Edit Manual

Kentucky MMIS Project

Cabinet for Health and Family Services
Department for Medicaid Services

August 12, 2012

Cabinet for Health and Family Services Department for Medicaid Services	
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DELIVERABLE TITLE: Edit Manual	DATE SUBMITTED: August 12, 2012
LOCATION and FILE NAME: KY_MMIS_Edit_User_Manual_v6.0.4_Operational_(DMS_Approved-08-12-2012).docx	AUTHORING TOOL: MSWord2007

Document Change Log

Version	Changed Date	Changed By	Reason
To conserve space the 2007, 2008 and 2009 Document Change Log history is located on FileZilla here: /KYXIXDDI/Administrative/User_and_Ops_Manuals/Reso_Manuals/Archive_Document_Change_Logs/			
4.5	1/4/2010	Ron Chandler	Replace Edit 3345 per Mike Hudson in response to CO# 12831 approved by DMS on 12/30/2009.
4.5	1/13/2010	Ron Chandler	Replace Edit 3398 per Mike Hudson in response to CO# 12828 approved by DMS on 12/22/2009.
4.5	3/1/2010	Ron Chandler	Replace Edit 3316 per David Flick in response to Defect# 13525 approved by DMS on 2/22/2010.
4.5	3/8/2010	Ron Chandler	Replace Edit 3345 per Mike Hudson. Not associated with a CO or defect.
4.6	3/9/2010	Ron Chandler	Updated edit 3301 and edit 3303 per Pat Nolte in response to CO#13461, DMS approved 3/9/2010.
4.7	3/17/2010	Ron Chandler	Updated edit 3001 and edit 3003 per Linda Miller in response to CO#13415, DMS approved 3/17/2010.
4.8	4/19/2010	Ron Chandler	Updated edit 4021, 4141, 4227, 4244, 4765, and 4882, all legacy 399's, per Pat Nolte in response to CO#13721, DMS approved 4/7/2010.
4.9	4/28/2010	Ron Chandler	Inserted new edit number 3399 per Pat Nolte in response to CO# 13485, DMS approved on 4/28/2010.
5.0	5/3/2010	Ron Chandler	Replace Edit 282 per Mike Hudson. Defect #13865, DMS approved 4/30/2010.
5.1	5/10/2010	Ron Chandler	Replace edits 244, 246, 4042, 4048, 4050, 4052, and insert new edits 258, 355, 356, 357, 358, 359, 360, 361, 362, 458, 4043, 4347, 4049, 4051, 4060, and 4252 per Pat Nolte in response to defect #12412, DMS approved on 5/6/2010.
5.2	6/23/2010	Ron Chandler	Replace edit 1010 per Laura Hitze, in response to task #14285, DMS approved on 6/23/2010.

Version	Changed Date	Changed By	Reason
5.3	7/7/2010	Ron Chandler	Revise edit 1010 per Janet Penn and Patti George email.
5.3.1	7/21/2010	Ron Chandler	Replace edit 4257 per Mike Hudson, DMS approved on 7/21/10, per defect 14021.
5.3.2	9/20/2010	Mike Hudson Ron Chandler	Insert edits 3201 thru 3225 per Mike Hudson, DMS approved on 9/20/10, per CO 14626.
5.3.3	10/15/2010	Mike Hudson Ron Chandler	Insert edits 3226, 3227, and 3228 per Mike Hudson, DMS approved on 10/15/10, per CO 14827.
5.3.4	10/20/2010	Mike Hudson Ron Chandler	Replaced edits 3201 thru 3225 per Mike Hudson, DMS approved on 10/20/10, per CO 14866.
5.3.5	10/27/2010	Mike Hudson Ron Chandler	Replaced edit 3353 per Mike Hudson, DMS approved on 10/25/10, per defect 14912.
5.3.6	12/1/2010	Pat Nolte Ron Chandler	Update edits 2800 in response to CO 14680and 3346 in response to CO 14915, both CO's were DMS approved on 11/18/2010.
5.3.7	12/6/2010	Pat Nolte Ron Chandler	Update edits 3001(Former Legacy Edit 538) and 3003(Former Legacy Edit 538) in response to CO 14982 DMS approved on 11/24/2010.
5.3.7	12/6/2010	Pat Nolte Ron Chandler	Update edit 4315 (Former Legacy Edit N/A) in response to CO 14921 DMS approved on 12/3/2010.
5.3.7	12/6/2010	Pat Nolte Ron Chandler	Udpate edit 4316 (Former Legacy Edit 162) in response to CO 15007 DMS approved on 12/3/2010.
5.3.8	12/9/2010	Mike Hudson Ron Chandler	Insert edit 1008 (FORMER LEGACY EDIT 155) per Mike Hudson email.
5.3.9	12/15/2010	Pat Nolte Ron Chandler	Insert edit 3397 in response to defect #14234, DMS approved on 12/10/2010.
5.4	1/4/2011	Pat Nolte Ron Chandler	Inserted edit 4257 (The version that is NOT mapped to any legacy edits) in response to defect 13691, DMS approved on 12/22/2010 per Pat Nolte email.

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5.4	1/4/2011	Pat Nolte Ron Chandler	Updated edit's 3001 and 3003 in response to CO 13776, DMS approved 12/22/2010 per Pat Nolte email.
5.5	01/31/2011	Mike Hudson Ron Chandler	Updated edit 3227 in response to CO 13776, DMS approved 01/31/2011 per Mike Hudson email.
5.6	02/04/2011	Stayce Towles Ann Murray	Updated edit 3595 per Stayce Towles, DMS approved 02/04/2011 per Stayce Towles
5.7	02/16/2011	Pat Nolte Ron Chandler	Inserted edit 3402 in response to CO numbers 14940 and 15011, DMS approved on 12/03/2010 per Pat Nolte email.
5.7.1	03/08/2011	Pat Nolte Ron Chandle	Updated edit 4714 (FORMER LEGACY EDIT 257) according to CO 14822, DMS approved on 03/07/2011, per Pat Nolte email.
5.7.2	03/14/2011	Pat Nolte Ron Chandler	Revised Edit 4714 per Pat Nolte email.
5.7.3	04/07/2011	Mike Hudson Ron Chandler	Replaced Edit 2603 (FORMER LEGACY EDIT 640) per Mike Hudson email, in response to CO 15585, DMS approved 04/06/2011.
5.7.4	05/12/2011	Pat Nolte Ron Chandler	Replaced Edit 4140 (FORMER LEGACY EDIT 266). Inserted Edit 4140 (New Edit Page-No Former Legacy Edit). Removed 4140 (FORMER LEGACY EDIT 916) because edit 3397 was created for legacy edit 916, per defect #12147, DMS approved on 5/12/2011.
5.7.4	05/12/2011	Pat Nolte Ron Chandler	Replaced Edits 4813 (FORMER LEGACY EDIT 180), DMS approved 05/13/2011 under Defect 15265. Please note, the updates for the reso page were actually for CO 12447; corrected under defect 15265.
5.7.4	05/12/2011	Pat Nolte Ron Chandler	Replaced Edit 3346 (FORMER LEGACY EDIT 136). Updates approved by DMS on 5/13/2011 under CO 15375.
5.7.4	05/12/2011	Pat Nolte Ron Chandler	Replaced Edits 3001 (FORMER LEGACY EDIT 538) and 3003 (FORMER LEGACY EDIT 538). Updates approved on 5/13/2011 by DMS for CO 15385.

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5.7.4	05/12/2011	Pat Nolte Ron Chandler	Replaced Edit 4141 (FORMER LEGACY EDIT 399). Updates approved on 5/13/2011 by DMS for CO 14766.
5.7.5	05/31/2011	Mike Hudson Ron Chandler	Replace Edit 3227 (NO FORMER LEGACY EDIT#) per Mike Hudson email in response to CO 15495, DMS approved 05/26/2011.
5.7.6	06/10/2011	Mike Hudson Ron Chandler	Replaced Edit 4141 (FORMER LEGACY EDIT 399). Updates approved on 6/9/2011 by DMS for CO 15292
5.7.7	06/21/2011	Mike Hudson Ann Murray	Replaced Edit 2077 (FORMER LEGACY EDIT 263). Updates approved on 04/16/2009 by DMS for CO 10324.
5.7.7	06/28/2011	Janet Penn Ann Murray	Replaced Edit 201 and deleted Edit 927. Updates approved on 06/23/2011 by DMS.
5.7.8	07/19/2011	Mike Hudson Ann Murray	Added Edit 3597. Update approved on 07/19/2011 by DMS for CO 15923.
5.7.9	07/27/2011	Mike Hudson Ann Murray	Replaced Edit 4141. Update approved on 06/09/2011 by DMS for Defect 15292.
5.8.0	08/02/2011	Mike Hudson Ann Murray	Added Edit 3229. Update approved on 08/02/2011 by DMS for CO 15688.
5.8.1	08/23/2011	Mike Hudson Ann Murray	Replaced Edit 3229. Update approved on 08/23/2011 by DMS for Defect 16534.
5.8.2	9/27/2011	Pat Nolte Ron Chandler	Updated edits 3001 (FORMER LEGACY EDIT 538) and 3003 (FORMER LEGACY EDIT 538). DMS approved on 9/24/2011 under CO# 15049.
5.8.3	10/04/2011	Pat Nolte Ann Murray	Updated edits 3000 (FORMER LEGACY EDIT 114), 3001 (FORMER LEGACY EDIT 114), and 4316(FORMER LEGACY EDIT 162). Added edit 2002 (FORMER LEGACY EDIT 254) for Defect 16198.
5.8.4	10/06/2011	Pat Nolte Ann Murray	Updated edit 2800 per CO 14843.
5.8.5	10/27/2011	Mike Hudson Ann Murray	Replaced edits 2017 per CO 16225, 4970 and 4980 per CO 16583.
5.8.6	01/13/2012	Mike Hudson Ann Murray	Replaced edit 3595 per CO 16811.

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5.8.7	01/18/2012	Mike Hudson Ann Murray	Added edit 3404 per CO 16932.
5.8.8	01/20/2012	Bonnie Feeback Ann Murray	Added edits 4411-4418 per CO 16102. Updated edits 4400 and 4408 per CO 16587.
5.8.9	01/25/2012	Bonnie Feeback Ann Murray	Added edits 4260, 4261, 4262 and 4264 per CO 16864.
5.9.0	02/07/2012	Pat Nolte Ann Murray	Inserted edits 4406 and 4407 per Pat Nolte for defect 9595.
5.9.1	02/09/2012	Bonnie Feeback Ann Murray	Updated edit 4007 with the following: NOTE* WITH THE IMPLEMENTATION OF CO16374 THE *TERMINATION DATE* ON THE DRUG FILE IS NO LONGER BEING CONSIDERED WHEN DETERMINING WHETHER TO SET EDIT 4007, THE *OBSOLETE* DATE PLUS 366 IS USED TO SET THE EDIT.
5.9.2	02/14/2012	Pat Nolte Ann Murray	Added edit page 3598, approved by DMS under CO 16160 on 02/04/2012. Updated 4393, approved under CO 15374 by DMS on 08/08/2011 Updated 3001 and 3003, approved by DMS on 01/29/2012 under CO 16916
5.9.3	02/24/2012	Bonnie Feeback Mike Hudson Ann Murray	Replaced edit 6000 per CO 16407. Replaced edit 3364 per CO 15152.
5.9.4	02/28/2012	Mike Hudson Ann Murray	Replaced edits 2502 and 2503 per defect 17451. Replaced edit 2017 per CO 17631.
5.9.5	03/01/2012	Mike Hudson Ann Murray	Replaced edit 3597 per CO 17621.
5.9.6	03/01/2012	Mike Hudson Ron Chandler	Changed title page “client” block to read “Department for Medicaid Services Acting Commissioner Neville Wise”.
5.9.7	03/26/2012	Pat Nolte Ann Murray	Updated Edit 3000 (FORMER LEGACY EDIT 641), 3001 (FORMER LEGACY EDIT 641), 3003 (FORMER LEGACY EDIT 641), 3006 (FORMER LEGACY EDIT 641) per CO 15899 approved by DMS 03/25/2012.
5.9.8	04/02/2012	Bonnie Feeback Ann Murray	Updated edit 3311 (FORMER LEGACY EDIT 052) per CO 17818.

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5.9.9	04/10/2012	Mike Hudson Ann Murray	Replaced edits 3341 and 3342 per CO 17726.
6.0	05/03/2012	Mike Hudson Ann Murray	Replaced edits 800, 3305 and 3306 per CO 17309 approved by DMS on 05/03/2012.
6.0.1	05/08/2012	Pat Nolte Ann Murray	Added edits 1870-1880, 1902-1907, 1910-1917, 1920-1921, 1924-1927, 1963-1964, 1971-1972.
6.0.2	06/22/2012	Bonnie Feeback Ann Murray	Added edits 4260, 4261, 4262 and 4264 per CO 16864 approved by DMS.
6.0.3	08/02/2012	Pat Nolte Keri Hicks	Updated edit 4120 per defect 15469 DMS Approved on 07/08/2012.
6.0.4	08/14/2012	Pat Nolte Ron Chandler	Updated edit 3384 per CO# 16094 DMS approved on 08/12/2012.

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1 NEW KY MMIS EDI/HIPAA EDITING

WEDI, the Workgroup for Electronic Data Interchange has developed the Strategic National Implementation Process (SNIP) for establishing standards for electronic claims processing. There are seven SNIP test types for ESCing a HIPAA transaction.

These are the four SNIP test types that are implemented for Kentucky Medicaid

- EDI syntax ESCs (X12 ESCs)
- HIPAA syntax ESCs (HIPAA Implementation Guide ESCs)
- Balancing ESCs (amounts within a transaction must balance)
- Situational ESCs (requirements based on field relationships)

The web-site for WEDI is : http://www.wedi.org/snip/index.shtml .

2 NEW KY MMIS THRESHOLD ENCOUNTER EDITING

Threshold Errors

Below is a listing of current interChange errors that have been identified and approved as threshold errors. Errors may be added or removed at the direction of the Commonwealth.

Edit	Edit criteria
201	All claim types: ~If the submitted billing provider ID is NULL or spaces on the claim header, post the edit.
202	All claim types: ~If the submitted billing provider ID number is less than the minimum length, post the edit.
203	All claim types: ~If the Member ID is NULL or spaces on the claim header, post the edit.
247	All claim forms: ~If the claim has more than the maximum number of details, post the edit. ~Dental claim form: 50 maximum detail lines ~Physician claim forms: 50 maximum detail lines ~Institutional claim forms: 999 maximum detail limit.
250	All claim types: ~If no details are found for the claim, post the edit.
259	All claim types. ~If date billed is spaces or NULL or not a valid or a reasonable date (19000101 - 20500101), post the edit.~
271	All claim types: ~If the header billed amount is not valid (valid contains only numerics and up to 1 decimal point and the decimal point can not be the last character of the field), post the edit.
273	Institutional claim forms: ~If the header type of bill is missing, post the edit.~
274	Institutional claim forms: ~If the header type of bill is not valid or the Type of Bill is not valid for the claim type post the edit

Edit	Edit criteria
350	~Dental, Physician, Institutional claims:~ ~If the header detail count is not equal to the actual number of details, post the edit. ~ ~Pharmacy claims:~ ~If the header detail count is greater than the actual number of details, post the edit
395	All claim types. ~ ~If the header FDOS is spaces, NULL, or zero, post the edit. ~
396	All claim types. ~ ~If the header FDOS is not a valid or reasonable (19000101-20500101) date, post the edit. ~
397	All claim types. ~ ~If the header TDOS is spaces, NULL, or zero, post the edit. ~.
398	All claim types. ~ ~If the header TDOS is not a valid or reasonable (19000101-20500101) date, post the edit. ~
400	All claim types. ~ ~If the detail units billed is equal zero, post the edit. ~
508	Dental, Physician and Institutional claim forms:~ If the total charge (amount billed – header) does not equal the sum of the individual line item charges (details), post the edit.
550	All 837 adjustments. ~ ~If any of the following conditions exist on an adjustment, build an error on the claim and return to the provider. ~ ~No Medicaid Member ID on the claim. ~Medicaid Member ID doesn't match the original claim ~No Provider ID on the claim or Provider ID doesn't match the original claim ~No original ICN provided on the claim or ICN provided not found or ICN provided not valid for adjustment

Edit	Edit criteria
1000	All claim types: ~If the billing provider number is not on file post the edit.
1007	Physician claim form: ~If there is a performing provider on the claim, and the performing provider number is not on the provider ID table, post the edit.
2001	All claim types. ~If the Medicaid ID is not found on the Member database with active status and if the Member ID is not a previous member ID mapped to a current Member ID post the edit.

3 New KY MMIS Edits

3.1 201

3.1.1 201 (FORMER LEGACY EDIT 109 & 127)

DMS Approved 06/26/2011

DMS Edit Study 06/23/2011

ERROR STATUS CODE:	201 (FORMER LEGACY EDIT 109 & 127)	**CLAIM TYPE:**	ALL
ACTIVE/INACTIVE:	ACTIVE		
HEADER/DETAIL:	HEADER	**PROVIDER TYPE:**	ALL
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	ALL (PAPER, NON-PAPER, ADJUSTMENTS, MASS ADJUSTMENTS, ENCOUNTERS (THRESHOLD))
DATA CORRECTABLE	YES	**CLAIM FIELD LABEL:**	BILLING PROVIDER

ESC NAME:	BILLING PROVIDER ID NUMBER MISSING
ESC CRITERIA: **LEGACY CRITERIA**	IF THE BILLING PROVIDER NUMBER IS NULL OR SPACES ON THE CLAIM HEADER, POST THE ESC. NOTE: THIS ESC WILL NOT POST IF A VALID NPI NUMBER IS SUBMITTED IN PLACE OF THE BILLING PROVIDER NUMBER. THE SAK_PROVIDER IS SET TO -1 AND THE CLAIM IS FLUSHEDED BY THE SYSTEM UNTIL ADJUSTED. FAILS IF A CLINIC NUMBER IS NOT ENTERED
CHANGE ORDERS:	N/A
EOB CODES:	0201: BILLING PROVIDER/NPI NUMBER IS MISSING. (Jan – this will require a change order to update the EOB message)
METHOD OF CORRECTION:	1. VERIFY THE BILLING PROVIDER NUMBER WAS ENTERED ON THE CLAIM. IFPRESENT ON THE CLAIM, CORRECT THE DATA.
	2.
	3. IF BILLING PROVIDER NUMBER WAS NOT ENTERED ON THE CLAIM, DENY THE CLAIM
	4.
	THIS ESC IS SET TO AUTO-DENY FOR TYPE OF DOCUMENT – ELECTRONIC CLAIMS.

3.1.2 202

3.1.3 202 (FORMER LEGACY EDIT 109)

DMS Approved 03/25/96

ERROR STATUS CODE:	202 (FORMER LEGACY EDIT 109)	**CLAIM TYPE:**	ALL
HEADER/DETAIL:	HEADER	**PROVIDER TYPE:**	ALL
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	ALL (PAPER, NON-PAPER, ADJUSTMENTS, MASS ADJUSTMENTS, ENCOUNTERS (THRESHOLD))
DATA CORRECTABLE	YES	**CLAIM FIELD LABEL:**	BILLING PROVIDER

ESC NAME:	BILLING PROVIDER ID IN INVALID FORMAT
ESC CRITERIA: **LEGACY CRITERIA:**	THE BILLING PROVIDER FIELD IS PRESENTED BUT VALUE IS ALL '0'S OR IS NOT NUMERIC. THE VALID FORMAT IS 9 DIGITS ALPHA-NUMERIC. IF THE CLAIM'S HEADER BILLING PROVIDER NUMBER IS LESS THAN 9 CHARACTERS IN LENGTH, POST THE ESC. PROVIDER NUMBER MUST BE PRESENT AND MUST BE FOUND ON THE MASTER FILE.
EOB CODES:	0202: INDIVIDUAL/CLINIC PROVIDER/NPI NUMBER(S) BILLED INCORRECTLY OR NOT ON FILE.
METHOD OF CORRECTION:	1. VERIFY THE PROVIDER NUMBER WAS KEYED CORRECTLY. IF NOT, CORRECT THE DATA.
	2. IF THE PROVIDER NUMBER IS INVALID, DATA CORRECT THE PROVIDER TO 10 ZEROS AND DENY THE CLAIM. (EXAMPLE: LESS THAN 10 DIGITS OR AN INVALID PROVIDER TYPE.)
	3. IF CLAIM WAS KEYED CORRECTLY, MAKE NO CHANGES. THE CLAIM WILL RECYCLE IN THE SYSTEM FOR 21 DAY, THEN WILL AUTO-DENY FOR ESC 803.
	4. IF THE CLAIM IS BILLED ON THE TYPE OF DOCUMENT - MASS ADJUSTMENT OR ELECTRONIC ADJUSTMENT, REFER THE CLAIM TO DMS.

3.2 203

3.2.1 203 (FORMER LEGACY EDIT 265)

DMS Approved 01/26/96

ERROR STATUS CODE:	203 (FORMER LEGACY EDIT 265)	**CLAIM TYPE:**	ALL
HEADER/DETAIL:	HEADER	**PROVIDER TYPE:**	ALL
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	ALL (PAPER, NON-PAPER, ADJUSTMENTS, MASS ADJUSTMENTS, ENCOUNTERS (THRESHOLD))
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	MEMBER ID

ESC NAME:	MEMBER I.D. NUMBER MISSING.
ESC CRITERIA: **LEGACY CRITERIA:**	IF THE MEMBER ID IS NOT A MEDICAID ID, OR IS SPACES, POST THE ESC. FAILS WHEN THE MEMBER NUMBER IS MISSING.
EOB CODES:	0265 – INCORRECT MEMBER IDENTIFICATION NUMBER.
METHOD OF CORRECTION:	1. VERIFY THAT THE MEMBER NUMBER WAS KEYED CORRECTLY. IF THE ERROR WAS DUE TO KEYING, ENTER THE CORRECT MEMBER NUMBER.
	2. IF THE MEMBER NUMBER IS INVALID, (i. e. TOO SHORT), DENY THE CLAIM WITH EOB 0265.
	3. IF A COPY OF THE KY MEDICAID CARD IS ATTACHED AND THE CLAIM DOES NOT MATCH THE NUMBER LISTED ON THE ATTACHED ELIGIBILITY CARD, DENY THE CLAIM WITH EOB 0268.
	4. FOR CLAIM TYPE B AND C, ELECTRONIC CLAIMS, DO THE FOLLOWING: • IF SYSTEM AGE IS OVER 21 DAYS MANUALLY DENY THE CLAIM WITH EOB 0254.

3.3 205 (FORMER LEGACY EDIT 906)

DMS Approved 11/04/1998

ERROR STATUS CODE:	205 (FORMER LEGACY EDIT 906)	**CLAIM TYPE:**	P, Q
HEADER/DETAIL:	HEADER	**PROVIDER TYPE:**	54
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	ENCOUNTERS ONLY
DATA CORRECTABLE:	NO	**CLAIM FIELD LABEL:**	PRESCRIBING PROVIDER

ESC NAME:	PRESCRIBING PRACTITIONER'S LICENSE NO. MISSING
ESC CRITERIA: **LEGACY CRITERIA:**	IF THE PRESCRIBER'S NUMBER IS MISSING FROM THE ENCOUNTER CLAIM, POST THE EDIT. FAILS IF THE PRESCRIBING PROVIDER'S LICENSE NUMBER IS NOT ON THE PRESCRIBING LICENSE NUMBER FILE. ALSO FAILS IF THE CLAIM DATE OF SERVICE IS NOT WITHIN THE PRESCRIBER'S LICENSE NUMBER EFFECTIVE DATES. N/A for encounters
EOB CODES:	2151 – MISSING PRESCRIBER PROVIDER NUMBER
METHOD OF CORRECTION:	**THIS ESC IS ACTIVE FOR REGIONS 25, 26, 59, 65 AND 71 ONLY. THIS EDIT IS ALSO SET AS THRESHOLD**

3.4 206 (FORMER LEGACY EDIT 906)

DMS Approved 11/04/1998

ERROR STATUS CODE:	206 (FORMER LEGACY EDIT 906)	**CLAIM TYPE:**	P, Q
HEADER/DETAIL:	HEADER	**PROVIDER TYPE:**	54
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	ENCOUNTERS ONLY
DATA CORRECTABLE:	NO	**CLAIM FIELD LABEL:**	PRESCRIBING PROVIDER

ESC NAME:	PRESC PRACT LICENSE NUMBER NOT IN VALID FORMAT
ESC CRITERIA: **LEGACY CRITERIA:**	IF THE PRESCRIBER'S NUMBER IS NOT NUMERIC OR ALPHNUMERIC ON THE ENCOUNTER CLAIM, POST THE EDIT. FAILS IF THE PRESCRIBING PROVIDER'S LICENSE NUMBER IS NOT ON THE PRESCRIBING LICENSE NUMBER FILE. ALSO FAILS IF THE CLAIM DATE OF SERVICE IS NOT WITHIN THE PRESCRIBER'S LICENSE NUMBER EFFECTIVE DATES.
EOB CODES:	206 – PRESC PRACT LICENSE NUMBER NOT IN VALID FORMAT
METHOD OF CORRECTION:	**THIS ESC IS ACTIVE FOR REGIONS 25, 26, 59, 65 AND 71 ONLY. THIS EDIT IS ALSO SET AS THRESHOLD**

3.5 211 (FORMER LEGACY EDIT N/A)

DMS Approved 11/19/2004

ERROR STATUS CODE:	211 (FORMER LEGACY EDIT N/A)	**CLAIM TYPE:**	P, Q
HEADER/DETAIL:	HEADER	**PROVIDER TYPE:**	54
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	ENCOUNTERS ONLY
DATA CORRECTABLE:	NO	**CLAIM FIELD LABEL:**	REFILL

ESC NAME:	REFILL INDICATOR INVALID
ESC CRITERIA: **LEGACY CRITERIA:**	IF THE REFILL INDICATOR IS NOT Y OR N ON THE ENCOUNTER CLAIM, POST THE EDIT. NA
EOB CODES:	2144 – INVALID REFILL INDICATOR VALUE
METHOD OF CORRECTION:	**THIS ESC IS ACTIVE FOR REGIONS 25, 26, 59, 65 AND 71 ONLY. THIS EDIT IS ALSO SET AS INFORMATIONAL**

3.6 212 (FORMER LEGACY EDIT N/A)

DMS Approved 11/19/2004

ERROR STATUS CODE:	212 (FORMER LEGACY EDIT N/A)	**CLAIM TYPE:**	P, Q
HEADER/DETAIL:	HEADER	**PROVIDER TYPE:**	54
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	ENCOUNTERS ONLY
DATA CORRECTABLE:	NO	**CLAIM FIELD LABEL:**	PRESCRIPTION NBR

ESC NAME:	PRESCRIPTION NUMBER IS MISSING
ESC CRITERIA: **LEGACY CRITERIA:**	IF THE PRESCRIPTION NUMBER IS MISSING ON THE ENCOUNTER CLAIM, POST THE EDIT. NA
EOB CODES:	2154 – MISSING PRESCRIPTION NUMBER
METHOD OF CORRECTION:	**THIS ESC IS ACTIVE FOR REGIONS 25, 26, 59, 65 AND 71 ONLY. THIS EDIT IS ALSO SET AS INFORMATIONAL**

3.7 213 (FORMER LEGACY EDIT N/A)

DMS Approved 11/19/2004

ERROR STATUS CODE:	213 (FORMER LEGACY EDIT N/A)	**CLAIM TYPE:**	P, Q
HEADER/DETAIL:	HEADER	**PROVIDER TYPE:**	54
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	ENCOUNTERS ONLY
DATA CORRECTABLE:	NO	**CLAIM FIELD LABEL:**	RX DATE

ESC NAME:	DATE PRESCRIBED IS MISSING
ESC CRITERIA: **LEGACY CRITERIA:**	IF THE DATE THE PRESCRIPTION WAS PRESCRIBED IS MISSING ON THE ENCOUNTER CLAIM, POST THE EDIT. NA
EOB CODES:	0809- DATE PRESCRIBED IS MISSING
METHOD OF CORRECTION:	**THIS ESC IS ACTIVE FOR REGIONS 25, 26, 59, 65 AND 71 ONLY. THIS EDIT IS ALSO SET AS THRESHOLD**

3.8 214 (FORMER LEGACY EDIT N/A)

DMS Approved 11/19/2004

ERROR STATUS CODE:	214 (FORMER LEGACY EDIT N/A)	**CLAIM TYPE:**	P, Q
HEADER/DETAIL:	HEADER	**PROVIDER TYPE:**	54
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	ENCOUNTERS ONLY
DATA CORRECTABLE:	NO	**CLAIM FIELD LABEL:**	RX DATE

ESC NAME:	DATE PRESCRIBED IS INVALID
ESC CRITERIA: **LEGACY CRITERIA:**	IF THE DATE THE PRESCRIPTION WAS PRESCRIBED IS INVALID ON THE ENCOUNTER CLAIM, POST THE EDIT. NA
EOB CODES:	0811- NDC IS MISSING
METHOD OF CORRECTION:	**THIS ESC IS ACTIVE FOR REGIONS 25, 26, 59, 65 AND 71 ONLY. THIS EDIT IS ALSO SET AS INFORMATIONAL**

3.9 215 (FORMER LEGACY EDIT N/A)

DMS Approved 11/19/2004

ERROR STATUS CODE:	215 (FORMER LEGACY EDIT N/A)	**CLAIM TYPE:**	P, Q
HEADER/DETAIL:	HEADER	**PROVIDER TYPE:**	54
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	ENCOUNTERS ONLY
DATA CORRECTABLE:	NO	**CLAIM FIELD LABEL:**	DISP DATE

ESC NAME:	DATE DISPENSED IS MISSING
ESC CRITERIA: **LEGACY CRITERIA:**	IF THE DATE THE PRESCRIPTION WAS FILLED IS MISSING ON THE ENCOUNTER CLAIM, POST THE EDIT. NA
EOB CODES:	2215 – DATE DISPENSED IS MISSING
METHOD OF CORRECTION:	**THIS ESC IS ACTIVE FOR REGIONS 25, 26, 59, 65 AND 71 ONLY. THIS EDIT IS ALSO SET AS THRESHOLD**

3.10 216 (FORMER LEGACY EDIT N/A)

DMS Approved 11/19/2004

ERROR STATUS CODE:	216 (FORMER LEGACY EDIT N/A)	**CLAIM TYPE:**	P, Q
HEADER/DETAIL:	HEADER	**PROVIDER TYPE:**	54
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	ENCOUNTERS ONLY
DATA CORRECTABLE:	NO	**CLAIM FIELD LABEL:**	DISP DATE

ESC NAME:	DATE DISPENSED IS INVALID
ESC CRITERIA: **LEGACY CRITERIA:**	IF THE DATE THE PRESCRIPTION WAS FILLED IS INVALID ON THE ENCOUNTER CLAIM, POST THE EDIT. NA
EOB CODES:	2216– DATE DISPENSED IS INVALID
METHOD OF CORRECTION:	**THIS ESC IS ACTIVE FOR REGIONS 25, 26, 59, 65 AND 71 ONLY. THIS EDIT IS ALSO SET AS INFORMATIONAL**

3.11 217 (FORMER LEGACY EDIT 019)

DMS Approved 11/19/2004

ERROR STATUS CODE:	217 (FORMER LEGACY EDIT 019)	**CLAIM TYPE:**	P, Q
HEADER/DETAIL:	DETAIL	**PROVIDER TYPE:**	54
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	ENCOUNTERS ONLY
DATA CORRECTABLE:	NO	**CLAIM FIELD LABEL:**	NDC CODE

ESC NAME:	NDC MISSING.
ESC CRITERIA: **LEGACY CRITERIA:**	IF THE NDC CODE IS SPACES, POST THE ESC. FAILS DETAILS BILLED WITHOUT AN 11-DIGIT NDC.
EOB CODES:	0019 – CLAIM/DETAIL DENIED. PROCEDURE/NDC MISSING/INVALID.
METHOD OF CORRECTION:	**THIS ESC IS ACTIVE FOR REGIONS 25, 26, 59, 65 AND 71 ONLY. THIS EDIT IS ALSO SET AS THRESHOLD**

3.12 218 (FORMER LEGACY EDIT N/A)

DMS Approved 11/19/2004

ERROR STATUS CODE:	218 (FORMER LEGACY EDIT N/A)	**CLAIM TYPE:**	P, Q
HEADER/DETAIL:	DETAIL	**PROVIDER TYPE:**	54
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	ENCOUNTERS ONLY
DATA CORRECTABLE:	NO	**CLAIM FIELD LABEL:**	NDC

ESC NAME:	NDC INVALID FORMAT
ESC CRITERIA: **LEGACY CRITERIA:**	IF THE NDC IS INVALID ON THE ENCOUNTER CLAIM, POST THE EDIT. NA
EOB CODES:	2153– INVALID DRUG CODE
METHOD OF CORRECTION:	**THIS ESC IS ACTIVE FOR REGIONS 25, 26, 59, 65 AND 71 ONLY. THIS EDIT IS ALSO SET AS INFORMATIONAL**

3.13 219 (FORMER LEGACY EDIT 901)

DMS Approved 11/19/2004

ERROR STATUS CODE:	219 (FORMER LEGACY EDIT 901)	**CLAIM TYPE:**	P, Q
HEADER/DETAIL:	DETAIL	**PROVIDER TYPE:**	54
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	ENCOUNTERS ONLY
DATA CORRECTABLE:	NO	**CLAIM FIELD LABEL:**	DISPENSE QTY

ESC NAME:	QUANTITY DISPENSED IS MISSING
ESC CRITERIA: **LEGACY CRITERIA:**	IF THE QUANTITY DISPENSED IS MISSING ON THE ENCOUNTER CLAIM, POST THE EDIT. VERIFIES DATA IS NUMERIC AND PRESENT.
EOB CODES:	2155– MISSING DRUG QUANTITY
METHOD OF CORRECTION:	**THIS ESC IS ACTIVE FOR REGIONS 25, 26, 59, 65 AND 71 ONLY. THIS EDIT IS ALSO SET AS THRESHOLD**

3.14 220 (FORMER LEGACY EDIT 902)

DMS Approved 11/19/2004

ERROR STATUS CODE:	220 (FORMER LEGACY EDIT 902)	**CLAIM TYPE:**	P, Q
HEADER/DETAIL:	DETAIL	**PROVIDER TYPE:**	54
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	ENCOUNTERS ONLY
DATA CORRECTABLE:	NO	**CLAIM FIELD LABEL:**	DISPENSE QTY

ESC NAME:	QUANTITY DISPENSED IS INVALID
ESC CRITERIA: **LEGACY CRITERIA:**	IF THE QUANTITY DISPENSED IS INVALID ON THE ENCOUNTER CLAIM, POST THE EDIT. VERIFIES THAT CERTAIN DRUGS ARE DISPENSED IN PREDETERMINED AMOUNTS AND DO NOT EXCEED SET MIN/MAX PER DRUG TYPE.
EOB CODES:	813- QUANTITY DISPENSED IS INVALID
METHOD OF CORRECTION:	**THIS ESC IS ACTIVE FOR REGIONS 25, 26, 59, 65 AND 71 ONLY. THIS EDIT IS ALSO SET AS INFORMATIONAL**

3.15 223 (NO FORMER LEGACY EDIT)

DMS Approved 11/19/2004

ERROR STATUS CODE:	223 (NO FORMER LEGACY EDIT)	**CLAIM TYPE:**	ALL EXCEPT DENTAL AND CROSSOVER (A,B,C,D)
HEADER/DETAIL:	DETAIL	**PROVIDER TYPE:**	ALL EXCEPT DENTAL AND CROSSOVER
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	PAPER, NON-PAPER, ADJUSTMENTS
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	DIAG

ESC NAME:	DIAGNOSIS TREATMENT INDICATOR MISSING.
ESC CRITERIA:	IF THERE IS NO DIAGNOSIS ON THE CLAIM AND THE DIAGNOSIS TREATMENT INDICATOR IS SPACES AND A DIAGNOSIS IS REQUIRED FOR THE PROCEDURE ON THE CURRENT DETAIL FOR THAT FINANCIAL PAYER, POST THE EDIT.
EOB CODES:	0212 –DETAIL DIAGNOSIS INDICATOR INVALID.
METHOD OF CORRECTION:	1. VERIFY THAT THE DIAGNOSIS INDICATOR WAS KEYED CORRECTLY. IF NOT, CORRECT THE DATA.
	2. IF ENTERED CORRECTLY, DENY THE CLAIM.
	THIS ESC IS SET TO AUTO-DENY ON THE TYPE OF DOCUMENT – PAPER CLAIMS.

