

Edit Summary

Edit #	Description	Claim Type	Override
00001	HEADER BEGIN SERVICE DATE IS INVALID OR GREATER THAN TCN DATE	A,B,C,D,E,F,G,H,I,J,K,L,N,O,P, Q,S,T,U,V,X,0,1,2,3,5,6,8,9	YES
00002	ADMISSION DATE INVALID	A,F,G,H,I,N,Q	YES
00003	HEADER END SERVICE DATE IS INVALID OR GREATER THAN TCN DATE	A,B,C,D,E,F,G,H,I,J,K,L,N,O,P, Q,S,T,U,V,X,0,1,2,3,5,6,8,9	YES
00006	DISCHARGE DATE INVALID	A,F,G,H,I,Q	YES
00007	TOTAL DAYS ON CLAIM GREATER THAN BILLING PERIOD	F,I,Q	YES
00008	HEADER DATE OF SERVICE INDICATES LATE BILLING	A,U	NO
00010	STAY EXCEEDING 30 DAYS REQUIRES PATIENT LIABILITY	A,F,I,Q	YES
00022	CLAIM IS FUTURE DATED	R	YES
00023	SICK VISIT BILLED ON HEALTH CHECK CLAIM	C,E,K,L,P,S,V,0,1,2,5,6,8	YES
00026	M/I BIRTHDATE	R	YES
00030	ADMISSION SOURCE CODE VALIDATION	A,B,C,D,E,F,G,H,I,K,L,N,O,P,Q, S,T,U,V,X,0,1,2,3,5,6,8	YES
00031	VALUE CODE/AMOUNT IS RESERVED, DISCONTINUED, INVALID OR MISSING	A,B,C,D,E,F,G,H,I,K,L,N,O,P,Q, S,T,U,V,X,0,1,2,3,5,6,8	YES
00033	PRIOR PAYMENT SOURCE CHECK	F,I,N,O	YES
00034	INPATIENT/PART B MEDICARE PAYMENT CHECK	I	NO
00036	HEALTH CHECK IMMUNIZATION EDIT	C,E,K,L,O,P,S,V,0,1,2,5,6,8	NO
00038	MULTIPLE DATES OF SERVICE ON HEALTH CHECK CLAIM	C,E,K,L,P,S,V,0,1,2,5,6,8	YES
00039	ROUTINE LABS ARE INCLUDED IN ONGOING DIALYSIS	C,E,K,L,O,P,S,V,0,1,2,5,6,8	YES
00040	LINE ITEM SERVICE DATES MUST FALL WITHIN HEADER SERVICE DATES	A,B,C,D,E,F,G,H,I,J,K,L,M,N,O, P,Q,S,T,U,V,X,0,1,2,3,4,5,6,8,9	NO
00041	INVALID FIRST TREATMENT DATE	C,E,K,L,P,S,V,0,1,2,5,6,8	NO
00042	RECIPIENT NOT ELIGIBLE FOR ACH/PCS	F,N	NO
00043	TYPE OF BILL IS NOT ALLOWED FOR SPECIAL PRICED CLAIM	I	YES
00044	REQUIRED DIAGNOSIS FOR VITROCERT (GANCICLOVIR)	I,O	NO
00046	BILLING/RENDERING PROVIDER TERMINATED	A,B,C,D,E,F,G,H,I,J,K,L,N,O,P, R,S,T,U,V,X,0,1,2,3,5,6,8,9	YES
00048	SPECIALIZED THERAPY LINE FROM DATE OF SERVICE MUST EQUAL LINE TO DATE OF SERVICE	C,E,G,H,K,L,O,P,S,V,0,1,2,5,6,8	NO
00049	PRIMARY DIAGNOSIS CODE IS INVALID FOR SPECIALIZED THERAPY PROCEDURE	C,E,K,L,P,S,V,0,1,2,5,6,8	NO
00051	PATIENT DISCHARGE STATUS CODE IS INVALID, MISSING, OR RESERVED	F,G,H,I,N,Q	YES
00055	TOTAL BILLED INVALID	A,B,C,D,E,F,G,H,I,J,K,L,N,O,P, Q,S,T,U,V,X,0,1,2,3,5,6,8,9	YES

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00061	ERROR LIMIT EXCEEDED	A,B,C,D,E,F,G,H,I,J,K,L,N,O,P, Q,R,S,T,U,V,X,0,1,2,3,5,6,8,9	YES
00062	REVIEW LAB PATHOLOGY	C,E,K,L,P,S,V,0,1,2,5,6,8	YES
00063	REFUGEE RECIPIENT MUST HAVE REQUIRED PRIMARY DIAGNOSIS CODE	C,E,K,L,P,S,V,0,1,2,5,6,8	NO
00064	REVIEW DENTAL AMBULATORY SURGERY TOTAL SURGICAL TIME	C,E,K,L,P,S,V,0,1,2,5,6,8	YES
00072	MEDICARE COVERED DAYS MISSING OR INVALID	A	NO
00073	PROCEDURE CODE/MODIFIER COMBINATION END-DATED ON DATABASE	A,B,C,D,E,F,G,H,I,K,L,N,O,P,S, T,U,V,X,0,1,2,3,5,6,8	YES
00074	INVALID DIAGNOSIS FOR INPATIENT CLAIM	I	NO
00076	OCCURRENCE DATE INVALID FOR SUBMITTED OCCURRENCE CODE	A,B,C,D,E,F,G,H,I,K,L,N,O,P,Q, S,T,U,V,X,0,1,2,3,5,6,8	YES
00078	DOMICILIARY CARE - TOTAL LINE PRIMARY CARE SERVICE AND THERAPEUTIC LEAVE DAYS CANNOT EXCEED TOTAL HEADER PCS DAYS	N	NO
00079	DOMICILIARY CARE - LINE TRANSPORTATION DAYS CANNOT EXCEED TOTAL HEADER DAYS.	N	NO
00080	ACH - INVALID REVENUE CODE/HCPCS COMBINATION	F,N	NO
00083	NEW BORN HOME VISIT ASSESSMENT WITHIN 60 DAYS OF BIRTH	C,E,K,L,P,S,V,0,1,2,5,6,8	NO
00084	MATERNAL AND CHILD SERVICES EDIT	C,E,K,L,P,S,V,0,1,2,5,6,8	NO
00086	RECIPIENT NOT ELIGIBLE FOR CAP SERVICES		NO
00089	MEDICARE OVERRIDE NOT ALLOWED WITH MEDICARE PAYMENT	A,I,O,T,3	YES
00091	MULTIPLE NATIONAL MISCELLANEOUS CODES ON ONE CLAIM	C,E,K,L,P,S,V,0,1,2,5,6,8	NO
00097	STATE OR OTHER INCARCERATION - INPATIENT SERVICES ONLY.	A,B,C,D,E,F,G,H,I,K,L,N,O,P,Q, R,S,T,U,V,X,0,1,2,3,5,6,8	YES
00099	RECIPIENT IN MENTAL INSTITUTION AT TIME OF SERVICE	A,B,C,D,E,F,G,H,I,K,L,N,O,P,R, S,T,U,V,0,1,2,3,5,6,8	YES
00100	LINE OR HEADER BEGIN DATE OF SERVICE IS INVALID	A,B,C,D,E,F,G,H,I,J,K,L,N,O,P, Q,R,S,T,U,V,X,0,1,2,3,5,6,8,9	YES
00101	LINE ITEM END SERVICE DATE IS INVALID OR GREATER THAN TCN DATE	A,B,C,D,E,F,G,H,I,J,K,L,N,O,P, Q,S,T,U,V,X,0,1,2,3,5,6,8,9	YES
00102	CLAIMS HAVE 12 MONTH TIMELY FILING LIMIT	A,B,C,D,E,F,G,H,I,K,L,N,O,P,R, S,T,V,0,1,2,3,5,6,8	YES
00103	COPAY DAYS GREATER THAN UNITS	C,D,E,K,L,O,P,S,T,V,0,1,2,3,5,6 ,8	YES
00105	INVALID TOOTH SURFACE ON RESTORATION PROCEDURE	D	NO
00106	UNABLE TO DETERMINE MEDICARE/TPL	A,B,C,D,E,F,G,H,I,K,L,N,O,P,Q, S,T,U,V,X,0,1,2,3,5,6,8	NO

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00110	MEDICARE TPL ON HEALTH CHECK CLAIM	B,C,E,K,L,P,S,V,0,1,2,5,8	YES
00111	LOST ENDORSEMENT	B,C,E,K,L,P,S,T,V,X,0,1,2,5,6,8	YES
00112	DENTAL MEDICARE SUSPECT	D	YES
00114	DME PROVIDERS MUST BILL MODIFIERS	C,E,K,L,P,S,V,0,1,2,5,6,8	NO
00115	DRG INVALID DIAGNOSIS FOR NEONATAL DRG	A,I	YES
00116	PROCEDURE CODE MUST BILL WITH MODIFIER 26	C,E,K,L,P,S,V,0,1,2,5,6,8	NO
00117	ONLY ONE DATE OF SERVICE ALLOWED PER LINE	A,B,C,D,E,F,G,H,I,K,L,N,O,P,Q, S,T,U,V,0,1,2,3,5,6,8	YES
00118	LINE DATE OF SERVICE CANNOT SPAN ACROSS MONTH	S,1,5	NO
00119	HEADER DATE OF SERVICE CANNOT SPAN ACROSS MONTH	F,G,I,J	YES
00122	DENTAL MEDICARE SUSPECT	D	NO
00123	ALL OTC DRUGS ON COMPOUND CLAIM	R	YES
00126	TOOTH SURFACE MISSING OR INVALID	D	NO
00127	QUADRANT CODE MISSING OR INVALID	D	NO
00128	PROCEDURE CODE DOES NOT MATCH TOOTH NUMBER	D	NO
00129	PATIENT LIABILITY MUST BE SUBMITTED ON CLAIM	A,F,G,I,Q	YES
00132	HCPCS CODE REQUIRED FOR REVENUE CODE	H	NO
00133	HCPCS CODE REQUIRED WHEN BILLING REVENUE CODE 0636	I,O,Q	YES
00134	INVALID PLACE OF SERVICE FOR IDTF PROVIDER	C,E,K,L,P,S,V,0,1,2,5,6,8	NO
00135	INVALID PLACE OF SERVICE FOR INDEPENDENT MENTAL HEALTH PROVIDER	C,E,K,L,P,S,V,0,1,2,5,6,8	NO
00136	INVALID PLACE OF SERVICE	B,C,D,E,F,G,H,I,J,K,L,N,O,P,R, S,T,V,X,0,1,2,3,5,6,8,9	YES
00137	FAMILY PLANNING INDICATOR INVALID	A,B,C,D,E,F,G,H,I,K,L,N,O,P,S, T,U,V,0,1,2,3,5,6,8	YES
00140	BILL TYPE/ADMIT DATE/FROM DATE OF SERVICE	I,Q	YES
00141	MEDICAID (TITLE XIX) DAYS CONFLICT	F,I,N	YES
00142	UNITS NOT EQUAL TO DATES OF SERVICE	B,C,E,J,K,L,O,P,S,T,V,X,0,1,2,3, 5,6,8	YES
00143	REVIEW FOR MEDICAL NECESSITY	A,B,C,D,E,F,G,H,I,K,L,N,O,P,S, T,U,V,0,1,2,3,5,6,8	YES
00144	FROM AND TO DATES OF SERVICE MUST BE SAME	C,E,H,J,K,L,P,S,T,U,V,0,1,2,5,6, 8,9	YES
00145	PROCEDURE ONLY ALLOWED BY OPTICAL CONTRACTOR	C,D,E,F,G,H,I,K,L,N,O,P,Q,S,T, V,X,0,1,2,3,5,6,8	NO
00146	PROCEDURE CODE INVALID FOR BILLING PROVIDER TAXONOMY	A,B,C,D,E,F,G,H,I,K,L,N,O,P,Q, S,T,U,V,X,0,1,2,3,5,6,8	YES

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00148	PROCEDURE CODE\REVENUE CODE INVALID FOR PLACE OF SERVICE	C,D,E,F,G,H,I,K,L,O,P,Q,S,T,V, X,0,1,2,3,5,6,8	YES
00149	PROCEDURE CODE\REVENUE CODE INVALID FOR RECIPIENT AGE	A,B,C,D,E,F,G,H,I,J,K,L,N,O,P, Q,R,S,T,U,V,X,0,1,2,3,5,6,8,9	YES
00150	PROCEDURE CODE INVALID FOR RECIPIENTS SEX	B,C,E,F,I,J,K,L,N,O,P,Q,R,S,T, V,X,0,1,2,5,6,8,9	YES
00151	PROCEDURE CODE AND/OR RATE INVALID FOR DATE OF SERVICE	A,B,C,D,E,F,G,H,I,K,L,N,O,P,Q, R,S,T,U,V,0,1,2,3,5,6,8,9	YES
00152	PRICING FOR THE PROCEDURE/MODIFIER COMBINATION IS NOT FOUND FOR THE DATE SPAN ON CLAIM LINE	A,B,C,D,E,F,G,H,I,J,K,L,N,O,P, Q,S,T,U,V,X,0,1,2,3,5,6,8,9	YES
00153	PROCEDURE IS INVALID FOR THE DIAGNOSIS	B,C,D,E,F,G,H,I,K,L,N,O,P,Q,S, T,V,X,0,1,2,3,5,6,8	YES
00154	REIMBURSEMENT RATE NOT ON FILE	A,B,C,E,F,G,I,J,K,L,O,P,Q,S,T, U,V,X,0,1,2,5,6,8,9	YES
00155	MISSING OR INVALID NDC NUMBER FOR COMPOUND CLAIM	R	YES
00157	VISUAL FIELD EXAM REQUIRES MEDICAL JUSTIFICATION	C,E,K,L,P,S,V,0,1,2,5,6,8	NO
00158	CPT LAB CODE REQUIRED FOR REVENUE CODE	O,U	NO
00161	UNUSUAL TRAVEL OVER 3 HOURS	C,E,K,L,P,S,V,0,1,2,5,6,8	YES
00162	NDC MISSING OR INVALID	R	YES
00164	IMMUNIZATION REVIEW	C,E,K,L,P,S,V,0,1,2,5,6,8	NO
00166	VISUAL PROCEDURE CODE IS INVALID	B,X	NO
00169	CLIA CERTIFICATION MISSING	A,B,C,D,E,F,G,H,I,K,L,N,O,P,S, T,U,V,0,1,2,3,5,6,8	YES
00170	CLIA CERTIFICATION IS MISSING	A,B,C,D,E,F,G,H,I,K,L,N,O,P,Q, S,T,U,V,X,0,1,2,3,5,6,8	YES
00173	CLAIM FOR HEALTH CHECK FEE NOT SYSTEM GENERATED	C,E,K,L,P,S,V,0,1,2,5,6,8	NO
00174	VACCINE REIMBURSEMENT FOR AGES 000 - 018 (VACCINES FOR CHILDREN - VFC PROGRAM)	C,E,K,L,P,S,V,0,1,2,5,6,8	NO
00175	CPT CODE REQUIRED FOR REVENUE CODE 0391	O,U	NO
00176	MULT LINES SAME PROCEDURE, SAME TCN	C,E,I,K,L,O,P,Q,S,V,0,1,2,5,6,8	YES
00177	HCPCS CODE REQUIRED WITH REVENUE CODE 0250	O,U	NO
00178	MISSING OR INVALID RX ORIGIN CODE	R	YES
00179	MULT LINES SAME PROCEDURE, SAME TCN	C,E,I,K,L,O,P,Q,S,V,0,1,2,5,6,8	YES
00180	INVALID DIAGNOSIS FOR LAB CODE	A,B,C,D,E,F,G,H,I,K,L,N,O,P,S, T,U,V,0,1,2,3,5,6,8	YES
00183	CLAIM FOR CAII ENHANCED CARE MGMT FEE NOT SYSTEM GENERATED	C,E,K,L,P,S,V,0,1,2,5,6,8	NO

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00184	REVENUE CODE NOT ALLOWED ON OUTPATIENT CLAIMS	O	NO
00185	PROCEDURE REQUIRES A MODIFIER TO IDENTIFY NUMBER OF PATIENTS	C,E,K,L,P,S,V,0,1,2,5,6,8	YES
00187	CHIMERIC ANTIGEN RECEPTOR T-CELL THERAPY AND TRANSPLANT REVIEW	I	YES
00188	DIAGNOSIS INVALID FOR AGE	C,E,J,K,L,O,P,S,V,0,1,2,5,6,8,9	YES
00189	MISSING OR INVALID FIRST TREATMENT DATE FOR DIALYSIS CLAIM	C,E,K,L,O,P,S,V,0,1,2,5,8	NO
00190	DIAGNOSIS NOT VALID	A,B,C,D,E,F,G,H,I,J,K,L,N,O,P, Q,S,T,U,V,X,0,1,2,3,5,6,8,9	YES
00191	PRIMARY AND/OR SECONDARY DIAGNOSIS INVALID FOR RECIPIENT'S AGE	B,C,D,E,G,H,I,J,K,L,O,P,S,T,V, X,0,1,2,3,5,6,8,9	YES
00192	PRIMARY AND/OR SECONDARY DIAGNOSIS INVALID FOR RECIPIENT'S AGE	B,C,D,E,G,H,I,J,K,L,O,P,Q,S,T, V,X,0,1,2,3,5,6,8,9	YES
00193	STATE ASSIGNED DIAGNOSIS CODE FOR HEALTH DEPARTMENT	I	NO
00194	PRIMARY OR OTHER HEADER DIAGNOSIS INVALID FOR RECIPIENT'S SEX	A,B,C,D,E,F,G,H,I,J,K,L,N,O,P, Q,S,T,U,V,X,0,1,2,3,5,6,8,9	YES
00197	ABORTION REVIEW	F,I,O,P,Q	YES
00198	STERILIZATION CONSENT FORM REQUIRED	C,E,I,K,L,O,P,S,T,V,0,1,2,3,5,6, 8	YES
00199	HYSTERECTOMY CONSENT FORM IS REQUIRED	C,E,I,K,L,O,P,S,V,0,1,2,5,6,8	YES
00201	EXCISION OF KELOIDS REQUIRES PRIOR APPROVAL	A,B,C,D,E,F,G,H,I,K,L,N,O,P,S, T,U,V,0,1,2,3,5,6,8	YES
00202	HEALTH CHECK SHADOW BILLING	C,E,K,L,P,S,V,0,1,2,5,6,8	NO
00205	SPECIAL ANESTHESIA SERVICE	C,E,K,L,P,S,V,0,1,2,5,6,8	NO
00206	PERSONAL CARE DIAGNOSIS EDIT	C,E,G,H,K,L,P,S,V,0,1,2,5,6,8	NO
00207	SPECIALIZED THERAPY PROCEDURE CODE MUST MATCH DIAGNOSIS ASSIGNED TO THE PROCEDURE	C,E,K,L,P,S,V,0,1,2,5,6,8	NO
00215	TYPE OF BILL 3 CODE INVALID	A,F,G,H,I,N,O,Q,T,U,3	YES
00216	REVENUE CODE BILLED IS DETERMINED TO BE RESERVED BY THE NATIONAL UNIFORM BILLING COMMITTEE (NUBC)	F,G,H,I,N,O,T,3	YES
00217	ADMISSION TYPE CODE INVALID	A,B,C,D,E,F,G,H,I,K,L,N,O,P,Q, S,T,U,V,X,0,1,2,3,5,6,8	YES
00218	MISSING/INVALID OR CBSA CODE DOES NOT MATCH	G,H	NO
00219	HOSPICE REVENUE CODE MUST BILL WITH CORRECT VALUE CODE AND CORRESPONDING CBSA CODE	G,H	NO
00220	HOSPICE DATES OF SERVICE SPAN PRICING REQUIREMENTS	G,H	NO
00222	REQUIRED PRIOR APPROVAL MISSING	A,B,C,D,E,F,G,H,I,K,L,N,O,P,Q, S,T,U,V,X,0,1,2,3,5,6,8	YES

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00224	PA RECORD DOES NOT MATCH CLAIM CRITERIA	A,B,C,D,E,F,G,H,I,K,L,N,O,P,Q, S,T,U,V,X,0,1,2,3,5,6,8	YES
00229	LONG TERM CARE PRIOR APPROVAL REQUIRED		NO
00230	OUT OF STATE PA REQUIRED	C,D,E,F,G,H,I,K,L,N,O,P,S,T,V, 0,1,2,3,5,6,8	YES
00232	NO PRIOR APPROVAL ON FILE FOR INPATIENT PSYCH	I	NO
00235	BILLING PROVIDER DOES NOT MATCH PA RECORD	F,N	NO
00236	DATE OF SERVICE OUTSIDE OF THE SUBMITTED PA APPROVED DATES	F,N	NO
00237	SERVICE BILLED DOES NOT UNBUNDLE TO SERVICE ON PA	N	NO
00238	ACH PRIOR APPROVAL REQUIRED	F,N	NO
00239	PROVIDER DOES NOT MATCH PROVIDER ON HOSPICE PA	G,H	NO
00240	DATE OF SERVICE DOES NOT COVER HOSPICE PA APPROVED DATES	G,H	NO
00241	NO PA FOR HOSPICE RECIPIENT	G	NO
00242	MEDICARE CROSSOVER NOT ALLOWED PAYMENT FOR THIS PROVIDER TAXONOMY	B	NO
00243	PROCEDURE MUST BE BILLED WITH FP MODIFIER	C,E,K,L,P,S,V,0,1,2,5,6,8	YES
00246	LIMITED DIALYSIS RELATED SERVICES FOR UNDOCUMENTED ALIENS	A,B,C,D,E,F,G,H,I,K,L,N,O,P,Q, R,S,T,U,V,X,0,1,2,3,5,6,8	NO
00247	SERVICES RENDERED BY PODIATRIST REQUIRES SPECIFIC DIAGNOSIS	P	YES
00249	OVERRIDE FOR NONCOVERED SERVICE PA REQUIRES MANUAL REVIEW	C,D,E,F,G,H,I,K,L,N,O,P,Q,S,T, V,X,0,1,2,3,5,6	YES
00250	RECIPIENT NOT ON ELIGIBILITY DATABASE	A,B,C,D,E,F,G,H,I,J,K,L,N,O,P, Q,R,S,T,U,V,X,0,1,2,3,5,6,8,9	YES
00252	RECIPIENT NAME/NUMBER MISMATCH	A,B,C,D,E,F,G,H,I,J,K,L,N,O,P, Q,R,S,T,U,V,X,0,1,2,3,5,6,8,9	YES
00253	RECIPIENT DECEASED BEFORE HEADER THRU DATE OF SERVICE	A,B,C,D,E,F,G,H,I,J,K,L,N,O,P, Q,R,S,T,U,V,X,0,1,2,3,5,6,8,9	YES
00254	PARTIAL ELIGIBILITY FOR HEADER DATE OF SERVICE	A,B,C,D,E,F,G,H,I,K,L,N,O,P,Q, S,T,U,V,X,0,1,2,3,5,6,8	YES
00255	TOTAL INELIGIBILITY FOR HEADER DATE OF SERVICE	A,B,U	NO
00256	MEDICARE PART B SUSPECT.	C,E,F,G,H,K,L,O,P,S,V,0,1,2,3, 5,8	YES
00258	FAMILY PLANNING INDICATOR INVALID FOR RECIPIENT'S AGE	D,F,G,H,I,O,P,R,T,3	YES
00259	TPL SUSPECT	A,B,C,D,E,F,G,H,I,K,L,N,O,P,Q, R,S,T,U,V,X,0,1,2,3,5,6,8	YES
00260	RECIPIENT MID MISSING/INVALID	A,B,C,D,E,F,G,H,I,J,K,L,N,O,P, Q,R,S,T,U,V,X,0,1,2,3,5,6,8,9	YES

