Independence

Claims Resolution Matrix — Institutional

This Claims Resolution Matrix is to be used as a reference tool to troubleshoot institutional claims that have been submitted electronically (i.e., submitted via 837I transaction) and rejected. Refer to the Code Definitions document for detailed information about category, entity, and claim status codes.

Note: The Claim Status Codes you receive on your rejection may not be in the same order as they appear below in the primary, secondary, and tertiary status columns. Please be sure to search all columns for the applicable Claim Status Code. For example, on your rejection, you may have received Claim Status Codes 128 and 562; however, on the 277CA you may see these Claim Status Codes in the order of 562 and 128.

	277 Claim Acknowledgments Details																		Claim Resolution Instructions	
	Claims Level Loop 2200D									Line Level Loop 2220D										
	Primary Status 277CA Elements			Secondary Status 277CA Elements			Tertiary Status 277CA Elements			Primary Status 277CA Elements			Secondary Status 277CA Elements			Tertiary Status 277CA Elements			837I Loop/Data Element	Error Resolutions 837I
Edit #	STC01-1	STC01-2	STC01-3	STC10-1	STC10-2	STC10-3	STC11-1	STC11-2	STC11-3	STC01-1	STC01-2	STC01-3	STC10-1	STC10-2	STC10-3	STC11-1	STC11-2	STC11-3		
1	A7	26	85	A7	562	85	–	–	–	–	–	–	–	–	–	–	–	–	2010AA.NM109	The Billing Provider National Provider Identifier (NPI) submitted on the claim is invalid. Resubmit the claim using a valid Billing Provider NPI.
2	A7	33	IL	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	2010AA.NM109	The member ID number submitted was not valid. Submit the member ID number as it appears on the member's ID card — without spaces, hyphens, dashes, or other special characters.
3	A7	116	PR	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	2010BB.NM109	The payer code (Payer Name Identification Code — NM109) submitted on the claim is not valid for Independence. Resubmit the claim with the appropriate NAIC code applicable to the member's product on the claim. Please review the payer ID grids for this information at www.ibx.com/edi. *Note:* If the provider/vendor is submitting the claims through Emdeon, the provider/vendor should use the Emdeon payer codes, which are also listed on the payer ID grids. Emdeon will convert the payer codes to our NAIC codes.
4	A8	116	85	A8	501	–	–	–	–	–	–	–	–	–	–	–	–	–	2010AA.N402	The Billing Provider ID submitted on the claim is for a provider who participates with another Blue Cross® plan. Resubmit the claim to his/her local Blue Cross plan via the BlueCard® claim process.

Independence

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	Claims Level Loop 2200D									Line Level Loop 2220D										
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Edit #	STC01-1	STC01-2	STC01-3	STC10-1	STC10-2	STC10-3	STC11-1	STC11-2	STC11-3	STC01-1	STC01-2	STC01-3	STC10-1	STC10-2	STC10-3	STC11-1	STC11-2	STC11-3		
6	A8	128	85	A8	562	–	–	–	–	–	–	–	–	–	–	–	–	–	2010AA.REF02	The Billing Provider ID does not match the Billing Provider Tax ID Number (TIN) submitted on the claim. Resubmit the claim using a Billing Provider ID that matches the TIN.
7	A6	145	85	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	2000A.PRV03	The Billing Provider Taxonomy Code is required, along with the NPI, in order to find an exact provider match. Resubmit the claim with the Billing Provider Taxonomy Code.
8a	A7	145	85	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	2000A.PRV03	The Taxonomy Code submitted for the Billing Provider is not a valid Taxonomy Code. Resubmit the claim with a valid Taxonomy Code.
11	A6	153	71	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	2310A.NM109	An institutional claim was submitted without the Attending Physician information. Resubmit the claim with the Attending Physician information.
12	A3	247	–	–	–	–	–	–	–	A6	153	72	–	–	–	–	–	–	2310B.NM109	Inpatient institutional surgery claims require the Operating Physician information. Resubmit the claim with the Operating Physician information.
13	A3	247	–	–	–	–	–	–	–	A6	153	72	–	–	–	–	–	–	2310B.NM109	Outpatient institutional surgery claims require the Operating Physician information. Resubmit the claim with the Operating Physician information.
15	A6	156	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	2000B.SBR02	A claim was received where the Relationship Code was missing. Resubmit the claim with the appropriate Relationship Code in the appropriate loop (either Subscriber Loop or Patient Loop).