3.16 224 (FORMER LEGACY EDIT 212)

DMS Approved 01/26/96

ERROR STATUS CODE:	224 (FORMER LEGACY EDIT 212)	**CLAIM TYPE:**	H (PT 34, 42 ONLY), M (ALL EXCEPT PT 55, 56, 57), O
HEADER/DETAIL:	DETAIL	**PROVIDER TYPE:**	H (PT 34, 42 ONLY), M (ALL EXCEPT PT 55, 56, 57), O
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	All (Except Mass Adjustments)
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	DIAG

ESC NAME:	DIAGNOSIS TREATMENT INDICATOR INVALID.
ESC CRITERIA: **LEGACY CRITERA:**	IF A DIAGNOSIS TREATMENT INDICATOR ON A PAPER CLAIM IS NOT A VALUE 1 - 8, POST THE ESC. IF A DIAGNOSIS TREATMENT INDICATOR ON A PAPER CLAIM IS A VALUE 1 - 8, BUT THERE IS NO DIAGNOSIS IN THE POSITION INDICATED BY THE TREATMENT INDICATOR, POST THE ESC. BYPASS IF PROCEDURE IS IN PROCEDURE GROUP (1014 - TRANSPORTATION). INDICATOR MUST BE PRESENT AND VALID. CHECK HEADER DIAGNOSIS FIELDS FOR PRESENCE OF DIAGNOSIS INDICATED.
EOB CODES:	0212 –DETAIL DIAGNOSIS INDICATOR INVALID.
METHOD OF CORRECTION:	3. VERIFY THAT THE DIAGNOSIS INDICATOR WAS KEYED CORRECTLY. IF NOT, CORRECT THE DATA.
	4. IF ENTERED CORRECTLY, DENY THE CLAIM.
	THIS ESC IS SET TO AUTO-DENY ON THE TYPE OF DOCUMENT – ELECTRONIC CLAIMS.

3.17 231 (FORMER LEGACY EDIT 289)

DMS Approved 06/13/1997

ERROR STATUS CODE:	231 (FORMER LEGACY EDIT 289)	**CLAIM TYPE:**	M
HEADER/DETAIL:	HEADER	**PROVIDER TYPE**	31, 35
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	PAPER, NON-PAPER, ADJUSTMENTS
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	RENDERING PROVIDER
ESC NAME:	RENDERING PROVIDER NUMBER IS MISSING		
ESC CRITERIA:	IF THE RENDERING/PERFORMING PROVIDER IS NOT GIVEN AND THE BILLING PROVIDER ID/SERVICE LOCATION IS A GROUP PROVIDER, POST THE ESC.		
EOB CODES:	0289 –RENDERING PROVIDER MISSING OR INVALID		
METHOD OF CORRECTION:	1. VERIFY THAT THE RENDERING PROVIDER INFORMATION IS KEYED CORRECTLY. IF NOT, CORRECT THE DATA. THE RENDERING PROVIDER DATA IS LOCATED IN THE CLINIC NUMBER FIELD.		

3.18 232 (FORMER LEGACY EDIT 289)

DMS Approved 06/13/1997

ERROR STATUS CODE:	232 (FORMER LEGACY EDIT 289)	**CLAIM TYPE:**	M
HEADER/DETAIL:	HEADER	**PROVIDER TYPE:**	31, 35
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	PAPER, NON-PAPER, ADJUSTMENTS
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	RENDERING PROVIDER

ESC NAME:	RENDERING PHYS NUMBER NOT IN VALID FORMAT
ESC CRITERIA: **LEGACY CRITERIA:**	IF THE RENDERING/PERFORMING PROVIDER ID IS SPACES OR NULL OR LESS THAN 1 CHARACTER IN LENGTH, THEN THE RENDERING/PERFORMING ID GETS THE BILLING PROVIDER ID. IF THE BILLING PROVIDER ID IS A GROUP PROVIDER, AND THE RENDERING/PERFORMING PROVIDER ID IS LESS THAN 9 CHARACTERS IN LENGTH, POST THE ESC. FAILS IF RENDERING PROVIDER NUMBER IS MISSING OR NOT FOUND ON THE PROVIDER MASTER FILE.
EOB CODES:	0289 –RENDERING PROVIDER MISSING OR INVALID
METHOD OF CORRECTION:	1. VERIFY THAT THE RENDERING PROVIDER INFORMATION IS KEYED CORRECTLY. IF NOT, CORRECT THE DATA. THE RENDERING PROVIDER DATA IS LOCATED IN THE CLINIC NUMBER FIELD.

3.19 233 (FORMER LEGACY EDIT 030)

DMS Approved 01/26/96

ERROR STATUS CODE:	233 (FORMER LEGACY EDIT 030)	**CLAIM TYPE:**	B (ALL EXCEPT PT 55), C (ALL EXCEPT PT 01, 39), D, H, M (ALL EXCEPT PT 55, 56, 57) and O
HEADER/DETAIL:	DETAIL	**PROVIDER TYPE:**	B (ALL EXCEPT PT 55), C (ALL EXCEPT PT 01, 31), D, H, M (ALL EXCEPT PT 55, 56, 57) and CT O (PT 01, 39, 41, 46, 47)
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	PAPER, NON-PAPER, ADJUSTMENTS
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	UNITS OF SERVICE (QTY)

ESC NAME:	UNITS OF SERVICE MISSING.
ESC CRITERIA: **LEGACY CRITERIA:**	IF UNITS OF SERVICE IS SPACES OR NULL, POST THE ESC. VERIFIES THAT A NUMERIC UNIT VALUE IS ENTERED AND EQUAL TO OR GREATER THAN 1.
EOB CODES:	0030 – CLAIM/DETAIL DENIED. DETAIL NUMBER OF SERVICES MISSING.
METHOD OF CORRECTION:	1. DETAIL NUMBER OF SERVICES REQUIRED FOR PROCESSING. VERIFY THAT UNITS WERE KEYED CORRECTLY. IF NOT, CORRECT THE DATA.
	2. IF NO UNITS ARE PRESENT ON THE CLAIM, ALWAYS ASSUME A 1 AND CORRECT THE DATA.
	3. IF COS “54” (NURSE ANESTHETIST) OR “74” (ANESTHESIOLOGIST) AND NO UNITS ARE BILLED ON THE CLAIM FORM, DENY THE CLAIM.
	THIS ESC IS SET TO AUTO-DENY FOR TYPE OF DOCUMENT - ELECTRONIC CLAIMS.

3.20 234

3.20.1 234 (FORMER LEGACY EDIT 019)

DMS Approved 03/11/04

ERROR STATUS CODE:	234 (FORMER LEGACY EDIT 019)	**CLAIM TYPE:**	B, C, M (PT 56 & 57 ONLY)
HEADER/DETAIL:	DETAIL	**PROVIDER TYPE:**	ALL EXCEPT 34, 39, 55, 91(CT B & C), 56 & 57 (CT M)
OVERRIDEABLE:	YES	**TYPE OF DOCUMENT:**	PAPER CLAIMS, PAPER, ADJUSTMENTS, ELECTRONIC CLAIMS
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	PROCEDURE CODE

ESC NAME:	PROCEDURE CODE MISSING.
ESC CRITERIA:	IF THE PROCEDURE CODE IS SPACES OR NULL OR THE CHARACTER LENGTH IS LESS THAN 1, POST THE ESC. IF THE PROCEDURE CODE IS NOT VALID, POST THE ESC. IF THE REVENUE CODE IS IN THE REVENUE SUPPLIES GROUP AND IF THE PROCEDURE CODE IS NOT VALID AND THE PROVIDER FACILITY ID AND THE SERVICE LOCATION ARE NOT ON THE CLAIM, POST THE ESC. IF THE PROVIDER FACILITY ID AND THE SERVICE LOCATION ARE ON THE CLAIM AND THE PRICING IS NOT MANUAL PA, POST THE ESC. IF MAX PRICING OR OTHER OUTPATIENT (LAB, RADIOLOGY, TREATMENT ROOMS, ETC) AND IF THE PROCEDURE CODE IS NOT VALID, AND THE PRICING IS NOT MANUAL PA, POST THE ESC.
LEGACY CRITERIA:	FAILS DETAILS BILLED WITHOUT A 5-DIGIT PROCEDURE CODE OR AN 11-DIGIT NDC.
EOB CODES:	0019 – CLAIM/DETAIL DENIED. PROCEDURE/NDC MISSING/INVALID.
METHOD OF CORRECTION:	VERIFY THAT THE PROCEDURE CODE WAS KEYED. IF NOT, DATA CORRECT THE FIELD.
	IF A PROCEDURE CODE WAS NOT ENTERED, DENY

	THE DETAIL.
	THIS ESC IS SET TO AUTO-DENY FOR THE TYPE OF DOCUMENT ELECTRONIC CLAIMS.

3.20.2 234 (FORMER LEGACY EDIT 152

DMS Approved 02/28/2005

ERROR STATUS CODE:	234 (FORMER LEGACY EDIT 152)	**CLAIM TYPE:**	M, I, B, O
HEADER/DETAIL:	DETAIL	**PROVIDER TYPE:**	01, 02, 04, 13, 15, 17, 20, 21, 22, 23, 24, 25, 27, 28, 29, 30, 31, 32, 33, 34, 37, 35, 36, 39, 40, 41, 42, 43, 44, 45, 50, 52, 55, 60, 61, 64, 65, 70, 74, 77, 78, 85, 86, 92, 93
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	ALL EXCEPT ENCOUNTER, MASS ADJUSTMENTS
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	PROCEDURE CODE

ESC NAME:	PROCEDURE CODE MISSING.
ESC CRITERIA: **LEGACY CRITERIA:**	FAILS IF THE PROCEDURE, REVENUE, OR NDC CODE IS NOT ON THE PDD PROCEDURE FILE OR PDD DRUG FILE, AS APPLICABLE. CLAIM TYPE I FAILURES FOR REVENUE CODES ZR100 THROUGH ZR219 ARE AUTO-DENIED AT THE HEADER WITH EOB 0752. FOR OTHER CLAIM TYPE I FAILURES, THE DETAIL CHARGE IS SYSTEMATICALLY MOVED TO THE NON-COVERED COLUMN AND EOB 0753 IS SET. THE CLAIM DOES NOT SUSPEND. FAILS IF THE PROCEDURE, REVENUE, OR NDC CODE IS NOT ON THE PDD PROCEDURE FILE OR PDD DRUG FILE, AS APPLICABLE. CLAIM TYPE S FAILURES FOR REVENUE CODES ZR100 THROUGH ZR219 ARE AUTO-DENIED AT THE HEADER WITH EOB 752. FOR OTHER CLAIM TYPE S FAILURES, THE DETAIL CHARGE IS SYSTEMATICALLY MOVED TO THE NON-COVERED COLUMN AND EOB 753 IS SET. THE CLAIM DOES NOT SUSPEND.
EOB CODES:	0152 – PROCEDURE/NDC CODE IS NOT ON FILE. 0752 – (CLAIM TYPE I) – REVENUE CODE MISSING/INVALID. 0753 – (CLAIM TYPE I) – INVALID REVENUE CODE.

	CHARGES ARE NOT ALLOWED.
METHOD OF CORRECTION:	1. VERIFY THE PROCEDURE/NDC IS KEYED CORRECTLY. IF NOT, CORRECT THE DATA.
	2. IF THE CODE USED BY THE PROVIDER IS INVALID, DENY THE DETAIL WITH EOB 0152.
	THIS EDIT IS SET TO AUTO-DENY TYPE OF DOCUMENT - ELECTRONIC CLAIMS.

3.21 235 (FORMER LEGACY EDIT N/A)

DMS Approved 06/13/1997

ERROR STATUS CODE:	235 (FORMER LEGACY EDIT N/A)	**CLAIM TYPE:**	M, B, O, C, D
HEADER/DETAIL:	DETAIL	**PROVIDER TYPE:**	ALL FOR THE ABOVE CLAIM TYPES
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	PAPER, NON-PAPER, ADJUSTMENTS
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	DIAGNOSIS INDICATOR

ESC NAME:	PROCEDURE CODE NOT IN VALID FORMAT
ESC CRITERIA:	DENTAL AND PHYSICIAN CLAIM FORMS: IF THE PROCEDURE CODE IS NOT ALPHANUMERIC, POST THE EDIT. INPATIENT, INPATITENT CROSSOVER, OUTPATIENT, OUTPATIENT CROSSOVER: IF THE REVENUE CODE REQUIRES A PROCEDURE AND THE PROCEDURE IS NOT ALPHANUMERIC, POST THE EDIT.
LEGACY CRITERIA:	N/A
EOB CODES:	235 - PROCEDURE CODE NOT IN VALID FORMAT
METHOD OF CORRECTION:	VERIFY THAT THE INFORMATION WAS KEYED CORRECTLY. IF NOT, CORRECT THE DATA.
	IF ENTERED CORRECTLY, DENY THE CLAIM.

3.22 236 (FORMER LEGACY EDIT N/A)

DMS Approved 06/13/1997

ERROR STATUS CODE:	236 (FORMER LEGACY EDIT N/A)	**CLAIM TYPE:**	I, A, O, C, H, L
HEADER/DETAIL:	HEADER	**PROVIDER TYPE:**	ALL FOR THE ABOVE CLAIM TYPES
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	PAPER, NON-PAPER, ADJUSTMENTS
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	FACILITY ID

ESC NAME:	FACILITY ID NOT IN VALID FORMAT
ESC CRITERIA:	THE FACILITY ID ON THE CLAIM MUST BE IN A VALID FORMAT FOR THE QUALIFIER ENTERED ON THE CLAIM. ZZ= NPI NUMBER 1D= MEDICAID ID NUMBER 1C= MEDICARE NUMBER
LEGACY CRITERIA:	N/A
EOB CODES:	0236- FACILITY ID NOT IN VALID FORMAT
METHOD OF CORRECTION:	VERIFY THE FACILITY ID HAS BEEN KEYED CORRECTLY. CORRECTLY. IF KEYED CORRECTLY,, DENY THE CLAIM WITH EOB 0236.

3.23 238 (FORMER LEGACY EDIT 264)

DMS Approved 01/26/96

ERROR STATUS CODE:	238 (FORMER LEGACY EDIT 264)	**CLAIM TYPE:**	ALL
HEADER/DETAIL:	HEADER	**PROVIDER TYPE:**	ALL
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENTS
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	MEMBER ID

ESC NAME:	MEMBER NAME IS MISSING.
ESC CRITERIA: **LEGACY CRITERIA:**	IF THE MEMBER FIRST OR LAST NAME IS SPACES OR NULL, POST THE ESC. VERIFIES THAT MEMBER'S NAME IS PRESENT AND VALID ALPHA.
EOB CODES:	0264 – MEMBER NAME IS MISSING.
METHOD OF CORRECTION:	1. VERIFY THAT THE MEMBER'S NAME IS MISSING FROM THE CLAIM. IF THE NAME IS PRESENT ON THE CLAIM, CORRECT THE DATA.
	2. IF MEMBER'S FIRST AND/OR LAST NAME IS MISSING, DENY THE CLAIM.
	THIS ESC IS SET TO AUTO-DENY FOR TYPE OF DOCUMENT - ELECTRONIC CLAIMS.

3.24 239 (FORMER LEGACY EDIT 101)

DMS Approved 07/08/05

ERROR STATUS CODE:	239 (FORMER LEGACY EDIT 101)	**CLAIM TYPE:**	ALL EXCEPT A, B (PT 01, 55 ONLY), C (PT 01, 39)
HEADER/DETAIL:	DETAIL	**PROVIDER TYPE:**	ALL EXCEPT CT C (01, 39), CT B (01, 55), CT A (01, 02, 11, 12)
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	PAPER, NON-PAPER, ADJUSTMENTS, ENCOUNTERS
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	TDOS

ESC NAME:	THE DETAIL "TO" DATE OF SERVICE IS MISSING.			
ESC CRITERIA: **LEGACY CRITERIA:**	IF THE DETAIL TO DATE OF SERVICE IS SPACES OR NULL OR ZERO (0), POST THE ESC. VERIFIES THE “TO” DATE OF SERVICE IS VALID, NOT PRIOR TO THE “FROM” DATE OF SERVICE, AND BEFORE THE TCN JULIAN DATE.			
	<u>EXCLUSIONS</u> FOR PROVIDER TYPE 90, CT C THE FOLLOWING CPT CODES ARE EXCLUDED FROM ESC 101 PER DCR 00598.			
	A4221	A4222	A4253	A4256
	A4259	A4625	A4629	B4034
	B4053	B4036	B4150	B4151
	B4152	B4153	B4154	B4155
	B4156	B4164	B4168	B4172
	B4176	B4178	B4180	B4184
	B4189	B4193	B4197	B4199
	B4216	B4220	B4222	B4224
	B5000	B5100	B5200	E0935
	FOR PROVIDER TYPE 90, CT B THE FOLLOWING CPT CODES ARE EXCLUDED FROM ESC 101 PER DCR 01359			
	B4102	B4103	B4104	B4149
	B4157	B4158	B4159	B4160
	B4161	B4162		
EOB CODES:	0101 – DETAIL TO DATE OF SERVICE MISSING OR INVALID.			
METHOD OF CORRECTION:	1. VERIFY THAT THE DATE OF SERVICE WAS KEYED CORRECTLY. IF INCORRECT, CORRECT THE DATA.			
	2. IF THE FROM DATE OF SERVICE IS GREATER THAN THE TO DATE OF SERVICE, OR IF MISSING, DENY THE CLAIM.			
	THIS ESC IS SET TO AUTO-DENY FOR TYPE OF DOCUMENT - ELECTRONIC CLAIMS. NOTE: THIS ESC IS INACTIVE FOR PT. 90 CT. B, PER DCR00493. THIS ESC IS ACTIVE FOR PT 90 CT B PER DCR 00598			

3.25 240 (FORMER LEGACY EDIT 101)

DMS Approved 07/08/05

ERROR STATUS CODE:	240 (FORMER LEGACY EDIT 101)	**CLAIM TYPE:**	ALL EXCEPT A, B (PT 01, 55 ONLY), C (PT 01, 39)
HEADER/DETAIL:	DETAIL	**PROVIDER TYPE:**	ALL EXCEPT CT C (01, 39), CT B (01, 55), CT A (01, 02, 11, 12)
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	PAPER, NON-PAPER, ADJUSTMENTS, ENCOUNTERS
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	TDOS

ESC NAME:	THE DETAIL "TO" DATE IS INVALID
ESC CRITERIA:	IF THE DETAIL TO DATE OF SERVICE IS NOT A VALID DATE FORMAT OR NOT A REASONABLE DATE (19000101 - 20500101), POST THE ESC.
	0101 – DETAIL TO DATE OF SERVICE MISSING OR INVALID.
METHOD OF CORRECTION:	1. VERIFY THAT THE DATE OF SERVICE WAS KEYED CORRECTLY. IF INCORRECT, CORRECT THE DATA.
	2. IF THE FROM DATE OF SERVICE IS GREATER THAN THE TO DATE OF SERVICE, OR IF MISSING, DENY THE CLAIM.
	THIS ESC IS SET TO AUTO-DENY FOR TYPE OF DOCUMENT - ELECTRONIC CLAIMS. NOTE: THIS ESC IS INACTIVE FOR PT. 90 CT. B, PER DCR00493. THIS ESC IS ACTIVE FOR PT 90 CT B PER DCR 00598

3.26 241 (FORMER LEGACY EDIT N/A)

DMS Approved 06/2007

ERROR STATUS CODE:	241 (FORMER LEGACY EDIT N/A)	**CLAIM TYPE:**	M, B
HEADER/DETAIL:	HEADER	**PROVIDER TYPE:**	ALL PROFESSIONAL PROVIDERS
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	PAPER, NON-PAPER, ADJUSTMENTS
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	ACCIDENT/RELATED CAUSE

ESC NAME:	ACCIDENT/RELATED CAUSE IS INVALID
ESC CRITERIA: **LEGACY CRITERIA:**	PHYSICIAN AND PHYSICIAN CROSSOVER CLAIM FORMS: IF THE ACCIDENT INDICATOR IS PRESENT AND IS NOT "Y" AND THE ACCIDENT TYPE IS NOT A VALID ACCIDENT TYPE, POST THE EDIT. N/A
EOB CODES:	9999 – PROCESSED PER MEDICAID POLICY
METHOD OF CORRECTION:	VERIFY THE INFORMATION HAS BEEN KEYED CORRECTLY. IF KEYED CORRECTLY,, DENY THE CLAIM WITH EOB 0241.

3.27 242 (FORMER LEGACY EDIT N/A)

DMS Approved 09/04/2003

ERROR STATUS CODE:	242 (FORMER LEGACY EDIT N/A)	**CLAIM TYPE:**	ALL
HEADER/DETAIL:	HEADER	**PROVIDER TYPE:**	ALL
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	PAPER, NON-PAPER, ADJUSTMENTS
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	SECONDARY DIAGNOSIS

ESC NAME:	SECONDARY DIAGNOSIS CODE INVALID FORMAT
ESC CRITERIA:

3.28 243 (FORMER LEGACY EDIT N/A)

DMS Approved 09/04/2003

ERROR STATUS CODE:	243 (FORMER LEGACY EDIT N/A)	**CLAIM TYPE:**	A, B, C
HEADER/DETAIL:	HEADER	**PROVIDER TYPE:**	ALL FOR THE ABOVE CLAIM TYPES
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	PAPER, NON-PAPER, ADJUSTMENTS
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	MEDICARE PAID DATE

ESC NAME:	MISSING MEDICARE PAID DATE
ESC CRITERIA: **LEGACY CRITERIA:**	CROSSOVER CLAIM TYPES: IF THE DETAIL OR HEADER MEDICARE PAID DATE IS NOT PRESENT OR IS NOT A VALID DATE OR NOT A REASONABLE DATE (19000101 - 20500101), POST THE EDIT. N/A
EOB CODES:	0243- MISSING MEDICARE PAID DATE
METHOD OF CORRECTION:	VERIFY THE INFORMATION HAS BEEN KEYED CORRECTLY. CORRECTLY. IF KEYED CORRECTLY,, DENY THE CLAIM WITH EOB 0243.

3.29 244 (FORMER LEGACY EDIT N/A)

DMS Approved 05/06/2010

ERROR STATUS CODE:	244 (FORMER LEGACY EDIT N/A)	**CLAIM TYPE:**	I, O
HEADER/DETAIL:	HEADER	**PROVIDER TYPE:**	01, 02, 04, 39, 92, 93
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	PAPER, NON-PAPER, ADJUSTMENTS
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	DIAGNOSIS
ESC NAME:	THIRD DIAGNOSIS CODE INVALID FORMAT		
ESC CRITERIA: **LEGACY CRITERIA:**	IF THE HEADER THIRD DIAGNOSIS IS NOT ALPHANUMERIC OR IS LESS THAN 3 CHARACTERS IN LENGTH, POST THE EDIT. N/A		
EOB CODES:	0211 – THIRD DIAGNOSIS IS NOT ON FILE.		
METHOD OF CORRECTION:	1. VERIFY THAT THE THIRD DIAGNOSIS CODE WAS KEYED CORRECTLY. 2. IF NOT, DATA CORRECT 3. IF KEYED CORRECTLY, DENY THE CLAIM WITH EOB 0211.		

3.30 246 (FORMER LEGACY EDIT N/A)

DMS Approved 05/06/2010

ERROR STATUS CODE:	246 (FORMER LEGACY EDIT N/A)	**CLAIM TYPE:**	I, O
HEADER/DETAIL:	HEADER	**PROVIDER TYPE:**	01, 02, 04, 39, 92, 93
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	PAPER, NON-PAPER, ADJUSTMENTS
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	DIAGNOSIS
ESC NAME:	FOURTH DIAGNOSIS CODE INVALID FORMAT		
ESC CRITERIA: **LEGACY CRITERIA:**	IF THE HEADER FOURTH DIAGNOSIS CODE IS NOT ALPHANUMERIC OR IS LESS THAN 3 CHARACTERS IN LENGTH, POST THE EDIT. N/A		
EOB CODES:	0213 – THE FOURTH DIAGNOSIS IS MISSING OR INVALID. PLEASE ENTER THE APPROPRIATE DIAGNOSIS CODE AND RESUBMIT THE CLAIM.		
METHOD OF CORRECTION:	1. VERIFY THAT THE INFORMATION WAS KEYED CORRECTLY. 2. IF NOT, DATA CORRECT. 3. IF KEYED CORRECTLY, DENY THE CLAIM WITH EOB 0213.		

3.31 247 (FORMER LEGACY EDIT N/A)

DMS Approved 04/28/2004

ERROR STATUS CODE:	247 (FORMER LEGACY EDIT N/A)	**CLAIM TYPE:**	ALL
HEADER/DETAIL:	HEADER	**PROVIDER TYPE:**	ALL
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	PAPER, NON-PAPER, ADJUSTMENTS
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	DETAIL COUNT

ESC NAME:	MAXIMUM NUMBER OF CLAIMS DETAILS EXCEEDED
ESC CRITERIA: **LEGACY CRITERIA:**	IF THE CLAIM HAS MORE THEN THE MAXIMUM NUMBER OF DETAILS, POST THE EDIT. UB-04 = 999 CMS-1500 = 50 ADA = 15 N/A
EOB CODES:	0247- MAXIMUM NUMBER OF CLAIM DETAILS HAS BEEN EXCEEDED
METHOD OF CORRECTION:	VERIFY THE INFORMATION HAS BEEN KEYED CORRECTLY. CORRECTLY. IF KEYED CORRECTLY,, DENY THE CLAIM WITH EOB 0247.

3.32 248

3.32.1 248 (FORMER LEGACY EDIT 136)

DMS Approved: 08/25/06

ERROR STATUS CODE:	248 (FORMER LEGACY EDIT 136)	**CLAIM TYPE:**	D, H (PT 34, 42 ONLY), M (EXCEPT 27, 28, 40, 45, 55), O (EXCEPT PT 01)
HEADER/DETAIL:	DETAIL	**PROVIDER TYPE:**	ALL EXCEPT 01, 27, 28, 40, 44, 45, 55
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	PAPER, NON-PAPER, ADJUSTMENTS, MASS ADJUSTMENTS, ENCOUNTERS
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	POS

ESC NAME:	PLACE OF SERVICE MISSING.
ESC CRITERIA: **LEGACY CRITERIA:**	IF THE PLACE OF SERVICE INDICATOR IS SPACES OR NULL OR LESS THAN 1 CHARACTER IN LENGTH, POST THE ESC. FAILS IF THE PLACE OF SERVICE CODE IS MISSING OR INVALID. ALSO FAILS THE PROVIDER TYPES LISTED ON THE ATTACHMENT IF THE PLACE OF SERVICE IS INVALID FOR THE PROVIDER TYPE. **NOTE:** ADDED 31 AS VALID PLACE OF SERVICE FOR P/T 60/61 (DCR 01017) **NOTE:** ADDED 11 AS VALID PLACE OF SERVICE FOR P/T 32 (DCR 00976). **NOTE: EFFECTIVE WITH DOS 7/1/03 AND AFTER, FOR PROVIDER TYPE 56, SPECIALTY 16, APPLIES TO PAPER AND ELECTRONIC CLAIMS (DCR 00699).** **NOTE:** FOR PROVIDER TYPE 56, ESC 248 APPLIES TO PAPER CLAIMS ONLY (DCR 00661). **NOTE:** FOR ENCOUNTERS PROVIDER TYPE 87, CLAIM TYPE U, ESC 248 IS TURNED OFF (CO 966).
EOB CODES:	0136 – PLEASE INDICATE THE CORRECT PLACE OF SERVICE CODE.
METHOD OF CORRECTION:	• VERIFY THAT PLACE OF SERVICE WAS ENTERED CORRECTLY. IF NOT, CORRECT AND RECYCLE.
	• IF ENTERED CORRECTLY, DENY THE CLAIM.
	THIS ESC IS SET TO AUTO-DENY FOR THE TYPE OF DOCUMENT – ELECTRONIC CLAIMS.

