

**CLAIM EDITS AND REJECTION REASONS FOR MOUNTAIN STATE BLUE CROSS BLUE SHIELD**

<b>Confirmation - File Level Rejections</b>					
<b>Error Code</b>	<b>Error Messages on Report</b>	<b>Field Name</b>	<b>Record</b>	<b>Field Position</b>	<b>Description of Edit</b>
N/A	BATCH CLAIM COUNT NOT IN BALANCE WITH 'YA0' TRAILER.	Batch Claim Count	YA0	(61-67)	The sum of all record type CA0s included in this batch does not equal the number documented in this YA0 Batch Trailer Record Field.
N/A	CLAIM RECORD COUNT NOT IN BALANCE WITH 'XA0' TRAILER.	Claim Record Count	XA0	(35-37)	The total number of records submitted for this claim excluding the XA0 Record does not equal the amount documented in this XA0 Claim Trailer Record Field.
N/A	BATCH RECORD COUNT NOT IN BALANCE WITH 'YA0' TRAILER.	Batch Record Count	YA0	(54-60)	The sum of all record type CA0s included in this batch does not equal the amount documented in this YA0 Batch Trailer Record Field.
N/A	FILE BATCH COUNT NOT IN BALANCE WITH 'ZA0' TRAILER.	Batch Count	ZA0	(66-69)	The sum of all Record Type YA0's in this file does not equal the amount documented in this ZA0 File Trailer Record Field.
N/A	FILE CLAIM COUNT NOT IN BALANCE WITH 'ZA0' TRAILER.	File Claim Count	ZA0	(59-65)	The sum of all Batch Record Counts in YA0, positions (54-60) does not equal the amount documented in this ZA0 File Trailer Record Field.
N/A	FILE LINE ITEM COUNT NOT IN BALANCE WITH 'ZA0' TRAILER.	File Service Line Count	ZA0	(45-51)	The sum of all Batch Service Line Counts fields in YA0, positions (47-53) does not equal the amount documented in this ZA0 File Trailer Record Field.
N/A	FILE RECORD COUNT NOT IN BALANCE WITH 'ZA0' TRAILER.	File Record Count	ZA0	(52-58)	The sum of all Batch Record Count fields in YA0, positions (54-60) does not equal the amount documented in this ZA0 File Trailer Record Field.
N/A	FILE TOTAL CHARGES NOT IN BALANCE WITH 'ZA0' TRAILER.	File Total Charges (\$)	ZA0	(70-80)	The sum of all Batch Total Charges fields in YA0, positions (68-76) does not equal the amount documented in this ZA0 File Trailer Record Field.
N/A	INVALID CREATION DATE IN 'AA0' RECORD.	Creation Date	AA0	(213-220)	Validate that creation date is not greater than the current date. Also, validate the data is in a valid date format
N/A	INVALID RECORD TYPE.	N/A	N/A	N/A	The record type is not AA0, BA0, BA1, CA0, DA0, DA1, DA2, EA0, EA1, FA0, FB0, FB1, HA0, XA0, YA0 or ZA0.
N/A	INVALID SOURCE CODE IN 'AA0' RECORD.	Submitter Identifier	AA0	(4-19)	Validate Submitter ID against Source Login/Source Number Database.
N/A	MISSING 'AA0' RECORD.	Entire AA0 Record	AA0	All	Ensures a AA0 record is present
N/A	MISSING 'BA0' RECORD.	Entire BA0 Record	BA0	All	Ensures a BA0 record is present
N/A	MISSING 'CA0' RECORD.	Entire CA0 Record	CA0	All	Ensures a CA0 record is present
N/A	MISSING 'DA0' RECORD.	Entire DA0 Record	DA0	All	Ensures a DA0 record is present
N/A	MISSING 'EA0' RECORD.	Entire EA0 Record	EA0	All	Ensures a EA0 record is present
N/A	MISSING 'FA0' RECORD.	Entire FA0 Record	FA0	All	Ensures a FA0 record is present
N/A	MISSING 'XA0' RECORD.	Entire XA0 Record	XA0	All	Ensures a XA0 record is present
N/A	MISSING 'YA0' RECORD.	Entire YA0 Record	YA0	All	Ensures a YA0 record is present
N/A	MISSING 'ZA0' RECORD.	Entire ZA0 Record	ZA0	All	Ensures a ZA0 record is present
N/A	RECORD OUT OF SEQUENCE.	N/A	N/A	N/A	A record type follows or precedes a record type that is not allowed.
N/A	SOURCE CODE IN 'AA0' DIFFERS FROM ONE IN 'ZA0'.	Submitter Identifier	AA0 ZA0	(4-19) (4-19)	Submitter Identifier must be the same in both AA0 and ZA0.

