATA ENTRY

LAST NAME and FIRST NAME

The first position of a first or last name must contain an A-Z. Make sure that there is not a space in the first position of the first or last name.

No other special characters are allowed.

Titles such as "Mr.", "Dr.", Jr." are not allowed.

Must be at least two (2) positions in length.

MIDDLE INITIAL

Must contain A-Z or blank.

COMPANY NAME DATA ENTRY

The first position of a company name must contain an A-Z. Make sure that there is not a space in the first position of the first or last name.

No other special characters are allowed.

Must be at least two (2) positions in length.

PATIENT CONTROL NUMBER DATA ENTRY

First position must not be blank.

May contain alpha A-Z and/or numeric 0-9.

May contain the following symbols:

/ (forward slash)

. (period)

, (comma)

- (hyphen)

(pound sign)

a blank(s), **but never in the first position!**

TELEPHONE NUMBER DATA ENTRY

The correct format for telephone numbers are: AAAXXXSSSS.
(AAA = area code, XXX XXX = exchange, SSSS = station number).

Must contain numeric 0-9 only.

No special characters (parentheses, hyphens, etc.) or blanks are allowed.

Must contain a valid area code.