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00261	RECIPIENT DECEASED BEFORE THRU DATE OF SERVICE	B,C,D,E,F,G,H,I,J,K,L,N,O,P,Q, S,T,V,X,0,1,2,3,5,6,8,9	YES
00262	RECIPIENT NOT ELIGIBLE ON DATE OF SERVICE	B,C,D,E,F,G,H,I,J,K,L,N,O,P,Q, R,S,T,V,X,0,1,2,3,5,6,8,9	YES
00263	PARTIAL ELIGIBILITY FOR LINE DATE OF SERVICE	B,C,E,G,H,I,K,L,N,O,P,Q,S,T,U, V,X,0,1,2,3,5,6,8	YES
00264	RECIPIENT NOT ELIGIBLE FOR CAP SERVICES	C,E,K,L,P,S,V,0,1,2,5,6,8	NO
00265	ADMISSION DATE CHECK - MEDICARE SUSPECT	F,G,H,I,N,O	YES
00267	DATES OF SERVICE PRIOR TO RECIPIENTS BIRTH	B,C,D,E,F,G,H,I,J,K,L,N,O,P,Q, R,S,T,V,X,0,1,2,3,5,6,8,9	YES
00268	SERVICES LIMITED, PRESUMPTIVE ELIGIBILITY	A,B,C,D,E,F,G,H,I,K,L,N,O,P,R, S,T,U,V,0,1,2,3,5,6,8	YES
00269	ELIGIBILITY UNDER CATASTROPHIC	A,B,C,D,E,F,G,H,I,K,L,N,O,P,R, S,T,U,V,0,1,2,3,5,6,8	YES
00270	MEDICARE PART A SUSPECT	I	YES
00271	MEDICARE SEGMENT PROBLEM (PART A)	I	YES
00272	RESTRICTED COVERAGE, ONLY PAY PART B PREMIUM	A,B,C,D,E,F,G,H,I,K,L,N,O,P,R, S,T,U,V,0,1,2,3,5,8	YES
00274	MEDICARE COVERED DME FOR MEDICARE ELIGIBLE RECIPIENT	C,E,K,L,P,S,V,0,1,2,5,8	NO
00275	PATIENT LIABILITY FOR NURSING HOME RELATED CLAIM	A,F,G,I	YES
00276	SERVICE FACILITY LOCATION (SFL) ZIP CODE DOES NOT MATCH ZIP CODE FOR COUNTY	G,H	YES
00277	CASE MANAGEMENT FOR MR/DD RECIPIENT	C,E,K,L,P,S,V,0,1,2,5,6,8	NO
00278	RECIPIENT IS PARTIALLY INELIGIBLE FOR SERVICE DATES - Cutback	A,F,I,Q	NO
00279	RECIPIENT IS PARTIALLY INELIGIBLE FOR SERVICE DATES	A,F,I,Q	NO
00280	AGE EDIT FOR PROCEDURE H0036	A,B,C,D,E,F,G,H,I,K,L,N,O,P,S, T,U,V,0,1,2,3,5,6,8	NO
00281	RECIPIENT IS ENROLLED IN PROGRAM FOR ALL-INCLUSIVE CARE OF THE ELDERLY (PACE) BENEFIT PLAN.	A,B,C,D,E,F,G,H,I,K,L,N,O,P,R, S,T,U,V,0,1,2,3,5,6,8	NO
00291	END STAGE RENAL DISEASE CLAIM REQUIRES A PRIMARY DIAGNOSIS OF END STAGE RENAL DISEASE	O,P	YES
00295	ENCOUNTER PROVIDER NOT ENROLLED FOR THIS TAXONOMY	A,B,C,D,E,F,G,H,I,K,L,N,O,P,Q, S,T,U,V,X,0,1,2,3,5,6,8	NO
00296	ENCOUNTER PROVIDER NUMBER INVALID FOR DOS	A,B,C,D,E,F,G,H,I,K,L,N,O,P,Q, S,T,U,V,X,0,1,2,3,5,6,8	NO
00297	ENCOUNTER PROVIDER NUMBER INVALID/ NOT ON FILE	A,B,C,D,E,F,G,H,I,K,L,N,O,P,Q, S,T,U,V,X,0,1,2,3,5,6,8	NO

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Edit #	Description	Claim Type	Override
00298	RECIPIENT NOT ENROLLED WITH THIS ENCOUNTER PROVIDER	A,B,C,D,E,F,G,H,I,K,L,N,O,P,Q, S,T,U,V,X,0,1,2,3,5,6,8	NO
00299	ENCOUNTER HMO ENROLLMENT CHECK	A,B,C,D,E,H,I,K,L,O,P,Q,S,T,U, V,0,1,2,3,5,6,8	NO
00300	BILLING PROVIDER INVALID/ NOT ON FILE	A,B,C,D,E,F,G,H,I,K,L,M,N,O,P, Q,R,S,T,U,V,X,0,1,2,3,4,5,6,8	YES
00301	ATTENDING PROVIDER NUMBER INVALID (MISSING FROM FILE, OR END-DATED)	B,C,D,E,F,G,H,I,K,L,N,O,P,Q,S, T,V,X,0,1,2,3,5,6,8	YES
00302	THE BILLING PROVIDER IS DECEASED	A,B,C,D,E,F,G,H,I,K,L,N,O,P,R, S,T,U,V,X,0,1,2,3,5,6,8	YES
00303	BILLING OR RENDERING PROVIDER IS CANCELLED	A,B,C,D,E,F,G,H,I,J,K,L,N,O,P, R,S,T,U,V,X,0,1,2,3,5,6,8,9	YES
00304	THE BILLING OR RENDERING PROVIDER IS SUSPENDED	A,B,C,D,E,F,G,H,I,J,K,L,N,O,P, S,T,U,V,X,0,1,2,3,5,6,8,9	YES
00308	BILLING PROVIDER INVALID FOR DATE OF SERVICE	A,B,C,D,E,F,G,H,I,J,K,L,N,O,P, Q,R,S,T,U,V,X,0,1,2,3,5,6,8,9	YES
00309	INFORMATION REQUESTED FROM THE BILLING/RENDERING PROVIDER WAS NOT PROVIDED OR NOT PROVIDED TIMELY OR WAS INSUFFICIENT/INCOMPLETE.	B,C,D,E,F,G,H,I,K,L,N,O,P,R,S, T,V,X,0,1,2,3,5,6,8	YES
00310	BILLING PROVIDER TYPE IS INVALID FOR ADMISSION TYPE	F,G,H,I,N,3	NO
00311	BILL PROV INVALID FOR CA ACCESS RECIP	A,B,C,E,F,G,H,K,L,N,O,P,S,T,U, V,0,1,2,3,5,6,8	NO
00313	TYPE OF BILL NOT ACCEPTED	A,F,G,H,I,N,O,Q,T,U,Z,3	YES
00317	REFERRING PROVIDER INVALID FOR CA RECIPIENT	C,E,G,H,K,L,O,P,S,T,V,0,1,2,3, 5,6,8	NO
00320	VENT CARE NOT PAYABLE TO THIS PROVIDER TAXONOMY	F,I,N	NO
00322	RENDERING PROVIDER NUMBER CHECK	B,C,D,E,K,L,P,S,T,V,X,0,1,2,5,6 ,8,9	YES
00323	RENDERING PROVIDER NUMBER CHECK	A,B,C,D,E,F,G,H,I,K,L,N,O,P,Q, S,T,U,V,X,Y,0,1,2,5,6,8,9	YES
00325	CMS TERMINATION	A,B,C,D,E,F,G,H,I,J,K,L,N,O,P, R,S,T,U,V,0,1,2,3,5,6,8,9	YES
00326	RENDERING PROVIDER NUMBER CHECK	A,B,C,D,E,F,G,H,I,J,K,L,N,O,P, Q,S,T,U,V,X,0,1,2,3,5,6,8,9	YES
00327	BILLING PROVIDER INVALID FOR CSHS CODE BILLED	C,E,K,L,P,S,V,0,1,2,5,6,8	NO
00328	SUSPEND PER DHB REQUEST FOR FINANCIAL REVIEW	A,B,C,D,E,F,G,H,I,J,K,L,N,O,P, R,S,T,U,V,0,1,2,3,5,6,8,9	YES

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Edit #	Description	Claim Type	Override
00329	DHS IMMUNIZATIONS CANNOT BE ASSIGNED A FAMILY PLANNING CATEGORY OF SERVICE; NO FAMILY PLANNING COS EXISTS FOR REQUIRED FINANCIAL	C,E,K,L,P,S,V,0,1,2,5,6,8	NO
00332	SBHC SPONSORING PROVIDER INELIGIBLE	C,E,K,L,P,S,V,0,1,2,5,6,8	NO
00333	FQHC - ATTENDING/GROUP PROVIDER NUMBER	C,E,K,L,P,S,V,0,1,2,5,6,8	NO
00334	ENCOUNTER TAXONOMY MISSING OR INVALID	C,E,K,L,P,S,V,0,1,2,5,6,8	YES
00335	ENCOUNTER PROVIDER NUMBER MISSING	A,B,C,D,E,F,G,H,I,K,L,N,O,P,Q, S,T,U,V,X,0,1,2,3,5,6,8	NO
00337	ENCOUNTER PROCEDURE CODE NOT ON FILE	C,E,K,L,P,S,T,V,0,1,2,3,5,6,8	YES
00339	PRICING RECORD NOT FOUND FOR ENCOUNTER CLAIM	G,H,I,O,Q	YES
00342	HOSPITAL PROVIDER REQUIRES VALID HCPCS	I	NO
00343	HOSPITAL PROVIDER ONLY VALID FOR BILL TYPE 141	O	NO
00344	FAMILY PLANNING INDICATOR NOT IDENTIFIED	C,E,I,K,L,O,P,S,V,0,1,2,5,6,8	NO
00347	PROFESSIONAL MEDICARE CROSSOVER REQUIRED FOR DATE OF SERVICE AFTER 09-05-2004	C,D,E,K,L,P,S,T,V,0,1,2,3,5,8	YES
00349	SERVICES DENIED BECAUSE THEY ARE COVERED BY THE BEHAVIORIAL HEALTH LME MCO	A,B,C,D,E,F,G,H,I,K,L,N,O,P,Q, S,T,U,V,0,1,2,3,5,6,8	NO
00351	MANUAL PRICING REQUIRED-EXTENSION TO EDIT 00355	B,C,D,E,F,G,H,I,K,L,N,O,P,S,T, V,X,0,1,2,3,5,6,8	YES
00352	ALL ASC DENTAL PROCEDURES MUST BILL THE SAME MODIFIER	P	NO
00353	NO FEE ON FILE FOR PRICING PROVIDER	B,C,D,E,H,I,J,K,L,N,O,P,Q,S,T, U,V,X,0,1,2,3,5,6,8,9	YES
00355	MANUAL PRICING REQUIRED	B,C,D,E,F,G,H,I,K,L,N,O,P,S,T, U,V,X,0,1,2,3,5,6,8	YES
00357	PROFESSIONAL VARIANCE/QUANTITY	R	YES
00358	FACTOR CODE INDICATES PROCEDURE NON-COVERED	B,C,D,E,F,G,H,I,J,K,L,N,O,P,Q, S,T,U,V,X,0,1,2,3,5,6,8,9	YES
00359	PROVIDER CHARGES ON PER DIEM	A,F,I,Q	YES
00360	PROCEDURE PRICING AMOUNT ZERO FOR FACTOR CODES 8, F, G	B,C,D,E,F,G,H,I,J,K,L,N,O,P,S, T,V,X,0,1,2,3,5,6,8	YES
00361	NO CHARGES BILLED	A,B,C,D,E,G,H,I,J,K,L,O,P,Q,R, S,T,U,V,X,0,1,2,3,5,6,8,9	YES
00363	PROCEDURES PAY LINE WHEN PROCEDURE PRICING AMOUNT ZERO WITH FACTOR CODES 8, F, OR G	B,C,D,E,F,G,H,I,K,L,N,O,P,S,T, V,X,0,1,2,3,5,6,8	NO
00365	DRG - DIAGNOSIS CANNOT BE USED AS PRINCIPAL DIAGNOSIS	A,I	YES
00366	DRG - DRG DOES NOT MEET MCE CRITERIA.	A,I	YES
00370	DRG - ILLOGICAL PRINCIPAL DIAGNOSIS.	A,I	YES

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Edit #	Description	Claim Type	Override
00371	DRG - INVALID ICD PRINCIPAL DIAGNOSIS.	A,I	YES
00374	DRG PAYMENT ON FIRST ACCOMMODATION LINE	A,I	YES
00375	DIAGNOSIS RELATED GROUP (DRG) CODE IS NOT ON THE PRICING FILE	A,I	YES
00378	NO DIAGNOSIS RELATED GROUP (DRG) RATIO OF COST TO CHARGE (RCC) CODE ON FILE FOR PROVIDER FOR THE DATES OF SERVICE	A,I	YES
00379	ACTION REASON CODE INDICATES PROVIDER NON-COMPLIANT WITH FALSE CLAIMS ACT	A,B,C,D,E,F,G,H,I,K,L,N,O,P,R, S,T,U,V,X,0,1,2,3,5,6,8	YES
00380	SUM OF ACCOMMODATION REVENUE UNITS NOT EQUAL CLAIM DATE SPAN	F,I,Q	YES
00381	INPATIENT CROSSOVER REQUIRES MEDICARE DRG.	A	YES
00385	MANAGED CARE - PREMIUM PAYMENT AMOUNT ERROR		NO
00386	OTHER PAYER INDICATED ON CLAIM - ESTIMATED AMOUNT DUE IS MISSING, OR ZERO.		NO
00389	NON-EMERGENCY SERVICES ARE NON-COVERED FOR RECIPIENT ELIGIBILITY COVERAGE CODE	C,E,I,K,L,O,P,S,V,0,1,2,5,6,8	YES
00390	NON-EMERGENCY SERVICES ARE NON-COVERED FOR RECIPIENT ELIGIBILITY COVERAGE CODE	C,E,I,K,L,O,P,S,V,0,1,2,5,6,8	YES
00391	NON-EMERGENCY SERVICES ARE NON-COVERED FOR THE RECIPIENT'S BENEFIT PLAN	C,E,I,K,L,O,P,S,V,0,1,2,5,6,8	YES
00392	NON-EMERGENCY SERVICES ARE NON-COVERED FOR THE RECIPIENT'S BENEFIT PLAN	I,L,O,P,S,V,0,1,2,5,6,8	YES
00393	NON-EMERGENCY SERVICES ARE NON-COVERED FOR THE RECIPIENT'S BENEFIT PLAN	C,E,I,K,L,O,P,S,V,0,1,2,5,6,8	YES
00410	REFERRING PROVIDER ID NUMBER INVALID		NO
00411	PROVIDER INACTIVE OR TERMINATED		NO
00413	LOCATION OF SERVICE INVALID FOR PROVIDER		NO
00414	ORDERING/REFERRING PROVIDER IS DECEASED ON SERVICE/ORDER DATE		NO
00415	SERVICE PROVIDER DECEASED ON SERVICE/ORDER DATE		NO
00416	REFERRING PROVIDER DOES NOT HAVE AN ACTIVE STATUS FOR THE DATES OF SERVICE		NO
00417	PRESCRIBING PROVIDER DOES NOT HAVE AN ACTIVE STATUS FOR THE DATES OF SERVICE		NO
00418	ATTENDING PROVIDER NOT IN ACTIVE STATUS ON DATE OF SERVICE		NO
00426	PROCEDURE CODE IS INVALID FOR THE BILLING PROVIDER	S	NO
00430	PROCEDURE CODE IS NOT ON PROCEDURE UNIVERSAL TABLE FOR DATES OF SERVICE	A,B,C,D,E,F,G,H,I,J,K,L,N,O,P, Q,S,T,U,V,X,0,1,2,3,5,6,8,9	YES
00431	PROCEDURE CODE IS NOT COVERED BY THE ASSIGNED BSG FOR THE DATES OF SERVICE	A,B,C,D,E,F,G,H,I,J,K,L,N,O,P, Q,S,T,U,V,X,0,1,2,3,5,6,8,9	YES
00432	REVENUE CODE IS NOT ON PROCEDURE UNIVERSAL TABLE FOR DATES OF SERVICE	A,B,C,D,E,F,G,H,I,K,L,N,O,P,Q, S,T,U,V,X,0,1,2,3,5,6,8	YES
00433	REVENUE CODE IS NOT COVERED BY THE ASSIGNED BSG FOR THE DATES OF SERVICE	A,B,C,D,E,F,G,H,I,K,L,N,O,P,Q, S,T,U,V,X,0,1,2,3,5,6,8	YES

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Edit #	Description	Claim Type	Override
00434	PROCEDURE CODE INVALID FOR RENDERING PROVIDER TAXONOMY	A,B,C,D,E,F,G,H,I,K,L,N,O,P,Q, S,T,U,V,X,0,1,2,3,5,6,8	YES
00435	OUTPATIENT HOSPITAL CLAIM REQUIRES HCPCS CODE TO BE BILLED WITH REVENUE CODE	O	YES
00439	PROCEDURE CODE\REVENUE CODE INVALID FOR RECIPIENT AGE	A,B,C,D,E,F,G,H,I,K,L,N,O,P,Q, S,T,U,V,X,0,1,2,3,5,6,8	YES
00440	LOCAL PROCEDURE CODES CANNOT BE SUBMITTED	C,D,E,F,G,H,I,K,L,N,O,P,Q,S,T, V,X,0,1,2,3,5,6	NO
00441	PROCEDURE IS INVALID FOR THE DIAGNOSIS	B,C,D,E,F,G,H,I,K,L,N,O,P,Q,S, T,V,X,0,1,2,3,5,6,8	YES
00442	PROCEDURE IS INVALID FOR THE DIAGNOSIS	B,C,D,E,F,G,H,I,K,L,N,O,P,Q,S, T,V,X,0,1,2,3,5,6,8	YES
00527	LABORATORY SERVICES INCLUDED IN HOSPITAL REIMBURSEMENT	C,E,K,L,P,S,V,0,1,2,5,6,8	YES
00548	DATE PRESCRIBED IS AFTER DATE OF SERVICE	R	YES
00600	RECIPIENT DISABILITY CODE INVALID- HEADER LEVEL	C,E,K,L,P,S,T,V,X,0,1,2,5,6,8	NO
00602	PRINCIPAL DIAGNOSIS CODE IS MISSING	F,G,H,I,N,O,Q	YES
00603	ACCIDENT CODE IS NOT VALID- HEADER	C,E,K,L,P,S,T,V,X,0,1,2,5,6,8	NO
00605	ATTENDING/RENDERING PROVIDER ID IS REQUIRED	A,F,G,H,I,N,O,Q,U	YES
00606	ZERO UNITS SUBMITTED	B,C,E,F,G,H,I,K,L,N,O,P,Q,S,T, U,V,X,0,1,2,5,6,8	YES
00608	MEDICARE PAID AMOUNT IS GREATER THAN THE MEDICARE ALLOWED AMOUNT	C,E,F,G,H,I,K,L,N,O,P,Q,S,T,V, X,0,1,2,5,6,8	NO
00609	INVALID ENCOUNTER CONTROL NUMBER - ENCOUNTER ONLY		NO
00611	PROCEDURE CODE IS MISSING - ENCOUNTER ONLY		NO
00612	PRINCIPAL PROCEDURE IS MISSING - INSTITUTIONAL		NO
00613	PRIMARY DIAGNOSIS IS MISSING	C,E,K,L,P,S,T,V,X,0,1,2,5,6,8	YES
00615	ORAL CAVITY CODE IS INVALID	D	YES
00616	TOOTH SURFACE CODE IS INVALID	D	NO
00617	INVALID COMBINATION OF TOOTH SURFACE CODES		NO
00618	SUBMITTED UNITS ARE INVALID	C,E,K,L,P,S,T,V,X,0,1,2,5,6,8	YES
00628	BILLING PROVIDER ID IS REQUIRED	C,E,F,G,H,I,K,L,N,O,P,Q,S,T,V, X,0,1,2,5,6,8	YES
00629	MISSING OR INVALID PRESENT ON ADMISSION (POA) CODE	I	YES
00630	INVALID EMERGENCY CODE	C,E,K,L,P,S,T,V,X,0,1,2,5,6,8	NO
00636	OTHER INSURANCE PAID AMOUNT IS NOT VALID	C,E,K,L,P,S,T,V,X,0,1,2,5,6,8	NO
00637	OTHER INSURANCE PAID AMOUNT IS NOT VALID	C,E,K,L,P,S,T,V,X,0,1,2,5,6,8	NO

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Edit #	Description	Claim Type	Override
00641	ADMITTING DIAGNOSIS CODE IS MISSING	I	YES
00642	PRINCIPLE PROCEDURE DATE IS INVALID	F,G,H,I,N,O,Q	YES
00644	DISCHARGE HOURS ARE INVALID	F,G,H,I,N,O,Q	YES
00652	DISCHARGE DATE PRIOR TO ADMISSION DATE	F,G,H,I,N,O,Q	YES
00653			YES
00657	STAY DENY DATE IS INVALID	F,G,H,I,N,O,Q	NO
00660	STAY DENY EFFECTIVE DATE IS PRIOR TO THE ADMISSION DATE	F,G,H,I,N,O,Q	NO
00663	PATIENT ACCOUNT NUMBER IS MISSING	F,G,H,I,N,O,Q	NO
00665	PATIENT STILL IN HOSPITAL BUT DISCHARGE DATE OR HR PRESENT ON CLAIM	F,G,H,I,N,O,Q	YES
00666	PATIENT DISCHARGED BUT DATES AND HOURS MISSING	I	YES
00667	PATIENT BORN IN HOSPITAL, YEAR OF BIRTH DIFFERS FROM ADMIT YEAR	F,G,H,I,N,O,Q	NO
00668	NEWBORN ADMISSION CODE IS INVALID WHEN EPSDT FOUND	F,G,H,I,N,O,Q	NO
00669	CONFLICTING ABORTION OR STERILIZATION CODE ON FORM FOR NEWBORN	F,G,H,I,N,O,Q	NO
00670	CONFLICTING ACCIDENT CODE ON CLAIM FOR A NEWBORN	F,G,H,I,N,O,Q	NO
00671	CONFLICTING DISABILITY CODE ON CLAIM FOR A NEWBORN	F,G,H,I,N,O,Q	NO
00672	CONFLICTING FAMILY PLANNING CODE ON CLAIM FOR A NEWBORN	F,G,H,I,N,O,Q	NO
00673	ALTERNATE CARE BEGIN DATE IS PRIOR TO THE ADMIT DATE OR GREATER THAN THE END DATE OF SERVICE	F,G,H,I,N,O,Q	NO
00674	THERAPEUTIC LEAVES DAYS NOT SEPARATE	F,Q	NO
00675	HOSPITAL LEAVE DAYS NOT SEPARATE LINE	F,G,H,I,N,O,Q	NO
00677	NO PRIMARY DIAGNOSIS INFO FOR STATUS OF ADMISSION OR DISCHARGE	F,G,H,I,N,O,Q	YES
00679	MEDICARE CO-INSURANCE DAYS ARE INCORRECT	F,G,H,I,N,O,Q	NO
00680	ERROR IN NON COVERED DAYS	F,G,H,I,N,O,Q	YES
00681	INVALID TPL AMOUNT	C,E,F,G,H,I,K,L,N,O,P,Q,S,T,V, X,0,1,2,5,8	YES
00682	OCCURRENCE SPAN DATE IS INVALID	F,G,H,I,N,O,Q	YES
00683	MEDICARE PAYMENT REQUIRED	C,E,F,G,H,I,K,L,N,O,P,Q,S,T,V, X,0,1,2,5,8	YES
00685	MISSING / INVALID BIRTH DATE	C,E,F,G,H,I,K,L,N,O,P,Q,S,T,V, X,0,1,2,5,6,8	NO
00686	REPLACED TCN IS INVALID FOR ADJUSTMENT/VOID	A,B,C,D,E,F,G,H,I,K,L,M,N,O,P, Q,S,T,U,V,X,Y,Z,1,2,3,4,5,6,8	YES
00689	UNDEFINED CLAIM TYPE	Y,Z	YES
00701	MISSING BILLING PROVIDER TAXONOMY CODE	A,B,C,D,E,F,G,H,I,K,L,N,O,P,Q, S,T,U,V,X,Y,Z,0,1,2,5,6,8	YES
00707	MISSING/INVALID ACCIDENT DATE	C,E,K,L,P,S,T,V,X,0,1,2,5,6,8	NO