PLACE OF SERVICE CODES

PROVIDER TYPE	VALID POS
13	99
15	99
17	12, 99
20	11, 12, 21, 22, 23, 24, 51, 71, 99

22	11, 12, 21, 22, 23, 24, 25, 26, 31, 32, 41, 51, 52, 54, 56, 61, 62, 65, 71, 72, 99
23	99
24	99
25	11, 99
27	99
28	99
29	99
30 (for DOS prior to 10/16/03)	12, 21, 23, 31, 32, 51, 53, 99
30 (for DOS on or after 10/16/03)	12, 21, 23, 31, 32, 33, 51, 52, 53, 99
31	11, 12, 21, 22, 23, 31, 32, 51, 99
32	11, 99
33	12, 99
34	12, 99
35	11, 12, 21, 22, 23, 31, 32, 51, 72, 99
36	24, 99
37	81, 99
39	65, 99
41	12, 99
42	12, 99
43	99
46	12, 99
47	12, 99
50	11, 12, 21, 22, 23, 24, 31, 32, 41, 51, 55, 56, 61, 62, 99
52	11, 12, 21, 22, 23, 24, 31, 32, 41, 42, 51, 52, 55, 56, 61, 62, 65, 99
55 (for DOS on and after 10/16/03)	41, 42
56 (for DOS prior to 10/16/03)	11, 12, 21, 22, 23, 24, 25, 31, 32, 33, 34, 41, 42, 51, 53, 54, 55, 56, 61, 62, 65, 71, 72, 81, 99
56 (for DOS on and after 10/16/03)	41
60	11, 12, 21, 22, 23, 24, 31, 32, 51, 52, 99
61	11, 12, 21, 22, 23, 24, 31, 32, 51, 52, 99
64	11, 12, 21, 22, 23, 24, 25, 26, 31, 32, 33, 34, 41, 42, 51, 52, 54, 55, 56, 61, 62, 65, 71, 72, 99
65	11, 12, 21, 22, 23, 24, 25, 26, 31, 32, 33, 34, 41, 42, 51, 52, 54, 55, 56, 61, 62, 65, 71, 72, 99
70	11, 12, 21, 22, 23, 24, 31, 32, 55, 56, 61, 62, 99
72	11, 12, 21, 22, 23, 24, 25, 99
74	11, 12, 21, 22, 23, 24, 25, 26, 31, 32, 33, 34, 41, 42, 51, 52, 54, 55, 56, 61, 62, 65, 71, 72, 99
77	11, 12, 21, 22, 23, 24, 26, 31, 32, 33, 34, 51, 52, 54, 55, 56, 61, 62, 65, 71, 72, 99
78	11, 12, 21, 22, 23, 24, 25, 26, 31, 32, 33, 34, 41, 42, 51, 52, 54, 55, 56, 61, 62, 65, 71, 72, 99
80	11, 12, 21, 22, 23, 24, 31, 32, 33, 51, 52, 55, 56, 62, 65, 99
85	11, 99

86	11, 12, 72, 99
90	11, 12, 32, 33, 99

3.33 249 (FORMER LEGACY EDIT 136)

DMS Approved: 08/25/06

ERROR STATUS CODE:	249 (FORMER LEGACY EDIT 136)	**CLAIM TYPE:**	D, H (PT 34, 42 ONLY), M (EXCEPT 27, 28, 40, 45), O (PT 41, 46, 47 ONLY)
HEADER/DETAIL:	DETAIL	**PROVIDER TYPE:**	ALL EXCEPT 01, 27, 28, 40, 44, 45
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	PAPER, NON-PAPER, ADJUSTMENTS, MASS ADJUSTMENTS, ENCOUNTERS
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	POS

ESC NAME:	PLACE OF SERVICE INVALID.
ESC CRITERIA:	IF THE PLACE OF SERVICE INDICATOR IS NOT A VALID PLACE OF SERVICE, POST THE ESC.
EOB CODES:	0136 – PLEASE INDICATE THE CORRECT PLACE OF SERVICE CODE.
METHOD OF CORRECTION:	1. VERIFY THAT PLACE OF SERVICE WAS ENTERED CORRECTLY. IF NOT, CORRECT AND RECYCLE.
	2. IF ENTERED CORRECTLY, DENY THE CLAIM.
	THIS ESC IS SET TO AUTO-DENY FOR THE TYPE OF DOCUMENT – ELECTRONIC CLAIMS.

PLACE OF SERVICE CODES

PROVIDER TYPE	VALID POS
13	99
15	99
17	12, 99
20	11, 12, 21, 22, 23, 24, 51, 71, 99
22	11, 12, 21, 22, 23, 24, 25, 26, 31, 32, 41, 51, 52, 54, 56, 61, 62, 65, 71, 72, 99
23	99
24	99
25	11, 99
27	99
28	99
29	99
30 (for DOS prior to 10/16/03)	12, 21, 23, 31, 32, 51, 53, 99
30 (for DOS on or after 10/16/03)	12, 21, 23, 31, 32, 33, 51, 52, 53, 99
31	11, 12, 21, 22, 23, 31, 32, 51, 99
32	11, 99
33	12, 99
34	12, 99
35	11, 12, 21, 22, 23, 31, 32, 51, 72, 99
36	24, 99

37	81, 99
39	65, 99
41	12, 99
42	12, 99
43	99
46	12, 99
47	12, 99
50	11, 12, 21, 22, 23, 24, 31, 32, 41, 51, 55, 56, 61, 62, 99
52	11, 12, 21, 22, 23, 24, 31, 32, 41, 42, 51, 52, 55, 56, 61, 62, 65, 99
55 (for DOS on and after 10/16/03)	41, 42
56 (for DOS prior to 10/16/03)	11, 12, 21, 22, 23, 24, 25, 31, 32, 33, 34, 41, 42, 51, 53, 54, 55, 56, 61, 62, 65, 71, 72, 81, 99
56 (for DOS on and after 10/16/03)	41
60	11, 12, 21, 22, 23, 24, 31, 32, 51, 52, 99
61	11, 12, 21, 22, 23, 24, 31, 32, 51, 52, 99
64	11, 12, 21, 22, 23, 24, 25, 26, 31, 32, 33, 34, 41, 42, 51, 52, 54, 55, 56, 61, 62, 65, 71, 72, 99
65	11, 12, 21, 22, 23, 24, 25, 26, 31, 32, 33, 34, 41, 42, 51, 52, 54, 55, 56, 61, 62, 65, 71, 72, 99
70	11, 12, 21, 22, 23, 24, 31, 32, 55, 56, 61, 62, 99
72	11, 12, 21, 22, 23, 24, 25, 99
74	11, 12, 21, 22, 23, 24, 25, 26, 31, 32, 33, 34, 41, 42, 51, 52, 54, 55, 56, 61, 62, 65, 71, 72, 99
77	11, 12, 21, 22, 23, 24, 26, 31, 32, 33, 34, 51, 52, 54, 55, 56, 61, 62, 65, 71, 72, 99
78	11, 12, 21, 22, 23, 24, 25, 26, 31, 32, 33, 34, 41, 42, 51, 52, 54, 55, 56, 61, 62, 65, 71, 72, 99
80	11, 12, 21, 22, 23, 24, 31, 32, 33, 51, 52, 55, 56, 62, 65, 99
85	11, 99
86	11, 12, 72, 99
90	11, 12, 32, 33, 99

3.34 250 (FORMER LEGACY EDIT N/A)

DMS Approved 04/28/2004

ERROR STATUS CODE:	250 (FORMER LEGACY EDIT N/A)	**CLAIM TYPE:**	ALL
HEADER/DETAIL:	HEADER	**PROVIDER TYPE:**	ALL
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	PAPER, NON-PAPER, ADJUSTMENTS
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	DETAIL

ESC NAME:	CLAIM HAS NO DETAILS
ESC CRITERIA: **LEGACY CRITERIA:**	IF THE CLAIM HAS NO DETAILS, POST THE EDIT. N/A
EOB CODES:	0250- CLAIM HAS NO DETAILS
METHOD OF CORRECTION:	VERIFY THE INFORMATION HAS BEEN KEYED CORRECTLY. IF KEYED CORRECTLY,, DENY THE CLAIM WITH EOB 0250.

3.35 252 (FORMER LEGACY EDIT N/A)

DMS Approved 06/13/1997

ERROR STATUS CODE:	252 (FORMER LEGACY EDIT N/A)	**CLAIM TYPE:**	ALL
HEADER/DETAIL:	DETAIL	**PROVIDER TYPE:**	ALL
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	ALL
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	SEC MOD

ESC NAME:	SECOND MODIFIER INVALID
ESC CRITERIA:	DENTAL, PHYSICIAN, INPATIENT AND OUTPATIENT CLAIM TYPES: IF THE SECOND MODIFIER ON THE CLAIM IS NOT A VALID MODIFIER FOR THE DETAIL FDOS, POST THE EDIT. CROSSOVER CLAIM TYPES: IF THE SECOND MODIFIER ON THE CLAIM IS NOT A VALID MODIFIER FOR THE HEADER FDOS, POST THE EDIT.
LEGACY CRITERIA:	N/A
EOB CODES:	252 - SECOND MODIFIER INVALID
METHOD OF CORRECTION:	VERIFY THAT THE INFORMATION WAS KEYED CORRECTLY. IF NOT, CORRECT THE DATA.
	IF ENTERED CORRECTLY, DENY THE CLAIM.

3.36 258 (FORMER LEGACY EDIT 190)

DMS Approved 05/06/2010

ERROR STATUS CODE:	258 (FORMER LEGACY EDIT 190)	**CLAIM TYPE:**	H, I, L, O, M
HEADER/DETAIL:	HEADER	**PROVIDER TYPE:**	ALL
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	PAPER, NON-PAPER, ADJUSTMENTS
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	DIAGNOSIS
ESC NAME:	PRIMARY DIAGNOSIS CODE MISSING		
ESC CRITERIA: **LEGACY CRITERIA:**	IF THE CLAIM'S PRIMARY DIAGNOSIS CODE IS MISSING, ESC 258 WILL FAIL. VERIFIES THAT THE PRIMARY DIAGNOSIS CODE IS PRESENT AND VALID.		
EOB CODES:	0190 – PRIMARY DIAGNOSIS CODE IS MISSING OR INVALID. PLEASE ENTER THE APPROPRIATE DIAGNOSIS CODE AND RESUBMIT THE CLAIM.		
METHOD OF CORRECTION:	1. VERIFY THAT THE INFORMATION WAS KEYED CORRECTLY. 2. IF NOT, DATA CORRECT. 3. IF KEYED CORRECTLY, DENY THE CLAIM WITH EOB 0190.		

3.37 259 (FORMER LEGACY EDIT 088)

DMS Approved 06/13/1997

ERROR STATUS CODE:	259 (FORMER LEGACY EDIT 088)	**CLAIM TYPE:**	ALL
HEADER/DETAIL:	HEADER	**PROVIDER TYPE:**	ALL
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	ALL
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	DATE BILLED

ESC NAME:	DATE BILLED MISSING OR INVALID
ESC CRITERIA: **LEGACY CRITERIA:**	IF THE DATE BILLED IS MISSING OR INVALID, POST THE EDIT. VERIFIES INVOICE DATE PRESENT, 8 DIGITS NUMERIC, VALID DATE, AND LESS THAN OR EQUAL TO THE TCN JULIAN DATE.
EOB CODES:	0088 – CLAIM DENIED. CLAIM INVOICE DATE MISSING OR INVALID.
METHOD OF CORRECTION:	1. VERIFY THAT THE INVOICE DATE (OR SIGNATURE DATE) WAS ENTERED CORRECTLY. IF NOT, CORRECT THE CLAIM.
	2. IF ENTERED CORRECTLY AND THE DATE IS INVALID OR MISSING DENY THE CLAIM.
	NOTE: THIS EDIT IS SET TO AUTO-DENY FOR TYPE OF DOCUMENT - ELECTRONIC CLAIMS.

3.38 260 (FORMER LEGACY EDIT N/A)

DMS Approved 06/13/1997

ERROR STATUS CODE:	260 (FORMER LEGACY EDIT N/A)	**CLAIM TYPE:**	ALL
HEADER/DETAIL:	HEADER	**PROVIDER TYPE:**	ALL
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	PAPER, NON-PAPER, ADJUSTMENTS
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	UNITS OF SERVICE

ESC NAME:	UNITS OF SERVICE NOT IN VALID FORMAT
ESC CRITERIA: **LEGACY CRITERIA:**	ALL CLAIM TYPES: IF THE DETAIL UNITS BILLED IS NOT VALID (VALID CONTAINS ONLY NUMERICS AND UP TO 1 DECIMAL POINT AND THE DECIMAL POINT CAN NOT BE THE LAST CHARACTER OF THE FIELD), POST THE EDIT. N/A
EOB CODES:	0260- UNITS OF SERVICE NOT IN VALID FORMAT
METHOD OF CORRECTION:	VERIFY THE INFORMATION HAS BEEN KEYED CORRECTLY. IF KEYED CORRECTLY,, DENY THE CLAIM WITH EOB 0260.

3.39 261 (FORMER LEGACY EDIT 125)

DMS Approved 8/7/2009

ERROR STATUS CODE:	261 (FORMER LEGACY EDIT 125)	**CLAIM TYPE:**	D, M (PT 22, 31, 35 ONLY)
HEADER/DETAIL:	DETAIL	**PROVIDER TYPE:**	60, 61, 22, 31, 35
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	PAPER, NON-PAPER, ADJUSTMENTS, ENCOUNTERS
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	TOOTH NUMBER

ESC NAME:	TOOTH NUMBER MISSING.
ESC CRITERIA: **LEGACY CRITERIA:**	IF THE TOOTH NUMBER ON THE DETAIL LINE IS SPACES OR THE LENGTH IS LESS THAN 1 AND THE PROCEDURE CODE REQUIRES ONE AS SHOWN ON THE HCPCS PROCEDURE TO TOOTH RESTRICTIONS TABLE (T_PROC_TOOTH), POST THE ESC. FAILS IF ONE OF THE FOLLOWING PROCEDURE CODES IS BILLED AND A VALID TOOTH NUMBER (A-T OR 01-99, SPACES,LL,LR,UL,UR,UA,LA) IS NOT ENTERED. 01351, 02110, 02120, 02130, 02131, 02140, 02150, 02160, 02161, 02330, 02331, 02332, 02335, 02380, 02381, 02382, 02385, 02386, 02387, 02930, 02931, 02932, 02951, 03110, 03220, 03310, 03320, 03330, 03410, 03421, 03425, 03426, 04211, 05520, 05630, 05640, 07110, 07120, 07130, 07210, 07220, 07230, 07240, 07241, 07250, 07280 D1351, D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2391, D2392, D2393, D2394, D2930, D2931, D2932, D2951, D3110, D3220, D3310, D3320, D3330, D3410, D3421, D3425, D3426, D4211, D5520, D5640, D7111, D7140, D7210, D7220, D7230, D7240, D7241, D7250, D7280 **Encounters**: D0220 and D0230 deny for threshold if tooth number is missing. D0330 set for inactive. All above procedure codes deny for threshold if missing valid tooth number
EOB CODES:	0125 – THE TOOTH NUMBER IS MISSING OR INVALID.
METHOD OF CORRECTION:	1. VERIFY THE TOOTH NUMBER WAS KEYED CORRECTLY. IF NOT, CORRECT AND RECYCLE. **NOTE: NUMERIC TOOTH NUMBERS ARE ALWAYS 2 CHARACTERS. IF A SINGLE DIGIT NUMBER, ENTER A ZERO IN FRONT OF THE NUMBER. ALPHA TOOTH NUMBERS ARE ALSO TWO CHARACTERS. THE ALPHA TOOTH NUMBER IS FOLLOWED BY A SPACE.** □□ IF KEYED CORRECTLY, DENY THE CLAIM
	THIS ESC IS SET TO AUTO-DENY FOR THE TYPE OF

	DOCUMENT – PAPER AND ELECTRONIC CLAIMS

3.40 262 (FORMER LEGACY EDIT 125)

DMS Approved 12/11/03

ERROR STATUS CODE:	262 (FORMER LEGACY EDIT 125)	**CLAIM TYPE:**	D, M (PT 22, 31, 35 ONLY)
HEADER/DETAIL:	DETAIL	**PROVIDER TYPE:**	60, 61, 22, 31, 35
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	PAPER, NON-PAPER, ADJUSTMENTS, ENCOUNTERS
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	TOOTH NUMBER

ESC NAME:	TOOTH NUMBER INVALID.
ESC CRITERIA:	IF THE TOOTH NUMBER ON THE DETAIL LINE IS NOT A VALID TOOTH NUMBER (T_TOOTH), AND THE PROCEDURE CODE REQUIRES ONE AS SHOWN ON THE HCPCS PROCEDURE TO TOOTH RESTRICTIONS TABLE (T_PROC_TOOTH), POST THE ESC.
EOB CODES:	0125 – THE TOOTH NUMBER IS MISSING OR INVALID.
METHOD OF CORRECTION:	1. VERIFY THE TOOTH NUMBER WAS KEYED CORRECTLY. IF NOT, CORRECT AND RECYCLE. **NOTE: NUMERIC TOOTH NUMBERS ARE ALWAYS 2 CHARACTERS. IF A SINGLE DIGIT NUMBER, ENTER A ZERO IN FRONT OF THE NUMBER. ALPHA TOOTH NUMBERS ARE ALSO TWO CHARACTERS. THE ALPHA TOOTH NUMBER IS FOLLOWED BY A SPACE.**
	2. IF KEYED CORRECTLY, DENY THE CLAIM.
	THIS ESC IS SET TO AUTO-DENY FOR THE TYPE OF DOCUMENT – PAPER AND ELECTRONIC CLAIMS.

3.41 263 (FORMER LEGACY EDIT 127)

DMS Approved 05/03/96

ERROR STATUS CODE:	263 (FORMER LEGACY EDIT 127)	**CLAIM TYPE:**	D
HEADER/DETAIL:	DETAIL	**PROVIDER TYPE:**	60, 61
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	PAPER, NON-PAPER, ADJUSTMENTS
DATA CORRECTABLE	YES	**CLAIM FIELD LABEL:**	TOOTH SURFACE

ESC NAME:	TOOTH SURFACE INVALID
ESC CRITERIA: **LEGACY CRITERIA:**	IF THE TOOTH SURFACE CODE ON THE DETAIL IS NOT ON THE T_TOOTH_SURFACE TABLE, POST THE ESC. CURRENT VALUES ARE: B, D, F, I, L, M, OR O; POST THE ESC. FAILS IF THE TOOTH SURFACE IS INVALID. VALID TOOTH SURFACES ARE: B - BUCCAL D - DISTAL I - INCISAL F - FACIAL L - LINGUAL M - MESIAL O - OCCLUSAL
EOB CODES:	127 – CLAIM/DETAIL DENIED. TOOTH SURFACE IS INVALID.
METHOD OF CORRECTION:	1. VERIFY TOOTH SURFACE(S) WAS KEYED CORRECTLY. IF NOT, CORRECT THE DATA.
	2. IF DATA WAS KEYED CORRECTLY, DENY THE DETAIL.
	THIS ESC IS SET TO AUTO-DENY FOR TYPE OF DOCUMENT – ELECTRONIC CLAIMS.

3.42 264 (FORMER LEGACY EDIT 100)

DMS Approved 03/11/04

ERROR STATUS CODE:	264 (FORMER LEGACY EDIT 100)	**CLAIM TYPE:**	ALL EXCEPT A, B (PT 01), C (PT 01, 39)
HEADER/DETAIL:	DETAIL	**PROVIDER TYPE:**	ALL EXCEPT CT A, PT 01, 02, 11, 12, CT B, PT 01, CT C, PT 01, 39
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	PAPER, NON-PAPER, ADJUSTMENT, ENCOUNTERS
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	FDOS

ESC NAME:	THE DATE OF SERVICE IS MISSING
ESC CRITERIA: **LEGACY CRITERIA:**	IF THE DETAIL FROM DATE OF SERVICE IS SPACES OR NULL OR IF THE DETAIL FIRST DATE OF SERVICE IS EQUAL TO ZERO, POST THE ESC. VERIFIES THE FROM DATE MUST BE PRESENT, NUMERIC, AND NO LATER THAN THE TCN JULIAN DATE.
EOB CODES:	0100 – DETAIL FROM DATE OF SERVICE MISSING OR INVALID.
METHOD OF CORRECTION:	1. VERIFY THAT THE DETAIL FROM DATE OF SERVICE WAS KEYED CORRECTLY. VERIFY THAT THE HEADER DOS ARE CORRECT. IF NOT, CORRECT THE DATA.
	2. VERIFY THAT THE DETAIL DATE OF SERVICE IS LESS THAN THE TCN JULIAN DATE. IF THE FROM DATE OF SERVICE IS LATER THAN THE TCN JULIAN DATE, THE DETAIL MUST BE DENIED.
	THIS ESC IS SET TO AUTO-DENY FOR THE TYPE OF DOCUMENT – ELECTRONIC CLAIMS.

3.43 265 (FORMER LEGACY EDIT 100)

DMS Approved 03/11/04

ERROR STATUS CODE:	265 (FORMER LEGACY EDIT 100)	**CLAIM TYPE:**	ALL EXCEPT A, B (PT 01), C (PT 01, 39)
HEADER/DETAIL:	DETAIL	**PROVIDER TYPE:**	ALL EXCEPT CT A, PT 01, 02, 11, 12. CT B, PT 01. CT C, PT 01, 39.
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	PAPER, NON-PAPER, ADJUSTMENT, ENCOUNTERS
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	FDOS

ESC NAME:	THE DATE OF SERVICE IS INVALID.
ESC CRITERIA:	IF THE DETAIL FROM DATE OF SERVICE IS NOT A VALID OR A REASONABLE DATE (19000101 - 2050101), POST THE ESC.
EOB CODES:	0100 – DETAIL FROM DATE OF SERVICE MISSING OR INVALID.
METHOD OF CORRECTION:	1. VERIFY THAT THE DETAIL FROM DATE OF SERVICE WAS KEYED CORRECTLY. VERIFY THAT THE HEADER DOS ARE CORRECT. IF NOT, CORRECT THE DATA.
	2. VERIFY THAT THE DETAIL DATE OF SERVICE IS LESS THAN THE TCN JULIAN DATE. IF THE FROM DATE OF SERVICE IS LATER THAN THE TCN JULIAN DATE, THE DETAIL MUST BE DENIED.
	THIS ESC IS SET TO AUTO-DENY FOR THE TYPE OF DOCUMENT – ELECTRONIC CLAIMS.

3.44 268 (FORMER LEGACY EDIT 024)

DMS Approved 09/04/03

ERROR STATUS CODE:	268 (FORMER LEGACY EDIT 024)	**CLAIM TYPE:**	ALL EXCEPT FOR A, B (PT 01, 55), C,(PT 01,39)
HEADER/DETAIL:	DETAIL	**PROVIDER TYPE:**	ALL EXCEPT CT A (01, 02, 11, 12), CT B (PT 01, 55) CT C (01, 39)
OVERRIDEABLE:	YES	**TYPE OF DOCUMENT:**	PAPER, NON-PAPER, ADJUSTMENTS, ENCOUNTERS
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	BILLED

ESC NAME:	BILLED AMOUNT MISSING.
ESC CRITERIA: **LEGACY CRITERIA:**	IF THE BILLED AMOUNT ON THE DETAIL LINE IS < 0.01, POST THE ESC. IF THE BUNDLED CLAIMCHECK DETAIL WITH SUBMITTED PROCEDURE AND AMOUNT BILLED WAS 0, POST THE ESC. IF THE CLAIMCHECK INDICATOR IS NOT 'C' (NON-SURVIVOR), POST THE ESC. VERIFIES THAT THIS FIELD IS ALL NUMERIC CHARACTERS. THIS ELEMENT IS REQUIRED FOR ALL DETAILS. SUSPENDS IF INVALID OR MISSING. **<u>EXCLUSIONS</u>** OUTPATIENT HOSPITAL CLAIMS (C/T O, P/T 01) WITH DOS AFTER 07/31/03 ARE EXCLUDED FROM THIS ESC. C/T M, P/T 20 CLAIMS WITH DOS AFTER 06/30/03 ARE EXCLUDED FROM THIS ESC. DCR 00866
EOB CODES:	0024 – THE DETAIL BILLED AMOUNT IS MISSING OR INVALID.
METHOD OF CORRECTION:	1. A BILLED AMOUNT IS REQUIRED ON ALL DETAILS. FLAGS IF NO AMOUNT IS PRESENT OR IS 0. THE VALUE MUST BE GREATER THAN ZERO. ENTER THE CORRECT AMOUNT FROM THE CLAIM IF PRESENT.
	2. IF THE DETAIL LINE SHOULD NOT HAVE BEEN KEYED, DELETE THE DETAIL.
	3. IF NO CHARGE IS BILLED ON THE DETAIL, OR IF THE BILLED AMOUNT IS INVALID, DENY THE DETAIL LINE.
	4. IF SCL RESPITE PROCEDURE XOO72 OVERRIDE.
	5. THIS ESC IS ON AUTO-DENY FOR TYPE OF DOCUMENT - ELECTRONIC CALIMS.

3.45 269 (FORMER LEGACY EDIT 024)

DMS Approved 09/04/03

ERROR STATUS CODE:	269 (FORMER LEGACY EDIT 024)	**CLAIM TYPE:**	ALL EXCEPT FOR A, B (PT 01, 55), C,(PT 01,39)
HEADER/DETAIL:	DETAIL	**PROVIDER TYPE:**	ALL EXCEPT CT A (01, 02, 11, 12), CT B (PT 01, 55) CT C (01, 39)
OVERRIDEABLE:	YES	**TYPE OF DOCUMENT:**	PAPER, NON-PAPER, ADJUSTMENTS, ENCOUNTERS
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	BILLED

ESC NAME:	BILLED AMOUNT INVALID.
ESC CRITERIA:	IF THE BILLED AMOUNT ON THE DETAIL LINE IS NOT A REAL NUMBER (I.E. 0-9) OR CONTAINS A DECIMAL, POST THE ESC THE ESC WILL SET AMOUNT BILLED = 0. **EXCLUSIONS** OUTPATIENT HOSPITAL CLAIMS (C/T O, P/T 01) WITH DOS AFTER 07/31/03 ARE EXCLUDED FROM THIS ESC. C/T M, P/T 20 CLAIMS WITH DOS AFTER 06/30/03 ARE EXCLUDED FROM THIS ESC. DCR 00866
EOB CODES:	0024 – THE DETAIL BILLED AMOUNT IS MISSING OR INVALID.
METHOD OF CORRECTION:	1. A BILLED AMOUNT IS REQUIRED ON ALL DETAILS. FLAGS IF NO AMOUNT IS PRESENT OR IS 0. THE VALUE MUST BE GREATER THAN ZERO. ENTER THE CORRECT AMOUNT FROM THE CLAIM IF PRESENT.
	2. IF THE DETAIL LINE SHOULD NOT HAVE BEEN KEYED, DELETE THE DETAIL.
	3. IF NO CHARGE IS BILLED ON THE DETAIL, OR IF THE BILLED AMOUNT IS INVALID, DENY THE DETAIL LINE.
	4. IF SCL RESPITE PROCEDURE XOO72 OVERRIDE.
	THIS ESC IS ON AUTO-DENY FOR TYPE OF DOCUMENT - ELECTRONIC CALIMS.

3.46 270 (FORMER LEGACY EDIT N/A)

DMS Approved 06/13/1997

ERROR STATUS CODE:	270 (FORMER LEGACY EDIT N/A)	**CLAIM TYPE:**	ALL
HEADER/DETAIL:	HEADER	**PROVIDER TYPE:**	ALL
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	Paper, Non-Paper, Adjustments
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	TOTAL BILLED

ESC NAME:	HEADER TOTAL BILLED AMOUNT MISSING
ESC CRITERIA: **LEGACY CRITERIA:**	ALL CLAIM TYPES: IF THE HEADER AMOUNT BILLED IS NULL OR SPACES OR THE LENGTH IS < 1, THE HEADER AMOUNT BILLED IS SET TO 0. IF THE HEADER AMOUNT BILLED IS < 0.01, POST THE EDIT. N/A
EOB CODES:	0270- HEADER TOTAL BILLED AMOUNT MISSING
METHOD OF CORRECTION:	VERIFY THE INFORMATION HAS BEEN KEYED CORRECTLY. IF KEYED CORRECTLY, DENY THE CLAIM WITH EOB 0270.

3.47 271 (FORMER LEGACY EDIT N/A)

DMS Approved 06/13/1997

ERROR STATUS CODE:	271 (FORMER LEGACY EDIT N/A)	**CLAIM TYPE:**	ALL
HEADER/DETAIL:	HEADER	**PROVIDER TYPE:**	ALL
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	PAPER, NON PAPER, ADJUSTMENTS
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	TOTAL BILLED

ESC NAME:	HEADER TOTAL BILLED AMOUNT INVALID
ESC CRITERIA: **LEGACY CRITERIA:**	ALL CLAIM TYPES: IF THE HEADER BILLED AMOUNT IS NOT VALID (VALID CONTAINS ONLY NUMERICS AND UP TO 1 DECIMAL POINT AND THE DECIMAL POINT CAN NOT BE THE LAST CHARACTER OF THE FIELD), POST THE EDIT. N/A
EOB CODES:	0271- HEADER TOTAL BILLED AMOUNT INVALID
METHOD OF CORRECTION:	VERIFY THE INFORMATION HAS BEEN KEYED CORRECTLY. IF KEYED CORRECTLY, DENY THE CLAIM WITH EOB 0271.

3.48 272 (FORMER LEGACY EDIT 190)

DMS Approved 03/25/96

ERROR STATUS CODE:	272 (FORMER LEGACY EDIT 190)	**CLAIM TYPE:**	H, I, L, M (ALL EXCEPT PT 55, 56, 57), O
HEADER/DETAIL:	HEADER	**PROVIDER TYPE:**	CT H (34, 42, 44), CT I (01, 02, 04, 92, 93), CT L (11, 12), CT M (ALL EXCEPT 55, 56, 57), CT O (01, 39, 41, 46, 47)
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	ALL (EXCEPT MASS ADJUSTMENT)
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	PDIAG/19

ESC NAME:	PRIMARY DIAGNOSIS CODE INVALID.
ESC CRITERIA:	VERIFIES THE DIAGNOSIS IS VALID AND PRESENT ON THE DIAGNOSIS TABLE.
EOB CODES:	0190 – THE CLAIM DIAGNOSIS IS MISSING OR INVALID. PLEASE ENTER THE APPROPRIATE DIAGNOSIS CODE AND RESUBMIT THE CLAIM.
METHOD OF CORRECTION:	1. VERIFY THAT THE HEADER DIAGNOSIS CODE WAS CODED AND KEYED CORRECTLY. IF NOT, CORRECT THE DATA.
	2. IF THE DIAGNOSIS CODE IS NOT A VALID CODE, DENY THE CLAIM.
	THIS ESC IS SET TO AUTO-DENY TYPE OF DOCUMENT - ELECTRONIC CLAIMS.

3.49 273 (FORMER LEGACY EDIT N/A)

DMS Approved 07/17/1998

ERROR STATUS CODE:	273 (FORMER LEGACY EDIT N/A)	**CLAIM TYPE:**	A, C, I, O, H, L
HEADER/DETAIL:	HEADER	**PROVIDER TYPE:**	CT A (01, 02, 11, 12) CT C (01, 34, 39, 39) CT H (34, 42, 44) CT I (01, 02, 04, 92, 93) CT L (11, 12) CT O (01, 39, 41, 46, 47)
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	PAPER, NON-PAPER, ADJUSTMENTS
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	TYPE OF BILL

ESC NAME:	TYPE OF BILL MISSING
ESC CRITERIA: **LEGACY CRITERIA:**	IF THE TYPE OF BILL IS MISSING, POST THE EDIT. N/A
EOB CODES:	0273- TYPE OF BILL MISSING
METHOD OF CORRECTION:	VERIFY THE INFORMATION HAS BEEN KEYED CORRECTLY. IF KEYED CORRECTLY, DENY THE CLAIM WITH EOB 0273.

3.50 274 (FORMER LEGACY EDIT N/A)

DMS Approved 10/15/2001

ERROR STATUS CODE:	274 (FORMER LEGACY EDIT N/A)	**CLAIM TYPE:**	A, C, H, I, L, O
HEADER/DETAIL:	HEADER	**PROVIDER TYPE:**	CT A (01, 02, 11, 12) CT C (01, 34, 39, 91) CT H (34, 42, 44) CT I (01, 02, 04, 92, 93) CT L (11, 12) CT O (01, 39, 41, 46, 47
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	PAPER, NON PAPER, ADJUSTMENTS
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	TYPE OF BILL

ESC NAME:	TYPE OF BILL INVALID
ESC CRITERIA: **LEGACY CRITERIA:**	INSTITUTIONAL CLAIM FORMS: IF THE HEADER TYPE OF BILL IS NOT VALID (VALID TOBS ARE LISTED ON CODES - TYPE OF BILL PANEL) OR THE TYPE OF BILL IS NOT VALID FOR THE CLAIM TYPE, POST THE EDIT. N/A
EOB CODES:	0274- TYPE OF BILL INVALID
METHOD OF CORRECTION:	VERIFY THE INFORMATION HAS BEEN KEYED CORRECTLY. IF KEYED CORRECTLY, DENY THE CLAIM WITH EOB 0274.

3.51 275 (FORMER LEGACY EDIT 002)

DMS Approved 01/26/96

ERROR STATUS CODE:	275 (FORMER LEGACY EDIT 002)	**CLAIM TYPE:**	H (PT 44 ONLY), I, L, A
HEADER/DETAIL:	HEADER	**PROVIDER TYPE:**	CT I (01, 02, 04, 92, 93), CT A (01, 02), PT 11, 12, 44
OVERRIDEABLE:	N	**TYPE OF DOCUMENT**	PAPER, NON-PAPER, ADJUSTMENTS
DATA CORRECTABLE	YES	**CLAIM FIELD LABEL:**	ADM DTE

ESC NAME:	ADMIT DATE MISSING.
ESC CRITERIA:	IF THE ADMISSION DATE IS SPACES OR NULL, POST THE ESC. IF THE ADMISSION DATE IS ZERO (0), POST THE ESC.
EOB CODES:	0002 – THE ADMITTING DATE OF SERVICE IS MISSING/INVALID OR LATER THAN THE FROM DATE OF SERVICE.
METHOD OF CORRECTION:	VERIFY THAT THE ADMISSION DATE WAS KEYED AND KEYED CORRECTLY. IF NOT, CORRECT AND RECYCLE.
	VERIFY THAT THE ADMISSION DATE IS PRESENT AND BEFORE OR THE SAME AS THE FROM DATE OF SERVICE. IF NOT, THE CLAIM MUST BE DENIED.
	IF THE CLAIM TYPE T, ADMISSION DATE IS ONLY REQUIRED WITH PATIENT STATUS CODES 1 AND 2.
	THIS ESC IS SET TO AUTO-DENY ON FOR TYPE OF DOCUMENT – ELECTRONIC CLAIMS.