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	Claims Level Loop 2200D									Line Level Loop 2220D										
	Primary Status 277CA Elements			Secondary Status 277CA Elements			Tertiary Status 277CA Elements			Primary Status 277CA Elements			Secondary Status 277CA Elements			Tertiary Status 277CA Elements			837I Loop/Data Element	Error Resolutions 837I
Edit #	STC01-1	STC01-2	STC01-3	STC10-1	STC10-2	STC10-3	STC11-1	STC11-2	STC11-3	STC01-1	STC01-2	STC01-3	STC10-1	STC10-2	STC10-3	STC11-1	STC11-2	STC11-3		
16	A7	156	QC	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	2000C.PAT02	A claim was received with the Relationship Code reported in both the Subscriber Loop and Patient Loop. Resubmit the claim with the Relationship Code in *either* the Subscriber Loop *or* the Patient Loop.
17	A6	158	QC or IL	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	2010BA.DMG02 or 2010CA. MG02	A claim was received with no Date of Birth. Resubmit the claim with the member's Date of Birth in either the Subscriber Loop or the Patient Loop.
18	A7	158	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	2010BA.DMG02 or 2010CA. MG02	The provider submitted an invalid date. The year was on or before 1850. Resubmit the claim using the appropriate date.
19a	A8	158	QC or IL	A8	187	–	–	–	–	–	–	–	–	–	–	–	–	–	2010BA.DMG02 or 2010CA. DMG02 vs. 2300-DTP02	The submitted member's Date of Birth is prior to the Date of Service. Resubmit the claim with the appropriate Date of Birth for the member.
19b	A3	247	–	–	–	–	–	–	–	A8	158	QC or IL	A8	187	–	–	–	–	2010BA.DMG02 or 2010CA.DMG02 or 2400-DTP03	The submitted member's Date of Birth is prior to the Date of Service. Resubmit the claim with the appropriate Date of Birth for the member.
20	A8	158	QC - patient IL- sub	A8	510	QC - patient IL- sub	–	–	–	–	–	–	–	–	–	–	–	–	2010BA.DMG02 2010CA.DMG02 vs. EDI timestamp	The provider submitted an invalid date. The date was after the GS04 (file creation date). Resubmit the claim using the appropriate date.
21	A6	162	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	2300.REF02	The Original Reference Number is required when CLM05-3 equals 7 or 8 (indicates adjustment request). Resubmit the claim with the Original Reference Number.

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Edit #	STC01-1	STC01-2	STC01-3	STC10-1	STC10-2	STC10-3	STC11-1	STC11-2	STC11-3	STC01-1	STC01-2	STC01-3	STC10-1	STC10-2	STC10-3	STC11-1	STC11-2	STC11-3		
22	A6	164	IL	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	2010BA.NM109	The claim was submitted without a member ID number. Resubmit the claim with the member ID number as it appears on the member's ID card.
23	A7	171	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	2320.SBR09	A claim was submitted with multiple Medicare or Medicaid Claim Filing Indicators. Resubmit the claim so that there is no more than one Medicare Claim Filing Indicator or Medicaid Claim Filing Indicator.
24	A3	247	–	–	–	–	–	–	–	A8	178	–	A8	596	–	–	–	–	2400.SV203 vs. 2400.SV207	A claim was submitted with line-level Non-Covered Charge Amount greater than the Line Item Charge Amount for the same line. Resubmit the claim with the appropriate charges and non-covered charges.
25	A3	247	–	–	–	–	–	–	–	A6	187	–	–	–	–	–	–	–	2400.DTP03	The outpatient institutional claim was submitted without a line-level Date of Service. Resubmit the claim with the line-level Dates of Service.
26	A3	247	–	–	–	–	–	–	–	A7	187	–	–	–	–	–	–	–	2400.DTP03	A claim was submitted with either a future Date of Service at the service line-level date or a Date of Service before 1900. Resubmit the claim with a valid line-level Date of Service.
29	A8	187	–	A8	188	–	–	–	–	–	–	–	–	–	–	–	–	–	2300.DTP03 with 434 qualifier vs. 2400.DTP03	The outpatient institutional claim was submitted with line-level Dates of Service that fall outside of the Statement From and Statement Through Dates. Resubmit the claim with the correct dates.