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<b>Error Code</b>	<b>Error Messages on Report</b>	<b>Field Name</b>	<b>Record</b>	<b>Field Position</b>	<b>Description of Edit</b>
N/A	TOTAL BATCH CHARGE NOT IN BALANCE WITH 'YA0' TRAILER.	Batch Total Charges (\$)	YA0	(68-76)	The sum of all the Total Claim Charge fields in Record XA0, positions 78-84 does not equal the amount documented in this YA0 Batch Trailer Record Field.
N/A	TRANSMISSION SEQUENCE NUMBER ERROR DETECTED.	Submission Number	AA0	(35-40)	Values reported should be 01 to 99 and should increment up one for each submission.
N/A	CXX COUNT NOT IN BALANCE WITH 'XA0' TRAILER.	Record Type CXX Count	XA0	(23-24)	Total count of CA0 Records does not equal the amount documented in this XA0 Claim Trailer Record Field.
N/A	DXX COUNT NOT IN BALANCE WITH 'XA0' TRAILER.	Record Type DXX Count	XA0	(25-26)	Total count of DA0 through DA2 Records does not equal the amount documented in this XA0 Claim Trailer Record Field.
N/A	EXX COUNT NOT IN BALANCE WITH 'XA0' TRAILER.	Record Type EXX Count	XA0	(27-28)	Total count of EA0 through EA1 Records does not equal the amount documented in this XA0 Claim Trailer Record Field.
N/A	FXX COUNT NOT IN BALANCE WITH 'XA0' TRAILER.	Record Type FXX Count	XA0	(29-30)	Total count of FA0, FB0 and FB1 Records does not equal the amount documented in this XA0 Claim Trailer Record Field.
N/A	HXX COUNT NOT IN BALANCE WITH 'XA0' TRAILER.	Record Type HXX Count	XA0	(33-34)	Total count of HA0 Records does not equal the amount documented in this XA0 Claim Trailer Record Field.
N/A	MISSING 'DA2' RECORD.	Entire DA2 Record	DA2	All	Ensures a DA2 record is present.
N/A	MISSING 'EA1' RECORD.	Entire EA1 Record	EA1	All	Ensures a EA1 record is present.
N/A	LINE CHARGES MUST BE NUMERIC IN RECORD 'FA0'.	Line Charges (Provider Charge) (\$)	FA0	(71-77)	The Line Charge must not be spaces or alpha numeric. It can be zero.
N/A	MISSING 'BA1' RECORD.	Entire BA1 Record	BA1	All	Ensures a BA1 record is present.
N/A	INVALID VERSION CODE IN 'AA0' RECORD.	Version Code - National	AA0	(244-248)	Ensures the version code is 00200 for MSBCBS.
N/A	INVALID RECORD LENGTH.	All Records	All	N/A	Ensures record length is 320 bytes.
N/A	FA0 COUNT NOT IN BALANCE WITH 'YA0' TRAILER.	Batch Service Line Count	YA0	(47-53)	The sum of all Record Type FA0's in this batch does not equal the amount documented in this YA0 Batch Trailer Record Field.
N/A	INVALID TEST/PROD INDICATOR.	Test/Production Indicator	AA0	(254-257)	Validate that 'PROD' or 'TEST' is entered into this field.
N/A	RECEIVER TYPE INVALID.	Receiver Type Code	AA0	(243)	Receiver Type Code must be 'G'.
N/A	RECEIVER IDENTIFICATION INVALID.	Receiver Identification	AA0	(227-242)	Receiver Identification must be 00943 for MSBCBS.
N/A	AA0 AND ZA0 RECEIVER ID DO NOT MATCH.	Receiver Identification	AA0 ZA0	(29-44)	Receiver Identification must be the same in both AA0 and ZA0.