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00708	INVALID EPSDT INDICATOR	C,E,K,L,P,S,T,V,X,0,1,2,5	NO
00709	INVALID OTHER PAYER PAID DATE	A,B,C,D,E,F,G,H,I,K,L,N,O,P,Q, S,T,U,V,X,0,1,2,3,5,6,8	YES
00710	MISSING BILL TYPE	A,F,G,H,I,N,O,Q,U,Y,Z,3	YES
00712	INVALID BILLING PROVIDER TAXONOMY	R	YES
00800	PROCEDURE CODE AND TAXONOMY COMBINATION REQUIRES PSYCH DIAGNOSIS	A,B,C,D,E,F,G,H,I,K,L,N,O,P,Q, S,T,U,V,0,1,2,3,5,6,8	NO
00801	REVENUE CODE 0902 AND 0183 REQUIRES HCPCS CODE	Q	NO
00802	PRTF - RECIPIENT AGE MUST BE UNDER 21 ON THE ADMIT DATE.	F,N	NO
00805	RECIPIENT 21 OR OVER REQUIRES SPECIFIC DIAGNOSIS FOR BILLED PROCEDURE	C,E,K,L,P,S,V,0,1,2,5,6,8	NO
00810	PRICING CODE SEGMENT DATES INVALID FOR THE DATES OF SERVICE	C,E,K,L,P,S,V,0,1,2,5,6,8	YES
00811	PRICING CODE MODIFIER/TOS RECORD MISSING/INVALID	B,C,E,K,L,P,S,T,V,X,0,1,2,5,6,8	YES
00812	PRICING FACTOR CODE SEGMENT MISSING OR INVALID	B,C,E,K,L,P,S,T,V,X,0,1,2,5,6,8	YES
00813	2ND OR 3RD PRICING MODIFIERS PROCEDURE CODE COMBO DATE MISSING/INVALID	B,C,E,K,L,P,S,T,V,X,0,1,2,5,6,8	YES
00814	SECONDARY FACTOR CODE OF X AND PERCENTAGE SEGMENT DATE MISSING/INVALID	B,C,E,K,L,P,S,V,0,1,2,5,6,8	YES
00815	SECONDARY FACTOR CODE OF Y AND POST-OP SEGMENT DATE MISSING OR INVALID	B,C,E,K,L,P,S,V,0,1,2,5,6,8	YES
00816	ROOM AND BOARD IS NOT ALLOWED ON SAME CLAIM AS THERAPEUTIC LEAVE.	F,N	NO
00817	RENDERING PROVIDER NUMBER CANNOT BE USED AS A BILLING PROVIDER NUMBER	C,E,K,L,P,S,V,0,1,2,5,6,8	NO
00818	LT OR RT MODIFIER MUST BE BILLED ON SAME LINE IN ADDITION TO THE NU MODIFIER	C,E,K,L,P,S,V,0,1,2,5,6,8	NO
00819	ORTHOTIC AND PROSTHETIC PROCEDURE CODE REQUIRES A LT OR RT MODIFIER	C,E,K,L,P,S,V,0,1,2,5,6,8	NO
00820	ORTHOTIC AND PROSTHETIC PROCEDURE CANNOT BE BILLED BY PROVIDER WITH THIS TAXONOMY		NO
00821	CERTIFIED RENDERING PROVIDER TAXONOMY DOES NOT MEET THE BOARD CERTIFICATION REQUIREMENT OF THE PROCEDURE CODE(S) BILLED (BCO, CCA)	C,E,K,L,P,S,V,0,1,2,5,6,8	NO
00822	CERTIFIED RENDERING PROVIDER TAXONOMY DOES NOT MEET THE BOARD CERTIFICATION REQUIREMENT OF THE HCPCS CODE BILLED (CO, BOCO, CPO, CFO, COF, C.PED, BOCPD, DPM, MD, DO, PA, NP).	C,E,K,L,P,S,V,0,1,2,5,6,8	NO
00823	CERTIFIED RENDERING PROVIDER TAXONOMY DOES NOT MEET THE BOARD CERTIFICATION REQUIREMENT OF THE HCPCS CODE BILLED (CO, BOCO, CP, BOC, CPO, C.PED, BOCPD, DPM, MD, DO, PA, NP).	C,E,K,L,P,S,V,0,1,2,5,6,8	NO
00824	CERTIFIED RENDERING PROVIDER TAXONOMY DOES NOT MEET THE BOARD CERTIFICATION REQUIREMENT OF THE PROCEDURE CODE(S) BILLED (CMF, CFM)	C,E,K,L,P,S,V,0,1,2,5,6,8	NO
00825	CERTIFIED RENDERING PROVIDER TAXONOMY DOES NOT MEET THE BOARD CERTIFICATION REQUIREMENT OF THE HCPCS CODE BILLED (CO, BOCO, CPO).	C,E,K,L,P,S,V,0,1,2,5,6,8	NO
00826	CERTIFIED RENDERING PROVIDER TAXONOMY DOES NOT MEET THE BOARD CERTIFICATION REQUIREMENT OF THE HCPCS CODE BILLED (CP, BOC, CPO).	C,E,K,L,P,S,V,0,1,2,5,6,8	NO

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00827	CERTIFIED RENDERING PROVIDER TAXONOMY DOES NOT MEET THE BOARD CERTIFICATION REQUIREMENT OF THE HCPCS CODE BILLED (CO, BOCO, CPO, C. PED, BOCPD, DPM).	C,E,K,L,P,S,V,0,1,2,5,6,8	NO
00828	CERTIFIED RENDERING PROVIDER TAXONOMY DOES NOT MEET THE BOARD CERTIFICATION REQUIREMENT OF THE HCPCS CODE BILLED (CO, BOCO, CPO, COF, CFO).	C,E,K,L,P,S,V,0,1,2,5,6,8	NO
00829	CERTIFIED RENDERING PROVIDER TAXONOMY DOES NOT MEET THE BOARD CERTIFICATION REQUIREMENT OF THE HCPCS CODE BILLED (CO, BOCO, CPO, CFO, COF, MD, DO, PA, NP)	C,E,K,L,P,S,V,0,1,2,5,6,8	NO
00830	CERTIFIED RENDERING PROVIDER TAXONOMY DOES NOT MEET THE BOARD CERTIFICATION REQUIREMENT OF THE HCPCS CODE BILLED (CP, BOCP, CPO, C.PED., BOCPD, DPM).	C,E,K,L,P,S,V,0,1,2,5,6,8	NO
00831	CERTIFIED RENDERING PROVIDER TAXONOMY DOES NOT MEET THE BOARD CERTIFICATION REQUIREMENT OF THE HCPCS CODE BILLED (CO, BOCO, CP, BOCP, CPO, COF, CFO)	C,E,K,L,P,S,V,0,1,2,5,6,8	NO
00836	CERTIFIED RENDERING PROVIDER TAXONOMY DOES NOT MEET THE BOARD CERTIFICATION REQUIREMENT OF THE HCPCS CODE BILLED. FOR DATES OF SERVICE ON OR AFTER 2/1/2022 - BOARD CERTIFICATIONS: CO, BOCO, CPO, C.PED, BOCPD, AND CFTS. FOR DATES OF SERVICE PRIOR TO 02/01/2022 BOARD CERTIFICATIONS: CO, CP, CPO, CPED AND CFTS.	C,E,K,L,P,S,V,0,1,2,5,6,8	NO
00837	ACH-PCS NOT ALLOWED TO BILL REVENUE CODE 0183 (THERAPEUTIC LEAVE) FOR DATES OF SERVICE BEGINNING 07/01/05	F,N	NO
00838	NDC MISSING FROM LINE	S	NO
00839	INVALID NDC ON CLAIM	S	NO
00840	INVALID GC3 MATCH FOR MODIFIER SC	S	NO
00841	INVALID NDC FOR PREFERRED DIABETIC SUPPLY VENDOR	S	NO
00843	PA REQUIRED. PROVIDER GO TO WWW.DOCUMENTFORSAFETY.ORG OR CALL 855 272 6576	R	YES
00844	SAFETY DOC REQUIRED FOR ANTI-PSYCHOTIC DRUGS FOR CHILDREN UNDER 18	R	YES
00845	CERTIFIED RENDERING PROVIDER TAXONOMY DOES NOT MEET THE BOARD CERTIFICATION REQUIREMENT OF THE HCPCS CODE BILLED. FOR DATES OF SERVICE ON OR AFTER 2/1/2022 - BOARD CERTIFICATIONS: CO, BOCO, CPO, CP, BOCP, C.PED, BOCPD. FOR DATES OF SERVICE PRIOR TO 02/01/2022 BOARD CERTIFICATIONS: CP, CPO.	S	YES
00854	SUSPEND MASS ADJUSTMENT/VOID	A,B,C,D,E,F,G,H,I,J,K,L,M,N,O, P,Q,R,S,T,U,V,X,0,1,2,3,5,6,8,9	YES
00900	MISSING OR INVALID PRESCRIPTION NUMBER	R	YES
00901	PROVIDER NOT ENROLLED FOR ELECTRONIC FUNDS TRANSFER	A,B,C,D,E,F,G,H,I,J,K,L,M,N,O, P,Q,R,S,T,U,V,X,0,1,2,3,4,5,6,8, 9	YES

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Edit #	Description	Claim Type	Override
00902	QUANTITY OUTSIDE OF MINIMUM OR MAXIMUM LIMIT	R	YES
00903	REIMBURSEMENT AMT CANNOT EXCEED \$9999.99	R	YES
00906	ACTION REASON CODE INDICATES PROVIDER ADDRESS ON FILE IS INCORRECT.	A,B,C,D,E,F,G,H,I,K,L,N,O,P,Q, S,T,U,V,0,1,2,3,5,6,8	YES
00907	QUANTITY EXCEEDS MAX BILLABLE UNITS - DAILY DOSE > FDA RECOMMENDED	R	YES
00908	DAYS SUPPLY EXCEEDS MAXIMUM (FDA RECOMMENDED)	R	YES
00909	UNACCEPTABLE PRICE PER UNIT FOR DRUG		YES
00910	PARTIAL DISPENSING OF UNBREAKABLE PACKAGE - INVALID QUANTITY DISPENSED	R	YES
00913	MISSING OR INVALID PROCESSOR CONTROL NUMBER	R	YES
00914	INVALID QUANTITY DISPENSED	R	YES
00915	MISSING OR INVALID DISPENSE AS WRITTEN CODE	R	YES
00917	MISSING OR INVALID USUAL AND CUSTOMARY CHARGE	R	YES
00918	MISSING OR INVALID COMPOUND CODE	R	YES
00920	MISSING / INVALID LEVEL OF SERVICE	R	YES
00921	MISSING / INVALID UNIT DOSE INDICATOR	R	YES
00922	MISSING OR INVALID DATE PRESCRIPTION WRITTEN	R	YES
00924	OTHER PAYER AMOUNT MUST BE GREATER THAN \$0.00	R	YES
00925	MISSING OR INVALID REASON FOR SERVICE CODE	R	YES
00926	MISSING OR INVALID DUR PROFESSIONAL CODE	R	YES
00927	MISSING OR INVALID DRUG UTILIZATION REVIEW OUTCOME CODE	R	YES
00929	POS AGREEMENT NOT ON FILE - PHARMACY NOT CONTRACTED ON DATE OF SERVICE	R	YES
00932	FAMILY PLANNING - MUST BE A FP DRUG IF THE PA/MC = 6	R	YES
00934	PROVIDER SUSPENDED BY FINANCIAL	A,B,C,D,E,F,G,H,I,J,K,L,M,N,O, P,Q,R,S,T,U,V,X,0,1,2,3,4,5,6,8, 9	YES
00936	MISSING OR INVALID METRIC QUANTITY	R	YES
00942	TERMINATED DRUG - DISCONTINUED PRODUCT/SVC ID NUMBER	R	YES
00944	CLAIM COVERED UNDER HOSPICE	R	YES
00945	MISSING OR INVALID NUMBER OF DAYS SUPPLY	R	YES
00946	RECIPIENT HAS PART B - BILL MEDICARE FIRST	R	YES
00948	DRUG IS A CONTROLLED SUBSTANCE - ALERT OVERRIDE '03'(VACATION), '04'(LOST); AND RECIPIENT NOT LONG TERM CARE RESIDENT	R	YES
00951	PRESCRIBER ID NOT ACTIVE	R	YES
00958	DISPENSED AS WRITTEN - PRESCRIBER (1) - INVALID WITH FAMILY PLANNING WAIVER	R	YES
00960	MISSING OR INVALID NDC FOR COMPOUND LINE ITEM	R	YES
00962	MISSING OR INVALID PRESCRIPTION NUMBER QUALIFIER	R	YES

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Edit #	Description	Claim Type	Override
00963	MISSING OR INVALID PRODUCT/SERVICE ID QUALIFIER	R	YES
00964	MISSING OR INVALID PRIOR APPROVAL TYPE CODE	R	YES
00965	PARTIAL FILLS ARE PROHIBITED	R	YES
00966	MISSING OR INVALID PRESCRIBER ID QUALIFIER	R	YES
00967	MISSING OR INVALID OTHER PAYMENTS COUNT	R	YES
00968	MISSING OR INVALID OTHER PAYER COVERAGE TYPE	R	YES
00969	MISSING OR INVALID OTHER PAYER AMOUNT PAID COUNT	R	YES
00970	MISSING OR INVALID OTHER PAYER AMOUNT QUALIFIER	R	YES
00972	MISSING OR INVALID COMPOUND INGREDIENT QTY	R	YES
00973	MISSING OR INVALID COMPOUND PRODUCT ID QUALIFIER	R	YES
00974	MISSING OR INVALID COMPOUND INGREDIENT DRUG COST	R	YES
00975	COMPOUND INGREDIENT COUNT AND SUBMITTED COUNT NOT EQUAL	R	YES
00977	COMPOUND INGREDIENT SUBMISSIONS MUST HAVE 2 TO 25 LINES	R	YES
00983	DISPENSING FEE CUT BACK - SAME DRUG, SAME MONTH	R	YES
00988	PROVIDER WAS NOT ENDORSED/LICENSED/CERTIFIED ON DATE OF SERVICE	A,B,C,D,E,F,G,H,I,K,L,N,O,P,S, T,U,V,X,0,1,2,3,5,6,8	YES
00990	NDC AND THE PROCEDURE CODE SUBMITTED DOES NOT MATCH NDC ON THE DRUG FILE.	B,C,O,P	NO
00991	NDC SUBMITTED IS TERMINATED ON THE DRUG FILE	B,C,O,P,U	NO
00992	SUBMITTED CLAIM LINE NDC IS MISSING.	B,C,O,P	NO
00995	OTC CLASS COVERED; NDC NOT COVERED (OTC COVERED CLASS WITH PAC = N)	R	YES
00996	SUBMITTED NDC IS NON-REBATABLE.	B,C,O,P	NO
00997	NDC DRUG CLASS (GC3) MUST MATCH GC3 OF PROCEDURE CODE BILLED.	B,C,O,P	NO
00998	ALL NDC UNITS MUST BE GREATER THAN ZERO.	B,C,O,P,S	NO
01000	DRG 386 INVALID	A,I	YES
01004	TPL ERROR FOR CROSSOVER CLAIM	B,U	NO
01005	ANESTHESIA PROCEDURES MUST BE APPENDED WITH ONE OF THE FIVE ANESTHESIA MODIFIERS, AA, QK, QX, QY, and QZ	B,C,E,K,L,P,S,V,0,1,2,5,6,8	YES
01006	MODIFIERS QK, QY AND AD MUST BE BILLED BY ANESTHESIOLOGY TAXONOMY	B,C,E,K,L,P,S,V,0,1,2,5,6,8	YES
01007	MODS QX AND QZ MUST BE BILLED WITH ANESTHESIA SERVICES	B,C,E,K,L,P,S,V,0,1,2,5,6,8	YES
01010	FLUORIDE VARNISH APPLICATION MUST BE BILLED WITH RELATED PROCEDURE CODES ON THE SAME DAY	C,E,K,L,P,S,V,0,1,2,5,6,8	NO
01011	CLAIM SUBJECT TO TRANSFER OF ASSETS PENALTIES	A,B,C,E,F,G,H,K,L,N,P,S,U,V,0, 1,2,5,6,8	YES
01040	BILLING REVENUE CODES 0634 OR 0635 REQUIRES A VALID HCPCS PROCEDURE	O,U	NO
01041	BILLING REVENUE CODES 0634 OR 0635 REQUIRES A VALUE CODE OF 48, 49, OR 68.	O	NO
01060	ADMISSION HOUR INVALID FOR CLAIM TYPES A, F, G, H, I, AND N	T,3	NO

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01061	BEGIN AND END DATE OF SERVICE MUST BE EQUAL FOR CLAIM TYPES T AND 3	T,3	NO
01062	S0280 AND S0281 ARE PAYABLE ONLY WHEN BILLING AND RENDERING PROVIDERS ARE PREGNANCY MEDICAL HOME PROVIDERS	B,C,E,K,L,O,P,S,T,U,V,X,0,1,2,5,6,8	YES
01098	MISSING OR INVALID PRESCRIPTION CLARIFICATION/OVERRIDE CODE	R	YES
01099	PHARMACY PA REQUIRED	R	YES
01100	DRUG IS NOT ON PREFERRED DRUG LIST - PA REQUIRED	R	YES
01101	PHARMACY PA CONTAINS INSUFFICIENT UNITS/DAYS/QUANTITIES	R	YES
01102	PROVIDER TAXONOMY CHECK FOR RADIOLOGY PROFESSIONAL SERVICES	C,E,K,L,P,S,V,0,1,2,5,6,8	NO
01114	DME PROVIDERS MUST BILL MODIFIERS		NO
01116	SUBMITTED NPI NOT THE SAME AS THE RECIPIENT LOCK IN NPI FOR CLAIM DATE OF SERVICE	R	YES
01119	MISSING OR INVALID OTHER INSURANCE COVERAGE CODE	R	YES
01120	MISSING OR INVALID OTHER PAYER ID QUALIFIER	R	YES
01121	MISSING OR INVALID OTHER PAYER REJECT COUNT	R	YES
01127	VOID / REVERSAL NOT PROCESSED	R	YES
01128	DIABETIC SUPPLY BILLED HAS A NON-PREFERRED NATIONAL DRUG CODE (NDC) ACCORDING TO SPECIFIED DATES	R	YES
01142	UNITS NOT EQUAL TO DATES OF SERVICE	B,C,E,K,L,O,P,S,T,V,X,0,1,2,3,5,6,8	YES
01143	UNITS NOT EQUAL TO DATES OF SERVICE	B,C,E,K,L,O,P,S,T,V,X,0,1,2,3,5,6,8	YES
01144	UNITS NOT EQUAL TO DATES OF SERVICE	B,C,E,K,L,O,P,S,T,V,X,0,1,2,3,5,6,8	YES
01157	VISUAL FIELD EXAM REQUIRES MEDICAL JUSTIFICATION	C,E,K,L,P,S,V,0,1,2,5,6,8	YES
01158		C,E,K,L,P,S,V,0,1,2,5,6,8	NO
01162	DISPENSE BRAND NAME DRUG. GENERIC DRUG IS NON-PREFERRED (EFFECTIVE 9/15/2010)	R	YES
01164	IMMUNIZATION REVIEW	C,E,K,L,P,S,V,0,1,2,5,6,8	NO
01177	HCPCS CODE REQUIRED WITH REVENUE CODE 0250	O,U	NO
01185	OBSOLETE DATE FOR NDC - DRUG OBSOLETE FOR MORE THAN 2 YRS	R	YES
01200	MCE - INPATIENT CLAIM MUST HAVE ACCOMMODATION REVENUE CODE	A,I	YES
01201	MCE - ADMIT DATE EQUALS DISCHARGE DATE	I	YES
01202	MISSING OR INVALID ADMISSION AND DISCHARGE HOURS	I	YES
01203	RESERVED OR INVALID CONDITION CODE	F,G,H,I,N,O,3	YES
01205	PATIENT STATUS INVALID FOR TYPE OF BILL.	I	YES
01206	MCE - SPAN BETWEEN INTERIM CLAIMS UNDER 61 DAYS	I	YES
01207	MCE - INVALID AGE	A,I	YES

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01208	MCE - INVALID SEX	A,I	YES
01209	MCE - INVALID PATIENT STATUS	A,I	YES
01210	HEADER SERVICE END DATE IS OUTSIDE OF MCE/DRG DATE RANGE	A,I	YES
01212	AMBULANCE MILEAGE AND/OR BASE CODES BILLED WITH AN INAPPROPRIATE CONDITION CODE FOR GROUND AMBULANCE.	U,3	NO
01213	HCPCS CODE NOT REQUIRED FOR REVENUE CODE	G,H	NO
01215	NDC IS A DESI DRUG	R	YES
01219	MISSING / INVALID PREGNANCY INDICATOR	R	YES
01221	INVALID DIAGNOSIS CODE	R	YES
01222	INTRA-NASAL/ORAL ADMINISTRATION REQUIRES THE APPROPRIATE INTRA-NASAL/ORAL IMMUNIZATION PROCEDURE.	C,E,K,L,P,S,V,0,1,2,5,6,8	NO
01224	MULTIPLE NATIONAL DRUG CODE(S) (NDC) PER LINE	B,C,O,P	YES
01272	CLAIM CONFLICT WITH PREVIOUSLY STATE VOIDED CLAIM	A,B,C,D,E,F,G,H,I,K,L,N,O,P,Q, R,S,T,U,V,X,0,1,2,3,5,6,8	YES
01300	Revenue Codes 0250 - 0259 MUST BE BILLED WITH HCPCS CODE	O	NO
01361	NO CHARGES BILLED	A,B,C,D,E,G,H,I,K,L,O,P,S,T,U, V,X,0,1,2,3,5,6,8	YES
01594	PROCEDURE BILLED WITH SC REQUIRES BILLING OF THE HI MODIFIER IN ADDITION ON THE SAME DETAIL LINE	C,P,V	YES
01648	ORIGINAL TRANSACTION FOR REBILL/REVERSAL NOT POSTED AS AN NCPDP TRANSACTION	R	YES
01661	NO OTHER PROCEDURES ARE ALLOWED TO BE BILLED WITH PROCEDURE CODE T1015 ON FQHC\RHC CLAIMS	5	NO
01662	FQHC\RHC ONLY ONE RENDERING TAXONOMY ALLOWED	5	NO
01673	REQUIRED DME LOCAL CODE AND/OR PA IS MISSING OR INVALID	S	YES
01680	SERVICE ELIGIBLE FOR THE AFFORDABLE CARE ACT ENHANCED RATE	B,C,E,K,L,P,S,T,V,X,0,1,2,5,6,8	NO
01688	ASC DENTAL PAYMENT ON FIRST LINE	B,C,E,K,L,P,S,T,V,X,0,1,2,5,6,8	YES
01700	Prod/Svcs not cvrd for Spec Assist Recip in an IMD	A,B,C,D,E,F,G,H,I,K,L,N,O,P,R, S,T,U,V,0,1,2,3,5,6,8	YES
01701	NEMT SERVICES REQUIRE NEMT PA	T	NO
01702	NEMT SERVICES EXHAUSTED ON NEMT PA	T	NO
01703	RECIPIENT ELIGIBILITY INDICATES MEDICARE PART C / NO PART C PRESENT	C,E,F,G,H,I,K,L,N,O,P,Q,S,T,V, X,0,1,2,3,5,8	YES
01704	MEDICARE PART C PAID, NO PART C ELIGIBILITY INDICATED	C,D,E,F,G,H,I,K,L,N,O,P,Q,S,T, V,X,0,1,2,3,5,6,8	YES