	277 Claim Acknowledgments Details																		Claim Resolution Instructions	
	Claims Level Loop 2200D									Line Level Loop 2220D										
	Primary Status 277CA Elements			Secondary Status 277CA Elements			Tertiary Status 277CA Elements			Primary Status 277CA Elements			Secondary Status 277CA Elements			Tertiary Status 277CA Elements				
Edit #	STC01-1	STC01-2	STC01-3	STC10-1	STC10-2	STC10-3	STC11-1	STC11-2	STC11-3	STC01-1	STC01-2	STC01-3	STC10-1	STC10-2	STC10-3	STC11-1	STC11-2	STC11-3	837I Loop/Data Element	Error Resolutions 837I
32	A3	247	–	–	–	–	–	–	–	A8	187	–	A8	453	–	–	–	–	2400.SV201-3	A claim was submitted with a Procedure Code Modifier that is either not valid for the Date of Service or is not a national value. Resubmit the claim with a valid Procedure Code Modifier.
34	A8	247	–	–	–	–	–	–	–	A8	187	–	A8	454	–	–	–	–	2400.SV201-2	The outpatient institutional claim was submitted with a line-level HCPCS/CPT® code that is either not valid or is not valid for the Dates of Service. Resubmit the claim with a valid line-level HCPCS/CPT code.
35	A3	247	–	–	–	–	–	–	–	A8	187	–	A8	510	–	–	–	–	2400.DTP03 vs. EDI timestamp	A claim was submitted with future Dates of Service (dates greater than the Original Claim Receipt Date). Resubmit the claim with valid Dates of Service.
37	A7	188	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	2300.DTP03 with 434 qualifier	An institutional claim was submitted either with a future Statement From and/or Statement Through Date or the Statement From and/or Statement Through Date was before 1900. Resubmit the claim with the appropriate Statement From and Statement Through Dates.
38	A7	188	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	2300.DTP03 with 434 qualifier	An institutional claim was submitted with a Statement Through Date that is less than the Statement From Date. Resubmit the claim with the appropriate Statement From and Statement Through Dates.

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	Claims Level Loop 2200D									Line Level Loop 2220D										
	Primary Status 277CA Elements			Secondary Status 277CA Elements			Tertiary Status 277CA Elements			Primary Status 277CA Elements			Secondary Status 277CA Elements			Tertiary Status 277CA Elements			837I Loop/Data Element	Error Resolutions 837I
Edit #	STC01-1	STC01-2	STC01-3	STC10-1	STC10-2	STC10-3	STC11-1	STC11-2	STC11-3	STC01-1	STC01-2	STC01-3	STC10-1	STC10-2	STC10-3	STC11-1	STC11-2	STC11-3		
39	A8	188	–	A8	486	–	–	–	–	–	–	–	–	–	–	–	–	–	2300.HI01-4	The Principal Procedure Code date on the inpatient institutional claim is either more than 3 days prior to the Statement From Date or greater than the Statement Through Date. Resubmit the claim with the appropriate Statement From and Statement Through Dates.
40	A8	188	–	A8	492	–	–	–	–	–	–	–	–	–	–	–	–	–	2300.HI01-4	The Other Procedure Code date on the inpatient institutional claim is either more than 3 days prior to the Statement From Date or greater than the Statement Through Date. Resubmit the claim with the appropriate Statement From and Statement Through Dates.
41	A8	188	–	A8	510	–	–	–	–	–	–	–	–	–	–	–	–	–	2300.DTP03 with 434 qualifier	The institutional claim was submitted with a future Statement From Date and/or Statement Through Date (dates greater than the Original Claim Receipt Date). Resubmit the claim with valid Statement From and Statement Through Dates.
133	A8	188		A8	718														2300.DTP03	The claim was not submitted within the required time frame (timely filing).
42	A7	189	–	A7	189	–	–	–	–	–	–	–	–	–	–	–	–	–	2300.DTP03 with 435 qualifier	A claim was submitted with an Admission Date that is before 1900. Resubmit the claim with a valid Admission Date.
43	A8	189	–	A8	228	–	–	–	–	–	–	–	–	–	–	–	–	–	2300.DTP03 with 435 qualifier	The inpatient institutional claim or the institutional claim with one of the following Types of Bill was submitted with no Admission Date: 12X, 22X, 32X, 34X, 81X, or 82X. Resubmit the claim with an Admission Date.