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<b>Error Code</b>	<b>Error Messages on Report</b>	<b>Field Name</b>	<b>Record</b>	<b>Field Position</b>	<b>Description of Edit</b>
ES004	USE M OR F FOR PATIENT SEX.	Patient Sex Code	CA0	(67)	Patient Sex Code must be reported as M or F. It cannot be blank.
ES005	USE Y OR N FOR FEE PAID IND.	Fee Paid Indicator	CA0	(271)	Fee Paid Indicator must be Y or N. If Y, the Patient Amount Paid Field must contain a value greater than zero. If N is coded in this field, the Patient Amount Paid Field must contain zeros.
ES006	SEQUENCE NUMBER NOT CONSISTENT	Sequence Number	DA0-01	(04-05)	Sequence Number must be consistent throughout file and may not be zeros.
ES008	PATIENT RELATIONSHIP MISSING	Patient Relationship to	DA0-01	(155-156)	Patient Relationship must contain a valid code. May not be blank.
ES010	INSURED ADDRESS MISSING	Insured Address	DA2-01	(23-52)	Insured Address may not be blank.
ES012	DIAGNOSIS CODE MISSING	Diagnosis Code	EA0	(179-183)	Ensures Diagnosis Code is not blank. Diagnosis Code 1 should be 3, 4, or 5 positions in length and may not contain decimals.
ES014	DOCTOR CERTIFICATION MISSING	Doctor Certification	EA1	(300)	Ensures Doctor Certification is not blank. Doctor Certification must be 1, 2, 3, 4, 5, 6, or 7.
ES015	INVALID SERVICE FROM/TO DATE	Service From Date	FA0	(40-47)	Service From Date must be a valid date, prior to or equal to current date. It may not be blank.
		Service To Date	FA0	(48-55)	Service To Date must be a valid date, prior to or equal to current date and greater than or equal to first service date. It may not be blank.
ES016	PLACE OF SERVICE MISSING	Place of Service	FA0	(56-57)	Place of Service may not be blank.
ES017	TYPE OF SERVICE MISSING	Type of Service	FA0	(58-59)	Type of Service is required for MSBCBS. Type of Service may not be blank.
ES018	PROCEDURE CODE MISSING	Procedure Code	FA0	(60-64)	Procedure Code may not be blank.
ES021	UNITS OF SERVICE MISSING	Units of Service	FA0	(82-85)	Units of Service must be numeric.
ES022	LINE CHARGES MISSING	Line Charges	FA0	(71-77)	Line Charges may not be blank.
ES029	LINE & CLAIM CHARGE NOT EQUAL	Batch Total Charges	YA0	(68-76)	All Line Charges added up do not equal the Total Claim Charge.
ES032	INSURED/MEMBER'S NAME	Insured Last Name	DA0-01	(182-201)	Insured First and Last Name cannot be blank.
		Insured First Name	DA0-02	(202-213)	
ES040	INVALID SYMPTOM DATE INDICATOR	Symptom Date Indicator	EA0	(25)	Symptom Date Indicator must be 0, 1, or 2.
ES043	USE 1 OR 3 FOR OTH INSUR IND.	Other Insurance Indicator	CA0	(182)	Other insurance indicator must be 1 or 3.
ES044	INVALID ASSIGN OF BENEFITS IND.	Assignment of Benefits Indicator	DA0-01	(153)	Assignment of Benefits Indicator must be Y or N.

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<b>Submission Summary - Claim Level Rejections (Continued)</b>					
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ES056	INVALID RELEASE OF INFORMATION	Release of Information Authorization Indicator	EA0	(45)	Release of Information Authorization Indicator must be Y, N, or M. It may not be blank.
ES058	INVALID CLAIM FILING INDICATOR	Claim Filing Indicator	DA0-01	(23)	Claim Filing Indicator must be P or I. It may not be blank.
ES062	PRIMARY INS. ADDRESS REQ.	Commercial Insurance Address- Line 1	DA1	(23-52)	Payer Address - May not be blank.
ES066	INVALID SOURCE OF PAYMENT	Source of Payment	DA0-01	(24)	Source of Pay must be G for MSBCBS.
ES077	INVALID PATIENT CONTROL #.	Patient Control Number	CA0	(06-22)	Patient Control Number may not be blank and may not exceed 14 characters.
ES078	PATIENT LAST NAME MISSING	Patient Last Name	CA0	(23-42)	Patient Last Name may not be blank.
ES080	INVALID PATIENT DATE OF BIRTH	Patient Date of Birth	CA0	(59-66)	Patient Date of Birth Format must be CCYYMMDD. Century may not be blank and must be 18, 19 or 20.
ES086	GROUP NUMBER CANNOT BE BLANK.	Group Number	DA0-01	(69-88)	Group Number may not be blank. If unknown, report zeros in field.
ES087	INSURED ID # CANNOT BE BLANK	Insured Identification	DA0-01	(160-181)	Insured Identification Number may not be blank.
ES092	USE A OR N FOR PROV ASSIGNMENT	Provider Assignment	EA0	(199)	Provider Assignment Indicator must be an A or N.
ES094	ANESTHESIA MINUTES MISSING	Anesthesia/Oxygen	FA0	(86-89)	Anesthesia Minutes must be numeric.
ES103	INVALID EMPLOYMENT RELATED IND	Employment Related	EA0	(23)	Employment Related Indicator must be Y, N or U. It may not be blank.
ES104	DA1 RECORD MISSING	DA1 Record	DA1	Entire Record	The DA1 Record is required when MSBCBS is secondary.
ES106	UNITS SVC-LAST DIGIT MUST BE 0	Units of Service	FA0	(82-85)	Fractional services are not accepted, so this field must have a zero in position 85.
ES107	UNITS OF SERVICE - CANNOT BE 0.	Units of Service	FA0	(82-85)	Required for all services except anesthesia. Number of services in days or units. Can only be zero for an Anesthesia Claim.
ES108	PAYER NAME REQUIRED.	Primary Insurance Company Name	DA0-01	(36-68)	Provide the name of the Payer Organization from which reimbursement is expected. May not be blank.