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01705	APPROVED PA A31/A11 REQUIRED FOR CAPCH, CAPDA, CAPCD RECIPIENTS	C,D,E,F,G,H,I,K,L,O,P,Q,S,T,V, X,0,1,2,3,5,6,8	YES
01710	MEDICARE PAYMENT INDICATED ON CLAIM BUT NO MEDICARE COVERAGE ON FILE	A,B,U	YES
01714	MFP CLAIM DATE OF SERVICE PRIOR TO MFP TRANSITION DATE	K,P,S,5,6	NO
01715	AMBULANCE CLAIMS NOT ALLOWED ON PROFESSIONAL CLAIM FORM		YES
01732	PROCEDURE CODE IS NOT ALLOWED FOR THIS SPECIALITY PROVIDER	J,S,9	YES
01745	MFP SERVICE FOR THE PRE-TRANSITION PERIOD IS SUBMITTED PRIOR TO MFP TRANSITION DATE	K,P,S,5,6	NO
01748	PRIMARY/PRINCIPAL DIAGNOSIS NOT ALLOWED	A,B,C,D,E,F,G,H,I,K,L,N,O,P,Q, S,T,U,V,X,0,1,2,3,5,6,8	NO
01754	DIAGNOSIS NOT COVERED	A,B,C,D,E,F,G,H,I,K,L,N,O,P,Q, S,T,U,V,X,0,1,2,3,5,6,8	NO
01757	DIAGNOSIS NON-SPECIFIC	A,B,C,D,E,F,G,H,I,K,L,N,O,P,Q, S,T,U,V,X,0,1,2,3,5,6,8	NO
01760	MISSING MEDICARE LINE OTHER PAYER INFORMATION	B,C,D,E,H,K,L,N,O,P,S,T,U,V,X, 0,1,2,3,5,6,8	YES
01790	MAX SUBMITTED UNITS FOR REVENUE CODES FOR OUTPATIENT SPECIALIZED THERAPY IS ONE	H,O	NO
01791	PROVIDER SUSPENDED DUE TO NOT COMPLETING REQUIRED RE-VERIFICATION	A,B,C,D,E,F,G,H,I,K,L,N,O,P,R, S,T,U,V,0,1,2,3,5,6,8	YES
01792	MEDICAL SUPPLIES/EQUIPMENT ARE/IS INCLUDED IN THE NURSING FACILITY PER DIEM PACKAGE WHEN THE RECIPIENT IS RESIDING IN A NURSING FACILITY ON THE DATE OF SERVICE BILLED	O,P,S	YES
01796	COUNTY/LOCAL INCARCERATION - INPATIENT SERVICES ONLY	B,C,D,E,F,G,H,K,L,N,O,P,R,S,T, U,V,X,0,1,2,3,5,6,8	YES
01800	PROCEDURE/DIAGNOSIS BILLED REQUIRES FP MODIFIER	C,E,K,L,P,S,V,0,1,2,5,6,8	NO
01802	SERVICING PROVIDER ID IS INVALID	R	YES
01803	SUPPLIES FOR DELIVERY OF INSULIN NOT COVERED FOR DUALY ELIGIBLE RECIPIENTS	B,C,E,K,L,P,S,V,0,1,2,5,8	NO
01807	OUTPATIENT SPECIALIZED THERAPY SERVICES REQUIRE PRIOR AUTHORIZATION	H,O,P,2	NO
01812	FEE FOR SVC CLAIM SUBMITTED WITH ENCOUNTER ETIN	A,B,C,D,E,F,G,H,I,J,K,L,N,O,P, S,T,U,V,0,1,2,3,5,6,8,9	NO
01813	SERVICES ARE NOT COVERED FOR HEALTH CHOICE BENEFICIARIES WHO HAVE COMPREHENSIVE INSURANCE COVERAGE THROUGH A THIRD PARTY INSURANCE CARRIER	A,B,C,G,I,L,O,P,S,T,U,V,2,3,5	NO
01814	DIAGNOSIS IS NON COVERED FOR NCHC	A,B,C,D,E,F,G,H,I,K,L,N,O,P,Q, S,T,U,V,X,0,1,2,3,5,6,8	YES

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01826	Daily dose limited to 1.00. Quantity limited to 34 per claim.	R	YES
01827	SPECIALIZED THERAPY PROVIDERS MAY ONLY RENDER PROVIDER TYPE SPECIFIC THERAPY SERVICES	H,O	NO
01831	MANAGED CARE MEMBER NOT ALLOWED FOR MEDICARE SERVICES	A,B,C,D,E,F,G,H,I,K,L,N,O,P,Q, S,T,U,V,X,0,1,2,3,5,6,8	YES
01832	ORTHODONTIC PROCEDURES ARE NOT COVERED IN THE MPW PROGRAM	D	YES
01836	MANAGED CARE PLAN SERVICE BILL PHP	A,B,C,D,E,F,G,H,I,K,L,N,O,P,Q, S,T,U,V,X,0,1,2,3,5,6,8	NO
01842	OTC PRODUCT NOT COVERED	R	YES
01843	CARC ACTION CODE 8 INDICATES PRIOR PAYER DENIED SERVICE	A,B,C,D,E,F,G,H,I,K,L,N,O,P,Q, S,T,U,V,X,0,1,2,3,5,6,8	YES
01844	CAP CLAIMS TIMELY FILING BYPASS	A,B,C,D,E,F,G,H,I,K,L,N,O,P,R, S,T,U,V,0,1,2,3,5,6,8	YES
01848	CONTINUOUS HOME CARE SERVICES (REVENUE CODE 0235) MUST BE BILLED WITH SUPPORTING NURSING CARE PROCEDURE.	G	NO
01849	CONTINUOUS HOME CARE SERVICES (REVENUE CODE 0235) CANNOT BE PERFORMED BY LICENSED PRACTICAL NURSE (LPN) PROCEDURECODE G0300.	G	NO
01852	CONTINUOUS HOME CARE SERVICES (REVENUE CODE 0235) CAN ONLY BE BILLED FOR THE DATE OF SERVICE WITHIN THE RECIPIENTS LAST SEVEN DAYS OF LIFE.	G	NO
01854	CONTINUOUS HOME CARE SERVICES (REVENUE CODE 0235) CAN ONLY BE BILLED ON CLAIMS WITH A PATIENT STATUS OF HOSPICE EXPIRED	G	NO
01855	HOSPICE CLAIMS CANNOT BE BILLED WITH PATIENT STATUS CODE OF 20-EXPIRED	G	NO
01856	BILLING PROVIDER, ATTENDING PROVIDER, RENDERING PROVIDER ENROLLED AS OPR ONLY.	A,B,C,D,E,F,G,H,I,K,L,N,O,P,Q, S,T,U,V,X,0,1,2,3,5,6,8	NO
01857	MODIFIER SC REQUIRED FOR MEDICAL LACTATION CONSULTATION SERVICE	C,P,5	NO
01858	DISCHARGE DATE MUST EQUAL RECIPIENT DATE OF DEATH WHEN BILLING A PATIENT STATUS CODE INDICATING EXPIRED.	G	YES
01859	RECIPIENT UNDER REVIEW	A,B,C,D,E,F,G,H,I,K,L,N,O,P,Q, S,T,U,V,X,0,1,2,3,5,6,8	NO
01877	INVALID BILLING PROVIDER TAXONOMY	A,B,C,D,E,F,G,H,I,K,L,N,O,P,Q, S,T,U,V,X,1,2,3,5,6,7,8	NO
01879	MODIFIER RT, LT, OR 50 REQUIRED FOR BALLOON OSTIAL DILATION (BOD)	P	NO
01889	MATERNITY EVENT CLAIMS HAVE A 24 MONTH TIMELY FILING LIMIT	J,9	NO
01890	INVALID NDC OR NDC AND THE PROCEDURE CODE SUBMITTED DOES NOT MATCH NDC ON THE DRUG FILE.	B,C,O,P	YES
01891	BENEFICIARY IS NOT ASSOCIATED WITH THIS PHP ON DOS	J,9	NO

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01899	CAR-T THERAPY REVIEW	O	YES
01929	PARTIAL ELIGIBILITY IN PHP FOR LINE DATE OF SERVICE	A,B,C,E,F,G,H,I,K,L,N,O,P,Q,S, T,U,V,X,0,1,2,3,5,6,8	NO
01931	PROCEDURE/NDC XWALK DOES NOT EXIST	B,C,O,P	NO
01933	INGREDIENT CALCULATED AMOUNT EXCEEDS LIMIT OF \$9,999,999.99	R	NO
01934	THE CALCULATED ALLOWED AMOUNT EXCEEDS LIMIT OF \$9,999,999.99	B,C,E,J,K,L,O,P,S,T,U,V,X,Y,0, 1,2,3,5,6,8,9	NO
01935	DAYS SUPPLY LIMIT EXCEEDED	R	NO
01940	CLAIM LINE DENIED. MODIFIER OR MODIFIER COMBINATION NOT VALID FOR THIS SERVICE.	A,B,C,D,E,F,G,H,I,K,L,N,O,P,Q, S,T,U,V,X,0,1,2,3,5,6,8	NO
01948	PROCEDURE CODE MUST BE BILLED WITH BOTH THE GT AND CR MODIFIER	0	NO
01990	SUPERPEND FOR TPL RECOVERY CLAIM	A,B,C,D,E,F,G,H,I,K,L,M,N,O,P, Q,R,S,T,U,V,X,0,1,2,3,5,6,8	YES
01991	RECYCLE, JRE PROBLEM	A,B,C,D,E,F,G,H,I,J,K,L,M,N,O, P,Q,S,T,U,V,X,Y,Z,0,1,2,3,4,5,6, 8,9	YES
01992	NUMBER OF ERRORS SET IN JRE EXCEED 600	A,B,C,D,E,F,G,H,I,J,K,L,M,N,O, P,Q,S,T,U,V,X,Y,Z,0,1,2,3,4,5,6, 8,9	YES
01993	CLAIM LINE MANUALLY DENIED DURING PEND RESOLUTION	A,B,C,D,E,F,G,H,I,K,L,N,O,P,Q, S,T,U,V,X,0,1,2,3,5,6,8	NO
01994	NO AUDITS WERE SELECTED FOR THE CLAIM	A,B,C,D,E,F,G,H,I,J,K,L,M,N,O, P,Q,S,T,U,V,X,Y,Z,0,1,2,3,4,5,6, 8,9	YES
01995	SPECIAL BATCH ERROR< ENT	A,B,C,D,E,F,G,H,I,J,K,L,M,N,O, P,Q,R,S,T,U,V,X,Z,0,1,2,3,4,5,6, 8,9	NO
01996	JAVA RUN TIME EXCEPTIONS THROWN IN JRE	A,B,C,D,E,F,G,H,I,J,K,L,M,N,O, P,Q,S,T,U,V,X,Y,Z,0,1,2,3,4,5,6, 8,9	YES
01997	PEND HMS SPECIAL INPUT ADJUSTMENT CLAIMS	A,B,C,D,E,F,G,H,I,J,K,L,N,O,P, Q,R,S,T,U,V,X,0,1,2,3,5,6,8,9	YES
01998	CLAIM PENDED AWAITING ADDITIONAL PROCESSING	A,B,C,D,E,F,G,H,I,K,L,N,O,P,Q, S,T,U,V,X,Y,Z,0,1,2,5,6,8	YES
01999	PEND TO RECYCLE FOR ALTERNATIVE BENEFIT PLAN	A,B,C,D,E,F,G,H,I,K,L,N,O,P,Q, S,T,U,V,X,0,1,2,5,6,8	YES

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Edit Summary

Edit #	Description	Claim Type	Override
02007	PA UNITS EXHAUSTED	A,B,C,D,E,F,G,H,I,K,L,N,O,P,Q, S,T,U,V,X,0,1,2,3,5,6,8	YES
02010	ABORTION REVIEW	F,I,O,P,Q	YES
02011	ABORTION REVIEW	F,I,O,P,Q	NO
02012	ABORTION REVIEW	F,I,O,P,Q	NO
02013	ABORTION REVIEW	F,I,O,P,Q	YES
02014	ABORTION REVIEW CSR 1349	F,I,O,P,Q	YES
02015	ABORTION REVIEW CSR 1349	F,I,O,P,Q	YES
02016	ABORTION REVIEW CSR 1349	F,I,O,P,Q	YES
02020	ABORTION REVIEW CSR 1349	F,I,O,P,Q	YES
02021	QUANTITY PRESCRIBED IS MISSING OR INVALID	R	NO
02026	QUANTITY PRESCRIBED LESS THAN QUANTITY BILLED	R	NO
02030	ABORTION REVIEW - PEND AWAITING CONSENT FORM	F,I,O,P,Q	YES
02031			YES
02032			YES
02033			YES
02034	HYSTERECTOMY REVIEW - PEND AWAITING CONSENT FORM	C,E,I,K,L,P,S,V,0,1,2,5,6,8	YES
02035	HYSTERECTOMY REVIEW - PEND MANUAL REVIEW	C,E,I,K,L,P,S,V,0,1,2,5,6,8	YES
02037	PROCEDURE CODE MUST BE BILLED WITH BOTH THE GT AND CR MODIFIER	C,E,K,L,P,S,V,0,1,2,5,6,8	NO
02038	STERILIZATION REVIEW CSR 1349	C,E,I,K,L,O,P,S,T,V,0,1,2,3,5,6, 8	YES
02039	STERILIZATION REVIEW CSR 1349	C,E,I,K,L,O,P,S,T,V,0,1,2,3,5,6, 8	YES
02040	HYSTERECTOMY CONSENT FORM NOT ON FILE	C,E,I,K,L,O,P,S,T,V,0,1,2,3,5,6, 8	YES
02041	HYSTERECTOMY REVIEW - CONSENT FORM TYPE 001 REQUIRES DOS PRIOR TO CONSENT SIGNED DATE	C,E,I,K,L,O,P,S,V,0,1,2,5,6,8	YES
02043	HYSTERECTOMY PEND FOR MANUAL REVIEW	C,E,I,K,L,O,P,S,T,V,0,1,2,3,5,6, 8	YES
02045	MEDICAL RECORDS IN SUPPORT OF PROCEDURE ARE REQUIRED. HOWEVER, A VALID CONSENT FORM IS ON FILE.	C,E,I,K,L,O,P,S,V,0,1,2,5,6,8	YES
02047	RATE NOT FOUND. CONTACT THE M&S HELPDESK AT (855) 457-5264	B,C,O,P,U,5	NO
02048	THIS DRUG IS LIMITED TO 32MG PER DAY	R	YES
02055	SERVICES NOT PAYABLE FOR RECIPIENTS WITH RESTRICTED COVERAGE	A,B,C,D,E,F,G,H,I,K,L,N,O,P,Q, R,S,T,U,V,X,0,1,2,3,5,6,8	NO
02056	RECIPIENT IS MEDICARE PART D ELIGIBLE ON CLAIM DATE OF SERVICE	R	YES

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Edit Summary

Edit #	Description	Claim Type	Override
02058	COORDINATION OF BENEFITS OTHER PAYER REJECT/AMOUNT COUNTS GREATER THAN ZERO	R	YES
02059	BILLING PROVIDER IS LME/MCO	A,B,C,D,E,F,G,H,I,K,L,N,O,P,Q, S,T,U,V,X,Y,0,1,2,3,5,6,8,9	NO
02061	DIAG REQUIRED FOR HOSPICE PATIENT	R	NO
02063	ENCOUNTER EVV START TIME IS MISSING OR INVALID	C,E,K,L,P,S,V,0,1,2,5,6,8	NO
02065	ENCOUNTER EVV END TIME IS MISSING OR INVALID	C,E,K,L,P,S,V,0,1,2,5,6,8	NO
02067	ENCOUNTER EVV ATTENDANT LAST NAME IS MISSING	C,E,K,L,P,S,V,0,1,2,5,6,8	NO
02069	ENCOUNTER EVV ATTENDANT FIRST NAME IS MISSING	C,E,K,L,P,S,V,0,1,2,5,6,8	NO
02070	ENCOUNTER EVV SERVICE ADDRESS IS MISSING	C,E,K,L,P,S,V,0,1,2,5,6,8	NO
02073	ENCOUNTER EVV START TIME IS GREATER THAN END TIME	C,E,K,L,P,S,V,0,1,2,5,6,8	NO
02076	ENCOUNTER EVV SERVICE DATES CANNOT SPAN DATES	C,E,K,L,P,S,V,0,1,2,5,6,8	NO
02077	ELECTRONIC VISIT VERIFICATION (EVV) NOT ON FILE FOR DOS	H,K,P,S,U,6	NO
02079	SUBMITTED UNITS EXCEEDS VERIFIED VISIT UNITS FOR THIS DOS	H,K,P,S,U,6	NO
02081	ENCOUNTER EVV SERVICE VISIT KEY IS MISSING	C,E,K,L,P,S,V,0,1,2,5,6,8	NO
02085	COVID-19 RESPONSE MEASURE - VACCINE AND VACCINE ADMINISTRATION EDITING	C,E,K,L,P,S,V,X,0,1,2,5,6,8	YES
02088	PROCEDURE CODE INVALID FOR BILLING PROVIDER	C,E,K,L,P,S,V,0,1,2,5,6,8	NO
02093	MANAGED CARE STANDARD PLAN SERVICE BILL PHP	R	YES
02094	BILLING PROVIDER TAXONOMY CODE SUSPENDED DUE TO NO INDIVIDUAL PROVIDER	A,B,C,D,E,F,G,H,I,K,L,N,O,P,S, T,U,V,0,1,2,3,5,6,8,9	NO
02101	MODIFIER COMBINATION IS INVALID	B,C,E,K,L,P,S,T,V,X,0,1,2,5,6,8	YES
02102	MODIFIERS ARE INVALID	B,C,E,K,L,P,S,T,V,X,0,1,2,5,6,8	YES
02104	PROVIDER TAXONOMY NOT ALLOWED FOR MODIFIER SUBMITTED	C,E,K,L,P,S,V,0,1,2,5,6,8	NO
02105	POST-OP DATES MISSING OR INVALID WITH BILLING OF MODIFIER 55	B,C,E,K,L,P,S,V,0,1,2,5,6,8	YES
02106	MULTIPLE LINES WITH MODIFIER 55 MUST HAVE THE SAME DATE OF SERVICE	A,B,C,D,E,F,G,H,I,K,L,N,O,P,S, T,U,V,0,1,2,3,5,6,8	YES
02107	CAP PROVIDERS ARE INELIGIBLE FOR CROSSOVER CLAIMS	A,B,U	NO
02109	COMMUNITY INTERVENTION SERVICE (CIS) H0036 BILLING MODIFIERS HA, HB OR HQ REQUIRES SECONDARY MODIFIER	B,C,E,K,L,P,S,T,V,X,0,1,2,5,6,8	YES
02110	COMMUNITY INTERVENTION SERVICE (CIS) REQUIRES PRIMARY AND SECONDARY PLACEMENT OF MODIFIERS WHEN BILLING H0036	B,C,E,K,L,P,S,T,V,X,0,1,2,5,6,8	YES
02111	MODIFIER CC IS FOR INTERNAL USE ONLY	C,E,K,L,P,S,V,0,1,2,5,6,8	NO
02112	POSTOP TO DATE BEFORE POSTOP FROM DATE WITH BILLING OF MODIFIER 55	B,P	YES
02113	POSTOP FROM DATE BEFORE OR EQUAL TO THRU DATE OF SERVICE WITH BILLING OF MODIFIER 55	B,P	YES

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Edit Summary

Edit #	Description	Claim Type	Override
02114	POSTOP DATES REQUIRED WITH BILLING OF MODIFIER 55- DATES OUTSIDE POSTOP PERIOD	B,P	YES
02125	HUMAN SERVICES ORGANIZATION (HSO) TAXONOMY INVALID ON FEE FOR SERVICE CLAIM	A,B,C,D,E,F,G,H,I,J,K,L,O,P,Q, S,T,U,V,X,Y,Z,0,1,2,3,5,6,8,9	NO
02129	RECYCLE, MCE PROBLEM	A,I	NO
02136	RECYCLE, DRG PROBLEM	A,I	NO
02138	THE NUMBER OF MATCHING EVV SEGMENTS EXCEEDS SYSTEM MAX	H,K,P,S,U,6	NO
02139	RECIPIENT NOT ELIGIBLE FOR TAILORED CARE MANAGEMENT PAYMENTS	J	NO
02143	CIRCUMCISION REQUIRES RECORD OF MEDICAL NECESSITY	A,B,C,D,E,F,G,H,I,K,L,N,O,P,S, T,U,V,0,1,2,3,5,6,8	YES
02159	ENCOUNTER CLAIMS NOT ACCEPTED AFTER 2023-04-01	A,B,C,D,E,F,G,H,I,J,K,L,M,N,O, P,Q,S,T,U,V,W,X,Y,Z,1,2,3,4,5, 6,8,9	NO
02195	TCM ADDON (T1017-U4) MUST BE BILLED ON SAME CLAIM AS TCM (T1017-HT)	J	NO
02201	MED SOLUTIONS PA CHECK FOR POSITRON EMISSION TOMOGRAPHY (PET) PROCEDURE CODES	L,O,P	YES
02202	MISSING OR INVALID ADMISSION HOUR	I	YES
02203	MISSING OR INVALID DISCHARGE HOUR	I	YES
02204	MED SOLUTIONS PA CHECK FOR MAGNETIC RESONANCE ANGIOGRAPHY (MRA) PROCEDURE CODES	L,O,P	YES
02205	MED SOLUTIONS PA CHECK FOR MAGNETIC RESONANCE IMAGING (MRI) PROCEDURE CODES	L,O,P	YES
02206	MED SOLUTIONS PA CHECK FOR ULTRASOUND PROCEDURE CODES	L,O,P,8	YES
02207	MED SOLUTIONS PA CHECK FOR 3D RENDERING PROCEDURE CODES	L,O,P	YES
02208	REVENUE CODE REQUIRES PROCEDURE CODE FOR MEDSOLUTIONS PA PROCESS	O	YES
02211	MEDICARE PRIMARY CLAIM FORWARDED TO MANAGED CARE PLAN	A,B,U	NO
02212	MED SOLUTIONS PA CHECK FOR COMPUTED TOMOGRAPHY ANGIOGRAPHY (CTA) PROCEDURE CODES	L,O,P	YES
02213	MED SOLUTIONS PA CHECK FOR COMPUTED TOMOGRAPHY (CT) PROCEDURE CODES	L,O,P	YES
02214	U&C EXCEEDS ESTIMATED 340B RATE	R	YES
02215	340B PROV BILLED NON-340B CLAIM	R	YES
02216	NON340B PROV BILLED 340B CLAIM	R	YES
02217	340B MISMATCH	R	YES
02225	THE SUBMITTED NDC CANNOT BE BILLED ON A 340B CLAIM	R	YES
02241	IMMUNIZATION ADMINISTRATION NOT ALLOWED WITHOUT BILLING THE APPROPRIATE IMMUNIZATION CODE	C,E,K,L,P,S,V,0,1,2,5,6,8	NO

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Edit Summary

Edit #	Description	Claim Type	Override
02361	NO CHARGES BILLED	A,B,C,D,E,G,H,I,K,L,O,P,S,T,U, V,X,0,1,2,3,5,6,8	YES
02400	ORIGIN DESTINATION MODIFIER IS REQUIRED ON AMBULANCE CLAIM	B,T,U,3	YES
02401	MORE THAN ONE ORIGIN DESTINATION MODIFIER SUBMITTED ON SAME CLAIM LINE	B,T,U,3	YES
02420	ORDERING PROVIDER INVALID OR NOT ACTIVE ON DATES OF SERVICE	B,C,E,K,L,P,S,T,V,X,0,1,2,5,6,8	YES
02421	ORDERING PROVIDER INVALID OR NOT ACTIVE ON DATES OF SERVICE. QMB RECIPIENT	B,C,E,K,L,P,S,T,V,X,0,1,2,5,6,8	YES
02422	REFERRING PROVIDER INVALID OR NOT ACTIVE ON DATES OF SERVICE	A,B,C,E,F,G,H,I,K,L,N,O,P,Q,R, S,T,U,V,X,0,1,2,3,5,6,8	YES
02423	REFERRING PROVIDER INVALID OR NOT ACTIVE ON DATES OF SERVICE, QMB RECIPIENT	A,B,C,E,F,G,H,I,K,L,N,O,P,Q,R, S,T,U,V,X,0,1,2,3,5,6,8	YES
02425	SERVICE FACILITY PROVIDER INVALID OR NOT ACTIVE ON DATES OF SERVICE. QMB RECIPIENT	A,B,C,D,E,F,G,H,I,K,L,N,O,P,Q, S,T,U,V,X,0,1,2,3,5,6,8	YES
02426	SUPERVISING PROVIDER INVALID OR NOT ACTIVE ON DATES OF SERVICE	D	YES
02427	SUPERVISING PROVIDER INVALID OR NOT ACTIVE ON DATES OF SERVICE. QMB RECIPIENT	D	YES
02428	OPERATING PROVIDER INVALID OR NOT ACTIVE ON DATES OF SERVICE	A,F,G,H,I,N,O,Q,U,3	YES
02429	OPERATING PROVIDER INVALID OR NOT ACTIVE ON DATES OF SERVICE. QMB RECIPIENT	A,F,G,H,I,N,O,Q,U,3	YES
02430	OTHER OPERATING PROVIDER INVALID OR NOT ACTIVE ON DATES OF SERVICE	A,F,G,H,I,N,O,Q,U,3	YES
02431	OTHER OPERATING PROVIDER INVALID OR NOT ACTIVE ON DATES OF SERVICE. QMB RECIPIENT	A,F,G,H,I,N,O,Q,U,3	YES
02432	ASSISTANT SURGEON PROVIDER INVALID OR NOT ACTIVE ON DATES OF SERVICE	D	YES
02433	ASSISTANT SURGEON PROVIDER INVALID OR NOT ACTIVE ON DATES OF SERVICE. QMB RECIPIENT	D	YES
02434	ATTENDING PROVIDER INVALID OR NOT ACTIVE ON DATES OF SERVICE	A,F,G,H,I,N,O,Q,U	YES
02435	ATTENDING PROVIDER INVALID, OR NOT ACTIVE ON DATES OF SERVICE. QMB RECIPIENT	A,F,G,H,I,N,O,Q,U	YES
02436	PRTF HOSPITAL STAY REQUIRES ATTENDING PROVIDER TO BILL PSYCHIATRIC SPECIALTY	Q	YES
02437	SERVICE FACILITY PROVIDER INVALID OR NOT ACTIVE ON DATES OF SERVICE.	A,B,C,D,E,F,G,H,I,K,L,N,O,P,Q, S,T,U,V,X,0,1,2,3,5,6,8	YES
02438	ORDERING PROVIDER REQUIRED	K,L,P,S,V,1,8	NO
02439	ORDERING PROVIDER MUST BE ENROLLED AS AN INDIVIDUAL PROVIDER.	B,C,E,K,L,P,S,T,V,X,0,1,2,5,6,8	NO
02440	REFERRING PROVIDER REQUIRED	G,H,K,O,P,1,2	NO
02441	REFERRING PROVIDER MUST BE ENROLLED AS AN INDIVIDUAL PROVIDER.	A,B,C,E,F,G,H,I,K,L,N,O,P,Q,S, T,U,V,X,0,1,2,3,5,6,8	NO
02442	OPERATING PROVIDER REQUIRED	O	NO
02470	CLAIM FILING INDICATOR SUBMITTED SUGGESTS COST SHARE (COINSURANCE, DEDUCTIBLE OR COPAY) IS NOT APPROPRIATE	A,B,C,D,E,F,G,H,I,K,L,O,P,Q,S, T,U,V,X,1,2,3,5,8	YES