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Edit #	STC01-1	STC01-2	STC01-3	STC10-1	STC10-2	STC10-3	STC11-1	STC11-2	STC11-3	STC01-1	STC01-2	STC01-3	STC10-1	STC10-2	STC10-3	STC11-1	STC11-2	STC11-3		
47	A8	189	–	A8	510	–	–	–	–	–	–	–	–	–	–	–	–	–	2300.DTP03 with 435 qualifier vs. EDI timestamp	A claim was submitted with an Admission Date that is greater than the Original Claim Receipt Date. Resubmit the claim with a valid Admission Date.
52	A7	228	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	2300.CLM05-1	The institutional claim was submitted with an invalid Type of Bill. Resubmit the claim with a valid Type of Bill.
54	A3	247	–	–	–	–	–	–	–	A8	228	–	A8	455	–	–	–	–	2300.CLM05-1 and 2400.SV201	Either an inpatient institutional claim was submitted without Accommodation Revenue Codes or an inpatient hospice claim was submitted without Revenue Codes 655, 656, or 658. Resubmit the claim with the appropriate line-level Revenue Codes and charges.
55	A3	247	–	–	–	–	–	–	–	A8	228	–	A8	455	–	A8	507	–	2400.SV201 and 2400.SV202-2	The institutional claim was submitted with Revenue Codes that require a line-level HCPCS/CPT code. Resubmit the claim with the required line-level HCPCS/CPT codes required for the reported Revenue Codes.
56	A6	229	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	2300.CL102	The institutional claim was submitted without an Admission Source Code (Point of Origin for Admission or Visit). Resubmit the claim with a valid Admission Source Code.
57	A7	229	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	2300.CL102	The institutional claim was submitted with an invalid Admission Source Code (Point of Origin for Admission or Visit). Resubmit the claim with a valid Admission Source Code.

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	Claims Level Loop 2200D									Line Level Loop 2220D										
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58	A6	231	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	2300.CL101	The institutional claim was submitted without an Admission Type Code. Resubmit the claim with a valid Admission Type Code.
59	A7	231	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	2300.CL101	The institutional claim was submitted with an invalid Admission Type Code. Resubmit the claim with a valid Admission Type Code.
60	A6	232	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	2300.HI02 with BJ or ABJ qualifier	The inpatient institutional claim was submitted without an Admitting Diagnosis Code. Resubmit the claim with an Admitting Diagnosis Code.
61	A7	234	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	2300.CL103	The Patient Status Code submitted on the claim was invalid. Resubmit the claim with a valid Patient Status Code.
62	A8	234	–	A8	535	–	–	–	–	–	–	–	–	–	–	–	–	–	2300.CL103	A Patient Status Code of 30 (Still Patient) was submitted on a final inpatient claim. Resubmit the claim with the appropriate Patient Status Code.
63	A8	234	–	A8	535	–	–	–	–	–	–	–	–	–	–	–	–	–	2300.CL103	An invalid Patient Status Code was submitted on an inpatient interim bill. Resubmit the claim with a Patient Status code of 30 (Still Patient).
64	A8	234	–	A8	719	–	A8	720	–	–	–	–	–	–	–	–	–	–	2300.CL103 2300.HI01-2	An institutional claim was submitted with a Discharge Status Code of 20, 40, 41, or 42, and Occurrence Code 55 was not present. Resubmit the claim with Occurrence Code 55 with the associated Date of Death.

