

Electronic Claim Return Messages

Effective 4/27/2009

These are fatal errors that will cause the claim to be returned without entering into the claims payment system.

These messages will be reflected in the "Individual Claim Error Report".

Return Message Description
*** Member Field Edits ***
Subscriber/Patient id not found (33)
Patient date of birth mismatch (158)
MVP is not policyholder primary insurance carrier (85)
SSN no longer accepted as Patient ID
Claim submitted to incorrect payer (116)
Patient not eligible/not approved for dates of service (88)
Subscriber/Patient name mismatched (30)
*** Claim Field Edits ***
Missing facility admission date (189)
Invalid type of bill for UB claim(228)
Invalid hospital admission type code (231)
Invalid patient status (234)
Invalid Place of Service (249)
Invalid Diagnosis Code (255)
Invalid Procedure Code Modifier(s) for Service(s) Rendered (453)
Invalid Procedure code for services rendered (454)
Invalid Revenue code for services rendered (455)
Invalid NUBC condition code(s) (460)
Invalid NUBC Occurrence Code(s) and Date(s) (461)
Invalid NUBC Occurrence Span Code(s) and Date(s) (462)
Invalid diagnosis code for the services rendered (488)
Future date of service (510)
Invalid remark code (634)
Invalid claim amount must be greater than zero (402)
*** Provider Field Edits ***
Missing provider specialty/taxonomy code (145)
Claim/submission format is invalid. Multiple providers billed. (481)
Invalid National Provider Identifier (NPI) (562)
Taxonomy not on file for tax ID/NPI affiliation (128/562/145)