3.52 276 (FORMER LEGACY EDIT 002)

DMS Approved 01/26/96

ERROR STATUS CODE:	276 (FORMER LEGACY EDIT 002)	**CLAIM TYPE:**	H (PT 44 ONLY), I, L, A
HEADER/DETAIL:	HEADER	**PROVIDER TYPE:**	CT I (01, 02, 04, 92, 93), CT A (01, 02), PT 11, 12, 44
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT**	PAPER, NON-PAPER, ADJUSTMENTS
DATA CORRECTABLE	YES	**CLAIM FIELD LABEL:**	ADM DTE

ESC NAME:	ADMIT DATE INVALID.
ESC CRITERIA:	IF THE ADMISSION DATE IS NOT A VALID OR A REASONABLE (19000101 - 20500101) DATE, POST THE ESC.
EOB CODES:	0002 – THE ADMITTING DATE OF SERVICE IS MISSING/INVALID OR LATER THAN THE FROM DATE OF SERVICE.
METHOD OF CORRECTION:	VERIFY THAT THE ADMISSION DATE WAS KEYED AND KEYED CORRECTLY. IF NOT, CORRECT AND RECYCLE.
	VERIFY THAT THE ADMISSION DATE IS PRESENT AND BEFORE OR THE SAME AS THE FROM DATE OF SERVICE. IF NOT, THE CLAIM MUST BE DENIED.
	IF THE CLAIM TYPE T, ADMISSION DATE IS ONLY REQUIRED WITH PATIENT STATUS CODES 1 AND 2.
	THIS ESC IS SET TO AUTO-DENY ON FOR TYPE OF DOCUMENT – ELECTRONIC CLAIMS.

3.53 277 (FORMER LEGACY EDIT 062)

DMS Approved 02/16/2012

ERROR STATUS CODE:	277 (FORMER LEGACY EDIT 062)	**CLAIM TYPE:**	O (PT 01), I (PT 01, 92, 93)
HEADER/DETAIL:	HEADER	**PROVIDER TYPE:**	01 (CT I, O), 92, 93
OVERRIDEABLE:	YES	**TYPE OF DOCUMENT:**	PAPER, NON-PAPER, ADJUSTMENTS
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	HR, MIN

ESC NAME:	ADMIT HOUR INVALID.
ESC CRITERIA:	IF THE ADMIT HOUR IS SPACES, OR IF THE RANGE OF HOURS IS INVALID (NOT 0 - 23 OR 99), OR IF THE RANGE OF MINUTES IS INVALID (NOT 0 - 59), POST THE ESC. (MINUTES WILL ALWAYS BE SET TO ZERO BECAUSE MINUTES ARE NOT REQUIRED). NOTE – THIS EDIT WAS INACTIVATED FOR OUTPATIENT HOSPITAL CLAIMS PER CO 17565
EOB CODES:	0062 – CLAIM DENIED. THE HOUR OF ADMISSION IS MISSING OR INVALID.
METHOD OF CORRECTION:	VERIFY THAT THE ADMISSION HOUR WAS KEYED CORRECTLY. IF NOT, DATA CORRECT THE FIELD IN THE HEADER.
	IF THE HR FIELD IS KEYED CORRECTLY, DENY THE CLAIM.
	THIS ESC IS SET TO AUTO-DENY FOR TYPE OF DOCUMENT - ELECTRONIC CLAIMS.

3.54 280 (FORMER LEGACY EDIT 051)

DMS Approved 06/19/06

ERROR STATUS CODE:	280 (FORMER LEGACY EDIT 051)	**CLAIM TYPE:**	A, H (PT 44), I, L, O (PT 41)
HEADER/DETAIL:	HEADER	**PROVIDER TYPE:**	01, 02, 04, 11, 12, 41 (CT O), 44 (CT H), 92, 93
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	PAPER, NON-PAPER, ADJUSTMENT, ENCOUNTERS
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	PATIENT STATUS

ESC NAME:	PATIENT STATUS IS MISSING.
ESC CRITERIA: **LEGACY CRITERIA:**	IF THE PATIENT STATUS IS SPACES OR NULL, POST THE ESC. FOR PT 11 AND 12 ALSO FAILS IF: • PATIENT STATUS CODE IS 30 AND LAST DIGIT OF TOB IS 1 OR 4. • PATIENT STATUS CODE IS OTHER THAN 30 AND LAST DIGIT OF TOB IS 2 OR 3. FOR CLAIM TYPE H, PT 44, PATIENT STATUS ‘50’ AND ‘51’ ARE VALID FOR CLAIMS WITH DOS ON AND AFTER 05/01/03. FOR CLAIM TYPE I, A PT.01 PATIENT STATUS ‘50’ AND ‘62’ IS VALID FOR CLAIMS WITH DOS ON AND AFTER 05/01/03. PER CO441. FOR CLAIM TYPE I, A PT. 01 PATIENT STATUS ‘62’ IS VALID FOR CLAIMS WITH DOS ON AND AFTER 12/01/03. PER DCR01063 FOR CLAIM TYPE I AND A, PT 01, PATIENT STATUS ‘50’ IS VALID FOR DISCHARGE DOS ON OR AFTER 08/01/2004 PER DCR 01250. **<u>EXCLUSIONS</u>** TYPE A (PT 01, 02) CLAIMS SUBMITTED ELECTRONICALLY WITH A TYPE OF BILL OF 121, 122, 123 OR 124 ARE EXCLUDED FROM ESC 280. ENCOUNTER CLAIMS WITH A STATUS ‘08’ ARE EXCLUDED FROM ESC 280. DCR00745
EOB CODES:	0051 – PATIENT CONDITION/STATUS CODE MISSING, INVALID, OR INVALID FOR TYPE OF BILL.
METHOD OF CORRECTION:	1. IF PATIENT STATUS CODE IS PRESENT, VERIFY THAT IT WAS ENTERED CORRECTLY. IF NOT, CORRECT THE CLAIM.

	2. IF NO PATIENT STATUS CODE IS ENTERED IN FIELD 13 ON THE CLAIM OR IF AN INVALID PATIENT STATUS CODE IS ENTERED, DENY THE CLAIM.

3.55 281 (FORMER LEGACY EDIT 051)

DMS Approved 06/19/06

ERROR STATUS CODE:	281 (FORMER LEGACY EDIT 051)	**CLAIM TYPE:**	A, H (PT 44), I, L, O (PT 41)
HEADER/DETAIL:	HEADER	**PROVIDER TYPE:**	01, 02, 04, 11, 12, 41 (CT O), 44 (CT H), 92, 93
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	PAPER, NON-PAPER, ADJUSTMENT, ENCOUNTERS
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	PATIENT STATUS

ESC NAME:	PATIENT STATUS IS INVALID.
ESC CRITERIA:	IF THE PATIENT STATUS IS NOT ON THE PATIENT STATUS TABLE, POST THE ESC. **<u>EXCLUSIONS</u>** TYPE A (PT 01, 02) CLAIMS SUBMITTED ELECTRONICALLY WITH A TYPE OF BILL OF 121, 122, 123 OR 124 ARE EXCLUDED FROM ESC 281. ENCOUNTER CLAIMS WITH A STATUS ‘08’ ARE EXCLUDED FROM ESC 281. DCR00745
EOB CODES:	0051 – PATIENT CONDITION/STATUS CODE MISSING, INVALID, OR INVALID FOR TYPE OF BILL.
METHOD OF CORRECTION:	1. IF PATIENT STATUS CODE IS PRESENT, VERIFY THAT IT WAS ENTERED CORRECTLY. IF NOT, CORRECT THE CLAIM.
	2. IF NO PATIENT STATUS CODE IS ENTERED IN FIELD 13 ON THE CLAIM OR IF AN INVALID PATIENT STATUS CODE IS ENTERED, DENY THE CLAIM.

3.56 VALID UB-92 DISCHARGE PATIENT STATUS CODES

DMS Approved 04/12/06

01 – DISCHARGED TO HOME

02 – DISCHARGED TO ANOTHER HOSPITAL

03 – DISCHARGED TO SNF

04 – DISCHARGED TO ICF

05 – DISCHARGED TO OTHER INSTITUTION

06 – DISCHARGED OR TRANSFERRED TO HOME UNDER CARE OF ORGAINZED HOME HEALTH SERVICE ORGANIZATION

07 – DISCHARGED AGAINST MEDICAL ADVICE

10 – DISCHARGED TO MENTAL HEALTH CENTER

20 – EXPIRED

34 – TEMPORARY ABSENCE – HOSPITAL

35 – TEMPORARY ABSENCE – OTHER

40 – DIED AT HOME

41 – DIED AT A MEDICAL FACILITY

42 – PLACE OF DEATH UNKNOWN

50 – DISCHARGED/TRANSFERRED TO A HOSPICE/HOME SITUATION

51 – DISCHARGED TO A HOSPICE MEDICAL FACILITY

61 – DISCHARGED/TRANSFERRED WITHIN INSTITUTION TO HOSPITAL BASED MEDICARE APROVED SWING BED

62 – DISHCARGED TO ANOTHERREHABILITATION FACILITY

63 – TRANSFER/DISCHARGE TO A LONG TERM CARE FACILITY

3.57 282 (FOMER LEGACY EDIT 050)

DMS Approved 04/30/2010

ERROR STATUS CODE:	282 (FORMER LEGACY EDIT 050)	**CLAIM TYPE:**	I, L
HEADER/DETAIL:	HEADER	**PROVIDER TYPE:**	PT 01, 02, 04, 12, 92, 93
OVERRIDEABLE:	YES	**TYPE OF DOCUMENT:**	PAPER, NON-PAPER, ADJUSTMENTS
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	DAYS

ESC NAME:	COVERED DAYS MISSING.
ESC CRITERIA: **LEGACY CRITERIA:**	IF THE NUMBER OF DAYS COVERED IS SPACES OR NULL, OR THE NUMBER OF DAYS COVERED IS ZERO (0), POST THE ESC. VERIFIES THAT THIS FIELD IS ALL NUMERIC AND GREATER THAN ZERO. FLAGS IF COVERED DAYS FIELD AT HEADER LEVEL IS BLANK, MISSING AND/OR ZERO.
EOB CODES:	0050 – CLAIM DENIED. PLEASE CORRECT COVERED DAYS FIELD AND RESUBMIT. 0040 – CLAIM DENIED. TYPE OF BILL INVALID OR MISSING.
METHOD OF CORRECTION:	1. VERIFY THAT THE COVERED DAYS FIELD WAS KEYED CORRECTLY. IF NOT, DATA CORRECT HEADER DAYS.
	2. IF THE COVERED DAYS ARE MISSING OR INVALID, AND TYPE OF BILL IS 111, AND EOMB SHOWS IA (INPATIENT PART A) IN MEDICARE TYPE COLUMN, DENY THE CLAIM WITH EOB 0050.
	3. IF THE COVERED DAYS ARE MISSING OR INVALID, AND TYPE OF BILL IS 111, AND EOMB SHOWS IB (INPATIENT PART B) IN MEDICARE TYPE COLUMN, DENY THE CLAIM WITH EOB 0040.
	4. IF THE COVERED DAYS ARE MISSING OR INVALID AND TYPE OF BILL 121 AND EOMB SHOW IB (INPATIENT PART B) IN MEDICARE COLUMN, OVERRIDE THE ESC.
	5. IF THE COVERED DAYS ARE MISSING OR INVALID AND TYPE OF BILL 121, AND EOMB SHOWS IA (INPATIENT PART A) IN MEDICARE COLUMN, DENY THE CLAIM WITH EOB 040.
	6. IF COVERED DAYS ARE MISSING OR ZERO AND NONE OF THE ABOVE APPLY, DENY WITH EOB050.
	THIS ESC IS SET TO AUTO-DENY FOR THE TYPE OF DOCUMENT – ELECTRONIC CLAIMS.

3.58 283 (FORMER LEGACY EDIT 050)

DMS Approved 01/26/96

ERROR STATUS CODE:	283 (FORMER LEGACY EDIT 050)	**CLAIM TYPE:**	I
HEADER/DETAIL:	HEADER	**PROVIDER TYPE:**	PT 01, 02, 04, 92, 93
OVERRIDEABLE:	YES	**TYPE OF DOCUMENT:**	PAPER, NON-PAPER, ADJUSTMENTS
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	DAYS

ESC NAME:	COVERED DAYS INVALID.
ESC CRITERIA:	IF THE NUMBER OF DAYS COVERED IS NOT NUMERIC, POST THE ESC.
EOB CODES:	0050 – PLEASE CORRECT COVERED DAYS FIELD AND RESUBMIT.
METHOD OF CORRECTION:	1. VERIFY THAT THE COVERED DAYS FIELD WAS KEYED CORRECTLY. IF NOT, DATA CORRECT HEADER DAYS.
	2. IF NO COVERED DAYS ARE ENTERED, DENY WITH EOB050.
	3. IF THE COVERED DAYS ARE MISSING OR INVALID, AND TYPE OF BILL IS 111, AND EOMB SHOWS IA (INPATIENT PART A) IN MEDICARE TYPE COLUMN, DENY THE CLAIM WITH EOB 0050.
	4. IF THE COVERED DAYS ARE MISSING OR INVALID, AND TYPE OF BILL IS 111, AND EOMB SHOWS IB (INPATIENT PART B) IN MEDICARE TYPE COLUMN, DENY THE CLAIM WITH EOB 040.
	5. IF THE COVERED DAYS ARE MISSING OR INVALID AND TYPE OF BILL 121 AND EOMB SHOW IB (INPATIENT PART B) IN MEDICARE COLUMN, OVERRIDE THE ESC.
	6. IF THE COVERED DAYS ARE MISSING OR INVALID AND TYPE OF BILL 121, AND EOMB SHOWS IA (INPATIENT PART A) IN MEDICARE COLUMN, DENY THE CLAIM WITH EOB 0040.
	THIS ESC IS SET TO AUTO-DENY ON C/T I, FOR THE TYPE OF DOCUMENT – ELECTRONIC CLAIMS.

3.59 339 (FORMER LEGACY EDIT 044)

DMS Approved 11/16/2004

ERROR STATUS CODE:	339 (FORMER LEGACY EDIT 044)	**CLAIM TYPE:**	O
HEADER/DETAIL:	DETAIL	**PROVIDER TYPE:**	01
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	PAPER, NON-PAPER, ADJUSTMENTS
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	REV CODE

ESC NAME:	REVENUE CODE MISSING.
ESC CRITERIA: **LEGACY CRITERIA:**	IF A REVENUE CODE IS SPACES OR NULL, POST THE ESC. FAILS IF THE REVENUE CODE IS MISSING OR NOT ON THE PDD FILE PROCEDURE DISPLAY SCREEN 1. NOTE – THIS ESC IS EFFECTIVE FOR DATES OF SERVICE AFTER 7/31/03.
EOB CODES:	0044 – CLAIM DENIED. REVENUE CODE MISSING OR INVALID.
METHOD OF CORRECTION:	• VERIFY THE REVENUE CODE IS KEYED CORRECTLY. IF NOT, CORRECT THE DATA.
	• IF THE REVENUE CODE IS ENTERED CORRECTLY, DENY THE DETAIL WITH EOB 0044.

3.60 340 (FORMER LEGACY EDIT 044)

DMS Approved 11/16/2004

ERROR STATUS CODE:	340 (FORMER LEGACY EDIT 044)	**CLAIM TYPE:**	O
HEADER/DETAIL:	DETAIL	**PROVIDER TYPE:**	01
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	PAPER, NON-PAPER, ADJUSTMENTS
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	REV CODE

ESC NAME:	REVENUE CODE IS INVALID.
ESC CRITERIA:	IF THE REVENUE CODE ON A CLAIM IS NOT NUMERIC, POST THE ESC. NOTE – THIS ESC IS EFFECTIVE FOR DATES OF SERVICE AFTER 7/31/03.
EOB CODES:	0044 – CLAIM DENIED. REVENUE CODE MISSING OR INVALID.
METHOD OF CORRECTION:	1. VERIFY THE REVENUE CODE IS KEYED CORRECTLY. IF NOT, CORRECT THE DATA.
	2. IF THE REVENUE CODE IS ENTERED CORRECTLY, DENY THE DETAIL WITH EOB 0044.

3.61 350 (FORMER LEGACY EDIT N/A)

ERROR STATUS CODE:	350 (FORMER LEGACY EDIT N/A)	**CLAIM TYPE:**	ALL
HEADER/DETAIL:	HEADER	**PROVIDER TYPE:**	ALL
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	PAPER, NON-PAPER, ADJUSTMENTS
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	DETAIL COUNT

ESC NAME:	NO. OF DETAILS NOT EQUAL TO SUBMITTED DETAIL COUNT
ESC CRITERIA: **LEGACY CRITERIA:**	ALL CLAIM TYPES. DENTAL, PHYSICIAN, OUTPATIENT, INSTITUTIONAL CLAIMS: IF THE HEADER DETAIL COUNT IS NOT EQUAL TO THE ACTUAL NUMBER OF DETAILS, POST THE EDIT. N/A
EOB CODES:	0350- NO. OF DETAILS NOT EQUAL TO SUBMITTED DETAIL COUNT
METHOD OF CORRECTION:	VERIFY THE INFORMATION HAS BEEN KEYED CORRECTLY. IF KEYED CORRECTLY, DENY THE CLAIM WITH EOB 0350.

3.62 355 (FORMER LEGACY EDIT N/A)

DMS Approved 05/06/2010

ERROR STATUS CODE:	355 (FORMER LEGACY EDIT N/A)	**CLAIM TYPE:**	I, O
HEADER/DETAIL:	HEADER	**PROVIDER TYPE:**	01, 02, 04, 39, 92, 93
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	PAPER, NON-PAPER, ADJUSTMENTS
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	DIAGNOSIS
ESC NAME:	FIFTH DIAGNOSIS CODE INVALID		
ESC CRITERIA: **LEGACY CRITERIA:**	IF THE HEADER FIFTH DIAGNOSIS CODE IS NOT ALPHANUMERIC OR IS LESS THAN 3 CHARACTERS IN LENGTH, POST THE EDIT. N/A		
EOB CODES:	4047 – FIFTH DIAGNOSIS CODE IS INVALID.		
METHOD OF CORRECTION:	1. VERIFY THAT THE INFORMATION WAS KEYED CORRECTLY. 2. IF NOT, DATA CORRECT. 3. IF KEYED CORRECTLY, DENY THE CLAIM WITH EOB 4047.		

3.63 356 (FORMER LEGACY EDIT N/A)

DMS Approved 05/06/2010

ERROR STATUS CODE:	356 (FORMER LEGACY EDIT N/A)	**CLAIM TYPE:**	I, O
HEADER/DETAIL:	HEADER	**PROVIDER TYPE:**	01, 02, 04, 39, 92, 93
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	PAPER, NON-PAPER, ADJUSTMENTS
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	DIAGNOSIS
ESC NAME:	SIXTH DIAGNOSIS CODE INVALID		
ESC CRITERIA: **LEGACY CRITERIA:**	IF THE HEADER SIXTH DIAGNOSIS CODE IS NOT ALPHANUMERIC OR IS LESS THAN 3 CHARACTERS IN LENGTH, POST THE EDIT. N/A		
EOB CODES:	4048 – SIXTH DIAGNOSIS CODE IS INVALID.		
METHOD OF CORRECTION:	1. VERIFY THAT THE INFORMATION WAS KEYED CORRECTLY. 2. IF NOT, DATA CORRECT. 3. IF KEYED CORRECTLY, DENY THE CLAIM WITH EOB 4048.		

3.64 357 (FORMER LEGACY EDIT N/A)

DMS Approved 05/06/2010

ERROR STATUS CODE:	357 (FORMER LEGACY EDIT N/A)	**CLAIM TYPE:**	I, O
HEADER/DETAIL:	HEADER	**PROVIDER TYPE:**	01, 02, 04, 39, 92, 93
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	PAPER, NON-PAPER, ADJUSTMENTS
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	DIAGNOSIS
ESC NAME:	SEVENTH DIAGNOSIS CODE INVALID		
ESC CRITERIA: **LEGACY CRITERIA:**	IF THE HEADER SEVENTH DIAGNOSIS CODE IS NOT ALPHANUMERIC OR IS LESS THAN 3 CHARACTERS IN LENGTH, POST THE EDIT. N/A		
EOB CODES:	4049 – SEVENTH DIAGNOSIS CODE IS INVALID.		
METHOD OF CORRECTION:	1. VERIFY THAT THE INFORMATION WAS KEYED CORRECTLY. 2. IF NOT, DATA CORRECT. 3. IF KEYED CORRECTLY, DENY THE CLAIM WITH EOB 4049.		

3.65 358 (FORMER LEGACY EDIT N/A)

DMS Approved 05/06/2010

ERROR STATUS CODE:	358 (FORMER LEGACY EDIT N/A)	**CLAIM TYPE:**	I, O
HEADER/DETAIL:	HEADER	**PROVIDER TYPE:**	01, 02, 04, 39, 92, 93
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	PAPER, NON-PAPER, ADJUSTMENTS
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	DIAGNOSIS
ESC NAME:	EIGHTH DIAGNOSIS CODE INVALID		
ESC CRITERIA: **LEGACY CRITERIA:**	IF THE HEADER EIGHTH DIAGNOSIS CODE IS NOT ALPHANUMERIC OR IS LESS THAN 3 CHARACTERS IN LENGTH, POST THE EDIT. N/A		
EOB CODES:	4050 – EIGHTH DIAGNOSIS CODE IS INVALID.		
METHOD OF CORRECTION:	1. VERIFY THAT THE INFORMATION WAS KEYED CORRECTLY. 2. IF NOT, DATA CORRECT. 3. IF KEYED CORRECTLY, DENY THE CLAIM WITH EOB 4050.		

3.66 359 (FORMER LEGACY EDIT N/A)

DMS Approved 05/06/2010

ERROR STATUS CODE:	359 (FORMER LEGACY EDIT N/A)	**CLAIM TYPE:**	I, O
HEADER/DETAIL:	HEADER	**PROVIDER TYPE:**	01, 02, 04, 39, 92, 93
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	PAPER, NON-PAPER, ADJUSTMENTS
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	DIAGNOSIS
ESC NAME:	NINTH DIAGNOSIS CODE INVALID		
ESC CRITERIA: **LEGACY CRITERIA:**	IF THE HEADER NINTH DIAGNOSIS CODE IS NOT ALPHANUMERIC OR IS LESS THAN 3 CHARACTERS IN LENGTH, POST THE EDIT. N/A		
EOB CODES:	4051 – NINTH DIAGNOSIS CODE IS INVALID.		
METHOD OF CORRECTION:	1. VERIFY THAT THE INFORMATION WAS KEYED CORRECTLY. 2. IF NOT, DATA CORRECT. 3. IF KEYED CORRECTLY, DENY THE CLAIM WITH EOB 4051.		

3.67 360 (FORMER LEGACY EDIT N/A)

DMS Approved 05/06/2010

ERROR STATUS CODE:	360 (FORMER LEGACY EDIT N/A)	**CLAIM TYPE:**	I
HEADER/DETAIL:	HEADER	**PROVIDER TYPE:**	01, 02, 04, 92, 93
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	PAPER, NON-PAPER, ADJUSTMENTS
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	DIAGNOSIS
ESC NAME:	ADMITTING DIAGNOSIS CODE IS MISSING		
ESC CRITERIA: **LEGACY CRITERIA:**	FOR INPATIENT CLAIMS, IF THE ADMITTING DIAGNOSIS CODE IS MISSING, POST THE EDIT. N/A		
EOB CODES:	4061 – ADMITTING DIAGNOSIS CODE IS MISSING.		
METHOD OF CORRECTION:	1. VERIFY THAT THE INFORMATION WAS KEYED CORRECTLY. 2. IF NOT, DATA CORRECT. 3. IF KEYED CORRECTLY, DENY THE CLAIM WITH EOB 4061.		

3.68 361 (FORMER LEGACY EDIT N/A)

DMS Approved 05/06/2010

ERROR STATUS CODE:	361 (FORMER LEGACY EDIT N/A)	**CLAIM TYPE:**	I
HEADER/DETAIL:	HEADER	**PROVIDER TYPE:**	01, 02, 04, 92, 93
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	PAPER, NON-PAPER, ADJUSTMENTS
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	DIAGNOSIS
ESC NAME:	ADMITTING DIAGNOSIS CODE IS INVALID		
ESC CRITERIA: **LEGACY CRITERIA:**	FOR INPATIENT CLAIMS, IF THE ADMITTING DIAGNOSIS CODE IS NOT ALPHANUMERIC OR LESS THAN 3 CHARACTERS, POST THE EDIT. N/A		
EOB CODES:	4052 – ADMITTING DIAGNOSIS CODE IS INVALID.		
METHOD OF CORRECTION:	1. VERIFY THAT THE INFORMATION WAS KEYED CORRECTLY. 2. IF NOT, DATA CORRECT. 3. IF KEYED CORRECTLY, DENY THE CLAIM WITH EOB 4052.		

3.69 362 (FORMER LEGACY EDIT N/A)

DMS Approved 05/06/2010

ERROR STATUS CODE:	362 (FORMER LEGACY EDIT N/A)	**CLAIM TYPE:**	I, O
HEADER/DETAIL:	HEADER	**PROVIDER TYPE:**	01, 02, 04, 39, 92, 93
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	PAPER, NON-PAPER, ADJUSTMENTS
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	DIAGNOSIS
ESC NAME:	E (EMERGENCY) DIAGNOSIS CODE IS INVALID		
ESC CRITERIA: **LEGACY CRITERIA:**	IF THE E (EMERGENCY) DIAGNOSIS CODE IS NOT ALPHANUMERIC OR LESS THAN 3 CHARACTERS, POST THE EDIT. N/A		
EOB CODES:	4060 – E (EMERGENCY) DIAGNOSIS CODE IS INVALID.		
METHOD OF CORRECTION:	1. VERIFY THAT THE INFORMATION WAS KEYED CORRECTLY. 2. IF NOT, DATA CORRECT. 3. IF KEYED CORRECTLY, DENY THE CLAIM WITH EOB 4060.		

3.70 363 (FORMER LEGACY EDIT N/A)

DMS Approved 06/2007

ERROR STATUS CODE:	363 (FORMER LEGACY EDIT N/A)	**CLAIM TYPE:**	A, I
HEADER/DETAIL:	HEADER	**PROVIDER TYPE:**	01, 02, 04, 92, 93
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	PAPER, NON-PAPER, ADJUSTMENTS
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	ICD9 PROCEDURE

ESC NAME:	PRINCIPAL ICD9 PROCEDURE CODE IS INVALID
ESC CRITERIA: **LEGACY CRITERIA:**	INSTITUTIONAL CLAIM FORMS. IF THE PRINCIPAL ICD9 CODE IS NOT ALPHANUMERIC OR THE FOURTH CHARACTER IS NOT A SPACE OR NOT ALPHANUMERIC, POST THE EDIT. N/A
EOB CODES:	0363- PRINCIPAL ICD9 PROCEDURE CODE IS INVALID
METHOD OF CORRECTION:	VERIFY THE INFORMATION HAS BEEN KEYED CORRECTLY. IF KEYED CORRECTLY, DENY THE CLAIM WITH EOB 0363.

3.71 364 (FORMER LEGACY EDIT 084)

DMS Approved 04/06/2004

ERROR STATUS CODE:	364 (FORMER LEGACY EDIT 084)	**CLAIM TYPE:**	I
HEADER/DETAIL:	HEADER	**PROVIDER TYPE:**	01, 92, 93
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	PAPER, NON-PAPER, ADJUSTMENTS
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	PSUR DATE

ESC NAME:	PRINCIPAL PROCEDURE DATE MISSING.
ESC CRITERIA: **LEGACY CRITERIA:**	IF THE PRINCIPAL PROCEDURE DATE IS SPACES OR NULL, POST THE ESC. IF PRIMARY SURGERY CODE PRESENT THEN DATE OF PROCEDURE MUST BE PRESENT, 8 DIGITS NUMERIC, GREATER THAN, OR EQUAL TO THE ADMISSION DATE AND LESS THAN, OR EQUAL TO THE DISCHARGE DATE. <u>EXCLUSIONS:</u> AS OF 08/20/03 CLAIMS WITH A PRIMARY SURGERY DATE WITHIN (3) THREE DAYS PRIOR TO THE ADMISSION DATE DO NOT FAIL. PER DCR00861.
EOB CODES:	0084 – CLAIM DENIED. PRIMARY SURGERY DATE MISSING OR INVALID.
METHOD OF CORRECTION:	1. VERIFY THAT THE PRIMARY SURGERY DATE IS KEYED AND KEYED CORRECTLY. IF NOT, CORRECT THE DATA.
	2. VERIFY THAT THE PRIMARY SURGERY CODE WAS KEYED CORRECTLY. IF NOT, CORRECT THE DATA.
	3. IF KEYED CORRECTLY OR MISSING, DENY THE HEADER.
	THIS ESC IS SET TO AUTO-DENY FOR THE TYPE OF DOCUMENT – ELECTRONIC CLAIMS.

3.72 365 (FORMER LEGACY EDIT 084)

DMS Approved 04/06/2004

ERROR STATUS CODE:	365 (FORMER LEGACY EDIT 084)	**CLAIM TYPE:**	I
HEADER/DETAIL:	HEADER	**PROVIDER TYPE:**	01, 92, 93
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	PAPER, NON-PAPER, ADJUSTMENTS
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	PSUR DATE

ESC NAME:	PRINCIPAL PROCEDURE DATE INVALID.
ESC CRITERIA:	IF THE PRINCIPAL PROCEDURE DATE IS NOT SPACES AND NOT A VALID OR A REASONABLE DATE (19000101 - 20500101) DATE, POST THE ESC.
EOB CODES:	0084 – CLAIM DENIED. PRIMARY SURGERY DATE MISSING OR INVALID.
METHOD OF CORRECTION:	1. VERIFY THAT THE PRIMARY SURGERY DATE IS KEYED AND KEYED CORRECTLY. IF NOT, CORRECT THE DATA.
	2. VERIFY THAT THE PRIMARY SURGERY CODE WAS KEYED CORRECTLY. IF NOT, CORRECT THE DATA.
	3. IF KEYED CORRECTLY OR MISSING, DENY THE HEADER.
	THIS ESC IS SET TO AUTO-DENY FOR THE TYPE OF DOCUMENT – ELECTRONIC CLAIMS.

3.73 366 (FORMER LEGACY EDIT N/A)

DMS Approved 1/26/2005

ERROR STATUS CODE:	366 (FORMER LEGACY EDIT N/A)	**CLAIM TYPE:**	A, I
HEADER/DETAIL:	DETAIL	**PROVIDER TYPE:**	01, 02, 04, 92, 93
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	PAPER, NON-PAPER, ADJUSTMENTS
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	DIAGNOSIS INDICATOR

ESC NAME:	FIRST OTHER PROCEDURE CODE INVALID
ESC CRITERIA:	INSTITUTIONAL CLAIM FORMS. IF THE 1ST OTHER ICD9 CODE IS NOT ALPHANUMERIC OR THE FOURTH CHARACTER IS NOT A SPACE OR NOT ALPHANUMERIC, POST THE EDIT.
LEGACY CRITERIA:	N/A
EOB CODES:	0366 - FIRST OTHER PROCEDURE CODE INVALID
METHOD OF CORRECTION:	1. VERIFY THAT THE INFORMATION WAS KEYED CORRECTLY. IF NOT, CORRECT THE DATA. 2. IF THE INFORMATION IS KEYED CORRECTLY, DENY THE CLAIM WITH EOB 0366.
	IF ENTERED CORRECTLY, DENY THE CLAIM.

3.74 367 (FORMER LEGACY EDIT 083)

DMS Approved 1/26/2005

ERROR STATUS CODE:	367 (FORMER LEGACY EDIT 083)	**CLAIM TYPE:**	I
HEADER/DETAIL:	HEADER	**PROVIDER TYPE:**	01, 92, 93
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	PAPER, NON-PAPER, ADJUSTMENTS
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	SSUR DATE

ESC NAME:	FIRST OTHER PROCEDURE DATE MISSING.
ESC CRITERIA: **LEGACY CRITERIA:**	IF THE FIRST OTHER PROCEDURE DATE IS SPACES OR NULL, POST THE ESC. IF SECONDARY SURGERY PROCEDURE CODE IS PRESENT THEN THE DATE OF PROCEDURE MUST BE PRESENT, 8 DIGITS NUMERIC, GREATER THAN OR EQUAL TO THE ADMISSION DATE AND LESS THAN OR EQUAL TO THE DISCHARGE DATE. <u>EXCLUSIONS:</u> AS OF 08/20/03 CLAIMS WITH A SECONDARY SURGERY DATE WITHIN (3) THREE DAYS PRIOR TO THE ADMISSION DATE DO NOT FAIL. PER DCR00861.
EOB CODES:	0083 – SECONDARY SURGERY DATE MISSING/INVALID.
METHOD OF CORRECTION:	1. VERIFY THAT THE SECONDARY SURGERY DATE IS KEYED CORRECTLY. IF NOT, CORRECT THE DATA.
	2. VERIFY THAT THE SECONDARY SURGERY CODE WAS KEYED CORRECTLY. IF NOT, CORRECT THE DATA.
	3. IF KEYED CORRECTLY, AND THE SECONDARY SURGERY DATE IS INVALID OR MISSING, DENY THE HEADER.
	THIS ESC IS SET TO AUTO-DENY FOR THE TYPE OF DOCUMENT – ELECTRONIC CLAIMS.