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	Claims Level Loop 2200D									Line Level Loop 2220D										
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Edit #	STC01-1	STC01-2	STC01-3	STC10-1	STC10-2	STC10-3	STC11-1	STC11-2	STC11-3	STC01-1	STC01-2	STC01-3	STC10-1	STC10-2	STC10-3	STC11-1	STC11-2	STC11-3		
70	A3	247	–	–	–	–	–	–	–	A8	255	–	A8	188	–	A8	404	–	2300.HI01-2 with qualifiers: BK or ABK BF or ABF BJ or ABJ BN or ABN PR or APR	The claim was submitted either with an invalid Diagnosis Code or without the highest level of specificity (this includes Principal, Other, Admitting, Emergency/ External Cause of Injury, and Patient Reason for Visit codes). Resubmit the claim with a valid Diagnosis Code that is to the highest level of specificity.
71	A7	259	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	2300.CLM05-3	An interim bill was submitted, but the provider is not set up for interim billing. Resubmit the claim as an Admission Through Discharge claim.
76	A8	286	–	A8	554	–	–	–	–	–	–	–	–	–	–	–	–	–	If 2320.SBR09 = MA or MB and 2320 MOA03-7 = MA18 or N89, check 2330B vs. EDI date stamp	A Secondary to Medicare claim was submitted fewer than 30 days from the submission to Medicare. Resubmit the claim no fewer than 30 days after the submission to Medicare.
78	A3	247	–	–	–	–	–	–	–	A6	306	–	–	–	–	–	–	–	2400.SV202-7 (inst)	An institutional claim was submitted with an NOC HCPCS/CPT code and no Procedure Description. Resubmit the claim with a Procedure Description for the NOC HCPCS/CPT and Revenue Codes.
79	A3	247	–	–	–	–	–	–	–	A3	400	–	–	–	–	–	–	–	2300.CLM02 vs. 2400.SV202	A claim was submitted where the sum of all the line charges does not match the claim's Total Charge Amount. Resubmit the claim with the appropriate claim charges.

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	Claims Level Loop 2200D									Line Level Loop 2220D										
	Primary Status 277CA Elements			Secondary Status 277CA Elements			Tertiary Status 277CA Elements			Primary Status 277CA Elements			Secondary Status 277CA Elements			Tertiary Status 277CA Elements			837I Loop/Data Element	Error Resolutions 837I
Edit #	STC01-1	STC01-2	STC01-3	STC10-1	STC10-2	STC10-3	STC11-1	STC11-2	STC11-3	STC01-1	STC01-2	STC01-3	STC10-1	STC10-2	STC10-3	STC11-1	STC11-2	STC11-3		
83	A3	247	–	–	–	–	–	–	–	A7	454	–	–	–	–	–	–	–	2400.SV202-1	An institutional claim was submitted with an invalid line-level secondary Procedure Code Qualifier for the service line. The only valid qualifiers on the service line for secondary Procedure Codes are HC (HCPCS) or HP (HIPPS). Resubmit the claim with the appropriate service line secondary Procedure Code Qualifier.
84	A3	247	–	–	–	–	–	–	–	A7	455	–	–	–	–	–	–	–	2400.SV201	An institutional claim was submitted with both inpatient and outpatient hospice Revenue Codes. Resubmit the claim with either inpatient or outpatient hospice Revenue Codes: • Inpatient: 655 or 656 • Outpatient: 651 or 652
85	A3	247	–	–	–	–	–	–	–	A7	455	–	–	–	–	–	–	–	2400.SV201	An institutional claim was submitted with an invalid line-level Revenue Code. Resubmit the claim with valid line-level Revenue Codes.
86	A3	247	–	–	–	–	–	–	–	A7	455	–	–	–	–	–	–	–	2400.SV201	An institutional claim was submitted with a 001/0001 (total charges) Revenue Code. Resubmit the claim without the 001/0001 Revenue Code.
87	A3	247	–	–	–	–	–	–	–	A8	455	–	A8	513	–	–	–	–	2400.SV202-2	An inpatient claim was submitted either with an invalid HIPPS code or with an incorrect Revenue Code. Resubmit the claim with the correct service line codes.
89	A7	460	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	2300.HI01-2 with BG qualifier	An institutional claim was submitted with an invalid Condition Code. Resubmit the claim with a valid Condition Code.