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<b>Submission Summary - Batch Level Rejections</b>					
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N/A	UNMATCHED PROVIDER NBR BA0/BA1	EMC Provider Number EMC Provider Identifier	BA0 BA1	(4-18) (4-18)	The Billing Provider Number in BA0 and BA1 must be the same.
N/A	INVALID BATCH NUMBER	Batch Number	BA0	(22-25)	This is a sequential number assigned by the submitter to each batch of claims. First occurrence must be 0001.
N/A	TAX ID NUMBER NOT NUMERIC	Provider Tax ID	BA0	(32-40)	The Provider Tax ID cannot contain alphas or special characters.
N/A	PROVIDER NUMBER NOT ON FILE	EMC Provider Number (Billing Provider ID)	BA0	(4-18)	The Billing Provider Number is invalid or not found. <u>Note:</u> NAME/ADDR NOT FOUND ON FILE will be printed in the Source Name field with this edit.
N/A	INVALID PROVIDER AFFILIATION	EMC Provider Number (Billing Provider ID)	BA0	(4-18)	The Billing Provider Number must be affiliated with the Submitter Identifier in the AA0 Record positions 4-19. <u>Note:</u> NAME/ADDR NOT FOUND ON FILE will be printed in the Source Name field with this edit.
N/A	INVALID TAX TYPE INDICATOR	Provider Tax ID Type	BA0	(47)	The Provider Tax ID must be either an E, S or X.
N/A	INVALID NAIC CODE	NAIC Code	BA0	(138-142)	NAIC must be numeric. For MSBCBS the NAIC code must be 54828.
N/A	INVALID PROVIDER ORG/LAST NAME	Provider Organization Provider Last Name	BA0 BA0	(165-197) (198-217)	One of these fields must be used. The first character must contain a value of A-Z, remaining characters may be A-Z, 0-9, period, comma or hyphen.
N/A	PROVIDER SPEC CODE MISSING	Provider Specialty Code	BA0	(231-233)	This field cannot be blank.
N/A	PROVIDER CITY MISSING	Provider Service City	BA1	(95-114)	This field cannot be blank.
N/A	PROVIDER STATE MISSING	Provider Service State	BA1	(115-116)	This field cannot be blank.
N/A	PROVIDER ZIP CODE MISSING	Provider Service Zip	BA1	(117-125)	This field cannot be blank.
N/A	PROVIDER PHONE NUMBER MISSING	Provider Service Telephone Number	BA1	(126-135)	This field cannot be blank.
N/A	NO VALID CLAIMS	N/A	N/A	N/A	There were no valid claims in any of the batches submitted.

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N/A	DUPLICATE SUBMISSION DETECTED	Numerous	AA0, BA0, ZA0	Numerous	Comparisons are done on the Submission Date, Sequence Number and Dollar Amounts to check for duplicate submissions.
N/A	INVALID SOURCE	Submitter Identifier	AA0	(4-19)	The Submitter Identifier (Source) is invalid or could not be found.
N/A	NO BATCHES ACCEPTED IN FILE	Numerous	N/A	Numerous	All Batches submitted in file rejected.
N/A	PART FILE REJECTED	N/A	N/A	N/A	At least one of the batches in the file was rejected at the batch level and at least one other one was not rejected at that level and continued editing.
N/A	INVALID SUBMISSION NUMBER	Submission Number	AA0	(35-40)	Submission Number must be unique for every new file submitted. Values must be 01 to 99 and should increment up one for each submission.
N/A	INVALID SUBMISSION TYPE NUMBER	Submission Type	AA0	(29-34)	Must not be blank
N/A	INVALID BILLING DATE	Creation Date	AA0	(213-220)	Must not be greater than the current date. Date format is 'CCYYMMDD'.
N/A	INVALID RECEIVER IDENTIFIER	Receiver Identification Number	AA0 & ZA0	(227-242) (29-44)	The Receiver Identifier Number is invalid. Enter 00943 for MSBCBS.
N/A	INVALID VERSION CODE	Version Code - National	AA0	(244-248)	A code indicating the specification version being used. This must be 00200 for MSBCBS.
N/A	MISSING TEST/PROD INDICATOR	Test/Production Indicator	AA0	(254-257)	The indicator is blank and it must be either TEST or PROD.
N/A	INVALID TEST/PROD INDICATOR	Test/Production Indicator	AA0	(254-257)	The indicator field is not blank, but it is something other than TEST or PROD.
N/A	INVALID VENDOR IDENTIFIER	Vendor Identifier	AA0	(284-288)	Cannot be blank. Enter the first five positions of Source ID.