Edit Summary

Edit #	Description	Claim Type	Override
02600	CLAIM TYPE AND/OR PLACE OF SERVICE INVALID FOR MAFD RECIPIENT	C,D,E,I,K,L,O,P,Q,S,V,0,1,2,5,6,8	NO
02601	INVALID PROCEDURE BILLED FOR FAMILY PLANNING WAIVER RECIPIENT	C,D,E,K,L,O,P,Q,S,V,0,1,2,5,6,8	NO
02602	FIRST TREATMENT DATE IS MISSING OR INVALID	C,E,K,L,O,P,S,V,0,1,2,5,6,8	NO
02603	LAB PROCEDURE DATE OF SERVICE MUST BE WITHIN 30 DAYS OF ANNUAL EXAM DATE/ 180 DAYS FOR PAP SMEARS	C,E,K,L,O,P,S,V,0,1,2,5,6,8	NO
02604	SUBMISSION OF A QUALIFYING PRIMARY DIAGNOSIS IS REQUIRED FOR MAFD	B,C,E,K,L,O,P,Q,S,V,0,1,2,5,6,8	NO
02605	AFTER HOURS PROCEDURES MUST INCLUDE APPROPRIATE FAMILY PLANNING DIAGNOSIS AND/OR MODIFIER WHEN BILLED WITH OFFICE VISIT PROCEDURE	C,E,K,L,O,P,S,V,0,1,2,5,6,8	NO
02606	SUBMISSION OF A QUALIFYING DIAGNOSIS REQUIRED	C,E,K,L,O,P,S,V,0,1,2,5,6,8	NO
02608	FP MODIFIER IS REQUIRED ON FAMILY PLANNING CLAIM	C,L,O,P,5,8	YES
02609	FAMILY PLANNING PROCEDURE CODE IS REQUIRED ON FAMILY PLANNING CLAIM	O	YES
02670	ICD Diagnosis Code Version Invalid for Date of Service	R	YES
02671	ICD VERSION INVALID FOR DATE OF SERVICE	A,B,C,D,E,F,G,H,I,J,K,L,N,O,P,Q,R,S,T,U,V,X,0,1,2,3,5,6,8,9	YES
02672	THE J CODE AND GENERIC CODE NUMBER (GCN) COMBINATION IS INVALID	B,C,I,O,P,U,5	YES
02673	NDC/GCN AND ICD DIAGNOSIS COMBINATION IS INVALID	B,C,I,O,P,U,5	YES
02689	FQHC Prov must submit POS 50 & RHC Prov must submit POS 72 when blng proc T1015	5	YES
02800	CERTIFIED RENDERING PROVIDER TAXONOMY DOES NOT MEET THE BOARD CERTIFICATION REQUIREMENT OF THE HCPCS CODE BILLED (CO BOCO, CPO CFO, COF, C.PED, BOCPD).	S	NO
02801	CERTIFIED RENDERING PROVIDER TAXONOMY DOES NOT MEET THE BOARD CERTIFICATION REQUIREMENT OF THE HCPCS CODE BILLED (CP, BOCB, CPO, C.PED, BOCPD).	S	NO
02802	CERTIFIED RENDERING PROVIDER TAXONOMY DOES NOT MEET THE BOARD CERTIFICATION REQUIREMENT OF THE HCPCS CODE BILLED (CO,BOCO, CP, BOCB, CPO, CFTS, C.PED, BOCPD, MD, DO, PA, NP).	S	NO
02803	CERTIFIED RENDERING PROVIDER TAXONOMY DOES NOT MEET THE BOARD CERTIFICATION REQUIREMENT OF THE HCPCS CODE BILLED (CO, BOCO, CPO, C.PED, BOCPD, MD, DO, PA, NP).	S	NO
02804	CERTIFIED RENDERING PROVIDER TAXONOMY DOES NOT MEET THE BOARD CERTIFICATION REQUIREMENT OF THE HCPCS CODE BILLED (CO,BOCO, CP, BOCB, CPO, C.PED, BOCPD, CFO, COF, MD, DO, PA, NP).	S	NO
02805	CERTIFIED RENDERING PROVIDER TAXONOMY DOES NOT MEET THE BOARD CERTIFICATION REQUIREMENT OF THE HCPCS CODE BILLED (CO,BOCO, CP, BOCB, CPO, COF, CFO, CFM, CMF, MD, DO, PA, NP).	S	NO
03001	REVENUE CODE/HCPCS CODE IS MISSING OR AN INVALID COMBINATION	U,3	NO

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Edit #	Description	Claim Type	Override
03004	VALUE CODE 61 MISSING FOR HOSPICE CLAIM	G,H	NO
03006	AFTER HOURS EDIT	C,E,K,L,P,S,V,0,1,2,5,6,8	NO
03007	HOSPICE CLAIM HAS INVALID SNF PROVIDER	G,H	NO
03010	INVALID MODIFIER FOR PROFESSIONAL CROSSEOVERS	B	YES
03012	HOME HEALTH PROCEDURE, RECIPIENT NOT ELIGIBLE FOR MEDICARE	G,H	NO
03016	POSTOP PERIODS FOR ALL DETAILS BILLED WITH MODIFIER 55 ARE NOT THE SAME	B,P	YES
03100	CARDIOVASCULAR THERAPEUTIC CODES REQUIRE MODIFIER LC, LD, LM, RC OR RI	C,E,K,L,P,S,V,0,1,2,5,6,8	NO
03101	PROCEDURE CODE REQUIRES MODIFIER Q7, Q8 OR Q9	C,E,K,L,P,S,V,0,1,2,5,6,8	NO
03195	HYSTEROSALPINGOGRAM (HSG) REVIEW FOR ESSURE FOLLOW-UP	C,E,K,L,P,S,V,0,1,2,5,6,8	NO
03200	MCE - INVALID ICD PROCEDURE.	A,I	YES
03201	MCE - ICD PROCEDURE INVALID FOR RECIPIENT SEX - PRINCIPAL PROCEDURE	A,I	YES
03202	MCE - BILATERAL PROCEDURE CHECK.	A,I	YES
03205	MCE - INVALID ICD CM PROCEDURE - OTHER PROCEDURE 1	I	NO
03206	MCE - INVALID ICD CM PROCEDURE - OTHER PROCEDURE 2	A,I	YES
03207	MCE - INVALID ICD CM PROCEDURE - OTHER PROCEDURE 3	A,I	YES
03208	MCE - INVALID ICD CM PROCEDURE - OTHER PROCEDURE 4	A,I	YES
03209	MCE - INVALID ICD CM PROCEDURE - OTHER PROCEDURE 5	A,I	YES
03210	MCE - INVALID ICD CM PROCEDURE - 6TH THROUGH 25TH ICD CODE	A,I	YES
03212	MCE - ICD PROCEDURE INVALID FOR RECIPIENT SEX - OTHER PROCEDURE 2	A,I	YES
03213	MCE - ICD PROCEDURE INVALID FOR RECIPIENT SEX - OTHER PROCEDURE 3	A,I	YES
03214	MCE - ICD PROCEDURE INVALID FOR RECIPIENT SEX - OTHER PROCEDURE 4	A,I	YES
03215	MCE - ICD PROCEDURE INVALID FOR RECIPIENT SEX - OTHER PROCEDURE 5	A,I	YES
03216	MCE - ICD PROCEDURE INVALID FOR RECIPIENT SEX - OTHER PROCEDURE 6	A,I	YES
03219	MCE - BILATERAL PROCEDURE CHECK - OTHER PROCEDURE 2	A,I	YES
03220	MCE - BILATERAL PROCEDURE CHECK - OTHER PROCEDURE 3	A,I	YES
03221	MCE - BILATERAL PROCEDURE CHECK - OTHER PROCEDURE 4	A,I	YES
03222	MCE - BILATERAL PROCEDURE CHECK - OTHER PROCEDURE 5	A,I	YES
03223	MCE - BILATERAL PROCEDURE CHECK - OTHER PROCEDURE 6	A,I	YES
03224	MCE-PROC INCONSISTENT WITH LOS	A,I	YES
03401	INVALID REVENUE CODE/HCPSCS COMBINATION	F,N,O	NO
03404	MISSING FACILITY BED COUNT ON PROVIDER BED TABLE	F,N	NO
03405	ORIGINAL CLAIM IS NOT IN A PAID STATUS. ADJUSTMENT/VOID CANNOT BE PROCESSED	A,B,C,D,E,F,G,H,I,J,K,L,M,N,O, P,Q,S,T,U,V,X,0,1,2,3,4,5,6,8,9	YES
03406	HISTORY RECORD NOT FOUND FOR ADJUSTMENT/VOID	A,B,C,D,E,F,G,H,I,J,K,L,M,N,O, P,Q,S,T,U,V,X,0,1,2,3,4,5,6,8,9	YES

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Edit #	Description	Claim Type	Override
03407	BILLING PROVIDER DOES NOT MATCH HISTORY RECORD FOR ADJUSTMENT/VOID	A,B,C,D,E,F,G,H,I,J,K,L,N,O,P, Q,S,T,U,V,X,0,1,2,3,5,6,8,9	YES
03408	ADULT CARE HOME WITH BILL TYPE 893 AND 897 MUST HAVE V606 DIAGNOSIS.	F,N	NO
03409	MISCELLANEOUS HCPCS DRUG CODE NOT SUPPORTED BY SUBMITTED NDC	O	NO
03410	TAXONOMY CANNOT BILL FOR ENHANCED BENEFIT SERVICES	A,B,C,D,E,F,G,H,I,K,L,N,O,P,S, T,U,V,0,1,2,3,5,6,8	NO
03412	PROVIDER TAXONOMY CANNOT BILL SERVICE AFTER 7/1/2006	A,B,C,D,E,F,G,H,I,K,L,N,O,P,S, T,U,V,0,1,2,3,5,6,8	NO
03413	TAXONOMY CANNOT BILL SERVICE AFTER 10/1/2006	A,B,C,D,E,F,G,H,I,K,L,N,O,P,S, T,U,V,0,1,2,3,5,6,8	NO
03414	H2035 MUST BILL 4 OR MORE SERVICES	B,C,E,K,L,P,S,T,V,X,0,1,2,5,6,8	YES
03500	PA CUTBACK APPLIED TO THE LINE	A,B,C,D,E,F,G,H,I,K,L,N,O,P,S, T,U,V,X,0,1,2,3,5,6,8	YES
03501	PA ZERO CUTBACK APPLIED TO THE LINE	A,B,C,D,E,F,G,H,I,K,L,N,O,P,S, T,U,V,X,0,1,2,3,5,6,8	YES
03508	PA UNITS EXCEEDED	B,C,E,I,K,L,P,S,T,V,X,0,1,2,5,6, 8	NO
03512	PA DOLLARS EXCEEDED	B,C,E,I,K,L,P,S,T,V,X,0,1,2,5,6, 8	NO
03521	PROVIDER NOT ENROLLED IN BENEFIT PLAN	A,B,C,D,E,F,G,H,I,K,L,N,O,P,R, S,T,U,V,0,1,2,3,5,6,8	YES
03550	SAFETY DOC REQUIRED FOR ANTI-PSYCHOTIC DRUGS	R	YES
03551	PA CUTBACK WAIVED FOR COVID-19 OUTBREAK	A,B,C,D,E,F,G,H,I,K,L,N,O,P,S, T,U,V,X,0,1,2,3,5,6,8	YES
03553	PA CUTBACK WAIVED FOR COVID-19 OUTBREAK	A,B,C,D,E,F,G,H,I,K,L,N,O,P,S, T,U,V,X,0,1,2,3,5,6,8	YES
03554	PA REQUIREMENTS HAVE BEEN WAIVED FOR CDSA SERVICES	P,V,2	YES
03585	HIT DRUG THERAPY MUST BILL WITH HIT NURSING SERVICES	1	NO
04110	QUANTITIES IN EXCESS OF THE ADULT DOSAGES RECOMMENDED BY THE FDA FOR ATYPICAL ANTIPSYCHOTICS	R	YES
04125	QNTY IN EXCESS OF THE ADULT DOSAGES RECOMMENDED BY THE FDA FOR ANTIDEPRESSANTS	R	YES
04140	QUANTITIES IN EXCESS OF THE ADULT DOSAGES RECOMMENDED BY THE FDA FOR ADD/ADHD MEDICATIONS	R	YES
04200	MCE - ADMITTING DIAGNOSIS MISSING	A,I	YES
04201	MCE - PRINCIPAL DIAGNOSIS CODE MISSING	A,I	YES

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Edit #	Description	Claim Type	Override
04202	MCE - ICD DIAGNOSIS CODE - ADMITTING DIAGNOSIS	A,I	YES
04203	MCE - DIAGNOSIS CODE INVALID FOR RECIPIENT SEX - PRINCIPAL DIAGNOSIS	A,I	YES
04205	MCE - QUESTIONABLE ADMISSION DIAGNOSIS.	A,I	YES
04206	MCE - MANIFESTATION CODE AS PRINCIPAL DIAGNOSIS	A,I	YES
04207	MCE - E-CODE AS PRINCIPAL DIAGNOSIS	A,I	YES
04208	MCE - UNACCEPTABLE PRINCIPAL DIAGNOSIS	A,I	YES
04209	MCE - PRINCIPAL DIAGNOSIS REQUIRES SECONDARY DIAGNOSIS	A,I	YES
04210	MCE - DUPLICATE OF PRINCIPAL DIAGNOSIS - OTHER DIAGNOSIS 2	A,I	YES
04211	MCE - ICD DIAGNOSIS CODE INVALID - 2ND DIAGNOSIS	A,I	YES
04212	MCE - ICD DIAGNOSIS CODE INVALID - 3RD DIAGNOSIS	A,I	YES
04213	MCE - ICD DIAGNOSIS CODE INVALID - 4TH DIAGNOSIS	A,I	YES
04214	MCE - ICD DIAGNOSIS CODE INVALID - 5TH DIAGNOSIS	A,I	YES
04215	MCE - ICD DIAGNOSIS CODE INVALID - 6TH DIAGNOSIS	A,I	YES
04216	MCE - ICD DIAGNOSIS CODE INVALID - 7TH DIAGNOSIS	A,I	YES
04217	MCE - ICD DIAGNOSIS CODE INVALID - 8TH DIAGNOSIS	A,I	YES
04218	MCE - ICD DIAGNOSIS CODE INVALID - 9TH DIAGNOSIS	A,I	YES
04219	MCE - DIAGNOSIS CODE INVALID FOR RECIPIENT SEX - 2ND DIAGNOSIS	A,I	YES
04220	MCE - DIAGNOSIS CODE INVALID FOR RECIPIENT SEX - 3RD DIAGNOSIS	A,I	YES
04221	MCE - DIAGNOSIS CODE INVALID FOR RECIPIENT SEX - 4TH DIAGNOSIS	A,I	YES
04222	MCE - DIAGNOSIS CODE INVALID FOR RECIPIENT SEX - 5TH DIAGNOSIS	A,I	YES
04223	MCE - DIAGNOSIS CODE INVALID FOR RECIPIENT SEX - 6TH DIAGNOSIS	A,I	YES
04224	MCE - DIAGNOSIS CODE INVALID FOR RECIPIENT SEX - 7TH DIAGNOSIS	A,I	YES
04225	MCE - DIAGNOSIS CODE INVALID FOR RECIPIENT SEX - 8TH DIAGNOSIS	A,I	YES
04226	MCE - DIAGNOSIS CODE INVALID FOR RECIPIENT SEX - 9TH DIAGNOSIS	A,I	YES
04227	MCE - DUPLICATE OF PRINCIPAL DIAGNOSIS - OTHER DIAGNOSIS 3	A,I	YES
04228	MCE - DUPLICATE OF PRINCIPAL DIAGNOSIS - OTHER DIAGNOSIS 4	A,I	YES
04229	MCE - DUPLICATE OF PRINCIPAL DIAGNOSIS - OTHER DIAGNOSIS 5	A,I	YES
04230	MCE - DUPLICATE OF PRINCIPAL DIAGNOSIS - OTHER DIAGNOSIS 6	A,I	YES
04231	MCE - DUPLICATE OF PRINCIPAL DIAGNOSIS - OTHER DIAGNOSIS 7	A,I	YES
04232	MCE - DUPLICATE OF PRINCIPAL DIAGNOSIS - OTHER DIAGNOSIS 8	A,I	YES
04233	MCE - DUPLICATE OF PRINCIPAL DIAGNOSIS - OTHER DIAGNOSIS 9	A,I	YES
04234	MCE - ICD DIAGNOSIS CODE - PRINCIPAL DIAGNOSIS	A,I	YES
04240	UNEXPECTED GROUPER RETURN CODE	I	YES
04251	NEVER EVENT - PAID 0.00	I,O,P	NO
04252	CLAIM BILL FREQUENCY INVALID FOR FACILITY BILL TYPE	A,F,G,H,I,N,O,Q,U,3	NO
04253	NEVER EVENT DIAGNOSIS AND BILL TYPE MISMATCH	A,F,G,H,I,N,O,Q,U,3	NO

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04254	POA INVALID FOR DIAGNOSIS TO BE GROUPED TO DRG	I	NO
04255	MCE - ICD DIAGNOSIS CODE INVALID - 10TH DIAGNOSIS	A,I	YES
04256	MCE - ICD DIAGNOSIS CODE INVALID - 11TH THROUGH 17TH DIAGNOSIS	A,I	YES
04257	MCE - ICD DIAGNOSIS CODE INVALID - 18TH THROUGH 25TH DIAGNOSIS	A,I	YES
04260	LARC ADJUSTED WEIGHT INCLUDED IN DRG.	A,I	YES
04476	INVALID NUMBER OF SVCS FOR MODIFIER	C,E,F,G,H,I,K,L,M,N,O,P,Q,S,V, X,0,1,2,5,6,8	NO
04500	AWAITING FUND AVAILABILITY (EITHER THE BUDGET IS NOT APPROVED YET OR THERE IS NO BUDGET INFORMATION FOR A CLAIM THAT NEEDS IT)	A,B,C,D,E,F,G,H,I,K,L,N,O,P,Q, S,T,U,V,X,0,1,2,5,6,8	NO
04501	INSUFFICIENT FUNDS (NOT ENOUGH ON THE BUDGET TO COVER THE CLAIM)	A,B,C,D,E,F,G,H,I,K,L,N,O,P,Q, S,T,U,V,X,0,1,2,5,6,8	NO
04502	FS50050 ZERO MEDICARE DEDUCTIBLE/COINSURANCE	A,B,C,D,E,F,G,H,I,K,L,N,O,P,Q, S,T,U,V,X,0,1,2,5,6,8	YES
04503	FS50050 SUSPEND CLAIM	A,B,C,D,E,F,G,H,I,K,L,N,O,P,Q, S,T,U,V,X,0,1,2,5,6,8	YES
04504	FS50008 NO CAC/INVALID INPUT/SYSTEM ERROR	A,B,C,D,E,F,G,H,I,K,L,N,O,P,Q, R,S,T,U,V,X,0,1,2,3,5,6,8	YES
04505	FS50003 NO CAC SHARE/LESS THAN 100%/SYSTEM ERROR	A,B,C,D,E,F,G,H,I,K,L,N,O,P,Q, R,S,T,U,V,X,0,1,2,5,6,8	YES
04506	PROCEDURE IS INVALID FOR THE DIAGNOSIS	B,C,D,E,F,G,H,I,K,L,N,O,P,Q,S, T,V,X,0,1,2,3,5,6,8	YES
04507	PROCEDURE IS INVALID FOR THE DIAGNOSIS	B,C,D,E,F,G,H,I,K,L,N,O,P,Q,S, T,V,X,0,1,2,3,5,6,8	YES
04508	PROCEDURE IS INVALID FOR THE DIAGNOSIS	B,C,D,E,F,G,H,I,K,L,N,O,P,Q,S, T,V,X,0,1,2,3,5,6,8	YES
04509	PROCEDURE IS INVALID FOR THE DIAGNOSIS	B,C,D,E,F,G,H,I,K,L,N,O,P,Q,S, T,V,X,0,1,2,3,5,6,8	YES
04510	PROCEDURE IS INVALID FOR THE DIAGNOSIS	B,C,D,E,F,G,H,I,K,L,N,O,P,Q,S, T,V,X,0,1,2,3,5,6,8	YES
04511	PROCEDURE IS INVALID FOR THE DIAGNOSIS	B,C,D,E,F,G,H,I,K,L,N,O,P,Q,S, T,V,X,0,1,2,3,5,6,8	YES
04516	LINE PREVIOUSLY PAID BY ANOTHER DHHS PAYER	A,B,C,D,E,F,G,H,I,K,L,N,O,P,Q, S,T,U,V,X,0,1,2,3,5,6,8	NO
04520	CORRECT CODING INITIATIVE MEDICALLY UNLIKELY EDIT	B,C,D,E,K,L,O,P,S,T,V,X,0,1,2, 5,6,8	YES
04525	BILLING LOCATOR CODE CANNOT BE DERIVED	A,B,C,D,E,F,G,H,I,K,L,N,O,P,Q, S,T,U,V,X,0,1,2,3,5,6,8	NO