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Edit #	STC01-1	STC01-2	STC01-3	STC10-1	STC10-2	STC10-3	STC11-1	STC11-2	STC11-3	STC01-1	STC01-2	STC01-3	STC10-1	STC10-2	STC10-3	STC11-1	STC11-2	STC11-3		
90	A8	460	–	A8	721	–	–	–	–	–	–	–	–	–	–	–	–	–	2300.HI01-2 with BG qualifier vs. BI qualifier	An institutional claim was submitted with an Occurrence Span Code M0 without the corresponding Condition Code C3. Resubmit the claim with the corresponding Condition Code C3.
91	A8	465	–	A8	486	–	–	–	–	–	–	–	–	–	–	–	–	–	2300.HI01-2 with BR qualifier vs. HI01-3	An institutional claim was submitted with an invalid claim-level Principal Procedure Code for the procedure date reported. Resubmit the claim with a Principal Procedure Code that is valid for the procedure date.
96	A7	479	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	2330B.NM109 vs. 2430-SVD01	A claim was submitted where the claim-level Other Payer ID and the line-level Other Payer ID do not match. Resubmit the claim with the same Other Payer ID at both the claim level and the line level.
97	A6	480	PR	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	2320.SBR09	A multi-payer claim was submitted where the Claim Filing Indicator is missing for the Other Payer. Resubmit the claim with the Other Payer Claim Filing Indicator.
98	A6	266		A6	725														2300.HI01-2 with BE qualifier and HI01-2 = A0	The claim was submitted without an Ambulance Pick-Up ZIP Code. Value Code A0 is Pick Up ZIP Code. Resubmit the claim with an Ambulance ZIP Code.
99	A7	486	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	2300.HI01-2 with BR qualifier vs. HI01-3	An institutional claim was submitted with a future Principal Procedure Date or a Principal Procedure Date before 1900. Resubmit the claim with the appropriate Principal Procedure Date.

	277 Claim Acknowledgments Details																		Claim Resolution Instructions	
	Claims Level Loop 2200D									Line Level Loop 2220D										
	Primary Status 277CA Elements			Secondary Status 277CA Elements			Tertiary Status 277CA Elements			Primary Status 277CA Elements			Secondary Status 277CA Elements			Tertiary Status 277CA Elements			837I Loop/Data Element	Error Resolutions 837I
Edit #	STC01-1	STC01-2	STC01-3	STC10-1	STC10-2	STC10-3	STC11-1	STC11-2	STC11-3	STC01-1	STC01-2	STC01-3	STC10-1	STC10-2	STC10-3	STC11-1	STC11-2	STC11-3		
100	A8	490	–	A8	492	–	–	–	–	–	–	–	–	–	–	–	–	–	2300.HI01-2 with BQ qualifier vs. HI01-3	An institutional claim was submitted with an invalid claim-level Other Procedure Code for the procedure date reported. Resubmit the claim with an Other Procedure Code that is valid for the procedure date.
101	A7	492	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	2300.HI01-3 with BQ qualifier	An institutional claim was submitted with a future Other Procedure Date or an Other Procedure Date before 1900. Resubmit the claim with the appropriate Other Procedure Date.
102	A8	496	41	A8	562	85	–	–	–	–	–	–	–	–	–	–	–	–	2010AA.NM109 vs. GS02	A claim was submitted with a Billing Provider NPI that is not set up for the trading partner. Please ensure that the Billing Provider NPI is registered with the trading partner.
103	A6	500	85 - billing 77 - svc facility	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	2010AA.N403 or 2310E.N403	A claim was received where the Billing Provider and/or the Service Facility Provider's ZIP code was not 9 positions in length. The claim must be resubmitted with valid provider ZIP codes.
104	A7	500	85 - billing 77 - svc facility	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	2010AA.N403 or 2310E.N403	A claim was received where the last 4 positions of the Billing Provider and/or the Service Facility Provider's ZIP code were zeros or spaces. Resubmit the claim with valid provider ZIP codes.
105	A6	503	85 - billing 77 - svc facility	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	2010AA.N403 or 2310E.N401	A claim was received where the Billing Provider and/or the Service Facility Provider's address was a P.O. Box or Lockbox. Resubmit the claim with a valid street address for the Billing Provider and/or Service Facility Provider.