3.75 368 (FORMER LEGACY EDIT 083)

DMS Approved 1/26/2005

ERROR STATUS CODE:	368 (FORMER LEGACY EDIT 083)	**CLAIM TYPE:**	I
HEADER/DETAIL:	HEADER	**PROVIDER TYPE:**	01, 92, 93
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	PAPER, NON-PAPER, ADJUSTMENTS
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	SSUR DATE

ESC NAME:	FIRST OTHER PROCEDURE DATE INVALID.
ESC CRITERIA:	IF THE FIRST OTHER PROCEDURE DATE IS NOT SPACES AND NOT A VALID OR A REASONABLE DATE (19000101 - 20500101) DATE, POST THE ESC.
EOB CODES:	0083 – SECONDARY SURGERY DATE MISSING/INVALID.
METHOD OF CORRECTION:	1. VERIFY THAT THE SECONDARY SURGERY DATE IS KEYED CORRECTLY. IF NOT, CORRECT THE DATA.
	2. VERIFY THAT THE SECONDARY SURGERY CODE WAS KEYED CORRECTLY. IF NOT, CORRECT THE DATA.
	3. IF KEYED CORRECTLY, AND THE SECONDARY SURGERY DATE IS INVALID OR MISSING, DENY THE HEADER.
	THIS ESC IS SET TO AUTO-DENY FOR THE TYPE OF DOCUMENT – ELECTRONIC CLAIMS.

3.76 395 (FORMER LEGACY EDIT 001)

DMS Approved 01/26/96

ERROR STATUS CODE:	395 (FORMER LEGACY EDIT 001)	**CLAIM TYPE:**	ALL
HEADER/DETAIL:	HEADER	**PROVIDER TYPE:**	ALL
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	PAPER, NON-PAPER, ADJUSTMENTS, ENCOUNTERS (THRESHOLD)
DATA CORRECTABLE	YES	**CLAIM FIELD LABEL:**	FDOS

ESC NAME:	STATEMENT COVERS PERIOD "FROM" DATE MISSING
ESC CRITERIA: **LEGACY CRITERIA:**	IF THE CLAIM'S FROM DATE OF SERVICE IS SPACES OR NULL OR ZERO, POST THE ESC. VERIFIES THAT THE “FROM” DATE OF SERVICE IS PRESENT, EIGHT DIGITS, NUMERIC, AND NO LATER THAN THE TCN JULIAN DATE.
EOB CODES:	0001 - PLEASE VERIFY THE DATES OF SERVICE. HEADER FROM DATE OF SERVICE IS MISSING OR INVALID.
METHOD OF CORRECTION:	VERIFY THAT THE FROM DATE OF SERVICE WAS KEYED CORRECTLY. IF NOT, CORRECT AND RECYCLE.
	IF THIS ESC SUSPENDS DUE TO ESC 264, 265 OR 527 SUSPENDING AND BEING DENIED IN THE DETAIL, USE THE FOLLOWING METHOD OF CORRECTION: DATA CORRECT THE FROM DATE OF SERVICE IN THE HEADER. THEN DATA CORRECT THE DETAIL FROM DATE OF SERVICE.
	VERIFY THAT THE FROM DATE OF SERVICE WAS BEFORE THE TCN JULIAN DATE. IF THE FROM DATE IS AFTER THE JULIAN DATE, THE CLAIM DETAIL MUST BE DENIED.
	IF THE FROM DATE OF SERVICE IS NOT VALID FOR ANY REASONS, I.E. 063183, THE CLAIM MUST BE DENIED.
	THIS ESC IS SET TO AUTO-DENY FOR ELECTRONIC CLAIMS.

3.77 396 (FORMER LEGACY EDIT 001)

DMS Approved 01/26/96

ERROR STATUS CODE:	396 (FORMER LEGACY EDIT 001)	**CLAIM TYPE:**	ALL
HEADER/DETAIL:	HEADER	**PROVIDER TYPE:**	ALL
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	PAPER, NON-PAPER, ADJUSTMENTS, ENCOUNTERS (THRESHOLD)
DATA CORRECTABLE	YES	**CLAIM FIELD LABEL:**	FDOS

ESC NAME:	STATEMENT COVERS PERIOD "FROM" DATE INVALID
ESC CRITERIA: **LEGACY CRITERIA:**	IF THE HEADER FROM DATE OF SERVICE IS NOT A VALID OR A REASONABLE (19000101 - 20500101) DATE, POST THE ESC. VERIFIES THAT THE “FROM” DATE OF SERVICE IS PRESENT, EIGHT DIGITS, NUMERIC, AND NO LATER THAN THE TCN JULIAN DATE.
EOB CODES:	0001 - PLEASE VERIFY THE DATES OF SERVICE. HEADER FROM DATE OF SERVICE IS MISSING OR INVALID.
METHOD OF CORRECTION:	VERIFY THAT THE FROM DATE OF SERVICE WAS KEYED CORRECTLY. IF NOT, CORRECT AND RECYCLE.
	IF THIS ESC SUSPENDS DUE TO E264, 265 OR 527 SUSPENDING AND BEING DENIED IN THE DETAIL, USE THE FOLLOWING METHOD OF CORRECTION: DATA CORRECT THE FROM DATE OF SERVICE IN THE HEADER. THEN DATA CORRECT THE DETAIL FROM DATE OF SERVICE.
	VERIFY THAT THE FROM DATE OF SERVICE WAS BEFORE THE TCN JULIAN DATE. IF THE FROM DATE IS AFTER THE JULIAN DATE, THE CLAIM DETAIL MUST BE DENIED.
	IF THE FROM DATE OF SERVICE IS NOT VALID FOR ANY REASONS, I.E. 063183, THE CLAIM MUST BE DENIED.
	THIS ESC IS SET TO AUTO-DENY FOR ELECTRONIC CLAIMS.

3.78 397

3.78.1 397 (FORMER LEGACY EDIT 003)

DMS Approved 01/26/96

ERROR STATUS CODE:	397 (FORMER LEGACY EDIT 003)	**CLAIM TYPE:**	ALL
HEADER/DETAIL:	HEADER	**PROVIDER TYPE:**	ALL
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	PAPER, NON-PAPER, ADJUSTMENTS, ENCOUNTERS (THRESHOLD)
DATA CORRECTABLE	YES	**CLAIM FIELD LABEL:**	TDOS

ESC NAME:	THE STATEMENT COVERS PERIOD "THROUGH" DATE IS MISSING
ESC CRITERIA: **LEGACY CRITERIA:**	IF THE CLAIM'S TO DATE OF SERVICE IS SPACES OR NULL OR ZERO (0), POST THE ESC. VERIFIES A VALID SERVICE DATE, IS NOT PRIOR TO THE FROM DATE, OR LATER THAN THE TCN JULIAN DATE WAS ENTERED.
EOB CODES:	0003 - PLEASE VERIFY THE DATES OF SERVICE. THE TO DATE OF SERVICE IS INVALID, MISSING, FUTURE DATE, OR LESS THAN THE FROM DATE OF SERVICE.
METHOD OF CORRECTION:	1. VERIFY THAT THE TO DATE OF SERVICE WAS KEYED CORRECTLY. IF NOT, CORRECT AND RECYCLE.
	2. VERIFY THAT THE TO DATE IS EQUAL TO OR AFTER THE FROM DATE. IF TO DATE IS BEFORE THE FROM DATE AND WAS KEYED CORRECTLY, THE CLAIM MUST BE DENIED.
	THIS ESC IS SET TO AUTO-DENY FOR TYPE OF DOCUMENT – ELECTRONIC CLAIMS.

3.78.2 397 (FORMER LEGACY EDIT 006)

DMS Approved 01/26/96

ERROR STATUS CODE:	397 (FORMER LEGACY EDIT 006)	**CLAIM TYPE:**	A, I, L
HEADER/DETAIL:	HEADER	**PROVIDER TYPE:**	01, 02, 04, 11, 12, 92, 93
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	PAPER, NON-PAPER, ADJUSTMENTS, ENCOUNTERS (THRESHOLD)
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	TDOS

ESC NAME:	THE STATEMENT COVERS PERIOD "THROUGH" DATE IS MISSING
ESC CRITERIA: **LEGACY CRITERIA:**	IF THE CLAIM'S TO DATE OF SERVICE IS SPACES OR NULL OR ZERO (0), POST THE ESC. IF THE STATUS IS DISCHARGE. VERIFIES THAT THE DISCHARGE DATE IS PRESENT AND NUMERIC. SEE ATTACHED LIST OF PATIENT STATUS CODES.
EOB CODES:	0003 - PLEASE VERIFY THE DATES OF SERVICE. THE TO DATE OF SERVICE IS INVALID, MISSING, FUTURE DATE, OR LESS THAN THE FROM DATE OF SERVICE.
METHOD OF CORRECTION: IF CLAIM TYPES A AND I	1. VERIFY THAT THE PATIENT STATUS CODE IS KEYED CORRECTLY. IF NOT, DATA CORRECT AND RECYCLE.
	2. IF ONE OF THE FIRST FOUR OCCURRENCE CODES IS 42 (DEATH) THE CORRESPONDING OCCURRENCE CODE DATE IS SYSTEMATICALLY PLUGGED INTO THE DISCHARGE DATE FIELD. IF THE DISCHARGE DATE DOES NOT MATCH THE DATE FOR OCCURRENCE CODE 42, DATA CORRECT THE OCCURRENCE DATE AS THE DISCHARGE DATE.
	3. IF ONE OF THE FIRST FOUR OCCURRENCE CODES IS **NOT** 42 DATA CORRECT THE THROUGH DATE OF SERVICE AS THE DISCHARGE DATE.
	4. IF THE PATIENT STATUS CODE AND DISCHARGE DATE ARE KEYED CORRECTLY DENY THE CLAIM.
	THIS ESC IS SET TO AUTO-DENY FOR TYPE OF DOCUMENT – ELECTRONIC CLAIMS.
METHOD OF CORRECTION: IF CLAIM TYPE L	1. VERIFY THAT THE PATIENT STATUS CODE IS KEYED CORRECTLY. IF NOT, DATA CORRECT AND RECYCLE.
	2. IF THE TYPE OF BILL IS 811,814,661, OR 664, CORRECT THE THROUGH DATE OF SERVICE AS THE DISCHARGE DATE.
	3. IF THE PATIENT STATUS CODE AND DISCHARGE DATE ARE KEYED CORRECTLY AND THE DISCHARGE DATE IS PRIOR TO THE FROM DATE OF SERVICE, DENY THE CLAIM.

VALID UB04 DISCHARGE PATIENT STATUS CODES	01 – DISCHARGED TO HOME 02 – DISCHARGED TO ANOTHER HOSPITAL 03 – DISCHARGED TO SNF 04 – DISCHARGED TO ICF 05 – DISCHARGED TO OTHER INSTITUTION 06 – DISCHARGED OR TRANSFERRED TO HOME UNDER CARE OF ORGAINZED HOME HEALTH SERVICE ORGANIZATION 07 – DISCHARGED AGAINST MEDICAL ADVICE 10 – DISCHARGED TO MENTAL HEALTH CENTER 20 – EXPIRED 34 – TEMPORARY ABSENCE – HOSPITAL 35 – TEMPORARY ABSENCE – OTHER 40 – DIED AT HOME 41 – DIED AT A MEDICAL FACILITY 42 – PLACE OF DEATH UNKNOWN 50 – DISCHARGED/TRANSFERRED TO A HOSPICE/HOME SITUATION 51 – DISCHARGED TO A HOSPICE MEDICAL FACILITY 61 – DISCHARGED/TRANSFERRED WITHIN INSTITUTION TO HOSPITAL BASED MEDICARE APROVED SWING BED 62 – DISHCARGED TO ANOTHERREHABILITATION FACILITY 63 – TRANSFER/DISCHARGE TO A LONG TERM CARE

3.79 398

3.79.1 398 (FORMER LEGACY EDIT 003)

DMS Approved 01/26/96

ERROR STATUS CODE:	398 (FORMER LEGACY EDIT 003)	**CLAIM TYPE:**	ALL
HEADER/DETAIL:	HEADER	**PROVIDER TYPE:**	ALL
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	PAPER, NON-PAPER, ADJUSTMENTS, ENCOUNTERS (THRESHOLD)
DATA CORRECTABLE	YES	**CLAIM FIELD LABEL:**	TDOS

ESC NAME:	THE STATEMENT COVERS PERIOD "THROUGH" DATE IS INVALID
ESC CRITERIA:	IF THE HEADER TO DATE OF SERVICE IS NOT A VALID OR A REASONABLE (19000101 - 20500101) DATE, POST THE ESC.
EOB CODES:	0003 - PLEASE VERIFY THE DATES OF SERVICE. THE TO DATE OF SERVICE IS INVALID, MISSING, FUTURE DATE OR LESS THAN THE FROM DATE OF SERVICE.
METHOD OF CORRECTION:	1. VERIFY THAT THE TO DATE OF SERVICE WAS KEYED CORRECTLY. IF NOT, CORRECT AND RECYCLE.
	2. VERIFY THAT THE TO DATE IS EQUAL TO OR AFTER THE FROM DATE. IF TO DATE IS BEFORE THE FROM DATE AND WAS KEYED CORRECTLY, THE CLAIM MUST BE DENIED.
	THIS ESC IS SET TO AUTO-DENY FOR TYPE OF DOCUMENT – ELECTRONIC CLAIMS.

3.79.2 398 (FORMER LEGACY EDIT 006)

DMS Approved 01/26/96

ERROR STATUS CODE:	398 (FORMER LEGACY EDIT 006)	**CLAIM TYPE:**	A, I, L
HEADER/DETAIL:	HEADER	**PROVIDER TYPE:**	01, 02, 04, 11, 12, 92, 93
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	PAPER, NON-PAPER, ADJUSTMENTS, ENCOUNTERS (THRESHOLD)
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	TDOS

ESC NAME:	THE STATEMENT COVERS PERIOD "THROUGH" DATE IS INVALID.

ESC CRITERIA:	IF THE HEADER TO DATE OF SERVICE IS NOT A VALID OR A REASONABLE (19000101 - 20500101) DATE, POST THE ESC.
EOB CODES:	0003 - PLEASE VERIFY THE DATES OF SERVICE. THE TO DATE OF SERVICE IS INVALID, MISSING, FUTURE DATE OR LESS THAN THE FROM DATE OF SERVICE.
METHOD OF CORRECTION: IF CLAIM TYPES A and I	1. VERIFY THAT THE PATIENT STATUS CODE IS KEYED CORRECTLY. IF NOT, DATA CORRECT AND RECYCLE.
	2. IF ONE OF THE FIRST FOUR OCCURRENCE CODES IS 42 (DEATH) THE CORRESPONDING OCCURRENCE CODE DATE IS SYSTEMATICALLY PLUGGED INTO THE DISCHARGE DATE FIELD. IF THE DISCHARGE DATE DOES NOT MATCH THE DATE FOR OCCURRENCE CODE 42, DATA CORRECT THE OCCURRENCE DATE AS THE DISCHARGE DATE.
	3. IF ONE OF THE FIRST FOUR OCCURRENCE CODES IS **NOT** 42 DATA CORRECT THE THROUGH DATE OF SERVICE AS THE DISCHARGE DATE.
	4. IF THE PATIENT STATUS CODE AND DISCHARGE DATE ARE KEYED CORRECTLY DENY THE CLAIM.
	THIS ESC IS SET TO AUTO-DENY FOR TYPE OF DOCUMENT – ELECTRONIC CLAIMS.
METHOD OF CORRECTION: IF CLAIM TYPE L	1. VERIFY THAT THE PATIENT STATUS CODE IS KEYED CORRECTLY. IF NOT, DATA CORRECT AND RECYCLE.
	2. IF THE TYPE OF BILL IS 811,814,661, OR 664, CORRECT THE THROUGH DATE OF SERVICE AS THE DISCHARGE DATE.
	3. IF THE PATIENT STATUS CODE AND DISCHARGE DATE ARE KEYED CORRECTLY AND THE DISCHARGE DATE IS PRIOR TO THE FROM DATE OF SERVICE, DENY THE CLAIM.

3.80 400 (FORMER LEGACY EDIT 030)

DMS Approved 01/26/96

ERROR STATUS CODE:	400 (FORMER LEGACY EDIT 030)	**CLAIM TYPE:**	B (ALL EXCEPT 01, 55), C, D, H, M (ALL EXCEPT 40, 45, 55, 56, 57) and O
HEADER/DETAIL:	DETAIL	**PROVIDER TYPE:**	CT B (ALL EXCEPT 01, 55), CT C (01, 34, 39, 91), CT D (60, 61), CT H (34, 42, 44), CT M (ALL EXCEPT 40, 45, 55, 56, 57), CT O (01, 39, 41, 46, 47)
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	PAPER, NON-PAPER, ADJUSTMENTS, ENCOUNTERS (THRESHOLD)
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	UNITS OF SERVICE

ESC NAME:	UNITS OF SERVICE MUST BE GREATER THAN ZERO.
ESC CRITERIA: **LEGACY CRITERIA:**	IF THE UNITS IS ZERO, POST THE ESC. VERIFIES THAT A NUMERIC UNIT VALUE IS ENTERED AND EQUAL TO OR GREATER THAN 1.
EOB CODES:	0030 – CLAIM/DETAIL DENIED. DETAIL NUMBER OF SERVICES MISSING.
METHOD OF CORRECTION:	1. DETAIL NUMBER OF SERVICES REQUIRED FOR PROCESSING. VERIFY THAT UNITS WERE KEYED CORRECTLY. IF NOT, CORRECT THE DATA.
	2. IF NO UNITS ARE PRESENT ON THE CLAIM, ALWAYS ASSUME A 1 AND CORRECT THE DATA.
	3. IF COS “54” (NURSE ANESTHETIST) OR “74” (ANESTHESIOLOGIST) AND NO UNITS ARE BILLED ON THE CLAIM FORM, DENY THE CLAIM.
	THIS ESC IS SET TO AUTO-DENY FOR TYPE OF DOCUMENT - ELECTRONIC CLAIMS.

3.81 401 (FORMER LEGACY EDIT 059)

DMS Approved-09/13/04

ERROR STATUS CODE:	401 (FORMER LEGACY EDIT 059)	**CLAIM TYPE:**	B (31, 54, 80, 82, 85, 86, 87, 88, 89, 90, 95), C (91), D, H, I, M, O
HEADER/DETAIL:	HEADER	**PROVIDER TYPE:**	CT B (31, 54, 80, 82, 85, 86, 87, 88, 89, 90, 95), CT C (91), CT D (60, 61), CT H (34, 42, 44), CT I (01, 02, 04, 92, 93), CT M (ALL), CT O (ALL)
OVERRIDEABLE:	YES	**TYPE OF DOCUMENT:**	PAPER, NON-PAPER, ADJUSTMENTS, MASS ADJUSTMENTS
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	NET BILLED

ESC NAME:	NET CHARGE IS MISSING
ESC CRITERIA: **LEGACY CRITERIA:**	IF THE NET CHARGE IS SPACES OR NULL OR EQUAL TO ZERO OR LESS THAN ONE CHARACTER OR NOT NUMERIC (ALLOWS ONE DECIMAL, NO TRAILING DECIMAL), POST THE ESC. VERIFIES THAT THE NET CLAIM CHARGE IS PRESENT AND NUMERIC.
EOB CODES:	0059 – CLAIM/DETAIL DENIED. NET BILL CHARGE MISSING OR INVALID.
METHOD OF CORRECTION:	1. VERIFY THAT THE NET CLAIM CHARGE WAS KEYED CORRECTLY. IF NOT, CORRECT THE DATA.
	2. VERIFY THAT THE OTHER INSURANCE AMOUNT WAS KEYED CORRECTLY. IF NOT, CORRECT THE DATA.
	3. DATA CORRECT THE NET BILLED AMOUNT FIELD FOR PROVIDER TYPES 30, 31, AND 35.
	4. IF KEYED CORRECTLY, DENY THE CLAIM.
	THIS ESC IS SET TO AUTO-DENY FOR TYPE OF DOCUMENT - ELECTRONIC CLAIMS. NOTE: FOR PROVIDER TYPE 20 THIS ESC WAS TURNED OFF ON 08/27/04. PER DCR01206

3.82 427 (FORMER LEGACY EDIT N/A)

DMS Approved 06/2007

ERROR STATUS CODE:	427 (FORMER LEGACY EDIT N/A)	**CLAIM TYPE:**	ALL
HEADER/DETAIL:	HEADER	**PROVIDER TYPE:**	ALL
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	PAPER, NON PAPER, ADJUSTMENTS
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	ACCIDENT DATE/OCCURRENCE CODE

ESC NAME:	ACCIDENT DATE INVALID
ESC CRITERIA:	IF THE HEADER ACCIDENT DATE IS NOT VALID OR A REASONABLE DATE (19000101 - 20500101), POST THE EDIT.
LEGACY CRITERIA:	N/A
EOB CODES:	427 - ACCIDENT DATE INVALID
METHOD OF CORRECTION:	VERIFY THAT THE INFORMATION WAS KEYED CORRECTLY. IF NOT, CORRECT THE DATA.
	IF ENTERED CORRECTLY, DENY THE CLAIM.

3.83 433 (FORMER LEGACY EDIT N/A)

DMS Approved 1/21/2005

ERROR STATUS CODE:	433 (FORMER LEGACY EDIT N/A)	**CLAIM TYPE:**	A, B, C
HEADER/DETAIL:	HEADER	**PROVIDER TYPE:**	ALL CROSSOVER PROVIDER TYPES
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	PAPER, NON-PAPER, ADJUSTMENTS
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	MED DED AMT

ESC NAME:	MEDICARE DEDUCTIBLE AMOUNT INVALID
ESC CRITERIA:	CROSSOVER CLAIM TYPES. IF THE HEADER MEDICARE DEDUCTIBLE AMOUNT IS NOT VALID (VALID CONTAINS ONLY NUMERICS AND UP TO 1 DECIMAL POINT AND THE DECIMAL POINT CAN NOT BE THE LAST CHARACTER OF THE FIELD), POST THE EDIT. FOR PHYSICIAN CROSSOVERS, THE EDIT MAY SET BASED ON THE HEADER OR DETAIL AMOUNT (EDIT STILL ALWAYS SETS AT HEADER).
LEGACY CRITERIA:	N/A
EOB CODES:	0433- MEDICARE DEDUCTIBLE AMOUNT INVALID
METHOD OF CORRECTION:	VERIFY THE INFORMATION HAS BEEN KEYED CORRECTLY. IF KEYED CORRECTLY, DENY THE CLAIM WITH EOB 0433.

3.84 434 (FORMER LEGACY EDIT N/A)

DMS Approved 06/2007

ERROR STATUS CODE:	434 (FORMER LEGACY EDIT N/A)	**CLAIM TYPE:**	A, B, C,
HEADER/DETAIL:	HEADER	**PROVIDER TYPE:**	CT A (01, 02, 11, 12) CT B (01, 20, 30, 31, 35, 36, 37, 50, 52, 54, 60, 61, 64, 65, 70,72,74, 77, 78, 80, 82, 85, 86, 87, 88, 89, 90, 95) CT C (01, 34, 39, 91)
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	PAPER, NON PAPER ADJUSTMENTS
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	VALUE CODE FIELD

ESC NAME:	MEDICARE COINSURANCE AMOUNT INVALID
ESC CRITERIA:	CROSSOVER CLAIM TYPES. IF THE HEADER MEDICARE COINSURANCE AMOUNT IS NOT VALID (VALID CONTAINS ONLY NUMERICS AND UP TO 1 DECIMAL POINT AND THE DECIMAL POINT CAN NOT BE THE LAST CHARACTER OF THE FIELD), POST THE EDIT. FOR PHYSICIAN CROSSOVERS, THE EDIT MAY SET BASED ON THE HEADER OR DETAIL AMOUNT (EDIT STILL ALWAYS SETS AT HEADER).
LEGACY CRITERIA:	N/A
EOB CODES:	0434- MEDICARE COINSURANCE AMOUNT INVALID
METHOD OF CORRECTION:	VERIFY THE INFORMATION HAS BEEN KEYED CORRECTLY. IF KEYED CORRECTLY, DENY THE CLAIM WITH EOB 0434.

3.85 436 (FORMER LEGACY EDIT N/A)

DMS Approved 06/2007

ERROR STATUS CODE:	436 (FORMER LEGACY EDIT N/A)	**CLAIM TYPE:**	A, B, C,
HEADER/DETAIL:	HEADER	**PROVIDER TYPE:**	CT A (01, 02, 11, 12) CT B (01, 20, 30, 31, 35, 36, 37, 50, 52, 54, 60, 61, 64, 65, 70,72,74, 77, 78, 80, 82, 85, 86, 87, 88, 89, 90, 95) CT C (01, 34, 39, 91)
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	PAPER, NON PAPER ADJUSTMENTS
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	MEDICARE ALLOWED

ESC NAME:	TOTAL MEDICARE ALLOWED AMOUNT INVALID
ESC CRITERIA:	IF THE HEADER OR A DETAIL MEDICARE ALLOWED AMOUNT IS NULL OR SPACES, USE ZERO AS THE AMOUNT AND SKIP THE EDIT. IF THE HEADER OR A DETAIL MEDICARE ALLOWED AMOUNT IS NOT VALID (VALID CONTAINS ONLY NUMERICS AND UP TO 1 DECIMAL POINT AND THE DECIMAL POINT CAN NOT BE THE LAST CHARACTER OF THE FIELD), POST THE EDIT.
LEGACY CRITERIA:	N/A
EOB CODES:	0436- TOTAL MEDICARE ALLOWED AMOUNT INVALID
METHOD OF CORRECTION:	VERIFY THE INFORMATION HAS BEEN KEYED CORRECTLY. IF KEYED CORRECTLY, DENY THE CLAIM WITH EOB 0436.

3.86 450 FORMER LEGACY EDIT N/A

DMS Approved 06/2007

ERROR STATUS CODE:	450 (FORMER LEGACY EDIT N/A)	**CLAIM TYPE:**	D, M
HEADER/DETAIL:	HEADER	**PROVIDER TYPE:**	31, 35, 60, 61
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	PAPER, NON PAPER, ADJUSTMENTS
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	QUADRANT CODE

ESC NAME:	INVALID QUADRANT
ESC CRITERIA:	DENTAL CLAIM FORMS. IF THE QUADRANT CODE IS NOT NULL OR SPACES, AND IT IS NOT ON THE TOOTH QUADRANT TABLE (CODES - TOOTH QUADRANT PANEL), POST THE EDIT.
LEGACY CRITERIA:	N/A
EOB CODES:	0450- INVALID QUADRANT
METHOD OF CORRECTION:	VERIFY THE INFORMATION HAS BEEN KEYED CORRECTLY. IF KEYED CORRECTLY, DENY THE CLAIM WITH EOB 0450.

3.87 451 (FORMER LEGACY EDIT 984)

DMS Approved 12/11/97

ERROR STATUS CODE:	451 (FORMER LEGACY EDIT 984)	**CLAIM TYPE:**	A, B, C
HEADER/DETAIL:	HEADER	**PROVIDER TYPE:**	CT A (01, 02, 11, 12), CT B (01, 20, 30, 31, 35, 36, 37, 50, 52, 55, 60, 61, 64, 65, 70, 72, 74, 77, 78, 80, 82, 85, 86, 87, 88, 89, 90, 95), CT C (01, 34, 39, 91)
OVERRIDEABLE:	YES	**TYPE OF DOCUMENT:**	PAPER, NON-PAPER, ADJUSTMENTS, ENCOUNTERS
DATA CORRECTABLE	YES	**CLAIM FIELD LABEL:**	MEDICARE COINSURANCE AMOUNT

ESC NAME:	NO CROSSOVER COINSURANCE OR DEDUCTIBLE DUE
ESC CRITERIA:	IF THE CLAIM IS AN INPATIENT CROSSOVER AND THE MEDICARE COINSURANCE AMOUNT IS ZERO (0), THE MEDICARE DEDUCTIBLE AMOUNT IS ZERO (0), AND THE MEDICARE BLOOD DEDUCTIBLE AMOUNT IS ZERO (0), POST THE ESC. IF THE CLAIM TYPE IS A PROFESSIONAL CROSSOVER OR OUTPATIENT CROSSOVER, THE MEDICARE COINSURANCE AMOUNT IS ZERO (0), AND THE MEDICARE DEDUCTIBLE AMOUNT IS ZERO (0), POST THE ESC.
LEGACY CRITERIA:	FAILS CROSSOVER CLAIMS IF BOTH THE HEADER COINSURANCE AND DEDUCTIBLE FIELDS ARE ZERO. **NOTE - FOR UB04 CROSSOVERS, COINSURANCE AND DEDUCTIBLE AMOUNTS ARE ENTERED IN THE VALUE CODE/VALUE AMOUNT FIELDS.** **EXCLUSIONS:** PROVIDER TYPE 30, 31 AND 35 CLAIMS FOR MEMBERS WITH PROGRAM CODES OTHER THAN "Z" DO NOT FAIL ESC 984. CMS ENCOUNTERS (REGIONS 70 AND 71) WITH ZERO IN THE HEADER MEDICARE PAID AMOUNT FIELD BYPASS ESC 451.
EOB CODES:	0984 – MEDICARE EOMB DOES NOT INDICATE THAT COINSURANCE AND DEDUCTIBLE AMOUNTS ARE DUE
METHOD OF CORRECTION:	1. FOR CMS CLAIMS CHECK KEYING OF COINSURANCE AND DEDUCTIBLE AMOUNTS, IF INCORRECT ENTER CORRECT DATA.
	2. FOR UB04 CLAIMS CHECK KEYING OF VALUE CODES AND AMOUNTS, IF INCORRECT ENTER CORRECT DATA.
	3. IF KEYED CORRECTLY, DENY THE ESC.

3.88 455 (NO FORMER LEGACY EDIT)

DMS Approved 06/2007

ERROR STATUS CODE:	455 (NO FORMER LEGACY EDIT)	CLAIM TYPE:	D
HEADER/DETAIL:	HEADER	PROVIDER TYPE:	31, 35, 60, 61
OVERRIDEABLE:	YES	TYPE OF DOCUMENT:	PAPER, NON-PAPER, ADJUSTMENTS
DATA CORRECTABLE	YES	FIELD NAME:	SUBMISSION REASON CODE

ESC NAME:	DENTAL PREDETERMINATION OF BENEFITS NOT ALLOWED
ESC CRITERIA:	IF THE CLAIM SUBMISSION REASON CODE = PB (PREDETERMINATION OF BENEFITS CLAIM), POST THE EDIT.
EOB CODES:	2319 – DENTAL PREDETERMINATION OF BENEFITS NOT ALLOWED.
METHOD OF CORRECTION:	VERIFY THAT THE CLAIM SUBMISSION REASON CODE WAS ENTERED CORRECTLY. IF THE CLAIM SUBMISSION REASON CODE WAS NOT ENTERED CORRECTLY, DATA CORRECT THE FIELD.

3.89 457 (NO FORMER LEGACY EDIT)

DMS Approved 06/2007

ERROR STATUS CODE:	457 (NO FORMER LEGACY EDIT)	CLAIM TYPE:	I
HEADER/DETAIL:	HEADER	PROVIDER TYPE:	01, 02, 04, 92, 93
OVERRIDEABLE:	YES	TYPE OF DOCUMENT:	PAPER, NON-PAPER, ADJUSTMENTS
DATA CORRECTABLE	YES	FIELD NAME:	PRINCIPAL/OTHER PROC CODE

ESC NAME:	INVALID PRINCIPAL/OTHER PROCEDURE TYPE
ESC CRITERIA:	IF THE ICD9 PRINCIPAL PROCEDURE'S CODE QUALIFIER IS NOT (BR) OR THE ICD9 OTHER PROCEDURE CODE QUALIFIER IS NOT (BQ) OR THE ICD9 PROCEDURE'S CODE QUALIFIER IS NOT (BR OR BQ), POST THE EDIT. FYI - FOR PAPER CLAIMS WE WILL SET THE BR QUALIFIER TO THE PRINCIPAL PROCEDURE CODE, AND THE BQ QUALIFIER TO THE OTHER PROCEDURE CODE(S).
EOB CODES:	2315 – INVALID PRINCIPAL/OTHER PROCEDURE TYPE
METHOD OF CORRECTION:	VERIFY THAT THE PRINCIPAL/OTHER PROCEDURE CODE WAS ENTERED CORRECTLY. IF THE PRINCIPAL/OTHER PROCEDURE CODE WAS NOT ENTERED CORRECTLY, DATA CORRECT THE FIELD.
	NOTE: THIS ESC IS CURRENTLY SET TO INACTIVE

3.90 458 (FORMER LEGACY EDIT N/A)

DMS Approved 05/06/2010

ERROR STATUS CODE:	458 (FORMER LEGACY EDIT N/A)	**CLAIM TYPE:**	I, O
HEADER/DETAIL:	HEADER	**PROVIDER TYPE:**	01, 02, 04, 39, 92, 93
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	PAPER, NON-PAPER, ADJUSTMENTS
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	DIAGNOSIS
ESC NAME:	DIAGNOSIS CODES 10 – 24 INVALID		
ESC CRITERIA: **LEGACY CRITERIA:**	IF ONE OR MORE OF THE 10 – 24 DIAGNOSIS CODES IS NOT ALPHANUMERIC OR LESS THAN 3 CHARACTERS, POST THE EDIT. N/A		
EOB CODES:	2477 – THE DIAGNOSIS CODE IN SEQUENCE 10-24 IS IN AN INVALID FORMAT.		
METHOD OF CORRECTION:	1. VERIFY THAT THE INFORMATION WAS KEYED CORRECTLY. 2. IF NOT, DATA CORRECT. 3. IF KEYED CORRECTLY, DENY THE CLAIM WITH EOB 2477.		