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Edit #	Description	Claim Type	Override
04526	RENDERING LOCATOR CODE COULD NOT BE DERIVED	B,C,D,E,I,K,L,P,S,T,V,X,0,1,2,5,6,8	YES
04527	ATTENDING LOCATOR CODE COULD NOT BE DERIVED	G	YES
04528	RNDR Prov Location Code Set Based on Taxonomy	B,C,D,E,K,L,P,S,T,V,X,0,1,2,5,6,8	YES
04529	BILLING PROVIDER SUBMITTED SERVICE LOCATION ADDRESS DOES NOT MATCH THE ADDRESS ON THE FILE	C,D,E,F,G,H,I,K,L,N,O,P,Q,S,T,V,X,1,2,3,5,6,8	NO
04530	MICL RECIP PREMIUM NOT PAID	C,D,E,I,K,L,O,P,R,S,V,0,1,2,5,6,8	YES
04531	BILLING PROVIDER TAXONOMY IS INVALID FOR SERVICE LOCATION	A,B,C,D,E,F,G,H,I,K,L,N,O,P,Q,S,T,U,V,X,0,1,2,3,5,6,8	YES
04532	RENDERING PROVIDER TAXONOMY IS INVALID FOR SERVICE LOCATION	B,C,D,E,K,L,P,S,T,V,X,0,1,2,5,6,8	YES
04533	CLAIM PENDED AWAITING ADDRESS VALIDATION	C,D,E,F,G,H,I,K,L,N,O,P,Q,S,T,V,X,1,2,3,5,6,8	NO
04610	QUANTITIES IN EXCESS OF THE ADULT DOSAGES RECOMMENDED BY THE FDA FOR BEHAVIORAL HEALTH MEDS	R	YES
05102	MANUAL REVIEW FOR TIMELY FILING DELAY REASON CODE AND ATTACHED DOCUMENTATION	A,B,C,D,E,F,G,H,I,K,L,N,O,P,S,T,U,V,0,1,2,3,5,6,8	YES
05103	LATE CLAIM FILING MISSING ATTACHMENT FOR DELAY REASON CODE	A,B,C,D,E,F,G,H,I,K,L,N,O,P,S,T,U,V,0,1,2,3,5,6,8	NO
05265	AT LEAST ONE ICD DIAGNOSIS USED ON THE CLAIM MUST MATCH A DIAGNOSIS SPECIFIED ON THE AUTHORIZATION REQUEST.	E,P,S	NO
05266	PRIM DIAG ON CLM DOES NOT MTCH PA, OTHER DIAG DIAG MTCH PA	E	YES
05275	PROCEDURE CODE(S) ARE LIMITED TO THE APPROVED PROCEDURE CODES ON THE PA.	E,S	YES
05280	HEARING AID BATTERY SUPPLY IS LIMITED TO A MAXIMUM OF \$35 PER CLAIM	E,S	YES
05291	DPH-ITP CLAIMS WITH TPL PEND FOR MANUAL REVIEW		YES
05395	CLAIM SERVICE DATE MUST BE WITHIN THE SERVICE DATE RANGE APPROVED ON THE PA	C,E,K,L,P,Q,S,V,X,0,1,2,5,6,8	NO
05400	CLAIMS FOR SPECIALIZED THERAPIES MUST INCLUDE THE DISCIPLINE-SPECIFIC ICD DIAGNOSIS CODES AND MATCH THE DIAGNOSIS CODE ON THE PA	C,E,K,L,P,Q,S,V,X,0,1,2,5,6,8	NO
05405	IF A CLAIM COMES IN WITHOUT AN EOB FROM THE PATIENTS INSURANCE COMPANY AND THE FAMILY HAS AGREED TO BILL THEIR INSURANCE(BLOCK 18 ON THE PA) THE CLAIM CAN BE PAID IF A LETTER FROM THE CDSA AUTHORIZING PAYMENT WITHOUTAN EOB		YES
05415	NO TPL SUBMITTED ON CLAIM	K,L,P,S,V,2	YES
05590	NO MATCHING PA FOR DPH	I,O,P,R,S,2	YES

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05640	AT LEAST ONE ICD DIAGNOSIS USED ON THE CLAIM MUST MATCH A DIAGNOSIS SPECIFIED ON THE PRIOR AUTHORIZATION REQUEST.	I	YES
05650	AT LEAST ONE ICD DIAGNOSIS USED ON THE CLAIM MUST MATCH A DIAGNOSIS SPECIFIED ON THE APPROVED PRIOR AUTHORIZATION REQUEST.	O	NO
05680	THE PROCEDURE CODES ON THE CLAIM MUST MATCH THE PROCEDURE CODES ON THE PA	C,E,K,L,O,P,Q,S,V,X,0,1,2,5,6,8	NO
05685	ONE OF THE DISCIPLINE-SPECIFIC DIAGNOSIS CODES ON THE CLAIM MUST MATCH ONE OF THE DIAGNOSIS CODES ON THE PA	C,E,G,H,K,L,M,O,P,Q,S,V,X,0,1,2,4,5,6,8	NO
05690	CLAIMS MUST INCLUDE THE DISCIPLINE-SPECIFIC ICD DIAGNOSIS CODES COMPARABLE TO THE SPECIALIZED THERAPY ON THE AUTHORIZATION.	C,E,G,H,K,L,M,O,P,Q,S,V,X,0,1,2,4,5,6,8	NO
06132	PROVIDER IS NOT AUTHORIZED TO BILL THIS DRUG	R	YES
06154	ABIRATERONE 500 NOT PERMITTED	R	YES
06666	DUMMY EDIT TO POPULATE TEXT TABLE	A,B,C,D,E,F,G,H,I,K,L,M,N,O,P,Q,S,T,U,V,X,Y,Z,0,1,2,3,4,5,6,8	YES
07001	TAXONOMY CODE FOR ATTENDING OR RENDERING PROVIDER MISSING	B,C,D,E,G,K,L,P,S,T,V,X,0,1,2,5,6,8	YES
07003	PROVIDER IDENTIFIER (NPI) SUBMITTED NOT FOUND ON PROVIDER FILE	A,B,C,D,E,F,G,H,I,J,K,L,N,O,P,R,S,T,U,V,X,0,1,2,3,5,6,8,9	YES
07005	M/I PRESCRIBER NPI	R	YES
07006	PHARM NPI = PRESCRIBER NPI	R	YES
07007	CLAIM CONTAINS NATIONAL PROVIDER IDENTIFIER (NPI), PROVIDER NUMBER AND TAXONOMY. PROVIDER IS NOT ATYPICAL	A,B,C,D,E,F,G,H,I,K,L,N,O,P,S,T,U,V,X,0,1,2,3,5,6,8	YES
07010	PROVIDER NOT ENROLLED IN HEALTH PLAN ASSIGNED TO CLAIM LINE	C,D,E,F,G,H,I,K,L,N,O,P,Q,S,T,V,X,0,1,2,5,6,8	NO
07011	BILLING PROVIDER MUST BE ENROLLED FOR BILLING TAXONOMY CODE	A,B,C,D,E,F,G,H,I,K,L,N,O,P,Q,S,T,U,V,X,0,1,2,3,5,6,8	YES
07012	RENDERING PROVIDER MUST BE ENROLLED FOR RENDERING TAXONOMY CODE	B,C,D,E,K,L,P,S,T,V,X,0,1,2,5,6,8	YES
07013	ATTENDING PROVIDER MUST BE ENROLLED FOR ATTENDING TAXONOMY CODE	A,F,G,H,I,N,O,Q,U,Z	YES
07014	PROVIDER DOESN'T HAVE QUALIFYING CONDITIONS TO GET A VALID QUALIFIER	A,B,C,D,E,F,G,H,I,K,L,N,O,P,Q,S,T,U,V,X,0,1,2,3,5,6,8	NO
07015	CRITERIA INDICATES PROVIDER ON REVIEW	A,B,C,D,E,F,G,H,I,K,L,M,N,O,P,Q,S,T,U,V,X,0,1,2,3,4,5,6,8	YES
07023	TAXONOMY INVALID FOR CLAIM FORM	A,B,C,D,E,F,G,H,I,K,L,N,O,P,Q,S,T,U,V,X,Y,Z,0,1,2,3,5,6,8	NO
07025	RENDERING PROVIDER NOT AFFILIATED WITH BILLING PROVIDER	B,C,D,E,K,L,P,S,T,V,X,0,1,2,5,6,8	NO

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07026	SERVICE COVERED BY HMO	A,B,C,D,E,F,G,H,I,K,L,N,O,P,Q, S,T,U,V,X,0,1,2,3,5,6,8	NO
07100	MONITORED ANESTHESIA MUST BE BILLED BY APPROVED PROVIDER	B,C,E,K,L,P,S,V,0,1,2,5,6,8	YES
07101	AMBULATORY SURGERY CENTER MODIFIER REQUIREMENTS	B,C,E,K,L,P,S,V,0,1,2,5,6,8	YES
07102	ACCOMMODATION RATE MASTER IS NEEDED	G,H	NO
07110	QUANTITIES IN EXCESS OF THE PEDIATRIC DOSAGES RECOMMENDED BY THE FDA FOR ATYPICAL ANTIPSYCHOTICS	R	YES
07125	QNTY IN EXCESS OF THE PEDIATRIC DOSAGES RECOMMENDED BY THE FDA FOR ANTIDEPRESSANTS	R	YES
07140	QUANTITIES IN EXCESS OF THE PEDIATRIC DOSAGES RECOMMENDED BY THE FDA FOR ADD/ADHD MEDICATIONS	R	YES
07300	CLAIM FORWARDED TO NEXT DHHS PAYER	A,B,C,D,E,F,G,H,I,K,L,N,O,P,Q, S,T,U,V,X,0,1,2,3,5,6,8	NO
07610	QUANTITIES IN EXCESS OF THE PEDIATRIC DOSAGES RECOMMENDED BY THE FDA FOR BEHAVIORAL HEALTH MEDS	R	YES
08020	EXTENDED COVERAGE FLAG INVALID	P	NO
08029	EXTENDED COVERAGE FLAG INVALID	P	NO
08031	RECIPIENT ENROLLED IN PACE	P	NO
08103	COVERED DAYS AND PATIENT STATUS ARE INCONSISTENT WITH BILL TYPE	F,I	YES
08105	ALLOWED DAYS FOR LOWER LEVEL IN ACUTE FACILITY HAS BEEN EXCEEDED	F,I	YES
08107	THERAPEUTIC LEAVE NOT REIMBURSABLE TO THIS PROVIDER TYPE WHEN BILLING LOWER LEVEL OF CARE (LLOC)	F,I	YES
08510	INPATIENT PROCEDURE INVALID FOR CLAIM FORM	B,C,E,I,K,L,P,S,T,V,X,0,1,2,5,6, 8	YES
08511	DMH INPATIENT STAY REQUIRES ACCOMMODATION REVNU CODE WITH PROCEDURE CODE	I	YES
08512	LINE DENIED. DMH INPATIENT PAYMENT MADE ONLY ON FIRST ACCOMMODATION DETAIL WITH VALID INPATIENT SERVICES CPT CODE.	I	YES
08513	DMH INVALID CLAIM TYPE	A,F,G,H,N,O,Q,U,3	NO
08518	DEPT. OF MENTAL HEALTH - HEADER/LINE LATE BILLING	B,C,E,I,K,L,P,S,T,V,X,0,1,2,5,6, 8	NO
08519	RENDERING PROVIDER DECEASED	B,C,D,E,K,L,P,S,T,V,X,0,1,2,5,6, 8	YES
08521	RENDERING PROVIDER SUSPENDED	B,C,E,I,K,L,P,S,T,V,X,0,1,2,5,6, 8	NO

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08522	RENDERING PROVIDER CANCELLED	B,C,E,I,K,L,P,S,T,V,X,0,1,2,5,6,8	NO
08523	RENDERING PROVIDER ON REVIEW	B,C,E,I,K,L,P,S,T,V,X,0,1,2,5,6,8	NO
08532	SUBMITTING PROVIDER INELIGIBLE	B,C,E,I,K,L,P,S,T,V,X,0,1,2,5,6,8	NO
08533	DMH FACILITY EDIT	B,C,E,K,L,P,S,T,V,X,0,1,2,5,6,8	NO
08534	DMH FACILITY EDIT	B,C,E,K,L,P,S,T,V,X,0,1,2,5,6,8	NO
08536	INVALID RENDERING PROVIDER	B,C,E,K,L,P,S,T,V,X,0,1,2,5,6,8	NO
08537	INVALID PROVIDER TAXONOMY	B,C,E,K,L,P,S,T,V,X,0,1,2,5,6,8	NO
08538	PROCEDURE CODE INVALID FOR ATTENDING OR RENDERING PROVIDER TAXONOMY	B,C,E,K,L,P,S,T,V,X,0,1,2,5,6,8	NO
08539	PROCEDURE CODE INVALID FOR BILLING PROVIDER TAXONOMY	B,C,E,K,L,P,S,T,V,X,0,1,2,5,6,8	NO
08550	INVALID RENDERING PROVIDER	B,C,E,K,L,P,S,T,V,X,0,1,2,5,6,8	NO
08555	PROCEDURE CODES H0019, AND H2020 ARE INVALID FOR BILLING PROVIDER TAXONOMY	B,C,E,K,L,P,S,T,V,X,0,1,2,5,6,8	NO
08557	INPT-HOSPITAL AND/OR 3-WAY CONTRACT YP820/YP821 CLAIM DENIED. CLIENT HAS MEDICAID AND DMH COVERAGE	B,C,E,I,K,L,P,Q,S,T,V,X,0,1,2,5,6,8	NO
08560	LME UNAUTHORIZED TO REFER THIS ALTERNATIVE SERVICE	B,C,E,K,L,P,S,T,V,X,0,1,2,5,6,8	NO
08561	DOS IS OUTSIDE APPROVED AUTHORIZATION PERIOD FOR THIS ALTERNATIVE SERVICE	B,C,E,K,L,P,S,T,V,X,0,1,2,5,6,8	NO
08580	REFERRING PROVIDER MISSING	B,C,E,I,K,L,P,S,T,V,X,0,1,2,5,6,8	NO
08586	DMH SINGLE STREAM FUNDING	B,C,E,I,K,L,P,S,T,V,X,0,1,2,5,6,8	NO
08587	DMH COUNTY FUNDING	B,C,E,I,K,L,P,S,T,V,X,0,1,2,5,6,8	NO
08596	RECEIPIENT COVERED BY PIEDMONT BENEFIT PLAN NOT ELIGIBLE FOR DMH	B,C,E,I,K,L,P,Q,S,T,V,X,0,1,2,5,6,8	NO
08597	UNITS CUTBACK TO WHOLE NUMBER	B,C,E,I,K,L,P,Q,S,T,V,X,0,1,2,5,6,8	NO
08598	PAYER ID FOR ASSIGNED BENEFIT PLAN DOES NOT MATCH HEADER PAYER ID	B,C,D,E,F,G,H,I,K,L,N,O,P,Q,S,T,V,X,0,1,2,3,5,6,8	NO
08599	LINE NOT COVERED BY COMBINATION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE	A,B,C,D,E,F,G,H,I,J,K,L,N,O,P,Q,S,T,U,V,X,0,1,2,3,5,6,8,9	NO
08700	DENY CLAIM BILLED ON PAPER	A,B,C,D,E,F,G,H,I,K,L,N,O,P,R,S,T,U,V,X,0,1,2,3,5,6,8	YES
08701	NDC DETAILS 2 THROUGH 10 NOT ALLOWED WHEN COMBINED AS A COMPOUND	B,C,O,P	YES

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Edit #	Description	Claim Type	Override
08702	NDC DETAILS LINKED BY LINK PRESCRIPTION NUMBER HAVE DIFFERENT DATES OF SERVICE AND HCPCS OR REVENUE CODE	B,C,O,P	YES
08705	GREATER THAN 10 NDC CODES LINKED AS A COMPOUND BY THE PRESCRIPTION LINK NUMBER	B,C,O,P	YES
08707	IV / IRRIGATION FLUIDS > 499.99ML	R	YES
08952	CSSAD AGE CHECK	B,C,E,I,K,L,P,S,T,V,X,0,1,2,5,6,8	NO
08953	NUMBER OF SERVICES MUST BE 1	B,C,E,K,L,P,S,T,V,X,0,1,2,5,6,8	NO
09111	SUBMIT METERS WITH BIN #610524. FOR ASSISTANCE CALL 1-877-906-8969.	R	YES
09112	DIABETIC SUPPLY LIMIT EXCEEDED	R	YES
09115	PRESCRIBER MUST COMPLETE ADVERSE EVENT REPORT AT WWW.DOCUMENT FOR SAFETY.ORG FOR DAW 1	R	YES
09930	NATIONAL DRUG CODE (NDC) BILLED IS DESI	B,C,O,P	NO
09931	NATIONAL DRUG CODE (NDC) BILLED IS NOT COVERED	B,C,O,P	YES
09932	NOT A REBATE COVERED DRUG	R	YES
09933	SERVICE NOT COVERED	R	YES
09942	PA REQUIRED FOR ANTIPSYCH DRUGS	R	YES
09972	OTC DENIED FOR LTC PATIENT	R	YES
10479	HIV CASE MGMT LIMITED 16 UNITS PER CALENDAR MONTH		NO
10489	PCS LIMITED TO 240 UNITS PER MONTH (PROV TYPE 011)		NO
11349	UNIT LIMITATION FOR BACLOFEN		NO
12069	PROCEDURE ALLOWED ONCE PER INSTANCE OF BREAST CANCER		NO
12329	EPSDT PERSONAL CARE SERVICE LIMITED TO 1376 UNITS PER MONTH		NO
12729	DIABETES OUTPATIENT SELF MANAGEMENT INDIVIDUAL/GROUP ONLY ALLOWED 20 UNITS PER YEAR		NO
12819	DRUG LIMITED TO 3 UNITS PER CALENDAR MONTH		NO
13359	TESTOPEL LIMITED TO 6 UNITS PER 3 MONTHS		NO
13570	DUPLICATE CLAIM-SAME PROVIDER/PRESCRIPTION NUMBER/DOS	R	YES
13859	COPAY PREVIOUSLY DEDUCTED FOR THIS DATE OF SERVICE		NO
13950	SYNAGIS MAXIMUM 25 DAY QUANTITY RULES EXCEEDED	R	YES
14099	PAYMENT OF PERIAPICAL AND BITEWING IS THE FULL MOUTH SURVEY		NO
14239	HOME MODIFICATION STATE FISCAL YEAR DOLLAR LIMIT		NO
14279	HOME MODIFICATION STATE FY DOLLAR LIMIT FOR CAPCD		NO
15929	RENTAL PRICE EXCEEDS TWO TIMES THE PURCHASED PRICE IN ONE YEAR, AGES 00-20		NO
15939	RENTAL PRICE EXCEEDS TWO TIMES THE PURCHASED PRICE IN TWO YEAR, AGES 00-20		NO
15959	PAY 20% MAX ALLOW IF BILLED WITH BILATAREL SPACE MAINTAINER		NO

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Edit #	Description	Claim Type	Override
16009	RENTAL PRICE EXCEEDS PURCHASED PRICE		NO
16089	RENTAL PRICE EXCEEDS PURCHASE PRICE FOR 2YRS AGES 21-115		NO
16299	RENTAL PRICE EXCEEDS PURCHASE PRICE WITHIN 3YEARS FOR AGES 21-115		NO
16309	RENTAL PRICE EXCEEDS PURCHASE PRICE WITHIN FIVE YEARS		NO
16319	RENTAL PRICE EXCEEDS PURCHASE PRICE WITHING 4 YEARS FOR AGES 00-115		NO
16959	PRICING FOR MULTIPLE LAB CODES BILLED		NO
17879	RENTAL PRICE EXCEEDS PURCHASE PRICE OF EQUIPMENT BILLED WITHIN THREE YEARS FOR AGES 21-99		NO
18409	ONE UNIT PER DAY FOR LOCAL EDUCATION AGENCIES		NO
19249	DRUG LIMITED TO 240 UNITS PER CALENDAR MONTH		NO
19529	PERSONAL CARE SERVICES LIMITED TO 14 UNITS PER DAY		NO
19569	RENTAL PRICE EXCEEDS PURCH PRICE FOR 1YR AGES 00-20		NO
19939	RENTAL PRICE EXCEEDS PURCH PRICE 4 YRS AGES 21-115		NO
19989	RENTAL PRICE EXCEEDS 2X PURCH PRICE 3 YRS 21-115		NO
20549	REVIEW D7471, D7472, D7473, D7485, AND 41823 BILLED SAME DAY		NO
20719	PROCEDURE LIMITED TO 20 UNITS PER YEAR		NO
20919	RENTAL PRICE EXCEEDS 2X THE PURCH PRICE 1YR 21-115		NO
22009	SUBSEQUENT BILLING REPAIR CODE PAY 35 PERCENT		NO
22019	SUBSEQUENT BILLING REPAIR CODE PAY 35 PERCENT		NO
22029	SUBSEQUENT BILLING REPAIR CODE PAY 35 PERCENT		NO
22039	SUBSEQUENT BILLING REPAIR CODE PAY 35 PERCENT		NO
22059	SUBSEQUENT BILLING REPAIR CODE PAY 35 PERCENT		NO
22069	SUBSEQUENT BILLING REPAIR CODE PAY 35 PERCENT		NO
22109	CARE PLAN OVERSIGHT, HOME HEALTH, MONTHLY LIMIT		NO
22119	CARE PLAN OVERSIGHT, HOSPICE, MONTHLY LIMIT		NO
22629	RENTAL PRICE EXCEEDS PURCH PRICE FOR 2YRS AGES 00-20		NO
22639	RENTAL PRICE EXCEEDS PURCH PRICE 3YRS AGES 00-20		NO
22649	RENTAL PRICE EXCEEDS 2X PURCH PRICE 2YRS 21-115		NO
23289	NUTRITION THERAPY ALLOWED 8 UNITS PER 365 DAYS		NO
23359	CAP-MR/DD DAY HABILITATION LIMITATION		NO
23600	DEPO PROVERA CAN ONLY BE DISPENSED EVERY 77 DAYS	R	YES
24369	CAP-MR/DD DAY HABILITATION LIMITATION		NO
24459	DAY TX/PH ALLOWED 6 HOURS PER DAY		NO
24469	DAY TX/PH ALLOWED 6 HOURS PER DAY		NO
24489	PROCEDURE LIMITED TO 4 UNITS PER MONTH		NO
24699	LPN/LVN & RN SERVICES LIMITED TO 32 UNITS PER DAY		NO

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Edit #	Description	Claim Type	Override
24809	CAP-MR/DD SERVICE LIMITED TO \$1,500 PER WAIVER YR		NO
24889	DRUG LIMITED TO 210 UNITS PER CALENDAR MONTH		NO
24909	PROCEDURES LIMITED TO 8 UNITS PER DAY		NO
24929	LIMIT OB EPIDURAL W/O MEDICAL DIRECTION TO 1 UNIT PER DAY		NO
24939	LIMIT OB EPIDURAL TO ONE UNIT PER DAY WITH MODIFIERS QK/QY/AD		NO
24949	LIMIT OB EPIDURAL TO ONE UNIT PER DAY BY CRNA MODIFIER QX		NO
24959	OB ANESTHESIA UNIT CUTBACK TO 180 UNITS, AA/QZ		NO
24969	MD OB ANESTHESIA UNIT CUTBACK TO 180 UNITS, QK/QY		NO
24979	CRNA OB ANESTHESIA UNIT CUTBACK TO 180 UNITS, QX		NO
25079	PROCEDURES LIMITED TO ONE PER DAY		NO
25709	DRUG LIMITED TO 500 UNITS PER DAY		NO
25729	DRUG LIMITED TO 1200 UNITS PER CALENDAR MONTH		NO
25739	DRUG LIMITED TO 100 UNITS PER DAY		NO
25749	DRUG LIMITED TO 2000 UNITS PER CALENDAR MONTH		NO
25909	RENTAL EXCEEDS 3X PURCHASED PRICE IN 2 YEARS		NO
25929	RENTAL EXCEEDS 6X PURCHASE PRICE IN 2 YEARS		NO
25949	RENTAL EXCEEDS 6 TIMES PURCHASE PRICE IN 2 YEARS		NO
26829	TARGETED CASE MGMT ALLOWED 6 UNITS PER CALENDAR MONTH		NO
26839	TARGETED CASE MANAGEMENT ALLOWED 66 UNITS WITHIN 335 DAYS		NO
28639	NURSING ASSESSMENT/EVAL ALLOWED 2 PER CALENDAR MONTH		NO
28659	TARGETED CASE MGMT ALLOWED 44 UNITS PER 330 DAYS		NO
28669	HEALTH & BEHAVIOR INTERVENTION ALLOWED 4 PER DAY		NO
28699	CASE MGMT LIMITED TO 6 UNITS PER CALENDAR MONTH		NO
28849	HEALTH DEPARTMENT LIMITATION ON DOLLAR LIMIT		NO
28979	RN SERVICES ALLOWED 4 UNITS PER DOS		NO
29059	PATIENT EDUCATION ALLOWED 7 UNITS PER CALENDAR MO		NO
29659	DME ALLOWED 8 PER YEAR		NO
29669	DME ALLOWED 18 PER YEAR		NO
29679	DME ALLOWED 6 PER YEAR		NO
29689	DME ALLOWED 1 PER MONTH		NO
29699	DME ALLOWED 1 PER YEAR		NO
29709	DME ALLOWED 2 PER DAY		NO
29719	DME ALLOWED 2 IN THREE YEARS		NO
29729	DME ALLOWED 2 PER MONTH		NO
29739	DME ALLOWED 3 PER MONTH		NO
29749	DME ALLOWED 4 PER MONTH		NO