	277 Claim Acknowledgments Details																		Claim Resolution Instructions	
	Claims Level Loop 2200D									Line Level Loop 2220D										
	Primary Status 277CA Elements			Secondary Status 277CA Elements			Tertiary Status 277CA Elements			Primary Status 277CA Elements			Secondary Status 277CA Elements			Tertiary Status 277CA Elements			837I Loop/Data Element	Error Resolutions 837I
Edit #	STC01-1	STC01-2	STC01-3	STC10-1	STC10-2	STC10-3	STC11-1	STC11-2	STC11-3	STC01-1	STC01-2	STC01-3	STC10-1	STC10-2	STC10-3	STC11-1	STC11-2	STC11-3		
106	A8	510	–	A8	720	–	–	–	–	–	–	–	–	–	–	–	–	–	2300.HI01-4 with BH qualifier vs. EDI timestamp	An institutional claim was submitted with a future Occurrence Date. Resubmit the claim with an Occurrence Date that is not greater than the Original Receipt Date.
107	A8	510	–	A8	722	–	–	–	–	–	–	–	–	–	–	–	–	–	2300.HI01-4 with BI qualifier vs. EDI timestamp	An institutional claim was submitted with a future Occurrence Span Date. Resubmit the claim with an Occurrence Span Date that is not greater than the Original Receipt Date.
107a	A7	521	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	2320-CAS02 Several CAS elements, CAS02 is first occurrence	An institutional claim was submitted with an invalid Claim Adjustment Reason Code. Resubmit the claim with a valid Claim Adjustment Reason Code.
107b	A3	247	–	–	–	–	–	–	–	A7	521	–	–	–	–	–	–	–	2430-CAS02 Several CAS elements, CAS02 is first occurrence	An institutional claim was submitted with an invalid Claim Adjustment Reason Code. Resubmit the claim with a valid Claim Adjustment Reason Code.
108	A7	562	85 - billing 82 (837P) - rendering 77 - svc facility	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	2010AA.NM109 or 2310E. NM109	The Billing Provider NPI or the Rendering Provider NPI submitted on the claim is invalid. Resubmit the claim using a valid Billing Provider NPI or Rendering Provider NPI.

	277 Claim Acknowledgments Details																		Claim Resolution Instructions	
	Claims Level Loop 2200D									Line Level Loop 2220D										
	Primary Status 277CA Elements			Secondary Status 277CA Elements			Tertiary Status 277CA Elements			Primary Status 277CA Elements			Secondary Status 277CA Elements			Tertiary Status 277CA Elements			837I Loop/Data Element	Error Resolutions 837I
Edit #	STC01-1	STC01-2	STC01-3	STC10-1	STC10-2	STC10-3	STC11-1	STC11-2	STC11-3	STC01-1	STC01-2	STC01-3	STC10-1	STC10-2	STC10-3	STC11-1	STC11-2	STC11-3		
111	A7	672	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	2430.SVD02 + 2430.CAS03	A claim was submitted where the line-level Other Party Liability/ Coordination of Benefits (OPL/ COB) amounts (Claim Adjustment Amounts and Paid Amounts) did not equal the line-level charge reported. Resubmit the claim with the OPL/COB information in balance.
112	A7	672	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	2320.CAS03 + 2320.AMT02 = 2300.CLM02	A claim was submitted where the sum of all line-level OPL/ COB amounts (Claim Adjustment Amounts and Paid Amounts) did not equal the total claim-level charges reported. Resubmit the claim with the OPL/COB information in balance.
113	A3	247	–	–	–	–	–	–	–	A6	672	–	–	–	–	–	–	–	2320.CAS03 + 2430.SVD02 = 2300.CLM02	The claim was submitted with a claim-level Paid Amount that does not equal the Claim Level Adjustment Amount. Resubmit the claim with the correct amount.
114	A6	673	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	2300.HI01-2 with PR or APR qualifier	An outpatient institutional claim (Type of Bill 13X, 78X, or 85X) was submitted for an unscheduled visit (Admission Types 1, 2, or 5) without a Patient's Reason for Visit Diagnosis Code. Resubmit the claim with a valid Patient's Reason for Visit Diagnosis Code(s).
115	A3	247	–	–	–	–	–	–	–	A3	678	–	–	–	–	–	–	–	2010BA.DMG02 or 2010CA.DMG02 vs. 2400.SV201	An institutional claim was submitted with a Revenue Code that does not match the gender of the patient. Resubmit the claim with the appropriate Revenue Code(s).