3.91 459 (FORMER LEGACY EDIT 212)

DMS Approved 01/26/96

ERROR STATUS CODE:	459 (FORMER LEGACY EDIT 212)	**CLAIM TYPE:**	H (PT 34, 42 ONLY), M (ALL EXCEPT PT 55, 56, 57), O
HEADER/DETAIL:	DETAIL	**PROVIDER TYPE:**	CT M (ALL EXCEPT 55, 56, 57), CT O (PT 01, 39, 41, 46, 47), PT 44 (CT H)
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	NON-PAPER
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	DIAGN

ESC NAME:	DETAIL DIAGNOSIS TREATMENT INDICATOR INVALID
ESC CRITERIA: **LEGACY CRITERIA:**	IF A DIAGNOSIS TREATMENT INDICATOR ON A NON-PAPER CLAIM IS NOT A VALUE 1 - 8, POST THE ESC. IF A DIAGNOSIS TREATMENT INDICATOR ON A NON-PAPER CLAIM IS A VALUE 1 - 8, BUT THERE IS NO DIAGNOSIS IN THE POSITION INDICATED BY THE TREATMENT INDICATOR, POST THE ESC. BYPASS THE ESC IF THE PROCEDURE IS IN PROCEDURE GROUP (1014 - TRANSPORTATION). INDICATOR MUST BE PRESENT AND VALID. CHECK HEADER DIAGNOSIS FIELDS FOR PRESENCE OF DIAGNOSIS INDICATED.
EOB CODES:	0212 –DETAIL DIAGNOSIS INDICATOR INVALID.
METHOD OF CORRECTION:	1. VERIFY THAT THE DIAGNOSIS INDICATOR WAS KEYED CORRECTLY. IF NOT, CORRECT THE DATA.
	2. IF ENTERED CORRECTLY, DENY THE CLAIM.
	THIS ESC IS SET TO AUTO-DENY ON THE TYPE OF DOCUMENT – NON-PAPER CLAIMS.

3.92 500 (FORMER LEGACY EDIT N/A)

DMS Approved 06/2007

ERROR STATUS CODE:	500 (FORMER LEGACY EDIT N/A)	**CLAIM TYPE:**	P, Q
HEADER/DETAIL:	HEADER	**PROVIDER TYPE:**	54
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	ENCOUNTERS ONLY
DATA CORRECTABLE:	NO	**CLAIM FIELD LABEL:**	RX DATE

ESC NAME:	DATE PRESCRIBED AFTER BILLING DATE
ESC CRITERIA: **LEGACY CRITERIA:**	IF THE RX DATE IS AFTER THE DATE BILLED ON THE ENCOUNTER CLAIM, POST THE EDIT. NA
EOB CODES:	2214– DATE PRESCRIBED IS INVALID
METHOD OF CORRECTION:	**THIS ESC IS ACTIVE FOR REGIONS 25, 26, 59, 65 AND 71 ONLY. THIS EDIT IS ALSO SET AS THRESHOLD**

3.93 502 (FORMER LEGACY EDIT N/A)

DMS Approved 06/2007

ERROR STATUS CODE:	502 (FORMER LEGACY EDIT N/A)	**CLAIM TYPE:**	P, Q
HEADER/DETAIL:	HEADER	**PROVIDER TYPE:**	54
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	ENCOUNTERS ONLY
DATA CORRECTABLE:	NO	**CLAIM FIELD LABEL:**	DISP DATE

ESC NAME:	DATE DISPENSED EARLIER THAN DATE PRESCRIBED
ESC CRITERIA: **LEGACY CRITERIA:**	IF THE DISPENSED DATE IS BEFORE THE RX DATE ON THE ENCOUNTER CLAIM, POST THE EDIT. NA
EOB CODES:	2485– DATE DESPENSED EARILIER THAN DATE PRESCRIBED
METHOD OF CORRECTION:	**THIS ESC IS ACTIVE FOR REGIONS 25, 26, 59, 65 AND 71 ONLY. THIS EDIT IS ALSO SET AS INFORMATIONAL**

3.94 503 (FORMER LEGACY EDIT N/A)

DMS Approved 06/2007

ERROR STATUS CODE:	503 (FORMER LEGACY EDIT N/A)	**CLAIM TYPE:**	P, Q
HEADER/DETAIL:	HEADER	**PROVIDER TYPE:**	54
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	ENCOUNTERS ONLY
DATA CORRECTABLE:	NO	**CLAIM FIELD LABEL:**	DISP DATE

ESC NAME:	DATE DISPENSED AFTER BILLING DATE
ESC CRITERIA: **LEGACY CRITERIA:**	IF THE DISPENSED DATE IS AFTER THE BILLING DATE ON THE ENCOUNTER CLAIM, POST THE EDIT. NA
EOB CODES:	2474– DATE DESPENSED AFTER BILLING DATE
METHOD OF CORRECTION:	**THIS ESC IS ACTIVE FOR REGIONS 25, 26, 59, 65 AND 71 ONLY. THIS EDIT IS ALSO SET AS INFORMATIONAL**

3.95 506 (FORMER LEGACY EDIT 88)

DMS Approved 04/06/2004

ERROR STATUS CODE:	506 (FORMER LEGACY EDIT 88)	CLAIM TYPE:	ALL EXCEPT L
HEADER/DETAIL:	HEADER	PROVIDER TYPE:	ALL EXCEPT 11, 12
OVERRIDEABLE:	YES	TYPE OF DOCUMENT:	PAPER, NON-PAPER, ADJUSTMENTS
DATA CORRECTABLE	YES	FIELD NAME:	INVOICE DATE

ESC NAME:	ICN DATE PRIOR TO DATE BILLED
ESC CRITERIA:	IF THE DATE BILLED IS AFTER THE ICN DATE, POST THE EDIT.
LEGACY CRITERIA:	VERIFIES INVOICE DATE PRESENT, 8 DIGITS NUMERIC, VALID DATE, AND LESS THAN OR EQUAL TO THE TCN JULIAN DATE.
EOB CODES:	0088 – CLAIM DENIED. CLAIM INVOICE DATE MISSING/INVALID.
METHOD OF CORRECTION:	3. VERIFY THAT THE INVOICE DATE (OR SIGNATURE DATE) WAS ENTERED CORRECTLY. IF NOT, CORRECT THE CLAIM.
	4. IF ENTERED CORRECTLY AND THE DATE IS INVALID OR MISSING DENY THE CLAIM.
	NOTE: THIS EDIT IS SET TO AUTO-DENY FOR TYPE OF DOCUMENT - ELECTRONIC CLAIMS.

3.96 507 (FORMER LEGACY EDIT 101)

DMS Approved 07/08/05

ERROR STATUS CODE:	507 (FORMER LEGACY EDIT 101)	**CLAIM TYPE:**	ALL EXCEPT A, B (PT 01, 55 ONLY), C (PT 01, 39)
HEADER/DETAIL:	DETAIL	**PROVIDER TYPE:**	ALL EXCEPT 01 (CT A, B, C), 55 (CT B), 39 (CT C)
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	PAPER, NON-PAPER, ADJUSTMENTS, ENCOUNTERS
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	TDOS

ESC NAME:	THE DETAIL "FROM" DATE IS AFTER THE "TO" DATE			
ESC CRITERIA: **LEGACY CRITERIA:**	IF THE DETAIL FROM DATE OF SERVICE IS GREATER THAN THE TO DATE OF SERVICE AND THE CLAIM TYPE IS VALID AND THE CLAIM TYPE IS A PHYSICIAN ('M') OR A PHYS XOVER ('B'), POST THE ESC. IF THE DETAIL FROM DATE OF SERVICE IS GREATER THAN THE TO DATE OF SERVICE, POST THE ESC. VERIFIES THE “TO” DATE OF SERVICE IS VALID, NOT PRIOR TO THE “FROM” DATE OF SERVICE, AND BEFORE THE TCN JULIAN DATE.			
	<u>EXCLUSIONS</u> FOR PROVIDER TYPE 90, CT B THE FOLLOWING CPT CODES ARE EXCLUDED FROM ESC 507 PER DCR 00598.			
	A4221	A4222	A4253	A4256
	A4259	A4625	A4629	B4034
	B4053	B4036	B4150	B4151
	B4152	B4153	B4154	B4155
	B4156	B4164	B4168	B4172
	B4176	B4178	B4180	B4184
	B4189	B4193	B4197	B4199
	B4216	B4220	B4222	B4224
	B5000	B5100	B5200	E0935
	FOR PROVIDER TYPE 90, CT B THE FOLLOWING CPT CODES ARE EXCLUDED FROM ESC 507 PER DCR 01359			
	B4102	B4103	B4104	B4149
	B4157	B4158	B4159	B4160
	B4161	B4162		
EOB CODES:	0101 – DETAIL TO DATE OF SERVICE MISSING OR INVALID.			
METHOD OF CORRECTION:	• VERIFY THAT THE DATE OF SERVICE WAS KEYED CORRECTLY. IF INCORRECT, CORRECT THE DATA.			
	• IF THE FROM DATE OF SERVICE IS GREATER THAN THE TO DATE OF SERVICE, OR IF MISSING, DENY THE CLAIM.			

	THIS ESC IS SET TO AUTO-DENY FOR TYPE OF DOCUMENT - ELECTRONIC CLAIMS. NOTE: THIS ESC IS INACTIVE FOR PT. 90 CT. B, PER DCR00493. THIS ESC IS ACTIVE FOR PT 90 CT B PER DCR 00598

3.97 508 (FORMER LEGACY EDIT 055)

DMS Approved 01/26/96

ERROR STATUS CODE:	508 (FORMER LEGACY EDIT 055)	**CLAIM TYPE:**	ALL EXCEPT A, B C, P/Q
HEADER/DETAIL:	HEADER	**PROVIDER TYPE:**	ALL EXCEPT CT A (01, 02, 11, 12), CT B (01, 20, 30, 31, 35, 36, 37, 50, 52, 54, 55, 60, 61, 64, 65, 70, 72, 74, 77, 78, 80, 82, 85, 86, 876, 88, 89, 90, 95), CT C (01, 31, 34, 91), 54
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	PAPER, NON-PAPER, ADJUSTMENT, ENCOUNTERS (THRESHOLD)
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	TOT BILL, DETAIL BILLED

ESC NAME:	TOTAL CHARGE DOES NOT EQUAL THE SUM OF ALL DETAILS
ESC CRITERIA: **LEGACY CRITERIA:**	IF THE TOTAL CHARGE (AMOUNT BILLED - HEADER) DOES NOT EQUAL THE SUM OF THE INDIVIDUAL LINE ITEM CHARGES (DETAIL(S)), POST THE ESC. VERIFIES THE TOTAL BILLED IS THE SUM OF ALL THE DETAILS.
EOB CODES:	0055 – CLAIM DENIED. TOTAL DETAIL CHARGES NOT EQUAL TO TOTAL BILLED.
METHOD OF CORRECTION:	1. THIS ESC FAILS IF THE SYSTEMS' CALCULATION OF THE SUM OF THE DETAILS IS NOT EQUAL TO THE TOTAL BILL KEYED.
	2. VERIFY EACH DETAIL CHARGE AND THE TOTAL CHARGE TO MAKE CERTAIN THAT THEY WERE KEYED CORRECTLY. IF NOT, CORRECT THE DATA.
	3. IF ALL DATA KEYED CORRECTLY, DENY CLAIM.
	THIS ESC IS SET TO AUTO-DENY FOR THE TYPE OF DOCUMENT – ELECTRONIC CLAIMS.

3.98 509 (FORMER LEGACY EDIT 053)

DMS Approved 01/26/96

ERROR STATUS CODE:	509 (FORMER LEGACY EDIT 053)	**CLAIM TYPE:**	ALL EXCEPT A, L
HEADER/DETAIL:	HEADER	**PROVIDER TYPE:**	ALL EXCEPT 11, 12
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENT AND ELECTRONIC ADJUSTMENT
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	TOT BILL, OI PD, NET BILL

ESC NAME:	NET BILLED OUT OF BALANCE
ESC CRITERIA: **LEGACY CRITERIA:**	IF THE NET AMOUNT BILLED DOES NOT EQUAL THE AMOUNT BILLED - AMOUNT NET BILLED - THE TPL AMOUNT, POST THE ESC. IF THE NET AMOUNT BILLED DOES NOT EQUAL (THE AMOUNT BILLED - THE TPL AMOUNT - AMOUNT PRIOR PAYMENTS - A SUMMED VALUE FOR LONG TERM OR INPATIENT XOVER CLAIMS WITH A CERTAIN TYPE OF BILL(S) (E.G. 210, 219, 650, ETC) IF NOT A LONG TERM OR INPATIENT XOVER CLAIM THE SUMMED VALUE IS SET TO ZERO (0), POST THE ESC. VERIFIES THAT THE TOTAL BILLED AMOUNT LESS OTHER INSURANCE AMOUNTS IS EQUAL TO THE NET BILLED AMOUNT.
EOB CODES:	0053 – CLAIM DENIED. NET BILLED NOT EQUAL TO TOTAL BILLED MINUS OTHER INSURANCE.
METHOD OF CORRECTION:	1. VERIFY THAT EACH DETAIL WAS KEYED CORRECTLY. IF NOT, CORRECT THE DATA.
	2. VERIFY THAT THE INSURANCE AMOUNT WAS KEYED CORRECTLY. IF NOT, CORRECT THE DATA.
	3. IF NET BILLED AMOUNT IS PRESENT ON THE CLAIM VERIFY THAT IT WAS KEYED CORRECTLY. IF NOT, CORRECT THE DATA.
	4. DATA CORRECT THE NET BILLED AMOUNT FIELD FOR PROVIDER TYPES 30, 31, AND 35.
	5. IF TOTAL CHARGE, OTHER INSURANCE PAYMENT AND NET BILLED ARE KEYED CORRECTLY, DENY THE CLAIM.
	THIS ESC IS SET TO AUTO-DENY FOR THE TYPE OF DOCUMENT – ELECTRONIC CLAIMS.

3.99 512 (FORMER LEGACY EDIT 102)

DMS Approved: 07/07/06

ERROR STATUS CODE:	512 (FORMER LEGACY EDIT 102)	**CLAIM TYPE:**	ALL EXCEPT A, B, C
HEADER/DETAIL:	DETAIL	**PROVIDER TYPE:**	ALL EXCEPT CT A (01, 02, 11, 12), CT B (01, 20, 30, 31, 35, 36, 37, 50, 52, 54, 55, 60, 61, 64, 65, 70, 72, 74, 77, 78, 80, 82, 85, 86, 876, 88, 89, 90, 95), CT C (01, 31, 34, 91)
OVERRIDEABLE:	YES	**TYPE OF DOCUMENT:**	PAPER, NON-PAPER, ADJUSTMENTS
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	TDOS

ESC NAME:	FILING LIMIT EXCEEDED
ESC CRITERIA: **LEGACY CRITERIA:**	IF THE DAY'S DIFFERENCE BETWEEN THE ICN DATE AND THE DETAIL'S FIRST DATE OF SERVICE IS GREATER THAN 365 DAYS, POST THE ESC. VERIFIES THAT EACH DETAIL OF A CLAIM IS RECEIVED WITHIN 1 YEAR FROM THE DATE ON WHICH THE SERVICE WAS RENDERED. **<u>FOR PT.01, CLAIM TYPE I,</u> TYPE OF BILL 111, 112, 113 AND 114 BYPASS ESC 512 IF THE TRANSACTION DATE ON THE PA#FILE IS LESS THAN ONE YEAR FROM THE RECEIPT JULIAN DATE OF THE CLAIM.** **IF THE TRANSACTION DATE ON THE PA#FILE IS PAST ONE YEAR FROM THE JULIAN RECEIPT DATE OF THE CLAIM ESC 512 APPLIES.**
EOB CODES:	0102 – CLAIM DETAIL DENIED. LATE BILLING DATE OF SERVICE PAST ONE YEAR FILING LIMIT. 0112 – CLAIM DENIED. DOCUMENTATION ATTACHED WAS INSUFFICIENT TO WAIVE ONE YEAR FILING LIMITATION. PLEASE CALL PROVIDER SERVICES FOR ASSISTANCE.
METHOD OF CORRECTION:	**<u>ELECTRONIC CLAIMS FOR PROVIDER TYPE 56</u>** 1. ACCESS THE MEMBER SUBSYSTEM AND IDENTIFY THE SEGMENT WHICH COVERS THE CLAIM DATES OF SERVICE. 2. IF THE SEGMENT DATE IS WITHIN ONE YEAR OF THE SUSPENDED CLAIM JULIAN DATE OVERRIDE THE ESC. IF NO SEGMENT DATE IS LISTED, USE THE DATE OF TRANSACTION ON THE COVERED SEGMENT AND OVERRIDE IF THE SUSPENDED CLAIM JULIAN DATE IS WITHIN ONE YEAR. 3. IF THE SEGMENT DATE (OR IN ITS ABSENCE, THE DATE OF TRANSACTION) IS OVER ONE YEAR FROM THE SUSPENDED CLAIM JULIAN DATE, TRANSFER CLAIM TO LOCATION 83.

	4. **PAPER CLAIMS:** 1. VERIFY THAT THE DATES OF SERVICE ARE KEYED CORRECTLY. IF KEYED INCORRECTLY, CORRECT THE DATA. 2. IF THERE IS AN OVERRIDE 512 STAMPED ON THE CLAIM WITH APPROPRIATE INITIALS, OVERRIDE THE ESC. 3. IF DATES OF SERVICE ARE ENTERED CORRECTLY, THERE IS NO OVERRIDE STAMP PRESENT ON THE CLAIM, AND THERE ARE NO ATTACHMENTS WITH THE CLAIM, DENY THE CLAIM WITH EOB 0102. 4. IN ALL OTHER SITUATIONS EXAMINE THE CLAIM FOR ATTACHMENTS. THE FOLLOWING TYPES OF DOCUMENTATION ARE ACCEPTABLE: 5. REMITTANCE STATEMENT MEETING THE FOLLOWING CRITERIA: • THE REMITTANCE STATEMENT MUST SHOW THE CLAIM WAS PREVIOUSLY DENIED OR RETURNED. THE JULIAN DATE OF THE ICN ON THE DENIED/RETURNED CLAIM MUST BE WITHIN ONE YEAR OF THE CLAIM DATE OF SERVICE. ADDITIONALLY, IF THE DENIED/RETURNED CLAIM ICN IS OVER ONE YEAR OLD DOCUMENTATION WILL BE REQUIRED TO SHOW THE CLAIM WAS REFILED AGAIN WITHIN ONE YEAR OF THE “AS OF” DATE ON THE DENIED/RETURNED CLAIM REMITTANCE STATEMENT. 6. INSURANCE REMITTANCE STATEMENT DATED WITHIN 6 MONTHS OF THE CLAIM ICN JULIAN DATE. 7. BACK-DATED CARD MEETING THE FOLLOWING CRITERIA: • A BACKDATED CARD IS DEFINED AS A CARD WITH AN EFFECTIVE DATE PRIOR TO THE ISSUE DATE OF THE CARD, IF THE CARD HAS BEEN ISSUED SINCE 9/88. BACKDATED CARDS ARE ACCEPTABLE DOCUMENTATION FOR EDS STAFF TO

	OVERRIDE THESE ESCS WITHOUT DMS REVIEW IF THE LATEST ELIGIBILITY DATE OR **ISSUE DATE**, WHICHEVER IS MORE RECENT, IS WITHIN ONE YEAR OF THE ICN (DATE OF RECEIPT). • IF THE CLAIM HAS A BACKDATED **DUPLICATE** KY MEDICAID CARD ATTACHED, FORWARD TO DMS FOR REVIEW ON CLAIM TYPES A, B, C, I AND L. ATTENTION: FACILITY SERVICES BRANCH. • CARDS ISSUED PRIOR TO 9/88 DO NOT HAVE AN ISSUE DATE, AND ARE CONSIDERED BACKDATED IF THEY SPAN MORE THAN ONE MONTH OF SERVICE. THESE ARE ACCEPTABLE IF THE LATEST ELIGIBILITY DATE ON THE CARD IS WITHIN ONE YEAR OF THE ICN (DATE OF RECEIPT). 3. CARD ISSUANCE DATA PRINTOUT FROM THE KENTUCKY MEDICAID KY HEALTH-NET: • A BACKDATED CARD ISSUANCE HISTORY DATA IS DEFINED AS A SEGMENT ON THE TABLE WITH A BEGINNING DATE PRIOR TO THE ISSUE DATE. BACKDATED CARD ISSUANCE HISTORY DATA IS ACCEPTABLE DOCUMENTATION FOR EDS STAFF TO OVERRIDE THE ESC WITHOUT DMS REVIEW IF THE LATEST ELIGIBILITY DATE OR **ISSUE DATE**, WHICHEVER IS MORE RECENT, IS WITHIN ONE YEAR OF THE ICN (DATE OF RECEIPT). A 'Y' INDICATOR WILL BE UNDER THE HEADING "CURRENTLY BILLABLE'. • A LETTER FROM THE DCBS OFFICE STATING MEMBER HAS BACKDATED CARD AND THE ISSUE DATE OF THE LETTER IS LESS THAN ONE YEAR SHALL BE ACCEPTED AS DOCUMENTATION IF BACKDATED CARD IS NOT AVAILABLE. • A COPY OF A EDS SCREEN PRINT SHOWING ELIGIBILITY HAS BEEN

	BACKDATED CAN BE ACCEPTABLE DOCUMENTATION IF NO MORE THAN 1 YEAR HAS ELAPSED SINCE BACKDATING. 4. FOR DME PROVIDER TYPE 90 ONLY, PRIOR AUTHORIZATION LETTER OR MAP-9 WITH A SUBMITTED DATE (ON LETTER) OR MAILROOM RECEIPT STAMP (ON MAP-9) WITHIN ONE YEAR OF RECEIPT BY MEDICAID. 5. SCREEN PRINT OF THE IIPS, SHOWING PAID/DENIED DATE AND DETAIL LINES. 6. BACK-DATED PROVIDER ENROLLMENT: • A LETTER TO THE PROVIDER FROM DMS PROVIDER ENROLLMENT THAT SHOWS ISSUE DATE OF THE LETTER IS LESS THAN 12 MONTHS FROM RECEIPT JULIAN DATE OF THE CLAIM. • REMITTANCE ADVICE FROM PASSPORT THAT MEETS THE ONE YEAR TIMELY FILING LIMIT. • PROOF OF RECOUPMENT BY OTHER INSURANCE OR MEDICARE WHICH HAVE ISSUE DATE OF THE LETTER THAT IS LESS THAN ONE YEAR FROM THE RECEIPT JULIAN DATE OF THE CLAIM. • SCREEN PRINT OF THE MMIS CLAIMS PAID HISTORY INQUIRY SHOWING PAID/DENIED DATE. • IF ACCEPTABLE DOCUMENTATION OF TIMELY FILING IS ATTACHED OVERRIDE THE ESC. • IF THE PROVIDER HAS SENT A LETTER OF EXPLANATION OR OTHER DOCUMENTATION EXPLAINING THE LATE SUBMISSION AND THE CLAIM DOES NOT FALL INTO ANY OF THE ABOVE CATEGORIES, THE CLAIM SHOULD BE FORWARDED TO DMS FOR REVIEW AND DETERMINATION. IN ORDER TO FORWARD TO DMS FOR REVIEW, ENTER THE LOCATION CODE DESIGNATED FOR TIMELY FILING REVIEW OF THE CLAIMS' PROVIDER TYPE. • IF DOCUMENTATION IS PRESENT, BUT IS NOT SUFFICIENT TO OVERRIDE THE CLAIM, DENY THE CLAIM WITH EOB 0112. • CLAIMS IN QUESTION THAT CONTAIN PAPER DOCUMENTATION SEND TO DMS PROGRAM QUERY SITE FOR REVIEW.

3.100 514 (FORMER LEGACY EDIT 087)

DMS Approved 01/26/96

ERROR STATUS CODE:	514 (FORMER LEGACY EDIT 087)	**CLAIM TYPE:**	L
HEADER/DETAIL:	HEADER	**PROVIDER TYPE:**	11, 12
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	PAPER, NON-PAPER, ADJUSTMENTS
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:"**	TDOS

ESC NAME:	HEADER THRU DATE OF SERVICE AFTER ICN DATE
ESC CRITERIA: **LEGACY CRITERIA:**	IF THE HEADER TO DATE OF SERVICE IS AFTER THE ICN DATE, POST THE ESC. FAILS IF THE TDOS IS EQUAL TO THE DATE OF RECEIPT.
EOB CODES:	0087 – DETAIL TO DATE OF SERVICE MISSING OR INVALID..
METHOD OF CORRECTION:	1. VERIFY THE TDOS WAS KEYED CORRECTLY. IF NOT, CORRECT THE DATA. 2. IF THE TDOS WAS KEYED CORRECTLY, DENY THE CLAIM.
	THIS ESC IS SET TO AUTO-DENY FOR TYPE OF DOCUMENT - ELECTRONIC CLAIMS.

3.101 519 (FORMER LEGACY EDIT 002)

DMS Approved 01/26/96

ERROR STATUS CODE:	519 (FORMER LEGACY EDIT 002)	**CLAIM TYPE:**	H, I, L, A
HEADER/DETAIL:	HEADER	**PROVIDER TYPE:**	01, 02, 04, 11, 12, 44, 92, 93
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT**	PAPER, NON-PAPER, ADJUSTMENTS
DATA CORRECTABLE	YES	**CLAIM FIELD LABEL:**	ADM DTE

ESC NAME:	ADMIT DATE IS AFTER THE STATEMENT PERIOD "FROM" DATE OF SERVICE
ESC CRITERIA: **LEGACY CRITERIA:**	IF THE ADMIT DATE IS GREATER THAN THE FIRST DATE OF SERVICE (FROM THE HEADER), POST THE ESC. VERIFIES THAT A VALID ADMISSION DATE NOT GREATER THAN THE FROM DATE OF SERVICE IS ENTERED.
EOB CODES:	0002 – THE ADMITTING DATE OF SERVICE IS MISSING/INVALID OR LATER THAN THE FROM DATE OF SERVICE.
METHOD OF CORRECTION:	1. VERIFY THAT THE ADMISSION DATE WAS KEYED AND KEYED CORRECTLY. IF NOT, CORRECT AND RECYCLE.
	2. VERIFY THAT THE ADMISSION DATE IS PRESENT AND BEFORE OR THE SAME AS THE FROM DATE OF SERVICE. IF NOT, THE CLAIM MUST BE DENIED.
	3. CLAIM TYPE L, ADMISSION DATE IS ONLY REQUIRED WITH PATIENT STATUS CODES 1 AND 2.
	THIS ESC IS SET TO AUTO-DENY ON FOR TYPE OF DOCUMENT – ELECTRONIC CLAIMS.

3.102 527 (FORMER LEGACY EDIT 100)

DMS Approved 03/11/04

ERROR STATUS CODE:	527 (FORMER LEGACY 100)	**CLAIM TYPE:**	ALL EXCEPT A (PT 01, 02), B (PT 01), C (PT 01, 39)
HEADER/DETAIL:	DETAIL	**PROVIDER TYPE:**	ALL EXCEPT 01 (CT A/B/C), 02 (CT A), 39 (CT C)
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	PAPER, NON-PAPER, ADJUSTMENTS, ENCOUNTERS
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	FDOS

ESC NAME:	DETAIL FROM DATE OF SERVICE IS AFTER ICN DATE
ESC CRITERIA: **LEGACY CRITERIA:**	IF THE DETAIL TO DATE OF SERVICE IS AFTER THE ICN DATE, POST THE ESC. VERIFIES THE FROM DATE MUST BE PRESENT, NUMERIC, AND NO LATER THAN THE TCN JULIAN DATE.
EOB CODES:	0100 – DETAIL FROM DATE OF SERVICE MISSING OR INVALID.
METHOD OF CORRECTION:	1. VERIFY THAT THE DETAIL FROM DATE OF SERVICE WAS KEYED CORRECTLY. VERIFY THAT THE HEADER DOS ARE CORRECT. IF NOT, CORRECT THE DATA.
	2. VERIFY THAT THE DETAIL DATE OF SERVICE IS LESS THAN THE TCN JULIAN DATE. IF THE FROM DATE OF SERVICE IS LATER THAN THE TCN JULIAN DATE, THE DETAIL MUST BE DENIED.
	THIS ESC IS SET TO AUTO-DENY FOR THE TYPE OF DOCUMENT – ELECTRONIC CLAIMS.

3.103 529 (FORMER LEGACY EDIT 084)

DMS Approved 06/2007

ERROR STATUS CODE:	529 (FORMER LEGACY EDIT 084)	**CLAIM TYPE:**	I
HEADER/DETAIL:	HEADER	**PROVIDER TYPE:**	PT 01, 92, 93
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	PAPER, NON-PAPER, ADJUSTMENTS
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	PSUR DTE

ESC NAME:	SURGERY DATE IS BEFORE THE ADMISSION DATE
ESC CRITERIA: **LEGACY CRITERIA:**	IF ANY SURGERY DATES ARE PRIOR TO THE ADMISSION DATE, POST THE ESC. IF PRIMARY SURGERY CODE PRESENT THEN DATE OF PROCEDURE MUST BE PRESENT, 8 DIGITS NUMERIC, GREATER THAN, OR EQUAL TO THE ADMISSION DATE AND LESS THAN, OR EQUAL TO THE DISCHARGE DATE. <u>EXCLUSIONS:</u> AS OF 08/20/03 CLAIMS WITH A PRIMARY SURGERY DATE WITHIN (3) THREE DAYS PRIOR TO THE ADMISSION DATE DO NOT FAIL. PER DCR00861.
EOB CODES:	0084 – CLAIM DENIED. PRIMARY SURGERY DATE MISSING OR INVALID.
METHOD OF CORRECTION:	1. VERIFY THAT THE PRIMARY SURGERY DATE IS KEYED AND KEYED CORRECTLY. IF NOT, CORRECT THE DATA.
	2. VERIFY THAT THE PRIMARY SURGERY CODE WAS KEYED CORRECTLY. IF NOT, CORRECT THE DATA.
	3. IF KEYED CORRECTLY OR MISSING, DENY THE HEADER.
	THIS ESC IS SET TO AUTO-DENY FOR THE TYPE OF DOCUMENT – ELECTRONIC CLAIMS.

3.104 536 (NO FORMER LEGACY EDIT)

DMS Approved 06/2007

ERROR STATUS CODE:	536 (NO FORMER LEGACY EDIT)	CLAIM TYPE:	D, H, I, M, O
HEADER/DETAIL:	HEADER	PROVIDER TYPE:	01, 13, 15, 17, 20, 21, 22, 23, 24, 27, 28, 29, 31, 32, 33, 34, 35, 36, 37, 39, 40, 42, 43, 45, 46, 47, 50, 52, 55, 56, 57, 60, 61, 64, 65, 70, 71, 74, 78, 80, 85, 86
OVERRIDEABLE:	YES	TYPE OF DOCUMENT:	PAPER, NON-PAPER, ADJUSTMENTS
DATA CORRECTABLE	YES	FIELD NAME:	DATE OF SERVICE

ESC NAME:	BILLED DATE IS PRIOR TO DATES OF SERVICE
ESC CRITERIA:	IF THE HEADER DATE BILLED IS BEFORE THE FIRST DATE OF SERVICE, POST THE EDIT. (ALSO SETS EDIT 554 FOR THE EXACT SAME REASON). IF MORE THAN ONE TYPE OF TRIMESTER MODIFIER IS FOUND (Z1, Z2, Z3, Z4), POST THE EDIT.
EOB CODES:	2127 - DATE RECEIVED FOR PROCESSING-PRIOR TO DATE OF SERVICE.
METHOD OF CORRECTION:	5. VERIFY THAT THE DATE OF SERVICE WAS ENTERED CORRECTLY. IF NOT, CORRECT THE CLAIM.
	6. IF ENTERED CORRECTLY AND THE DATE IS INVALID OR MISSING DENY THE CLAIM.
	NOTE: THIS EDIT IS SET TO AUTO-DENY FOR TYPE OF DOCUMENT - ELECTRONIC CLAIMS.