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Edit #	Description	Claim Type	Override
29759	DME ALLOWED 10 PER MONTH		NO
29769	DME ALLOWED 12 PER MONTH		NO
29779	DME ALLOWED 15 PER MONTH		NO
29789	DME ALLOWED 16 PER MONTH		NO
29799	DME ALLOWED 50 PER MONTH		NO
29809	DME ALLOWED 60 PER MONTH		NO
29819	DME ALLOWED 100 PER MONTH		NO
29829	DME ALLOWED 200 PER MONTH		NO
29839	DME ALLOWED 300 PER MONTH		NO
29849	DME ALLOWED 720 PER MONTH		NO
29859	DME ALLOWED 2 PER YEAR		NO
29869	DME ALLOWED 4 PER YEAR		NO
30019	ONE ASSESSMENT FOR LEA ALLOWED PER 6 MONTHS		NO
30029	ONE ASSESSMENT FOR IPP PROVIDERS ALLOWED PER DAY		NO
30049	CHECKOUT FOR ORTHOTIC/PROSTHETIC USE AND PHYSICAL		NO
30059	PROCEDURES LIMITED TO 1 PER DAY		NO
30579	PROCEDURE LIMITED TO 15 UNITS PER 365 DAYS		NO
30589	PROCEDURE LIMITED TO ONE PER DAY, SAME ATTENDING		NO
30599	H0036 HA LIMITED TO 80 UNITS PER 30 DAYS, POS 01		NO
30609	H0036 HA LIMIT OF 96 UNITS PER DAY		NO
30659	BONIVA LIMITED TO 3 UNITS ALLOWED PER 90 DAYS		NO
30669	ORENICA LIMITED TO 300 UNITS PER CALENDAR MONTH		NO
30689	MYOBLOC LIMITED TO 100 UNITS PER 84 DAYS		NO
30699	BOTOX LIMITED TO 600 UNITS PER 90 DAYS		NO
30709	PROCEDURE LIMITED TO ONE UNIT PER DAY		NO
31509	MULTI SCOPIES SAME DOS REQUIRE SPECIAL PRICING		NO
31519	MULTI SCOPIES SAME DOS REQUIRE SPECIAL PRICING		NO
31529	MULTI SCOPIES SAME DOS REQUIRE SPECIAL PRICING		NO
31539	MULTI SCOPIES SAME DOS REQUIRE SPECIAL PRICING		NO
31549	MULTI SCOPIES SAME DOS REQUIRE SPECIAL PRICING		NO
31559	MULTI SCOPIES SAME DOS REQUIRE SPECIAL PRICING		NO
31569	MULTI SCOPIES SAME DOS REQUIRE SPECIAL PRICING		NO
31579	MULTI SCOPIES SAME DOS REQUIRE SPECIAL PRICING		NO
31589	MULTI SCOPIES SAME DOS REQUIRE SPECIAL PRICING		NO
31599	MULTI SCOPIES SAME DOS REQUIRE SPECIAL PRICING		NO
31609	MULTI SCOPIES SAME DOS REQUIRE SPECIAL PRICING		NO

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Edit #	Description	Claim Type	Override
31619	MULTI SCOPIES SAME DOS REQUIRE SPECIAL PRICING		NO
31629	MULTI SCOPIES SAME DOS REQUIRE SPECIAL PRICING		NO
31639	MULTI SCOPIES SAME DOS REQUIRE SPECIAL PRICING		NO
31649	MULTI SCOPIES SAME DOS REQUIRE SPECIAL PRICING		NO
31659	MULTI SCOPIES SAME DOS REQUIRE SPECIAL PRICING		NO
31669	MULTI SCOPIES SAME DOS REQUIRE SPECIAL PRICING		NO
31679	MULTI SCOPIES SAME DOS REQUIRE SPECIAL PRICING		NO
31689	MULTI SCOPIES SAME DOS REQUIRE SPECIAL PRICING		NO
31699	MULTI SCOPIES SAME DOS REQUIRE SPECIAL PRICING		NO
31709	MULTI SCOPIES SAME DOS REQUIRE SPECIAL PRICING		NO
31719	MULTI SCOPIES SAME DOS REQUIRE SPECIAL PRICING		NO
31729	MULTI SCOPIES SAME DOS REQUIRE SPECIAL PRICING		NO
31739	MULTI SCOPIES SAME DOS REQUIRE SPECIAL PRICING		NO
31749	MULTI SCOPIES SAME DOS REQUIRE SPECIAL PRICING		NO
31759	MULTI SCOPIES SAME DOS REQUIRE SPECIAL PRICING		NO
31829	MULTI SCOPIES SAME DOS REQUIRE SPECIAL PRICING		NO
31839	MULTI SCOPIES SAME DOS REQUIRE SPECIAL PRICING		NO
31849	TRICH INC RELATED LABS, SAME BILL PROVIDER, DOS		NO
32759	FOR RC920 (OTHER DX. SVC.) ALLOW ONLY 1 UNIT PER TCN		NO
32999	PROCEDURES LIMITED TO ONE PER DAY		NO
33009	PROCEDURES LIMITED TO ONE PER MONTH.		NO
33019	PROCEDURES LIMITED TO ONE PER 60 DAYS.		NO
33029	PROCEDURES LIMITED TO ONE PER 225 DAYS		NO
33039	PROCEDURES LIMITED TO ONE PER 270 DAYS		NO
33049	SURGICAL PROCEDURES LIMITED TO TWO PER DAY		NO
33069	SURGICAL PROCEDURES LIMITED TO THREE PER DAY		NO
33089	SURGICAL PROCEDURES LIMITED TO FOUR PER DAY		NO
33099	SURGICAL PROCEDURES LIMITED TO FIVE PER DAY		NO
33109	SURGICAL PROCEDURES LIMITED TO SIX PER DAY		NO
33119	SURGICAL PROCEDURES LIMITED TO EIGHT PER DAY		NO
33129	SURGICAL PROCEDURES LIMITED TO NINE PER DAY		NO
33139	SURGICAL PROCEDURES LIMITED TO TEN PER DAY		NO
33149	SURGICAL PROCEDURES LIMITED TO 12 PER DAY		NO
33159	SURGICAL PROCEDURES LIMITED TO 14 PER DAY		NO
33169	SURGICAL PROCEDURES LIMITED TO 15 PER DAY		NO
33179	SURGICAL PROCEDURES LIMITED TO 40 PER DAY		NO

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Edit #	Description	Claim Type	Override
33189	NON-SURGICAL PROCEDURES LIMITED TO TWO PER DAY		NO
33199	NON-SURGICAL PROCEDURES LIMITED TO THREE PER DAY		NO
33209	NON-SURGICAL PROCEDURES LIMITED TO FOUR PER DAY		NO
33219	NON-SURGICAL PROCEDURES LIMITED TO FIVE PER DAY		NO
33229	NON-SURGICAL PROCEDURES LIMITED TO SIX PER DAY		NO
33239	NON-SURGICAL PROCEDURES LIMITED TO SEVEN PER DAY		NO
33249	NON-SURGICAL PROCEDURES LIMITED TO 15 PER DAY		NO
33259	NON-SURGICAL PROCEDURES LIMITED TO 50 PER DAY		NO
33269	NON-SURGICAL PROCEDURES LIMITED TO 1 PER 6 MONTHS		NO
33279	NON-SURGICAL PROCEDURES LIMITED TO 1 PER 14 DAYS		NO
33289	NON-SURGICAL PROCEDURES LIMITED TO 1 PER 30 DAYS		NO
33299	NON-SURGICAL PROCEDURES LIMITED TO 30 OR 50 PER DAY		NO
33359	SELF DIRECTED FINANCE MANAGEMENT ONLY ALLOWED 8 PER CALENDAR MONTH		NO
33369	WAIVER SPECIALIZED SUPPLIES ALLOW TO \$600 PER SFY		NO
33399	LEVULAN KERASTICK ALLOWED TWO PER 8 WEEKS		NO
33559	CAP-MR/DD THERAPEUTIC CASE CONSULT DOLLAR LIMIT		NO
33569	CAP-MR/DD TRANSPORTATION YEARLY DOLLAR LIMITATION		NO
33609	MULTIPLE SCOPIES ON SAME DAY REQUIRE SPECIAL PRICING		NO
33639	MULTIPLE SCOPIES ON SAME DAY REQUIRE SPECIAL PRICING		NO
33669	PROCEDURE LIMITED TO 3 UNITS PER 84 DAYS		NO
33679	SERVICE LIMITED TO 24 UNITS PER DATE OF SERVICE		NO
33709	MOLECULAR DIAGNOSTICS & HIV 1/2 QUAN PROC LMT 1/YR		NO
33719	INFECTIOUS AGENT PHENO ANALYSIS PROC LMT 9/DAY		NO
33729	NUCLEAR/MOLECULAR DIAGNOSTIC PROCEDURES LMT 2/YR		NO
33739	PROCEDURE LIMITED TO 230 PER CALENDAR MONTH		NO
33849	PROCEDURE LIMITED TO 42 UNITS PER DAY.		NO
33859	PROCEDURE LIMITED TO 25 UNITS PER DAY.		NO
33869	PROCEDURE LIMITED TO 6 UNITS PER 270 DAYS.		NO
33879	DRUG LIMITED TO 1800 UNITS PER CALENDAR MONTH		NO
33919	SERVICE LIMITED TO 16 UNITS PER DATE OF SERVICE		NO
33939	INFECTIOUS AGENT PHENO ANALYSIS PROCEDURE LIMITED TO 1 PER DAY		NO
34569	RENTAL PRICE EXCEEDS PURCH PRICE 1YR AGES 00-20		NO
34579	RENTAL PRICE EXCEEDS PURCH PRICE FOR 1 YR AGES 00-20		NO
34589	RENTAL PRICE EXCEEDS PURCH PRICE FOR 1 YR AGES 00-20		NO
34599	RENTAL PRICE EXCEEDS PURCH PRICE FOR 1 YR AGES 00-20		NO
34609	RENTAL PRICE EXCEEDS 2X THE PURCH PRICE 1YR 00-20		NO

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Edit #	Description	Claim Type	Override
34619	RENTAL PRICE EXCEEDS 2X THE PURCH PRICE 1YR 00-20		NO
34629	RENTAL PRICE EXCEEDS 2TIMES THE PURCHASED PRICE IN ONE YEAR, AGES 00-20		NO
34639	RENTAL PRICE EXCEEDS PURCHASE PRICE FOR 2YRS AGES 21-115		NO
34649	RENTAL PRICE EXCEEDS PURCHASE PRICE FOR 2YRS AGES 21-115		NO
34659	RENTAL PRICE EXCEEDS PURCHASE PRICE FOR 2YRS AGES 21-115		NO
34669	RENTAL PRICE EXCEEDS PURCH PRICE,3YRS AGES 21-115		NO
34679	RENTAL PRICE EXCEEDS PURCH PRICE,3YRS AGES 21-115		NO
34689	RENTAL PRICE EXCEEDS 2TIMES THE PURCHASED PRICE IN THREE YEARS, AGES 21-115		NO
34699	RENTAL PRICE EXCEEDS 2X PURCH PRICE 3 YRS 21-115		NO
34709	RENTAL PRICE EXCEEDS PURCH PRICE 4YRS AGES 00-115		NO
34719	RENTAL PRICE EXCEEDS PURCHASE PRICE (FIVE YEAR)		NO
34729	RENTAL PRICE EXCEEDS PURCHASE PRICE (FIVE YEAR)		NO
34739	RENTAL PRICE EXCEEDS PURCHASE PRICE (FIVE YEAR)		NO
34809	DME EQUIPMENT ALLOWED 3 PER EVERY 3 YEARS FOR AGES 000-115		NO
34949	RENTAL PRICE EXCEEDS PURCHASE PRICE FOR 1 YR AGES 00-20		NO
35219	MULTI SCOPIES SAME DOS REQUIRE SPECIAL PRICING		NO
35319	EPOGEN UNITS EXCEEDED FOR CALENDAR MONTH		NO
37309	HOSPICE SERVICES LIMITED TO ONE PER DAY		NO
37459	INSULIN PUMP DOLLAR LIMITATION FOR FIVE YR PERIOD		NO
37819	RENTAL PRICE EXCEEDS 2X THE PURCH PRICE 3YRS 00-20		NO
37829	RENTAL PRICE EXCEEDS 2X PURCH PRICE 4YRS 21-115		NO
37839	RENTAL PRICE EXCEEDS 2X PURCH PRICE 2YR AGE 00-020		NO
37849	RENTAL PRICE EXCEEDS 2X PURCH PRICE 3YR AGE 21-115		NO
37859	RENTAL COST EXCEEDS PURCHASE PRICE FOR 1 YR AGES 21-115		NO
37919	SURGICAL PROCEDURES LIMITED TO 60 PER DAY		NO
37929	SURGICAL PROCEDURES LIMITED TO 20 PER DAY		NO
38299	RESECTION (TUMOR DEBULKING) LIMITED TO ONE PER DAY		NO
38379	GRAFT PROCEDURE LIMITED TO 3 UNITS PER DAY		NO
38399	PROCEDURE LIMITED TO 4 UNITS PER 31 DAYS		NO
38729	PROCEDURE LIMITED TO ONE UNIT PER 365 DAYS		NO
38739	INJECTION LIMITED TO 85 UNITS PER 28 DAYS		NO
38749	INJECTION EXCEEDS UNIT LIMIT ALLOWED PER 28 DAYS		NO
38759	INJECTION LIMITED TO 210 UNITS PER CALENDAR MONTH		NO
38769	BIRTHING CLASS LIMITED TO 10 PER PREGNANCY		NO
38930	DUPLICATE CLAIM - DIFFERENT PROVIDER; SAME GCN, PATIENT, AND DATE OF SERVICE	R	YES
39429	NON-SURGICAL PROCEDURES LIMITED TO FOUR PER DAY		NO

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Edit #	Description	Claim Type	Override
40319	H0036 HB, H2015 HT LIMITED TO 8 UNITS PER CAL		NO
40389	PCS LIMITED TO 240 UNITS PER MONTH		NO
40399	PCS PLUS LIMITED TO 320 UNITS PER MONTH		NO
40449	PCS LIMITED TO 14 UNITS PER DAY		NO
40579	H2015:HT LIMITED TO 96 UNITS PER DOS		NO
40589	H2015:HT LIMITED TO 48 UNITS PER DOS		NO
40619	H0036:HB AND H0036:HQ LIMIT TO 32 PER DAY		NO
40629	H0036:HA/HB/HQ LIMIT TO 32 PER DAY		NO
40729	H2011 NOT TO EXCEED 96 UNITS FOR 2 CONSECUTIVE DAY		NO
40739	H2011 NOT TO EXCEED 96 UNITS FOR 2 CONSECUTIVE DAY		NO
41019	H2033 LIMITED TO 96 UNITS PER DOS		NO
41059	H0036:HB LIMIT TO 8 PER MONTH IF A RELATED PROCEDURE IS BILLED		NO
41079	H2015:HT LIMIT TO 8 PER MONTH IF RELATED PROCEDURE IS BILLED		NO
41120	DISPENSING OF FUZEON LIMITED TO ONCE PER MONTH	R	YES
41469	150 SQ. CM. OF DERMAGRAFT ALLOWED PER DAY		NO
41479	304 SQ. CM. DERMAGRAFT ALLOWD EVERY 12 WEEKS		NO
41579	SURGICAL PROCEDURES LIMITED TO 60 PER DAY		NO
41589	SURGICAL PROCEDURES LIMITED TO 20 PER DAY		NO
41669	PROCEDURE ALLOWED ONCE PER DOS WITH MODIFIER ##		NO
41729	PROCEDURE ALLOWED ONCE PER DOS WITH MODIFIER SC		NO
41779	PROCEDURE ALLOWED ONCE PER DOS WITH MODIFIER HI		NO
41809	INITIAL NUTRITION THERAPY ALLOWED 4 PER 270 DAYS		NO
42369	DRUG LIMITED TO 228 UNITS PER CALENDAR MONTH		NO
42379	DRUG LIMITED TO 50 UNITS PER CALENDAR MONTH		NO
42389	DRUG LIMITED TO 300 UNITS PER CALENDAR MONTH		NO
42399	DRUG LIMITED TO 3000 UNITS PER CALENDAR MONTH		NO
42409	DRUG LIMITED TO 1200 UNITS PER CALENDAR MONTH		NO
42559	NEONATAL/PEDIATRIC CRITICAL ADD-ON LIMIT 4 U/DAY		NO
42899	ORTHOTIC OR PROSTHETIC EQUIPMENT ALLOWED ONCE PER 18 MTHS AGES 0-5		NO
42909	O & P EQUIPMENT ALLOWED ONCE PER 3 YRS AGE 6+		NO
42919	O & P EQUIPMENT ALLOWED 6 PER YEAR AGES 0-2		NO
42929	O & P EQUIPMENT ALLOWED ONCE PER 2 YRS AGES 3+		NO
42939	PDN IOU MED. SUPPLIES LIMITED TO 1 UNIT PER MONTH		NO
42949	PDN IOU MED. SUPPLIES LIMITED TO 2 UNITS PER MONTH		NO
42959	PDN IOU MED. SUPPLIES LIMITED TO 3 UNITS PER MONTH		NO
42969	PDN IOU MED. SUPPLIES LIMITED TO 4 UNITS PER MONTH		NO

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Edit #	Description	Claim Type	Override
42979	PDN IOU MED. SUPPLIES LIMITED TO 6 UNITS PER MONTH		NO
42989	PDN IOU MED. SUPPLIES LIMIT TO 10 UNITS PER MONTH		NO
42999	PDN IOU MED. SUPPLIES LIMIT TO 15 UNITS PER MONTH		NO
43009	PDN IOU MED. SUPPLIES LIMIT TO 16 UNITS PER MONTH		NO
43019	PDN IOU MED. SUPPLIES LIMIT TO 20 UNITS PER MONTH		NO
43029	PDN IOU MED. SUPPLIES LIMIT TO 25 UNITS PER MONTH		NO
43039	PDN IOU MED. SUPPLIES LIMIT TO 30 UNITS PER MONTH		NO
43049	PDN IOU MED. SUPPLIES LIMIT TO 31 UNITS PER MONTH		NO
43059	PDN IOU MED. SUPPLIES LIMIT TO 36 UNITS PER MONTH		NO
43069	PDN IOU MED. SUPPLIES LIMIT TO 60 UNITS PER MONTH		NO
43079	PDN IOU MED. SUPPLIES LIMIT TO 65 UNITS PER MONTH		NO
43089	PDN IOU MED. SUPPLIES LIMIT TO 80 UNITS PER MONTH		NO
43099	PDN IOU MED. SUPPLIES LIMIT TO 90 UNITS PER MONTH		NO
43109	PDN IOU MED. SUPPLIES LIMIT TO 93 UNITS PER MONTH		NO
43119	PDN IOU MED. SUPPLIES LIMIT TO 225 UNITS PER MONTH		NO
43129	PDN IOU MED. SUPPLIES LIMIT TO 200 UNITS PER MONTH		NO
43139	PDN IOU MED. SUPPLIES LIMIT TO 1 UNIT PER 6 MONTHS		NO
43149	UNLISTED HOME VISIT SVC LIMIT 4 UNITS PER 85 DAYS		NO
43159	PDN IOU MED. SUPPLIES LIMIT TO 3 UNITS PER 6 MOS		NO
43169	PDN IOU MED. SUPPLIES LIMIT TO 100 UNITS PER MONTH		NO
43209	2 PSYCH VISITS P/DAY PROVISIONALLY LICENSED SER		NO
43279	CARDIAC REHAB LIMITED TO ONE PER DAY		NO
43299	MFP SERVICE LIMITED TO \$500.00 PER WAIVER YEAR		NO
43309	MFP SERVICE LIMITED TO \$500.00 PER FISCAL YEAR		NO
43449	MFP ASSIST. TECH. LIMIT TO \$3000/WAIVER LIFETIME		NO
43459	MFP ASST. TECH. LIMIT TO \$3000/WAIVER LIFETIME		NO
43569	MFP - COMMUNITY TRANSITION WAIVER LIMIT \$3000		NO
43579	MFP - COMMUNITY TRANSITION WAIVER LIMIT \$3000		NO
43589	PROCEDURE LIMITED TO 36 UNITS PER YEAR		NO
43889	POP GROUP NCDMH, ONLY FOUR UNITS ALLOWED PER MONTH		NO
43909	H0012:HB LIMIT TO 8 PER MONTH IF RELATED IS PROCEDURE BILLED		NO
43939	ENHANCED SERVICES LIMITED TO 112 UNITS PER CALENDAR WK		NO
44109	EXCEEDS MAXIMUM OF FOUR UNITS ALLOWED PER DAY.		NO
44119	EXCEEDS MAXIMUM OF FOUR UNITS ALLOWED PER DAY.		NO
44129	EXCEEDS MAXIMUM OF FOUR UNITS ALLOWED PER DAY.		NO
44139	EXCEEDS MAXIMUM OF FOUR UNITS ALLOWED PER DAY.		NO

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Edit #	Description	Claim Type	Override
44149	EXCEEDS MAXIMUM OF FOUR UNITS ALLOWED PER DAY.		NO
44159	EXCEEDS MAXIMUM OF FOUR UNITS ALLOWED PER DAY.		NO
44179	LIMIT H0036:HA TO 32 UNITS PER WEEK		NO
44239	H0036:HB LIMITED TO 32 UNITS/WEEK		NO
44349	EPIDURAL PROCEDURES LIMITED TO ONE PER DAY		NO
44549	ENHANCED BENEFIT SERVICE LIMITED TO 24 UNITS PER DAY		NO
44559	H0036 WITH MODIFIER HQ LIMITED TO 24 UNITS PER DAY		NO
44569	PROCEDURE LIMIT OF 8 UNITS PER 30 DAYS WHEN BILLED IN INPATIENT SETTING		NO
44579	LIMIT OF 4 UNITS PER CALENDAR MONTH		NO
44589	LIMIT OF 1 UNIT PER DATE OF SERVICE		NO
44609	LIMITATION OF 480 UNITS PER CALENDAR YEAR		NO
44620	DRUG DAYS SUPPLY LIMITATION	R	YES
44660	REQUIRES INSULIN OR RELATED PRODUCT TO BE PAID ON FILE WITHIN PAST 90 DAYS	R	YES
44800	SIX (6) SEXUALLY TRANSMITTED INFECTION (STI) TREATMENTS ALLOWED PER 365 DAYS FOR MAFDN AND STI DX REQUIRED	R	YES
44829	COPAY PREVIOUSLY DEDUCTED FOR THIS DOS WITH MODIFIERS 62 & 66		NO
44839	COPAY PREVIOUSLY DEDUCTED FOR THIS DATE OF SERVICE		NO
44920	PEND HIGH PAYMENT REVIEW	A,B,C,D,E,F,G,H,I,K,L,N,O,P,Q, S,T,U,V,X,0,1,2,3,5,6,8	YES
44999	MULTIPLE ENDOSCOPY GROUP, PRIMARY SURGERY CUTBACK		NO
45009	MULT ENDOSCOPY GRP, PRIMARY SURGERY CUTBACK, -55		NO
47770	DUPLICATE PHARMACY CLAIM-SAME DOS, NDC, PRESCRIPTION NUMBER, FILL NUMBER	R	YES
47789	PROCEDURE CODE BILLED WITH SC MODIFIER EXCEEDS ALLOWED UNITS		NO
47799	PROCEDURE CODE WITH SC MODIFIER EXCEEDS ALLOWED UNITS		NO
47819	PROCEDURE/PRODUCT LIMITED TO TWO WITH SC MODIFIER		NO
47869	PROCEDURE LIMITED TO ONE PER 225 DAYS		NO
47899	PROCEDURE LIMITED TO ONE PER 225 DAYS		NO
47949	PROCEDURE CODE WITH SC MODIFIER EXCEEDS ALLOWED UNITS		NO
47969	PROCEDURE/PRODUCT LIMITED TO FOUR WITH SC MODIFIER		NO
48099	NON-SURGICAL PROCEDURES LIMITED TO TWO PER DAY		NO
48260	ONLY ONE EARLY REFILL PER YEAR FOR LOST PRESCRIPTION ALLOWED	R	YES
48289	LAB PROCEDURE ALLOWS 5-UNITS PER DAY		NO
48299	LIMITATION OF 1 DME IOU PER CALENDAR MONTH		NO
48309	LIMITATION OF 2 DME IOU PER CALENDAR MONTH		NO
48319	LIMITATION OF 3 DME IOU PER CALENDAR MONTH		NO
48329	LIMITATION OF 4 DME IOU PER CALENDAR MONTH		NO