	277 Claim Acknowledgments Details																		Claim Resolution Instructions	
	Claims Level Loop 2200D									Line Level Loop 2220D										
	Primary Status 277CA Elements			Secondary Status 277CA Elements			Tertiary Status 277CA Elements			Primary Status 277CA Elements			Secondary Status 277CA Elements			Tertiary Status 277CA Elements			837I Loop/Data Element	Error Resolutions 837I
Edit #	STC01-1	STC01-2	STC01-3	STC10-1	STC10-2	STC10-3	STC11-1	STC11-2	STC11-3	STC01-1	STC01-2	STC01-3	STC10-1	STC10-2	STC10-3	STC11-1	STC11-2	STC11-3		
116	A6	688	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	2300.HI01-2 with qualifiers: BK or ABK BF or ABF	An inpatient institutional claim was submitted with no Present on Admission (POA) indicators when the Billing Provider and/or diagnosis are not POA exempt. Resubmit the claim with POA indicators for the applicable Principal or Other Diagnosis Codes.
117	A3	247	–	–	–	–	–	–	–	A6	719	–	–	–	–	–	–	–	2400.SV201 vs. 2300.HI01-2 with BH qualifier	An institutional Skilled Nursing claim (Type of Bill 21X) was submitted with Revenue Code 0022 and a corresponding HIPPS/ RUGS code, but no Assessment Date (Occurrence Code 50) was submitted. Resubmit the claim with the Assessment Date.
118	A7	719	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	2300.HI01-2 with BH qualifier	An institutional claim was submitted with an invalid Occurrence Code. Resubmit the claim with a valid Occurrence Code.
119	A7	720	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	2300.HI01-2 with BH qualifier	An institutional claim was submitted with identical Occurrence Codes used on separate dates. Resubmit the claim with only unique Occurrence Codes.
120	A7	721	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	2300.HI01-2 with BI qualifier	An institutional claim was submitted with an invalid Occurrence Span Code. Resubmit the claim with a valid Occurrence Span Code.
121	A7	722	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	2300.HI01-4	An institutional claim was submitted with the Occurrence Span From Date greater than the Occurrence Span Through Date. Resubmit the claim with the correct Occurrence Span Dates.

	277 Claim Acknowledgments Details																		Claim Resolution Instructions	
	Claims Level Loop 2200D									Line Level Loop 2220D										
	Primary Status 277CA Elements			Secondary Status 277CA Elements			Tertiary Status 277CA Elements			Primary Status 277CA Elements			Secondary Status 277CA Elements			Tertiary Status 277CA Elements			837I Loop/Data Element	Error Resolutions 837I
Edit #	STC01-1	STC01-2	STC01-3	STC10-1	STC10-2	STC10-3	STC11-1	STC11-2	STC11-3	STC01-1	STC01-2	STC01-3	STC10-1	STC10-2	STC10-3	STC11-1	STC11-2	STC11-3		
122	A7	725	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	2300.HI01-2 with BE qualifier	An institutional claim was submitted with an invalid Value Code. Resubmit the claim with a valid Value Code(s).
123	A7	725	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	2300.HI01-2 with BE qualifier	An institutional claim was submitted with a Value Code that is only valid for paper billing (A1, B1, C1, A2, B2, C2, A7, B7, or C7). Resubmit the claim with the appropriate CAS segments.
124	A7	726	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	2300.HI01-5 with BE qualifier	An institutional claim was submitted with a Value Code amount that is not greater than zero. Resubmit the claim with the dollar amount greater than zero for the Value Code.
126a	A3	247	–	–	–	–	–	–	–	A7	218	–	–	–	–	–	–	–	2410.LIN03	The claim was submitted with an invalid NDC Code.
129	A8	33	IL	A8	116	PR	–	–	–	–	–	–	–	–	–	–	–	–	2010BA.NM109	Keystone First out-of-area claims must be submitted to Independence as secondary, and prior payments from the prior carrier must exist on the claim.
130	A8	33	IL	A8	116	PR	–	–	–	–	–	–	–	–	–	–	–	–	2010BA.NM109 GS03	The claim was submitted with Payer Code 54763 for a member who is an Independence member. Resubmit the claim with the correct Payer Code.
131	A3	771	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	–	If 2320 SBR09 = MA or MB and 2320 MOA03-7 = MA18 or N89, check 2330B vs. EDI date stamp	A Secondary to Medicare claim was submitted fewer than 30 days from the submission to Medicare. Resubmit the claim no fewer than 30 days after the submission to Medicare.