3.105 545 (FORMER LEGACY EDIT 102)

DMS Approved: 07/07/06

ERROR STATUS CODE:	545 (FORMER LEGACY EDIT 102)	**CLAIM TYPE:**	ALL EXCEPT CROSSOVERS
HEADER/DETAIL:	DETAIL	**PROVIDER TYPES:**	ALL
OVERRIDEABLE:	YES	**TYPE OF DOCUMENT:**	PAPER, NON-PAPER, ENCOUNTER
DATA CORRECTABLE:	YES	**FIELD NAME:**	TDOS

ESC NAME:	TIMELY FILING
ESC CRITERIA: **LEGACY CRITERIA:**	VERIFIES THAT EACH DETAIL OF A CLAIM IS RECEIVED WITHIN 1 YEAR FROM THE DATE ON WHICH THE SERVICE WAS RENDERED. **FOR PT.01, CLAIM TYPE I, TYPE OF BILL 111, 112, 113 AND 114 BYPASS ESC 545 IF THE TRANSACTION DATE ON THE PRO FILE IS LESS THAN ONE YEAR FROM THE RECEIPT JULIAN DATE OF THE CLAIM.** **IF THE TRANSACTION DATE ON THE PRO FILE IS PAST ONE YEAR FROM THE JULIAN RECEIPT DATE OF THE CLAIM ESC 545 APPLIES.**
EOB CODES:	0102 – CLAIM/DETAIL DENIED. LATE BILLING DOS PAST ONE YEAR FILING LIMIT. 0112 – CLAIM DENIED. DOCUMENTATION ATTACHED WAS INSUFFICIENT TO WAIVE ONE YEAR FILING LIMITATION. PLEASE CALL UNISYS PROVIDER SERVICES FOR ASSISTANCE.
METHOD OF CORRECTION:	**ELECTRONIC CLAIMS FOR PROVIDER TYPE 56** 5. ACCESS THE RECIPIENT SUBSYSTEM SCREEN 2 AND IDENTIFY THE SEGMENT WHICH COVERS THE CLAIM DATES OF SERVICE. 6. IF THE SEGMENT DATE IS WITHIN ONE YEAR OF THE SUSPENDED CLAIM JULIAN DATE OVERRIDE THE EDIT. IF NO SEGMENT DATE IS LISTED, USE THE DATE OF TRANSACTION ON THE COVERED SEGMENT AND OVERRIDE IF THE SUSPENDED CLAIM JULIAN DATE IS WITHIN ONE YEAR. 7. IF THE SEGMENT DATE (OR IN ITS ABSENCE, THE DATE OF TRANSACTION) IS OVER ONE YEAR FROM THE SUSPENDED CLAIM JULIAN DATE, TRANSFER CLAIM TO LOCATION 83. **PAPER CLAIMS SEE ATTACHED OUTLINE FOR METHODS OF CORRECTION.**

3.106 550

3.106.1 550 (FORMER LEGACY EDIT 225)

DMS Approved 01/26/96

ERROR STATUS CODE:	550 (FORMER LEGACY EDIT 225)	**CLAIM TYPE:**	P/Q
HEADER/DETAIL:	HEADER	**PROVIDER TYPE:**	54
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	ELECTRONIC ADJUSTMENT
DATA CORRECTABLE:	NO	**CLAIM FIELD LABEL:**	N/A
ESC NAME:	MANUAL DENIAL OF ADJUSTMENT DETAILS		
ESC CRITERIA: **LEGACY CRITERIA:**	IF ANY OF THE FOLLOWING CONDITIONS EXIST ON AN ADJUSTMENT, THIS ESC WILL POST: • NO MEDICAID ID ON THE CLAIM. • IT'S A CROSSOVER CLAIM AND THERE IS NO MEDICARE PROVIDER NUMBER. • THE CLAIM DOES NOT HAVE AN ORIGINAL ICN (MOTHER CLAIM ICN). • THE MEMBER WAS NOT FOUND ON THE MEMBER BASE. • THE BILLING PROVIDER WAS NOT FOUND ON THE PROVIDER TABLE. • THE ORIGINAL CLAIM ICN WAS NOT FOUND ON THE HISTORY DIRECTORY. • THE CLAIM HAS ALREADY BEEN ADJUSTED. • THE CLAIM IS SCHEDULED TO BE ADJUSTED BY ANOTHER PROCESS. FAILS WHEN ORIGINAL CLAIM NOT FOUND ON HISTORY.		
EOB CODES:	0225 – NO HISTORY MATCH FOUND, PLEASE RESUBMIT.		
METHOD OF CORRECTION:	THIS ESC IS SET TO AUTO-DENY FOR THE TYPE OF DOCUMENT – ELECTRONIC ADJUSTMENTS AFTER 15 DAYS.		
	THIS ESC IS INACTIVE IN ICE – PHARMACY CLAIMS PROCESSED BY PBM.		

3.106.2 550 (FORMER LEGACY EDIT 422)

DMS Approved 07/29/98

ERROR STATUS CODE:	550 (FORMER LEGACY EDIT 422)	**CLAIM TYPE:**	N/A
HEADER/DETAIL:	HEADER	**PROVIDER TYPE:**	ALL ENCOUNTERS
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	ENCOUNTER (THRESHOLD)
DATA CORRECTABLE:	NO	**CLAIM FIELD LABEL:**	ENCOUNTER ADJUSTMENT ICN
ESC NAME:	MANUAL DENIAL OF ADJUSTMENT DETAILS		
ESC CRITERIA:	IF ANY OF THE FOLLOWING CONDITIONS EXIST ON AN ADJUSTMENT, THIS ESC WILL POST:		

LEGACY CRITERIA:	• NO MEDICAID ID ON THE CLAIM. • IT'S A CROSSOVER CLAIM AND THERE IS NO MEDICARE PROVIDER NUMBER. • THE CLAIM DOES NOT HAVE AN ORIGINAL ICN (MOTHER CLAIM ICN). • THE MEMBER WAS NOT FOUND ON THE MEMBER BASE. • THE BILLING PROVIDER WAS NOT FOUND ON THE PROVIDER TABLE. • THE ORIGINAL CLAIM ICN WAS NOT FOUND ON THE HISTORY DIRECTORY. • THE CLAIM HAS ALREADY BEEN ADJUSTED. • THE CLAIM IS SCHEDULED TO BE ADJUSTED BY ANOTHER PROCESS. FAILS IF THE ENCOUNTER TYPE OF CLAIM =“2” (ADJUSTMENT) OR “4” (RESUBMITTAL) AND THE ENCOUNTER TCN IS NOT NUMERIC OR THE ENCOUNTER TCN EQUAL TO ZEROS.
EOB CODES:	0422 - CLAIM DENIED. INVALID ENC ADJUSTMENT ICN.
METHOD OF CORRECTION:	N/A
	THIS ESC IS SET TO AUTO-DENY FOR THE TYPE OF DOCUMENT - ENCOUNTER CLAIMS.

3.107 555 (FORMER LEGACY EDIT 102)

DMS Approved: 07/07/06

ERROR STATUS CODE:	555 (FORMER LEGACY EDIT 102)	**CLAIM TYPE:**	ALL EXCEPT A, B, C
HEADER/DETAIL:	DETAIL	**PROVIDER TYPE:**	ALL EXCEPT CT A (01, 02, 11, 12), CT B (01, 20, 30, 31, 35, 36, 37, 50, 52, 54, 55, 60, 61, 64, 65, 70, 72, 74, 77, 78, 80, 82, 85, 86, 876, 88, 89, 90, 95), CT C (01, 31, 34, 91)
OVERRIDEABLE:	YES	**TYPE OF DOCUMENT:**	ALL EXCEPT ALL ADJUSTMENT RELATED CLAIMS (INCLUDES ENCOUNTER (THRESHOLD))
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	TDOS

ESC NAME:	CLAIM PAST 12 MONTH FILING DEADLINE- DETAIL
ESC CRITERIA:	IF A CLAIM IS FILED MORE THAN 730 DAYS (TWO YEARS) AFTER THE LAST DATE OF SERVICE (DETAIL - THE ICN DATE MINUS THE FROM DATE OF SERVICE) ON THE CLAIM, POST THE ESC. VERIFIES THAT EACH DETAIL OF A CLAIM IS RECEIVED WITHIN 1 YEAR FROM THE DATE ON WHICH THE SERVICE WAS RENDERED. **FOR PT.01, CLAIM TYPE I, TYPE OF BILL 111, 112, 113 AND 114 BYPASS ESC 555 IF THE TRANSACTION DATE ON THE PA#FILE IS LESS THAN ONE YEAR FROM THE RECEIPT JULIAN DATE OF THE CLAIM.** **IF THE TRANSACTION DATE ON THE PA#FILE IS PAST ONE YEAR FROM THE JULIAN RECEIPT DATE OF THE CLAIM ESC 555 APPLIES.**
EOB CODES:	0102 – CLAIM/DETAIL DENIED. LATE BILLING DATE OF SERVICE PAST ONE YEAR FILING LIMIT.
METHOD OF CORRECTION:	ELECTRONIC CLAIMS FOR PROVIDER TYPE 56 1. ACCESS THE MEMBER SUBSYSTEM AND IDENTIFY THE SEGMENT WHICH COVERS THE CLAIM DATES OF SERVICE. 2. IF THE SEGMENT DATE IS WITHIN ONE YEAR OF THE SUSPENDED CLAIM JULIAN DATE OVERRIDE THE ESC. IF NO SEGMENT DATE IS LISTED, USE THE DATE OF TRANSACTION ON THE COVERED SEGMENT AND OVERRIDE IF THE SUSPENDED CLAIM JULIAN DATE IS WITHIN ONE YEAR. 3. IF THE SEGMENT DATE (OR IN ITS ABSENCE, THE DATE OF TRANSACTION) IS OVER ONE YEAR FROM THE SUSPENDED CLAIM JULIAN DATE, TRANSFER CLAIM TO LOCATION 83.

	PAPER CLAIMS METHODS OF CORRECTION: 1. VERIFY THAT THE DATES OF SERVICE ARE KEYED CORRECTLY. IF KEYED INCORRECTLY, CORRECT THE DATA. 2. IF THERE IS AN OVERRIDE 555 STAMPED ON THE CLAIM WITH APPROPRIATE INITIALS, OVERRIDE THE ESC. 3. IF DATES OF SERVICE ARE ENTERED CORRECTLY, THERE IS NO OVERRIDE STAMP PRESENT ON THE CLAIM, AND THERE ARE NO ATTACHMENTS WITH THE CLAIM, DENY THE CLAIM WITH EOB 0102. 4. IN ALL OTHER SITUATIONS EXAMINE THE CLAIM FOR ATTACHMENTS. THE FOLLOWING TYPES OF DOCUMENTATION ARE ACCEPTABLE: 5. REMITTANCE STATEMENT MEETING THE FOLLOWING CRITERIA: • THE REMITTANCE STATEMENT MUST SHOW THE CLAIM WAS PREVIOUSLY DENIED OR RETURNED. THE JULIAN DATE OF THE TCN ON THE DENIED/RETURNED CLAIM MUST BE WITHIN ONE YEAR OF THE CLAIM DATE OF SERVICE. ADDITIONALLY, IF THE DENIED/RETURNED CLAIM TCN IS OVER ONE YEAR OLD DOCUMENTATION WILL BE REQUIRED TO SHOW THE CLAIM WAS REFILED AGAIN WITHIN ONE YEAR OF THE “AS OF” DATE ON THE DENIED/RETURNED CLAIM REMITTANCE STATEMENT. 6. INSURANCE REMITTANCE STATEMENT DATED WITHIN 6 MONTHS OF THE CLAIM TCN JULIAN DATE. 7. BACK-DATED CARD MEETING THE FOLLOWING CRITERIA: • A BACKDATED CARD IS DEFINED AS A CARD WITH AN EFFECTIVE DATE PRIOR TO THE ISSUE DATE OF THE CARD, IF THE CARD HAS BEEN ISSUED SINCE 9/88. BACKDATED CARDS ARE ACCEPTABLE DOCUMENTATION FOR UNISYS STAFF TO OVERRIDE THESE ESCS WITHOUT DMS REVIEW IF THE LATEST ELIGIBILITY DATE OR ISSUE DATE, WHICHEVER IS MORE RECENT, IS WITHIN ONE YEAR OF THE TCN (DATE OF RECEIPT). • IF THE CLAIM HAS A BACKDATED DUPLICATE KY MEDICAID CARD ATTACHED, FORWARD TO DMS FOR REVIEW ON CLAIM TYPES A, B, C, I AND L. ATTENTION: FACILITY SERVICES BRANCH. • CARDS ISSUED PRIOR TO 9/88 DO NOT HAVE AN ISSUE DATE, AND ARE CONSIDERED BACKDATED IF THEY SPAN MORE THAN ONE MONTH OF SERVICE. THESE ARE ACCEPTABLE IF THE LATEST ELIGIBILITY DATE ON THE CARD IS WITHIN ONE YEAR OF THE

	TCN (DATE OF RECEIPT). 8. CARD ISSUANCE DATA PRINTOUT FROM THE KENTUCKY MEDICAID KY HEALTH-NET: • A BACKDATED CARD ISSUANCE HISTORY DATA IS DEFINED AS A SEGMENT ON THE TABLE WITH A BEGINNING DATE PRIOR TO THE ISSUE DATE. BACKDATED CARD ISSUANCE HISTORY DATA IS ACCEPTABLE DOCUMENTATION FOR UNISYS STAFF TO OVERRIDE THE ESC WITHOUT DMS REVIEW IF THE LATEST ELIGIBILITY DATE OR ISSUE DATE, WHICHEVER IS MORE RECENT, IS WITHIN ONE YEAR OF THE TCN (DATE OF RECEIPT). A 'Y' INDICATOR WILL BE UNDER THE HEADING "CURRENTLY BILLABLE'. • A LETTER FROM THE DCBS OFFICE STATING MEMBER HAS BACKDATED CARD AND THE ISSUE DATE OF THE LETTER IS LESS THAN ONE YEAR SHALL BE ACCEPTED AS DOCUMENTATION IF BACKDATED CARD IS NOT AVAILABLE. • A COPY OF A EDS SCREEN PRINT SHOWING ELIGIBILITY HAS BEEN BACKDATED CAN BE ACCEPTABLE DOCUMENTATION IF NO MORE THAN 1 YEAR HAS ELAPSED SINCE BACKDATING. 9. FOR DME PROVIDER TYPE 90 ONLY, PRIOR AUTHORIZATION LETTER OR MAP-9 WITH A SUBMITTED DATE (ON LETTER) OR MAILROOM RECEIPT STAMP (ON MAP-9) WITHIN ONE YEAR OF RECEIPT BY MEDICAID. 10. SCREEN PRINT OF THE IIPS, SHOWING PAID/DENIED DATE AND DETAIL LINES. 11. BACK-DATED PROVIDER ENROLLMENT: 12. A LETTER TO THE PROVIDER FROM DMS PROVIDER ENROLLMENT THAT SHOWS ISSUE DATE OF THE LETTER IS LESS THAN 12 MONTHS FROM RECEIPT JULIAN DATE OF THE CLAIM. 13. REMITTANCE ADVICE FROM PASSPORT THAT MEETS THE ONE YEAR TIMELY FILING LIMIT. 14. PROOF OF RECOUPMENT BY OTHER INSURANCE OR MEDICARE WHICH HAVE ISSUE DATE OF THE LETTER THAT IS LESS THAN ONE YEAR FROM THE RECEIPT JULIAN DATE OF THE CLAIM. 15. SCREEN PRINT OF THE MMIS CLAIMS PAID HISTORY INQUIRY SHOWING PAID/DENIED DATE. 16. IF ACCEPTABLE DOCUMENTATION OF TIMELY FILING IS ATTACHED OVERRIDE THE ESC. 17. IF THE PROVIDER HAS SENT A LETTER OF

	EXPLANATION OR OTHER DOCUMENTATION EXPLAINING THE LATE SUBMISSION AND THE CLAIM DOES NOT FALL INTO ANY OF THE ABOVE CATEGORIES, THE CLAIM SHOULD BE FORWARDED TO DMS FOR REVIEW AND DETERMINATION. IN ORDER TO FORWARD TO DMS FOR REVIEW, ENTER THE LOCATION CODE DESIGNATED FOR TIMELY FILING REVIEW OF THE CLAIMS' PROVIDER TYPE. 18. IF DOCUMENTATION IS PRESENT, BUT IS NOT SUFFICIENT TO OVERRIDE THE CLAIM, DENY THE CLAIM WITH EOB 0112. 19. CLAIMS IN QUESTION THAT CONTAIN PAPER DOCUMENTATION SEND TO DMS PROGRAM QUERY SITE FOR REVIEW.

DMS APPROVED: 07/07/06

ERROR STATUS CODE: 555 (CONTINUED)

- VERIFY THAT THE DATES OF SERVICE ARE KEYED CORRECTLY. IF KEYED INCORRECTLY, CORRECT THE DATA.

20. IF THERE IS AN OVERRIDE 555 STAMPED ON THE CLAIM WITH APPROPRIATE INITIALS, OVERRIDE THE ESC.

21. IF DATES OF SERVICE ARE ENTERED CORRECTLY, THERE IS NO OVERRIDE STAMP PRESENT ON THE CLAIM, AND THERE ARE NO ATTACHMENTS WITH THE CLAIM, DENY THE CLAIM WITH EOB 0102.

22. IN ALL OTHER SITUATIONS EXAMINE THE CLAIM FOR ATTACHMENTS. THE FOLLOWING TYPES OF DOCUMENTATION ARE ACCEPTABLE:

    8. REMITTANCE STATEMENT MEETING THE FOLLOWING CRITERIA:

        - THE REMITTANCE STATEMENT MUST SHOW THE CLAIM WAS PREVIOUSLY DENIED OR RETURNED. THE JULIAN DATE OF THE TCN ON THE DENIED/RETURNED CLAIM MUST BE WITHIN ONE YEAR OF THE CLAIM DATE OF SERVICE. ADDITIONALLY, IF THE DENIED/RETURNED CLAIM TCN IS OVER ONE YEAR OLD DOCUMENTATION WILL BE REQUIRED TO SHOW THE CLAIM WAS REFILED AGAIN WITHIN ONE YEAR OF THE "AS OF" DATE ON THE DENIED/RETURNED CLAIM REMITTANCE STATEMENT.

23. INSURANCE REMITTANCE STATEMENT DATED WITHIN 6 MONTHS OF THE CLAIM TCN JULIAN DATE.

24. BACK-DATED CARD MEETING THE FOLLOWING CRITERIA:

    - A BACKDATED CARD IS DEFINED AS A CARD WITH AN EFFECTIVE DATE PRIOR TO THE ISSUE DATE OF THE CARD, IF THE CARD HAS BEEN ISSUED SINCE 9/88. BACKDATED CARDS ARE ACCEPTABLE DOCUMENTATION FOR UNISYS STAFF TO OVERRIDE THESE ESCS WITHOUT DMS REVIEW IF THE LATEST ELIGIBILITY DATE OR ISSUE DATE, WHICHEVER IS MORE RECENT, IS WITHIN ONE YEAR OF THE TCN (DATE OF RECEIPT).

- IF THE CLAIM HAS A BACKDATED DUPLICATE KY MEDICAID CARD ATTACHED, FORWARD TO DMS FOR REVIEW ON CLAIM TYPES A, B, C, I AND L. ATTENTION: FACILITY SERVICES BRANCH.
- CARDS ISSUED PRIOR TO 9/88 DO NOT HAVE AN ISSUE DATE, AND ARE CONSIDERED BACKDATED IF THEY SPAN MORE THAN ONE MONTH OF SERVICE. THESE ARE ACCEPTABLE IF THE LATEST ELIGIBILITY DATE ON THE CARD IS WITHIN ONE YEAR OF THE TCN (DATE OF RECEIPT).

25. CARD ISSUANCE DATA PRINTOUT FROM THE KENTUCKY MEDICAID KY HEALTH-NET:

    - A BACKDATED CARD ISSUANCE HISTORY DATA IS DEFINED AS A SEGMENT ON THE SCREEN WITH A BEGINNING DATE PRIOR TO THE ISSUE DATE. BACKDATED CARD ISSUANCE HISTORY DATA IS ACCEPTABLE DOCUMENTATION FOR UNISYS STAFF TO OVERRIDE THE ESC WITHOUT DMS REVIEW IF THE LATEST ELIGIBILITY DATE OR ISSUE DATE, WHICHEVER IS MORE RECENT, IS WITHIN ONE YEAR OF THE TCN (DATE OF RECEIPT). A 'Y' INDICATOR WILL BE UNDER THE HEADING "CURRENTLY BILLABLE'.
    - A LETTER FROM THE DCBS OFFICE STATING MEMBER HAS BACKDATED CARD AND THE ISSUE DATE OF THE LETTER IS LESS THAN ONE YEAR SHALL BE ACCEPTED AS DOCUMENTATION IF BACKDATED CARD IS NOT AVAILABLE.
    - A COPY OF A EDS SCREEN PRINT SHOWING ELIGIBILITY HAS BEEN BACKDATED CAN BE ACCEPTABLE DOCUMENTATION IF NO MORE THAN 1 YEAR HAS ELAPSED SINCE BACKDATING.

26. FOR DME PROVIDER TYPE 90 ONLY, PRIOR AUTHORIZATION LETTER OR MAP-9 WITH A SUBMITTED DATE (ON LETTER) OR MAILROOM RECEIPT STAMP (ON MAP-9) WITHIN ONE YEAR OF RECEIPT BY MEDICAID.

27. SCREEN PRINT OF THE IIPS, SHOWING PAID/DENIED DATE AND DETAIL LINES.

28. BACK-DATED PROVIDER ENROLLMENT:

    - A LETTER TO THE PROVIDER FROM DMS PROVIDER ENROLLMENT THAT SHOWS ISSUE DATE OF THE LETTER IS LESS THAN 12 MONTHS FROM RECEIPT JULIAN DATE OF THE CLAIM.

29. REMITTANCE ADVICE FROM PASSPORT THAT MEETS THE ONE YEAR TIMELY FILING LIMIT.

30. PROOF OF RECOUPMENT BY OTHER INSURANCE OR MEDICARE WHICH HAVE ISSUE DATE OF THE LETTER THAT IS LESS THAN ONE YEAR FROM THE RECEIPT JULIAN DATE OF THE CLAIM.

    - SCREEN PRINT OF THE MMIS CLAIMS PAID HISTORY INQUIRY SHOWING PAID/DENIED DATE.
    - IF ACCEPTABLE DOCUMENTATION OF TIMELY FILING IS ATTACHED OVERRIDE THE ESC.
    - IF THE PROVIDER HAS SENT A LETTER OF EXPLANATION OR OTHER DOCUMENTATION EXPLAINING THE LATE SUBMISSION AND THE CLAIM DOES NOT FALL INTO ANY OF THE ABOVE CATEGORIES, THE CLAIM SHOULD BE FORWARDED TO DMS FOR REVIEW AND DETERMINATION. IN ORDER TO FORWARD TO DMS FOR REVIEW, ENTER THE LOCATION CODE DESIGNATED FOR TIMELY FILING REVIEW OF THE CLAIMS' PROVIDER TYPE.

- IF DOCUMENTATION IS PRESENT, BUT IS NOT SUFFICIENT TO OVERRIDE THE CLAIM, DENY THE CLAIM WITH EOB 112.
- CLAIMS IN QUESTION THAT CONTAIN PAPER DOCUMENTATION SEND TO DMS PROGRAM QUERY SITE FOR REVIEW.

3.108 570 (NO FORMER LEGACY EDIT)

DMS Approved 06/2007

ERROR STATUS CODE:	570 (NO FORMER LEGACY EDIT)	CLAIM TYPE:	I, L
HEADER/DETAIL:	HEADER	PROVIDER TYPE:	01, 02, 04, 11, 12, 92,, 93
OVERRIDEABLE:	YES	TYPE OF DOCUMENT:	PAPER, NON-PAPER, ADJUSTMENTS
DATA CORRECTABLE	YES	FIELD NAME:	TOTAL DAYS

ESC NAME:	HEADER TOTAL DAYS LESS THAN COVERED DAYS
ESC CRITERIA:	IF THE SUM OF THE UNITS BILLED FOR THE ACCOMMODATION REVENUE CODES (INDICATED BY THE INCLUSION IN AN ACCOMMODATION CODE REVENUE GROUP) ON THE CLAIM DETAILS IS NOT EQUAL TO THE NUMBER OF DAYS BILLED IN THE STATEMENT FROM AND TO DATES OF SERVICE, POST THIS EDIT.
EOB CODES:	2141 – TOTAL DAYS LESS THAN COVERED DAYS
METHOD OF CORRECTION:	7. VERIFY THAT THE HEADER FROM AND TO DATES WERE ENTERED CORRECTLY. IF NOT, CORRECT THE CLAIM.
	8. IF ENTERED CORRECTLY AND THE DATE IS INVALID OR MISSING DENY THE CLAIM.
	NOTE: THIS EDIT IS SET TO AUTO-DENY FOR TYPE OF DOCUMENT - ELECTRONIC CLAIMS.

3.109 572 (FORMER LEGACY 022)

DMS Approved: 07/07/06

ERROR STATUS CODE: 555 (Continued)

- Verify that the dates of service are keyed correctly. If keyed incorrectly, correct the data.

9. If there is an override 555 stamped on the claim with appropriate initials, override the ESC.

10. If dates of service are entered correctly, there is no override stamp present on the claim, and there are no attachments with the claim, deny the claim with EOB 0102.

11. In all other situations examine the claim for attachments. The following types of documentation are acceptable:

12. Remittance statement meeting the following criteria:

    - The remittance statement must show the claim was previously denied or returned. The Julian date of the TCN on the denied/returned claim must be within one year of the claim date of service. Additionally, if the denied/returned claim TCN is over one year old documentation will be required to show the claim was refiled again within one year of the "as of" date on the denied/returned claim remittance statement.

7. Insurance remittance statement dated within 6 months of the claim TCN Julian date.

8. Back-dated card meeting the following criteria:

    - A backdated card is defined as a card with an effective date prior to the issue date of the card, if the card has been issued since 9/88. Backdated cards are acceptable documentation for Unisys staff to override these ESCs without DMS review if the latest eligibility date or **issue date**, whichever is more recent, is within one year of the TCN (date of receipt).

    - If the claim has a backdated **duplicate** KY Medicaid card attached, forward to DMS for review on claim types A, B, C, I and L. Attention: Facility Services Branch.

    - Cards issued prior to 9/88 do not have an issue date, and are considered backdated if they span more than one month of service. These are acceptable if the latest eligibility date on the card is within one year of the TCN (date of receipt).

9. Card Issuance Data Printout From the Kentucky Medicaid KY Health-Net:

    - A backdated card issuance history data is defined as a segment on the screen with a beginning date prior to the issue date. Backdated card issuance history data is acceptable documentation for Unisys staff to override the ESC without DMS review if the latest eligibility date or **issue date**, whichever is more recent, is within one year of the TCN (date of receipt). A 'Y' indicator will be under the heading "Currently Billable'.

- A letter from the DCBS office stating MEMBER has backdated card and the issue date of the letter is less than one year shall be accepted as documentation if backdated card is not available.
- A copy of a EDS screen print showing eligibility has been backdated can be acceptable documentation if no more than 1 year has elapsed since backdating.

10. For DME provider type 90 only, Prior Authorization letter or MAP-9 with a submitted date (on letter) or mailroom receipt stamp (on MAP-9) within one year of receipt by Medicaid.
11. Screen print of the IIPS, showing paid/denied date and detail lines.
12. Back-dated provider enrollment:
    - A letter to the provider from DMS provider enrollment that shows issue date of the letter is less than 12 months from receipt Julian date of the claim.
13. Remittance advice from Passport that meets the one year timely filing limit.
14. Proof of recoupment by other insurance or Medicare which have issue date of the letter that is less than one year from the receipt Julian date of the claim.
    - Screen print of the MMIS Claims Paid History Inquiry showing paid/denied date.
    - If acceptable documentation of timely filing is attached override the ESC.
    - If the provider has sent a letter of explanation or other documentation explaining the late submission and the claim does not fall into any of the above categories, the claim should be forwarded to DMS for review and determination. In order to forward to DMS for review, enter the location code designated for timely filing review of the claims' provider type.
    - If documentation is present, but is not sufficient to override the claim, deny the claim with EOB 112.
    - Claims in question that contain paper documentation send to DMS program query site for review.

3.110 572 (FORMER LEGACY EDIT 022)

DMS Approved 04/06/04

ERROR STATUS CODE:	572 (FORMER LEGACY EDIT 022)	**CLAIM TYPE:**	I, L
HEADER/DETAIL:	DETAIL	**PROVIDER TYPE:**	01, 02, 04, 92, 93, 11, 12
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	PAPER, NON-PAPER, ADJUSTMENTS, ENCOUNTERS
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	UNITS, DAYS

ESC NAME:	DTL ACCOMMODATIONS TOTAL NOT EQ. TO HDR COVRD DAYS
ESC CRITERIA: **LEGACY CRITERIA:**	FOR INPATIENT CLAIMS, IF THE SUM OF THE UNITS BILLED ON THE CLAIM FOR THE SPECIFIED REVENUE CODES IS NOT EQUAL TO THE COVERED DAYS, POST THE ESC. SPECIFIED REVENUE CODES ARE 100-179 OR 200-219 (GROUP 1003). LONG-TERM CLAIMS SHOULD ALSO INCLUDE REVENUE CODES 180-189 (GROUP 1004). IF TOTAL OF UNITS IN ALL ACCOMMODATION (ZR100-ZR219) DETAILS DOES NOT EQUAL THE HEADER COVERED DAYS, FAIL THE ESC.
EOB CODES:	0022 – COVERED DAYS ARE NOT EQUAL TO ACCOMMODATION UNITS.
METHOD OF CORRECTION:	VERIFY THAT THE ACCOMMODATION UNITS WERE KEYED CORRECTLY. IF NOT, CORRECT THE DETAIL UNITS.
	VERIFY THAT THE HEADER DAYS BILLED WERE KEYED CORRECTLY. IF NOT, CORRECT HEADER DAYS.
	IF THE NECESSARY DATA IS MISSING OR INVALID, DENY THE CLAIM.
	THIS ESC IS SET TO AUTO-DENY ON C/T S, FOR THE TYPE OF DOCUMENT – ELECTRONIC CLAIMS.

ACCOMMODATION CODES

100 – 219

3.111 573 (FORMER LEGACY EDIT 007)

DMS Approved 04/06/04

ERROR STATUS CODE:	573 (FORMER LEGACY EDIT 007)	**CLAIM TYPE:**	A, I, L
HEADER/DETAIL:	HEADER	**PROVIDER TYPE:**	01, 02, 04, 11, 12, 92, 93
OVERRIDEABLE:	YES	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENT
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	FDOS, TDOS, DAYS, TOB

ESC NAME:	COVERED DAYS CONFLICT WITH HDR FROM AND TO DATES
ESC CRITERIA: **LEGACY CRITERIA:**	IF THE INPATIENT OR LTC CLAIM'S COVERED DAYS BILLED IS LESS THAN NUMBER OF DAYS BILLED (FROM DOS - TO DOS), POST THE ESC. IF AN OCCURRENCE CODE 51 IS BILLED WITH AN OVERNIGHT DELIVERY REVENUE CODE ONLY (ONE DAY IS BIILED), BYPASS THE ESC. VERIFIES THAT THE TOTAL NUMBER OF COVERED DAYS PLUS NON-COVERED DAYS IS EQUAL TO THE DIFFERENCE BETWEEN THE HEADER “FROM” AND “TO” DATES OF SERVICE. **NOTE** - FOR TYPE A (CT 01, 02) CLAIMS WITH DOS PRIOR TO 9/01/02, IF EITHER THE COVERED DAYS OR COINSURANCE DAYS MATCH THE DIFFERENCE BETWEEN THE FROM AND TO DATES OF SERVICE, THE CLAIM WILL NOT FAIL. FOR DOS AFTER 8/31/02, THE TOTAL OF COVERED DAYS + NON-COVERED DAYS MUST MATCH THE DIFFERENCE BETWEEN THE FROM AND THROUGH DATES. FOR CLAIM TYPES “A” and “I” THE TO DATE IS NOT COMPUTED IF THE TYPE OF BILL IS A FINAL (110, 111, 114, 211, 214, 811, 814). FOR CLAIM TYPE “T” THE TO DATE IS NOT COMPUTED IF THE TYPE OF BILL INDICATES A DISCHARGE OR DEATH (811,814,661,664) FOR CLAIM TYPES “A” and “I” FINAL BILLS FOR 1 DAY WILL NOT FAIL IF THE ADMIT DATE EQUALS THE FROM DATE OF SERVICE.