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Edit #	Description	Claim Type	Override
48339	LIMITATION OF 10 DME IOU PER CALENDAR MONTH		NO
48349	LIMITATION OF 15 DME IOU PER CALENDAR MONTH		NO
48359	LIMITATION OF 20 DME IOU PER CALENDAR MONTH		NO
48369	DME UNIT LIMITATION FOR CALENDAR MONTH		NO
48379	LIMITATION OF 35 DME IOU PER CALENDAR MONTH		NO
48389	LIMITATION OF 60 DME IOU PER CALENDAR MONTH		NO
48399	LIMITATION OF 80 DME IOU PER CALENDAR MONTH		NO
48409	LIMITATION OF 192 DME IOU PER CALENDAR MONTH		NO
48419	LIMITATION OF 200 DME IOU PER CALENDAR MONTH		NO
48429	DME IOU LIMITATION OF 2 OZ PER CALENDAR MONTH		NO
48439	DME IOU LIMITATION OF 4 OZ PER CALENDAR MONTH		NO
48449	DME IOU LIMITATION OF 16 OZ PER CALENDAR MONTH		NO
48459	DME IOU LIMIT OF 1 BOX OF 50 PER CALENDAR MONTH		NO
48469	DME IOU LIMIT OF 100 TABLETS PER CALENDAR MONTH		NO
48479	DME IOU LIMITATION OF 1 (16 OZ)PER CALENDAR MONTH		NO
48489	DME IOU LIMITATION OF 2 PER 6 CALENDAR MONTHS		NO
48499	DME IOU LIMITATION OF 3 PER 6 CALENDAR MONTHS		NO
48509	DME IOU LIMITATION OF 150 PER 6 CALENDAR MONTHS		NO
48519	DME IOU LIMITATION OF 16 OZ PER 6 CALENDAR MONTHS		NO
48609	PAPILLOMA VIRUS VACCINE ALLOWED 3 PER LIFETIME		NO
48649	DRUG LIMITED TO 570 UNITS PER CALENDAR MONTH		NO
48659	DRUG LIMITED TO 6200 UNITS PER CALENDAR MONTH		NO
48669	DRUG LIMITED TO 1020 UNITS PER CALENDAR MONTH		NO
48699	DRUG LIMITED TO 1000 UNITS PER CALENDAR MONTH		NO
48709	DRUG LIMITED TO 1320 UNITS PER CALENDAR MONTH		NO
48729	PDN IOU MED. SUPPLIES LIMIT 400 PER CALENDAR MONTH		NO
48739	SERVICE LIMITED TO 6 UNITS PER CALENDAR WEEK		NO
48759	LIMIT OF 24 UNITS PER CALENDAR WEEK W/O PA		NO
48799	PROCEDURE LIMITED TO 15 PER CALENDAR MONTH		NO
48819	DME ALLOWED 150 PER MONTH		NO
48829	DME ALLOWED 4 PER MONTH		NO
48839	TCM/DD LIMITED TO ONE UNIT PER CALENDAR WEEK		NO
49159	MH/SA TCM SERVICES LIMITED TO ONE PER CALENDAR WEEK		NO
49189	LIMIT H2015:HT TO 72 UNITS PER WEEK		NO
49259	24 UNMANAGED UNITS/CALENDAR YEAR W/O PA		NO
49269	192 UNMANAGED UNITS PER CALENDAR YEAR WITHOUT PRIOR APPROVAL		NO

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Edit #	Description	Claim Type	Override
49459	PROCEDURE CODE UNIT LIMITATION		NO
49469	REVENUE CODE UNIT LIMITATION		NO
49490	THIS DRUG CONTRA-INDICATED FOR DISEASE/DIAGNOSIS	R	YES
49500	THIS DRUG HAS ADVERSE INTERACTIONS WITH OTHER DRUGS	R	YES
49510	DRUG DOSAGE DISPENSED EXCEEDS MAXIMUM UNITS	R	YES
49520	DRUG BILLED HAS A DUPLICATION OF INGREDIENTS WITH PRIOR CLAIM	R	YES
49530	DRUG DOSAGE DISPENSED LESS THAN MINIMUM UNITS	R	YES
49540	DRUG DISPENSED HAS A DUR PEDIATRIC PRECAUTION OR GERIATRIC PRECAUTION	R	YES
49550	DRUG DISPENSED HAS A DUR PREGNANCY PRECAUTION OR LACTATION PRECAUTION	R	YES
49560	DRUG DISPENSED IS A THERAPEUTIC DUPLICATION OF PRIOR CLAIM	R	YES
49570	DRUG DISPENSED IS AN EARLY REFILL	R	YES
49580	DRUG DISPENSED IS A LATE REFILL	R	YES
49590	PROVIDER MUST RESPOND TO THE EARLY REFILL ALERT IN ORDER FO THE CLAIM TO PROCESS	R	YES
49600	DUR ALERT OVERRIDE NOT FOUND	R	YES
49829	PROCEDURE CODE WITH SC MODIFIER EXCEEDS ALLOWED UNITS		NO
49839	CASE MANAGEMENT EXCEEDS ANNUAL ALLOWABLE LIMIT		NO
49859	MFP-TRANSITION COORDINATION SERVICES YEARLY DOLLAR LIMIT		NO
49869	MFP TYSR DEMONSTRATION SERVICES YEARLY LIMIT		NO
49889	PROCEDURE CODE WITH SC MODIFIER EXCEEDS ALLOWED UNITS		NO
49909	CASE MANAGEMENT EXCEEDS ANNUAL ALLOWABLE LIMIT		NO
49919	MFP-TRANSITION COORDINATION SVCS YEARLY \$ LIMIT		NO
49929	MFP TYSR DEMONSTRATION SERVICES YEARLY LIMIT		NO
49939	MFP ASSIS. TECH. LIMIT TO \$3000/WAIVER LIFETIME		NO
49949	MFP ASSIST. TECH. LIMIT TO \$3000/WAIVER LIFETIME		NO
49959	CAP-MR/DD SERVICE LIMITED TO \$1,500 PER WAIVER YR		NO
50009	MFP-TRANSITION COORDINATION SVCS YEARLY \$ LIMIT		NO
50019	CAPMR/DD SPECIALIZED EQUIPMENT YEARLY DOLLAR LIMIT		NO
50029	CAPMR/DD THERAPEUTIC CASE CONSULT DOLLAR LIMIT		NO
50039	CAPMR/DD TRANSPORTATION YEARLY DOLLAR LIMITATION		NO
50049	CAPMR AUGMENT COMMUNICATION DEVICE YEARLY \$ LIMIT		NO
50069	LIMIT PAYMENT OF MULTIPLE POSTERIOR RESTORATIONS		NO
50149	MOLECULAR DIAGNOSTICS ALLOWED 4 TIMES PER YEAR		NO
50310	ONLY ONE EARLY REFILL VACATION SUPPLY OVERRIDE PER YEAR OR (EARLY REFILL DUE TO VACATION, RESTRICTED TO ONE EVENT (5 DAY SPAN) PER 365 DAYS)	R	YES
51249	SYNVISC INJECTION ALLOWED 2 UNITS PER DAY		NO

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Edit #	Description	Claim Type	Override
51259	SYNVISC INJECTION ALLOWED 6 UNITS PER DAY		NO
51269	SYNVISC OR SYNVISC-ONE INJECTION ALLOWED 96 UNITS PER DAY		NO
51289	LIMITATION OF 20 UNITS ALLOWED PER DAY		NO
51299	LIMITATION OF 60 UNITS ALLOWED PER CALENDAR MONTH		NO
51419	IHCA LIMITED TO 320 UNITS PER CALENDAR MONTH		NO
51439	INJECTION LIMITED TO 24 UNITS PER DAY		NO
51449	INJECTION LIMITED TO 24 UNITS PER DAY		NO
51459	INJECTION LIMITED TO 2100 UNITS PER CALENDAR MONTH		NO
51469	INJECTION LIMITED TO 400 UNITS PER CALENDAR MONTH		NO
51479	INJECTION LIMITED TO ONE UNIT PER DAY		NO
51489	INJECTION LIMITED TO 3 UNITS PER CALENDAR MONTH		NO
51499	INJECTION LIMITED TO 3 UNITS PER DAY		NO
51509	INJECTION LIMITED TO 15 UNITS PER CALENDAR MONTH		NO
51519	INJECTION LIMITED TO 250 UNITS PER DAY		NO
51529	INJECTION LIMITED TO 750 UNITS PER CALENDAR MONTH		NO
51539	INJECTION LIMITED TO 180 UNITS PER DAY		NO
51549	INJECTION LIMITED TO 300 UNITS PER 56 DAYS		NO
51559	INJECTION LIMITED TO 90 UNITS PER CALENDAR MONTH		NO
51569	INJECTION LIMITED TO 60 UNITS PER DAY		NO
51579	INJECTION LIMITED TO 120 UNITS PER CALENDAR MONTH		NO
51589	INJECTION LIMITED TO 1750 UNITS PER CALENDAR MONTH		NO
51599	INJECTION LIMITED TO 405 UNITS PER DAY		NO
51609	INJECTION LIMITED TO 1215 UNITS PER CALENDAR MONTH		NO
51619	INJECTION LIMITED TO 125 UNITS PER DAY		NO
51629	INJECTION LIMITED TO 1750 UNITS PER CALENDAR MONTH		NO
51639	INJECTION LIMITED TO 800 UNITS PER DAY		NO
51649	INJECTION LIMITED TO 1600 UNITS PER CALENDAR MONTH		NO
51659	INJECTION LIMITED TO 90 UNITS PER DAY		NO
51669	INJECTION LIMITED TO 180 UNITS PER CALENDAR MONTH		NO
51679	INJECTION LIMITED TO 68 UNITS PER DAY		NO
51689	INJECTION LIMITED TO 205 UNITS PER CALENDAR MONTH		NO
51699	INJECTION LIMITED TO 1320 UNITS PER CALENDAR MONTH		NO
51709	INJECTION LIMITED TO 14 UNITS PER DAY		NO
51719	INJECTION LIMITED TO 14 UNITS PER 180 DAYS		NO
51749	INJECTION LIMITED TO 200 UNITS PER DAY		NO
51759	INJECTION LIMITED TO 1000 UNITS PER CALENDAR MONTH		NO

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Edit #	Description	Claim Type	Override
51769	INJECTION LIMITED TO 80 UNITS PER DAY		NO
51779	INJECTION LIMITED TO 234 UNITS PER DAY		NO
51789	INJECTION LIMITED TO 624 UNITS PER CALENDAR MONTH		NO
51799	DRUG LIMITED TO 2 UNITS PER 90 DAYS		NO
51809	DRUG LIMITED TO 1120 UNITS PER 90 DAYS		NO
51819	INJECTION LIMITED TO 200 UNITS PER CALENDAR MONTH		NO
51829	INJECTION LIMITED TO 150 UNITS PER DAY		NO
51909	DRUG LIMITED TO 250 UNITS PER WEEK		NO
52389	DRUG LIMITED TO 120 UNITS PER DAY		NO
52399	DRUG LIMITED TO 360 UNITS PER CALENDAR MONTH		NO
52409	INJECTION DRUG LIMITED TO 11,300 UNITS PER DAY		NO
52419	INJECTION DRUG LIMITED TO 132,000 UNITS PER MONTH		NO
52429	DME ALLOWED 6 PER CALENDAR MONTH		NO
52619	PROCEDURE CODE ALLOWED 4 UNITS PER DAY		NO
52629	DME ALLOWED 2 PER CALENDAR MONTH		NO
52639	DME ALLOWED 4 PER CALENDAR MONTH		NO
52709	PROCEDURE/PRODUCT LIMIT FOUR UNITS W/SC MODIFIER		NO
52719	PROCEDURE/PRODUCT LIMIT SIX UNITS W/SC MODIFIER		NO
52729	PROCEDURE/PRODUCT LIMIT FOUR UNITS W/SC MODIFIER		NO
52739	PROCEDURE/PRODUCT LIMIT OF TWO UNITS WITH SC MODIFIER		NO
52749	PROCEDURE/PRODUCT LIMIT OF TWO UNITS WITH SC MODIFIER		NO
52759	VACCINE LIMITED TO ONE PER DAY		NO
52769	DAILY UNIT LIMITATION FOR DAPTOMYCIN		NO
52779	INJECTION LIMITED TO 240 UNITS PER DAY		NO
52789	INJECTION LIMITED TO 120 UNITS PER DAY		NO
52799	INJECTION LIMITED TO 350 UNITS PER DAY		NO
52809	INJECTION LIMITED TO 5,500 UNITS PER DAY		NO
52819	INJECTION LIMITED TO 682 UNITS PER DAY		NO
52829	INJECTION LIMITED TO 180 UNITS PER DAY		NO
52839	INJECTION LIMITED TO 8 UNITS PER DAY		NO
52849	INJECTION LIMITED TO 40 UNITS PER DAY		NO
52859	INJECTION LIMITED TO 120 UNITS PER DAY		NO
52869	INJECTION LIMITED TO 120 UNITS PER DAY		NO
52879	INJECTION LIMITED TO 720 UNITS PER CALENDAR MONTH		NO
52889	INJECTION LIMITED TO 1680 UNITS PER CALENDAR MONTH		NO
52899	INJECTION LIMITED TO 700 UNITS PER CALENDAR MONTH		NO

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Edit #	Description	Claim Type	Override
52909	INJECTION LIMIT TO 10,500 UNITS PER CALENDAR MONTH		NO
52919	INJECTION LIMITED TO 3410 UNITS PER CALENDAR MONTH		NO
52929	INJECTION LIMITED TO 900 UNITS PER CALENDAR MONTH		NO
52939	INJECTION LIMITED TO 120 UNITS PER CALENDAR MONTH		NO
52949	INJECTION LIMITED TO 24 UNITS PER CALENDAR MONTH		NO
52959	INJECTION LIMITED TO 240 UNITS PER CALENDAR MONTH		NO
52969	INJECTION LIMITED TO 240 UNITS PER CALENDAR MONTH		NO
53019	DME IOU LIMITED TO 50 UNITS PER CALENDAR MONTH		NO
53039	INJECTION LIMITED TO 200 UNITS PER 84 DAYS		NO
53049	INJECTION LIMITED TO 500 UNITS PER 84 DAYS		NO
53590	CHANTIX IS LIMITED TO A 6 MONTH SUPPLY PER ROLLING 12 MONTHS	R	YES
53600	LOW SEDATING ANTHISTAMINE COMBO LIMIT TO 102 DAYS PER 12 MONTHS	R	YES
53610	SEDATIVE HYPNOTICS LIMITED TO 15 PER CALENDAR MONTH	R	YES
53620	TRIPTAN LIMIT 12 PER MONTH	R	YES
53630	VUSION LIMITED TO 50 GRAMS PER 60 DAYS	R	YES
53640	ZOLPIMIST IS LIMITED TO 1 CANISTER PER 60 DAYS	R	YES
53650	ONE BOX ALLOWED ON ORIGINAL FILL	R	YES
54759	LIMIT PAYMENT MULTIPLE PERMANENT POSTERIOR RESINS		NO
54769	PROCEDURE LIMITED TO TWO PER DAY		NO
54779	PROCEDURE LIMITED TO ONE PER DAY		NO
54789	LIMIT PAYMENT MULTIPLE PERMANENT POSTERIOR AMALGAM		NO
54919	INJECTIONS LIMITED TO 8000 PER CALENDAR MONTH		NO
54929	INJECTIONS LIMITED TO 14 UNITS PER DAY MAXIMUM		NO
54939	INJECTIONS LIMITED TO 8 UNITS PER CALENDAR MONTH		NO
54989	BEHAVIORAL HEALTH SERVICES LIMIT 4 UNITS PER DAY		NO
54999	BEHAVIORAL HEALTH SERVICES LIMIT 6 UNITS PER DAY		NO
55009	BEHAVIORAL HEALTH SERVICES LIMIT 8 UNITS PER DAY		NO
55019	INJECTION LIMITED TO 4 UNITS PER DAY		NO
55020	MANAGEMENT/CAPITATION FEE DUPLICATE	M,4	YES
55050	ANTI-PSYCHOTIC DRUG OVERRIDE ONLY ALLOWED 2 TIMES PER ROLLING 365 DAYS	R	YES
55119	SERVICES FOR T1999 EXCEEED \$1500 FOR RECIPIENT FOR SFY		NO
55820	PA REQUIRED FOR ANTIPSYCHOTIC DRUGS	R	YES
55869	PRE-TRANSITION CASE MANAGEMENT EXCEEDS 32 UNITS PER 60 DAYS		NO
56060	EPIPENS ARE LIMITED TO 6 PER ROLLING 180 DAYS	R	YES
56139			NO

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Edit #	Description	Claim Type	Override
56149	LIMITS PROCEDURE CODE T2038 FOR CAPDA, CAPCD AND CAPCH TO \$2500 PER WAIVER LIFETIME		NO
56159			NO
57239	DRUG LIMITED TO 70 UNITS PER DAY		NO
57249	DRUG LIMITED TO 225 UNITS PER DAY		NO
57259	DRUG LIMITED TO 1125 UNITS PER CALENDAR MONTH		NO
57269	DRUG LIMITED TO 750 UNITS PER DAY		NO
57279	DRUG LIMITED TO 1500 UNITS PER CALENDAR MONTH		NO
57289	DRUG LIMITED TO 93 UNITS PER CALENDAR MONTH		NO
57299	DRUG LIMITED TO 400 UNITS PER DAY		NO
57319	DRUG LIMITED TO 4000 UNITS PER CALENDAR MONTH		NO
57329	DRUG LIMITED TO 6700 UNITS PER DAY		NO
57339	DRUG LIMITED TO 60300 UNITS PER CALENDAR MONTH		NO
57349	DRUG LIMITED TO 24000 UNITS PER DAY		NO
57359	DRUG LIMITED TO 72000 UNITS PER CALENDAR MONTH		NO
57379	DRUG LIMITED TO 2 UNITS PER CALENDAR MONTH (1 UNIT = 1 DOSE)		NO
57399	DRUG LIMITED TO 1120 UNITS PER CALENDAR MONTH		NO
57409	DRUG LIMITED TO 450 UNITS PER DAY		NO
57419	DRUG LIMITED TO 162 UNITS PER DAY		NO
57429	DRUG LIMITED TO 324 UNITS PER CALENDAR MONTH		NO
57789	YM120 LIMITED TO 300 UNITS PER 30 DAYS		NO
58489	UNITS CUTBACK, PROCEDURE LIMITED TO 112 UNITS PER MONTH		NO
58520	ONLY 20 PRESUMPTIVE DRUG SCREENINGS ALLOWED PER STATE FISCAL YEAR	C,L,O,P,5	YES
58530	PRESUMPTIVE DRUG TESTING MUST BE PERFORMED PRIOR TO DEFINITIVE TESTING		YES
58540	VALIDITY TESTING INCLUDED IN URINE DRUG SCREEN	C,L,O,P,5	YES
58550	VALIDITY TESTING INCLUDED IN URINE DRUG SCREEN	C,L,O,P,5	YES
58560	TEST LIMITED TO 1 UNIT PER DATE OF SERVICE	C,L,O,P,5	YES
58570	TEST LIMITED TO 1 UNIT PER DATE OF SERVICE	C,L,O,P,5	YES
58580	PRESUMPTIVE TEST CONFIRMATION REVIEW REQUIRED		YES
58590	HCPCS CODES MAY NOT BE BILLED WITH CPT CODES FOR URINE DRUG TESTING	C,L,O,P,5	YES
58600	HCPCS CODES MAY NOT BE BILLED WITH CPT CODES FOR URINE DRUG TESTING	C,L,O,P,5	YES
58610	CONCOMITANT USE BY AN ADULT OF THREE OR MORE ATYPICAL ANTIPSYCHOTICS WILL BE DENIED	R	YES
58620	CONCOMITANT USE BY AN ADULT OF TWO OR MORE ANTIDEPRESSANTS WILL BE DENIED	R	YES
58630	CONCOMITANT USE BY AN ADULT OF TWO OR MORE ANTIDEPRESSANTS WILL BE DENIED	R	YES
58640	CONCOMITANT USE BY AN ADULT OF TWO OR MORE ANXIOLYTICS WILL BE DENIED	R	YES

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Edit #	Description	Claim Type	Override
58650	CONCOMITANT USE BY A CHILD OF THREE OR MORE ATYPICAL ANTIPSYCHOTICS WILL BE DENIED	R	YES
58660	CONCOMITANT USE BY A CHILD OF TWO OR MORE ANTIDEPRESSANTS WILL BE DENIED	R	YES
58670	CONCOMITANT USE BY A CHILD OF TWO OR MORE ANTIDEPRESSANTS WILL BE DENIED	R	YES
58680	CONCOMITANT USE BY A CHILD OF TWO OR MORE ANXIOLYTICS WILL BE DENIED	R	YES
59060	HIGH DOSE PA IS REQUIRED WHEN DAILY DOSE EXCEEDS 90MG MORPHINE EQUIVALENCY	R	YES
59070	THE TIER 1 RATE AMOUNT PAID FOR HOSPICE ROUTINE HOME CARE WAS AN OVERPAYMENT.THE CLAIM HAS BEEN RECOUPED.		NO
59100	LACTATION SERVICES LIMITED TO SIX (6) UNITS PER DATE OF SERVICE PER BENEFICIARY	C,P,5	NO
59110	LACTATION SERVICES LIMITED TO THIRTY SIX (36) UNITS PER LIFETIME PER BENEFICARY	C,P,5	NO
59115	LACTATION SERVICES LIMITED TO THIRTY SIX (36) UNITS PER LIFETIME PER BENEFICARY	C,P,5	NO
59120	INITIAL ASSESSMENT FOR LACTATION SERVICES LIMITED ONE OCCURRENCE (DOS) PER BENEFICIARY LIFETIME	C,P,5	NO
59125	INITIAL ASSESSMENT FOR LACTATION SERVICES LIMITED ONE OCCURRENCE (DOS) PER BENEFICIARY LIFETIME	C,P,5	NO
59390	CONCURRENT USE OF TWO OR MORE DRUGS THAT RESULT IN SAFETY CONCERNS.	R	YES
59749	LIMIT OF 75 ALLOWED PER CALENDAR MONTH		NO
59799	DME INCONTINENCE SUPPLY LIMITED TO 200 UNITS PER MONTH WITHOUT PRIOR APPROVAL		NO
59809	DME URINARY CATHETER SUPPLIES LIMITED TO 200 UNITS PER MONTH WITHOUT PRIOR APPROVAL		NO
59810	TOPICAL ANTIHISTAMINES ARE LIMITED TO 45 GRAMS PER 90 DAYS	R	YES
59829	CAPDA DOLLAR LMT/WAIVER LIFE-CUTBACK		NO
59839	CAPDA DOLLAR LMT/WAIVER LIFE-CUTBACK		NO
59859	FINANCIAL MANAGEMENT SERVICES MONTHLY LIMIT-CUTBACK		NO
59879	CASE MGMT EXCEEDS ANNUAL LIMIT-CUTBACK		NO
59949	TRAINING EXCEEDS ANNUAL LIMIT CUTBACK		NO
59979	DME EQUIPMENT ALLOWED 6 UNITS PER 3 YEARS-CUTBACK		NO
60070	AJOVY IS LIMITED TO 18ML PER 365 DAYS	R	YES
60270	DELIVERY FEE PAID ON A PREVIOUS CLAIM.	R	YES
60460	MAX 2 FLAT RATE PAID CLAIMS PAID PER BENEFICIARY, PER PHARMACY, PER DAY.	R	YES
60570	COVID TEST KITS ARE LIMITED TO 8 TESTS PER 30 DAYS	R	YES
60640	ZOLGENSMA LIMIT 1 PER LIFETIME	R	YES
60759	CAPCH DOLLAR LIMIT/WAIVER LIFE FOR COMMUNITY TRANSITION/INTEGRATION - CUTBACK		NO
60769	CAPCH DOLLAR LIMIT/WAIVER LIFE FOR MODIFICATIONS AND ASSISTIVE TECHNOLOGY - CUTBACK		NO

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Edit #	Description	Claim Type	Override
60779	CAPCH DOLLAR LIMIT FOR WAIVER GOODS AND SERVICES ANNUAL LIMIT - CUTBACK		NO
60789	CAPCH ADAPTIVE TRIKE ASSISTIVE TECHNOLOGY LIMIT FOR WAIVER CYCLE - CUTBACK		NO

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