	EXCLUSIONS: UB04 CLAIMS WITH A TYPE OF BILL OF 121, 122, 123, 124, 131, 141, 221, 222, 223, 224, 651, 652, 653, 654, 661, 662, 663, 664, 821, 822, 823, OR 824 WILL NOT FAIL ESC 573. TYPE "A" (PT 01/02) CLAIMS WITH DOS PRIOR TO 9/01/02 ARE EXCLUDED FROM ESC 573.
EOB CODES:	0007 – TOTAL DAYS DO NOT EQUAL THE DIFFERENCE BETWEEN FROM AND TO DATES.
METHOD OF CORRECTION:	FOR CLAIM TYPES "A" and "I" VERIFY THAT THE TYPE OF BILL WAS KEYED CORRECTLY. IF NOT, CORRECT AND RECYCLE. PLEASE NOTE: IF THE T. O. B. ON THE CLAIM INDICATES OUTPATIENT (MIDDLE DIGIT IS A 3 OR 4) AND WAS INCORRECTLY KEYED AS INPATIENT (MIDDLE DIGIT IS A 1) THE CLAIM MUST BE DELETED FOR REKEYING.
	VERIFY THAT THE COVERED DAYS (C. I. DAYS FOR CLAIM TYPE X) WERE KEYED CORRECTLY. IF NOT, CORRECT AND RECYCLE.
	FOR CLAIM TYPE "L" VERIFY THAT THE REVENUE CODE AND COVERED DAYS WERE KEYED CORRECTLY. IF NOT, CORRECT AND RECYCLE.
	IF PATIENT STATUS CODE IS DATA CORRECTED, VERIFY THAT THE ACCOMMODATION CODE MATCHES THE NEWLY CORRECTED STATUS CODE. REVENUE CODES 180 AND 185 EQUAL ACCOMMODATION CODE 'D'. ALL OTHER REVENUE CODES EQUAL ACCOMMODATION CODE 'A'. IF NECESSARY, CORRECT THE CLAIM AS DESCRIBED ABOVE.
	VERIFY THAT THE FROM AND TO DATES OF SERVICE WERE KEYED CORRECTLY. IF NOT, CORRECT THE CLAIM AND RECYCLE.
	FOR CLAIM TYPES "A" AND "I" IF AN OCCURRENCE CODE OF 42 IS USED, THE T. O. B. INDICATES FINAL, AND THE OCCURRENCE DATE FOR CODE 42 IS AFTER THE TDOS, CALCULATE THE DIFFERENCE BETWEEN THE FROM AND THROUGH DATES OF SERVICE (INCLUDE THE THROUGH DATE). IF THE HEADER COVERED DAYS (CO-INSURANCE DAYS FOR CLAIM TYPE X) IS EQUAL TO THE CALCULATED DAYS OVERRIDE THE ESC.

	FOR CLAIM TYPES “A” AND “L” IF DATE OF ADMISSION AND DATE OF DISCHARGE OR DEATH ARE ON THE SAME DAY, OVERRIDE THE ESC. TEMPORARY PROCEDURE – IF CLAIM TYPE “A” CALCULATE THE DIFFERENCE BETWEEN THE “FROM” AND “TO” DATES. IF THE DIFFERENCE BETWEEN THE “FROM” AND “TO” DATES EQUALS THE NUMBER OF DAYS ENTERED IN FORM LOCATOR 9 AND 10 ON THE UB04 CLAIM FORM, OVERRIDE THE ESC.
	FOR CLAIM TYPES “A” AND “I” IF THE TYPE OF BILL, COVERED DAYS (C. I. DAYS FOR CLAIM TYPE A), FDOS, AND THE TDOS ARE ENTERED CORRECTLY, DENY THE CLAIM.
	FOR CLAIM TYPE “L” IF THE REVENUE CODE, COVERED DAYS, FDOS, AND TDOS ARE KEYED CORRECTLY, DENY THE CLAIM.
	THIS ESC IS SET OT AUTO-DENY FOR TYPE OF DOCUMENT – ELECTRONIC CLAIMS.

3.112 576 (NO FORMER LEGACY EDIT)

DMS Approved 06/2007

ERROR STATUS CODE:	576 (NO FORMER LEGACY EDIT)	CLAIM TYPE:	ALL
HEADER/DETAIL:	HEADER	PROVIDER TYPE:	ALL
OVERRIDEABLE:	YES	TYPE OF DOCUMENT:	PAPER, NON-PAPER, ADJUSTMENTS
DATA CORRECTABLE	YES	FIELD NAME:	TPL

ESC NAME:	CLM HAS TPL PAYMENT, NO TPL ON FILE FOR MEMBER
ESC CRITERIA:	IF THE TPL AMOUNT IS GREATER THAN ZERO AND THERE IS NO TPL ENTRY FOR THE BENEFICIARY, POST THE EDIT.
EOB CODES:	2265 – CLAIM HAS THIRD PARTY PAYMENT
METHOD OF CORRECTION:	9. VERIFY THAT THE TPL AMOUNT IS ENTERED CORRECTLY. IF NOT, CORRECT THE CLAIM.
	10. IF ENTERED CORRECTLY DENY THE CLAIM.

3.113 589 (NO FORMER LEGACY EDIT)

DMS Approved 06/2007

ERROR STATUS CODE:	589 (NO FORMER LEGACY EDIT)	CLAIM TYPE:	ALL
HEADER/DETAIL:	DETAIL	PROVIDER TYPE:	ALL
OVERRIDEABLE:	YES	TYPE OF DOCUMENT:	MASS ADJUSTMENTS
DATA CORRECTABLE	YES	FIELD NAME:	SUSPEND INDICATOR

ESC NAME:	SUSPEND ADJUSTMENT FOR PRE-PAYMENT VERIFICATION
ESC CRITERIA:	IF THE SUSPEND INDICATOR ON THE ADJUSTMENT MASS CLAIM TABLE IS A (SUSPEND AFTER CE PROCESSING), POST THE EDIT. IF ADJUSTMENT PROCESSING IS NEAR THE END OF PROCESSING, AND THE CLAIM ENDS UP DENIED AT THE HEADER, POST THE EDIT.
EOB CODES:	2623 – ADJUSTMENT HAS AUTO DENIAL.
METHOD OF CORRECTION:	NONE

3.114 592 (FORMER LEGACY EDIT 008)

DMS Approved 07/07/06

ERROR STATUS CODE:	592 (FORMER LEGACY EDIT 008)	**CLAIM TYPE:**	A, B, C
HEADER/DETAIL:	HEADER	**PROVIDER TYPE:**	ALL EXCEPT CT A (01, 02, 11, 12), CT B (01, 20, 30, 31, 35, 36, 37, 50, 52, 54, 55, 60, 61, 64, 65, 70, 72, 74, 77, 78, 80, 82, 85, 86, 876, 88, 89, 90, 95), CT C (01, 31, 34, 91)
OVERRIDEABLE:	YES	**TYPE OF DOCUMENT:**	ALL (EXCEPT MASS ADJUSTMENT)
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	FDOS, TDOS, MCRMPD

ESC NAME:	CROSSOVER LATE BILLING (MORE THAN 6 MO. SINCE MCARE PAID).
ESC CRITERIA: **LEGACY CRITERIA:**	VERIFIES THAT THE CLAIM WAS RECEIVED WITHIN 6 MONTHS OF THE MEDICARE PAID DATE. THE ICN JULIAN DATE MUST BE WITHIN 180 DAYS OF THE MEDICARE PAID DATE. VERIFIES THAT THE CLAIM WAS RECEIVED WITHIN 6 MONTHS OF THE MEDICARE PAID DATE. THE TCN JULIAN DATE MUST BE WITHIN 180 DAYS OF THE MEDICARE PAID DATE.
EOB CODES:	0008 – REQUEST FOR PAYMENT WAS RECEIVED BEYOND KY MEDICAID FILING LMT CLAIMS MUST BE FILED WITHIN 1 YR OF THE DOS OR WITHIN 6 MONTHS OF MEDICARE PD DATE WHICHEVER IS LATER
METHOD OF CORRECTION:	1. VERIFY THAT THE FROM AND TO DATES AND MEDICARE PAID DATES WERE KEYED CORRECTLY. IF THE FROM DATE OF SERVICE WAS KEYED INCORRECTLY, CORRECT AND RECYCLE. IF THE TO DATE OF SERVICE WAS KEYED INCORRECTLY, CORRECT THE DATA. CORRECT MEDICARE PAID DATE OF SERVICE.
	2. CHECK SERVICE DATES AGAINST JULIAN DATES, IF LESS THAN 12 MONTHS, OVERRIDE THE ESC. IF THE SERVICE DATE IS MORE THAN 12 MONTHS, CHECK THE MEDICARE PAID DATE AGAINST THE JULIAN DATE. IF LESS THAN 6 MONTHS, OVERRIDE THE ESC. * IF THE JULIAN DATE IS MORE THAN 12 MONTHS FROM DATE OF SERVICE, BUT LESS THAN 6 MONTHS FROM MEDICARE ADJUDICATION DATE, EDS CONSIDERS THE CLAIM WITHIN THE FILING LIMITATIONS.
	3. IF THERE IS AN OVERRIDE OR WAIVE 102/008 STAMPED ON THE CLAIM WITH APPROPRIATE INITIALS, OVERRIDE THE ESC.

	4. IF THE CLAIM IS STILL DETERMINED TO BE A LATE BILL, REFER TO THE SECOND PAGE OF THIS ESC FOR DMS REVIEW.
	5. IF DOCUMENTATION IS PRESENT BUT INSUFFICIENT TO MEET THE REQUIREMENTS TO OVERRIDE OR SEND TO DMS, DENY THE CLAIM WITH EOB 0112.
	6. IF IT IS DETERMINED THAT A CLAIM WILL NOT BE REFERRED TO DMS FOR REVIEW, AND IF NO DOCUMENTATION IS PRESENT, DENY THE CLAIM WITH EOB 0008.
	THIS ESC IS SET TO AUTO-DENY, FOR TYPE OF DOCUMENT – ELECTRONIC CLAIMS.
RESOLUTION PROCEDURES FOR OVER TWELVE MONTH OLD CLAIMS	REIMBURSEMENT FOR SERVICES OVER 12 MONTHS OLD MAY BE MADE WITHOUT DMS REVIEW IN THE FOLLOWING CIRCUMSTANCES: 1. THE CLAIM WAS RECEIVED BEFORE 12 MONTHS HAD ELAPSED, BUT FOR ANY REASON, HAD NOT BEEN ADJUDICATED PRIOR TO THE END OF 12 MONTHS. 2. THE CLAIM IS MEDICARE CROSSOVER CLAIM AND WAS RECEIVED 12 MONTHS AFTER SERVICE DATE, BUT LESS THAN 6 MONTHS AFTER THE MEDICARE ADJUDICATION DATE. 3. IF A CLAIM IS RECEIVED WITHIN 12 MONTHS OF THE SERVICE DATE BUT IS REJECTED OR RETURNED, THE CLAIM MAY BE PAID WITHIN 12 MONTHS OF THE ORIGINAL RETURN OR REJECT DATE IF THE PROVIDER FURNISHES EVIDENCE OF THE ORIGINAL RETURN OR REJECT DATE. 4. IF THE CLAIM HAS A BACKDATED CARD ATTACHED, THE CLAIM CAN BE REVIEWED FOR PAYMENT FOR ALL CLAIM TYPES. 5. BACK-DATED CARD: 6. A LETTER FROM THE DCBS OFFICE STATING MEMBER HAS BACKDATED CARD AND THE ISSUE DATE OF THE LETTER IS LESS THAN ONE YEAR SHALL BE ACCEPTED AS DOCUMENTATION IF BACKDATED CARD IS NOT AVAILABLE. 7. A COPY OF A EDS SCREEN PRINT SHOWING ELIGIBILITY HAS BEEN BACKDATED CAN BE ACCEPTABLE DOCUMENTATION OF NO MORE THAN 1 YEAR HAS ELAPSED SINCE BACKDATING. 8. SCREEN PRINT OF THE MMIS CLAIMS PAID HISTORY INQUIRY SHOWING PAID/DENIED DATE. 9. THOSE WITH NO MEDICARE INVOLVEMENT WITH RECEIPT DATES PAST ONE YEAR AND NO ATTACHED DOCUMENTATION ARE TO BE DENIED. 10. BACK-DATED PROVIDER ENROLLMENT:

	11. A LETTER TO THE PROVIDER FROM DMS PROVIDER ENROLLMENT THAT SHOWS ISSUE DATE OF THE LETTER IS LESS THAN 12 MONTHS FROM RECEIPT JULIAN DATE OF THE CLAIM. 12. REMITTANCE ADVICE FROM PASSPORT THAT MEETS THE ONE YEAR TIMELY FILING LIMIT. 13. PROOF OF RECOUPMENT BY OTHER INSURANCE OR MEDICARE WHICH HAVE ISSUE DATE OF THE LETTER THAT IS LESS THAN ONE YEAR FROM THE RECEIPT JULIAN DATE OF THE CLAIM. 14. CLAIMS IN QUESTION THAT CONTAIN PAPER DOCUMENTATION SEND TO DMS PROGRAM QUERY SITE FOR REVIEW. 15. AN ACCEPTANCE REPORT WILL BE SENT TO DMS DAILY LISTING FORWARDED CLAIMS. 16. IF THE CLAIM IS STILL IN SUSPENSE AFTER 30 WORKING DAYS FROM THE DATE SENT CONTACT THE RESOLUTIONS UNIT SUPERVISOR.

3.115 602 (FORMER LEGACY EDIT 975)

DMS Approved 03/25/96

ERROR STATUS CODE:	602 (FORMER LEGACY EDIT 975)	**CLAIM TYPE:**	D, M (PT 22, 31, 35)
HEADER/DETAIL:	DETAIL	**PROVIDER TYPE:**	22, 31, 35, 60, 61 - (CT D/M)
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	PAPER, NON-PAPER, ADJUSTMENTS
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	PROC

ESC NAME:	UNITS NOT EQUAL TO TEETH BILLED
ESC CRITERIA: **LEGACY CRITERA:**	IF THE UNITS ON THE ORIGINAL DETAIL DON'T EQUAL THE NUMBER OF TEETH BILLED ON IT, POST THE ESC. THIS ESC IS ONLY APPLICABLE TO ELECTRONIC DENTAL CLAIMS SUBMITTED ON THE 837D FORMAT. IT IS RELATED TO THE UNBUNDLING PROCESS THAT OCCURS WHEN MULTIPLE TEETH ARE SUBMITTED ON ONE DETAIL. SUSPEND PROCEDURE CODE 04211 IF THE NUMBER OF UNITS DO NOT EQUAL THE NUMBER OF TEETH PER DETAIL.
EOB CODES:	0975 – UNITS MUST EQUAL NUMBER OF TEETH PER DETAIL FOR PROCDURE GINGIVECTOMY PROCEDURE .
METHOD OF CORRECTION:	1. VERIFY THAT THE PROCEDURE CODE UNITS AND TOOTH NUMBER ARE KEYED CORRECTLY. IF NOT, CORRECT THE DATA.
	2. IF DATA IS KEYED CORRECTLY, DENY THE CLAIM.
	THIS ESC IS SET TO AUTO-DENY ON THE TYPE OF DOCUMENT – ELECTRONIC CLAIMS.

3.116 659

3.116.1 659 (FORMER LEGACY EDIT 999)

Last Approved by DMS Prior to 12/01/2005

ERROR STATUS CODE:	659 (FORMER LEGACY EDIT 999)	**CLAIM TYPE:**	ALL
HEADER/DETAIL:	HEADER	**PROVIDER TYPE:**	ALL
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	MASS ADJUSTMENTS
DATA CORRECTABLE	NO	**FIELD NAME:**	SUSPEND INDICATOR
ESC NAME:	SUSPEND ADJUSTMENT FOR PRE-PAYMENT VERIFICATION		
ESC CRITERIA:	IF THE SUSPEND INDICATOR ON THE ADJUSTMENT MASS CLAIM TABLE IS “A” (SUSPEND AFTER CLAIMS ENGINE PROCESSING), POST THE EDIT.		
EOB CODES:	9300 – MASS ADJUSTMENT SUSPENDED FOR REVIEW.		
METHOD OF CORRECTION:	NONE – USER DELETES MASS ADJUSTMENT ICN THROUGH THE MASS NET VERIFICATION PROCESS		

3.116.2 659 (FORMER LEGACY EDIT N/A)

DMS Approved 06/2007

ERROR STATUS CODE:	659 (FORMER LEGACY EDIT N/A)	**CLAIM TYPE:**	ALL
HEADER/DETAIL:	HEADER	**PROVIDER TYPE:**	ALL
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	MASS ADJUSTMENT
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	ALL
ESC NAME:	MASS ADJUSTMENT SUSPENDED FOR REVIEW		
ESC CRITERIA: **LEGACY CRITERIA:**	THIS EDIT IS TO SUSPEND MASS ADJUSTMENTS FOR DMS REVIEW.. N/A		
EOB CODES:	9300 – MASS ADJUSTMENT SUSPENDED FOR REVIEW		
METHOD OF CORRECTION:	THIS EDIT REVIEWED BY DMS, NOTIFY SUPERVISOR.		

3.117 660 (FORMER LEGACY EDIT N/A)

DMS Approved 06/2007

ERROR STATUS CODE:	660 (FORMER LEGACY EDIT N/A)	**CLAIM TYPE:**	ALL
HEADER/DETAIL:	DETAIL	**PROVIDER TYPE:**	ALL
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	MASS ADJUSTMENT
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	ALL

ESC NAME:	XOVER W/O MEDICARE SEGMENT FOR REVIEW
ESC CRITERIA: **LEGACY CRITERIA:**	POSTS TO CLAIMS THAT HAVE NO CROSSOVER INFORMATION NODE. N/A
EOB CODES:	9090 – XOVER W/O MEDICARE SEGMENT FOR REVIEW
METHOD OF CORRECTION:	NOTIFY SUPERVISOR IF THIS EDIT IS POSTING.

3.118 800 (FORMER LEGACY EDIT 271)

DMS Approved 05/03/2012

ERROR STATUS CODE:	800 (FORMER LEGACY EDIT 271)	**CLAIM TYPE:**	H (PT 44), I (PT 02, 04), L, M (PT 33, 41, 42, 43), A (PT 02, 11, 12)
HEADER/DETAIL:	HEADER/DETAIL	**PROVIDER TYPE:**	02 (PT A/I), 11, 12, 33, 41, 42, 43, 44
OVERRIDEABLE:	YES	**TYPE OF DOCUMENT:**	PAPER, NON-PAPER, ADJUSTMENTS
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL**	MEMBER ID
ESC NAME:		DENY EDIT FOR PATIENT LIABILITY EDIT 3305	
		FOR CLAIM TYPES A, I AND L, ESC 3305 FAILS AT THE HEADER IF THERE IS NOT A VALID PATIENT LIABILITY SEGMENT ON THE PATIENT ELIGIBILITY DISPLAY SCREEN 15 FOR THE DATE OF SERVICE. VALID PATIENT LIABILITY SEGMENTS ARE DEFINED AS: 1. A SEGMENT WITH AN AMOUNT GREATER THAN ZERO AND A LIABILITY TYPE OF “LTC”, OR 2. A SEGMENT WITH AN AMOUNT OF ZERO AND A LIABILITY TYPE OF “CONTINUED ZERO LIABILITY FOR NURSING FACILITY”, OR 3. A SEGMENT WITH AN AMOUNT OF ZERO AND A LIABILITY TYPE OF “LTC” IF THE MONTH BILLED IS EQUAL TO THE SEGMENT BEGIN DATE MONTH. IF THE APPLICABLE LIABILITY SEGMENT HAS A ZERO AMOUNT AND THE MONTH BEING BILLED IS GREATER THAN THE SEGMENT BEGIN DATE MONTH, THE SEGMENT MUST HAVE AN INDICATOR OF “Y” TO BE CONSIDERED VALID (SEE #2 ABOVE). FOR CLAIM TYPE M AND O, ESC 3305 FAILS AT THE DETAIL IF THERE IS NO VALID PATIENT LIABILITY SEGMENT ON THE PATIENT ELIGIBILITY DISPLAY SCREEN 15 FOR THE DETAIL DATE OF SERVICE. FOR CLAIM TYPE M, A VALID SEGMENT IS DEFINED AS A SEGMENT WITH A LIABILITY TYPE OF “WAIVER”. FOR CLAIM TYPE H, ESC 3305 FAILS AT THE DETAIL IF THERE IS NO VALID PATIENT LIABILITY SEGMENT ON FILE FOR THE DATE OF SERVICE. FOR CLAIM TYPE H, A VAILID SEGMENT IS DEFINED AS A SEGMENT WITH A LIABILITY TYPE OF “HOSPICE”. EXCLUSIONS • CLAIMS FOR QMB-ONLY MEMBERS (PROGRAM CODE “Z”) BYPASS ESC 3305. • FOR CLAIM TYPE “A”, CLAIMS WITH A TYPE OF BILL OTHER THAN “21X” OR “81X” BYPASS ESC 3305. • WAIVER CLAIMS (PT 33, 41, 42, 43) BYPASS EDIT 3305 IF THE MEMBER HAS A HOSPICE INSTITUTIONAL STATUS OF ‘HW’ AND A HOSPICE	

	PATIENT LIABILITY SEGMENT FOR THE DATE OF SERVICE (CO 17309). • FOR PROVIDER TYPE 33, DETAILS WITH PROCEDURE CODE H0043, S5126, S5140, OR T2016 BYPASS ESC 3305, EFFECTIVE WITH DOS 06/01/2007, IF MEMBER HAS AN ACTIVE HOSPICE SEGMENT FOR THE DATES OF SERVICE BILLED PER CO 12502.
EOB CODES:	0271 – MEMBER AVAILABLE INCOME INFORMATION NOT ON FILE FOR THE MONTH OF SERVICE PLEASE CONTACT DMS AT 502-564-6885.
METHOD OF CORRECTION:	1. VERIFY THAT MEMBER MEMBER ID NUMBER WAS KEYED CORRECTLY. IF NOT, CORRECT THE DATA.
	2. VERIFY THAT DATES OF SERVICE WERE KEYED CORRECTLY. IF NOT, CORRECT THE DATES IN THE HEADER AND THE DETAILS.
	3. IF ALL DATA IS KEYED CORRECTLY AND SYSTEM AGE IS LESS THAN 21 DAYS, ALLOW THE CLAIM TO RECYCLE. IF CLAIM IS OVER 21 DAYS, DENY WITH EOB 0271.
	IF ESC 800 AND ESC 2057 FAIL ON THE SAME CLAIM, DENY ESC 2057.

3.119 801 (FORMER LEGACY EDIT 299)

DMS Approved 03/25/96

ERROR STATUS CODE:	801 (FORMER LEGACY EDIT 299)	**CLAIM TYPE:**	H (PT 44 ONLY)
HEADER/DETAIL:	DETAIL	**PROVIDER TYPE:**	44
OVERRIDEABLE:	YES	**TYPE OF DOCUMENT:**	PAPER CLAIM, PAPER ADJUSTMENT, ELECTRONIC ADJUSTMENT
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	MEMBER ID, BPROV, FDOS, TDOS

ESC NAME:	MEMBER IS COVERED UNDER ANOTHER HOSPICE ON DOS.
ESC CRITERIA:	BILLING PROVIDER IS NOT MEMBER'S DESIGNATED HOSPICE PROVIDER FOR DATES OF SERVICE.
EOB CODES:	0299 – HOSPICE MEMBER. OUR FILES SHOW MEMBER IS COVERED BY ANOTHER HOSPICE PROVIDER FOR BILLED DATE(S) OF SERVICE.
METHOD OF CORRECTION:	1. VERIFY THAT THE BILLING PROVIDER, MEMBER ID NUMBER, AND DATES OF SERVICE WERE KEYED CORRECTLY. IF NOT, DATA CORRECT BY CHANGING THE APPROPRIATE FIELDS.
	2. IF ALL INFORMATION IS KEYED CORRECTLY, DO NOTHING. THE CLAIM WILL RECYCLE IN THE SYSTEM FOR 15 DAYS.
	3. IF THE CLAIM WAS KEYED CORRECTLY AND SYSTEM AGE IS OVER 15 DAYS, DENY THE DETAIL.

3.120 802 (FORMER LEGACY EDIT 228)

DMS Approved 05/03/05

ERROR STATUS CODE:	802 (FORMER LEGACY EDIT 228)	**CLAIM TYPE:**	ALL
HEADER/DETAIL:	HEADER	**PROVIDER TYPE:**	ALL
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	PAPER, NON-PAPER, ADJUSTMENTS, ENCOUNTERS
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	BPROV, FDOS, TDOS

ESC NAME:	BILLING OR CLINIC PROVIDER INELIGIBLE ON FROM DOS.
ESC CRITERIA:	FAILS IF THE BILLING PROVIDER DOES NOT HAVE A PROVIDER ELIGIBILITY SEGMENT WITH AN ELIGIBILITY STATUS OF 1, 3, 6, OR Z FOR THE DATES OF SERVICE. PLEASE NOTE – **CAPITATION CLAIMS** FAIL IF THE BILLING PROVIDER DOES NOT HAVE A PROVIDER ELIGIBILITY SEGMENT WITH AN ELIGIBILITY STATUS OF 1, 3, 4, OR Z FOR THE DATES OF SERVICE.
EOB CODES:	0228 – THE PROVIDER IS NOT ELIGIBLE FOR DATE OF SERVICE.
METHOD OF CORRECTION:	1. VERIFY THAT THE PROVIDER INFORMATION AND DATES OF SERVICE WERE KEYED CORRECTLY. IF NOT, CORRECT THE DATA.
	2. IF SYSTEM AGE IS OVER 21 DAYS, THE CLAIM WILL AUTO-DENY.

3.121 803 (FORMER LEGACY EDIT 229)

DMS Approved 01/26/96

ERROR STATUS CODE:	803 (FORMER LEGACY EDIT 229)	**CLAIM TYPE:**	ALL
HEADER/DETAIL:	HEADER	**PROVIDER TYPE:**	ALL
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	ALL (PAPER, NON-PAPER, ADJUSTMENTS, ENCOUNTERS, MASS ADJUSTMENTS)
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	BILLING PROVIDER

ESC NAME:	BILLING OR CLINIC PROVIDER NUMBER NOT ON FILE.
ESC CRITERIA:	PROVIDER NUMBER MUST BE PRESENT AND MUST BE FOUND ON THE MASTER PROVIDER FILE.
EOB CODES:	0229 – BILLING PROVIDER NUMBER INVALID OR NOT ON PROVIDER FILE.
METHOD OF CORRECTION:	1. IF SYSTEM AGE IS OVER 21 DAYS, CLAIM WILL AUTO - DENY.
	2. IF THE CLAIM IS BILLED ON THE TYPE OF DOCUMENT – MASS ADJUSTMENT, ELECTRONIC ADJUSTMENT, REFER THE CLAIM TO DMS.

3.122 804 (FORMER LEGACY EDIT 230)

DMS Approved 07/31/01

ERROR STATUS CODE:	804 (FORMER LEGACY EDIT 230)	**CLAIM TYPE:**	ALL
HEADER/DETAIL:	HEADER	**PROVIDER TYPE:**	ALL
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	PAPER, NON-PAPER, ADJUSTMENTS, ENCOUNTERS
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	CLINIC NUMBER, FDOS, TDOS

ESC NAME:	CLINIC PROVIDER INELIGIBLE FOR FROM DOS.
ESC CRITERIA:	FAILS IF THE CLINIC PROVIDER DOES NOT HAVE A PROVIDER ELIGIBILITY SEGMENT WITH AN ELIGIBILITY STATUS OF 1, 3, OR Z FOR THE DATES OF SERVICE. PLEASE NOTE – **CAPITATION CLAIMS** FAIL IF THE CLINIC PROVIDER DOES NOT HAVE A PROVIDER ELIGIBILITY SEGMENT WITH AN ELIGIBILITY STATUS OF 1, 3, 4, OR Z FOR THE DATES OF SERVICE.
EOB CODES:	0230 – THE PROVIDER IS NOT ELIGIBLE FOR DATE OF SERVICE.
METHOD OF CORRECTION:	1. VERIFY THAT THE CLINIC NUMBER WAS KEYED CORRECTLY. IF NOT, DATA CORRECT THE DATA.
	2. VERIFY THAT THE DATES OF SERVICE WERE KEYED CORRECTLY. IF NOT, CORRECT THE DATA.
	3. IF ALL DATA IS KEYED CORRECTLY, ALLOW THE CLAIM TO RECYCLE.
	THIS ESC IS SET TO AUTO-DENY (EXCEPT FOR THE TYPE OF DOCUMENT – PAPER ADJUSTMENT) AFTER 21 DAYS.

3.123 805 (FORMER LEGACY EDIT 237)

DMS Approved 08/02/96

ERROR STATUS CODE:	805 (FORMER LEGACY EDIT 237)	**CLAIM TYPE:**	B (PT 80, 82, 85, 86, 87, 88, 89, 90, 95), C (PT 34, 91), D, H (PT 34, 42), M (PT 13, 15, 20, 21, 22, 23, 24, 27, 28, 29, 30, 32, 33, 37, 43, 50, 52, 64, 65, 70, 74, 77, 78, 80, 83, 85, 86, 90), O (PT 41, 46, 47),
HEADER/DETAIL:	HEADER	**PROVIDER TYPE:**	CT B (80, 82, 85, 86, 87, 88, 89, 90, 95), CT C (34, 91), CT O (41, 46, 47), 13, 15, 20, 21, 22, 23, 24, 27, 28, 29, 30, 32, 33, 34, 37, 42, 43, 50, 52, 60, 61, 64, 65, 70, 74, 77, 78, 80, 83, 85, 86, 90
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	PAPER, NON-PAPER, ADJUSTMENTS, ENCOUNTERS
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	BILLING PROVIDER

ESC NAME:	CLINIC PROVIDER NOT ON FILE.
ESC CRITERIA:	FAILS WHEN A CLINIC PROVIDER NUMBER IS NOT FOUND LISTED ON THE MASTER PROVIDER FILE.
EOB CODES:	0237 – THE PROVIDER IS NOT ELIGIBLE FOR DATE OF SERVICE.
METHOD OF CORRECTION:	1. VERIFY THAT THE CLINIC NUMBER WAS KEYED CORRECTLY. IF NOT, CORRECT THE DATA.
	NOTE: IF SYSTEM IS OVER 21 DAYS, THE CLAIM WILL AUTO-DENY.

3.124 806 (FORMER LEGACY EDIT 238)

DMS Approved 09/04/03

ERROR STATUS CODE:	806 (FORMER LEGACY EDIT 238)	**CLAIM TYPE:**	B (EXCEPT PT 01, 54, 55, 80 ONLY), C (PT 34, 91 ONLY), D, H (PT 34, 42 ONLY), M (EXCEPT PT 36, 55, 57 ONLY), O (PT 41, 46, 47 ONLY)
HEADER/DETAIL:	DETAIL	**PROVIDER TYPE:**	B (EXCEPT PT 01, 54, 55, 80 ONLY), C (PT 34, 91 ONLY), D, H (PT 34, 42 ONLY), M (EXCEPT PT 36, 55, 57 ONLY), O (PT 41, 46, 47 ONLY)
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	PAPER, NON-PAPER, ADJUSTMENTS
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	BILLING PROVIDER

ESC NAME:	BILLING PROVIDER NOT LISTED AS A MEMBER OF THE CLINIC.
ESC CRITERIA:	FAILS WHEN THE BILLING PHYSICIAN IS NOT LISTED AS A MEMBER OF THE CLINIC ON THE DATES OF SERVICE INDICATED ON THE CLAIM.
EOB CODES:	0238 – BILLING PHYSICIAN/PROVIDER NOT LISTED AS MEMBER OF CLINIC.
METHOD OF CORRECTION:	1. VERIFY THAT THE BILLING PROVIDER NUMBER WAS KEYED CORRECTLY. IF NOT, CORRECT THE DATA.
	2. VERIFY THAT THE CLINIC NUMBER WAS KEYED CORRECTLY. IF NOT, CORRECT THE DATA. **NOTE: IF THE CLINIC NUMBER FIELD CONTAINS THE EXACT SAME NUMBER AS THE BILLING PROVIDER AND THAT PROVIDER TYPE DOES NOT BILL WITH A CLINIC NUMBER, CORRECT BY BLANKING OUT.**
	1. VERIFY THAT THE DATES OF SERVICE WERE KEYED CORRECTLY IF NOT, CORRECT THE DATA.
	IF SYSTEM AGE IS GREATER THAN 21 DAYS, THE CLAIM WILL AUTO-DENY.

3.125 807 (FORMER LEGACY EDIT 274)

DMS Approved 04/02/2008

ERROR STATUS CODE:	807 (FORMER LEGACY EDIT 274)	**CLAIM TYPE:**	I
HEADER/DETAIL:	HEADER	**PROVIDER TYPE:**	01, 02, 04, 92, 93
OVERRIDEABLE:	YES	**TYPE OF DOCUMENT:**	ELECTRONIC CLAIM, PAPER, AND PAPER ADJUSTMENT
DATA CORRECTABLE	YES	**CLAIM FIELD LABEL:**	PA-NUM

ESC NAME:	PA#DATA MISSING OR DOES NOT MATCH FOR THIS CLAIM
ESC CRITERIA:	FAILS IF NO PA#NUMBER IS PRESENT OR THE PA#NUMBER, MEMBER NUMBER AND PROVIDER TYPE ON THE CLAIM DO NOT MATCH THE DATA ON THE PA#FILE. NOTE – FOR PER DIEM CLAIMS WITH A PATIENT STATUS CODE OTHER THAN 30, ONE DAY IS SUBTRACTED FROM THE TO DATE OF SERVICE WHEN THE CLAIM DATES OF SERVICE ARE COMPARED TO THE PA EFFECTIVE DATES. CO 9688 NOTE – FOR CLAIMS WITH A DRG OF 424-433 OR 521-523 AND A PATIENT STATUS CODE OTHER THAN 30, ONE DAY IS SUBTRACTED FROM THE TO DATE OF SERVICE WHEN THE CLAIM DATES OF SERVICE ARE COMPARED TO THE PA EFFECTIVE DATES. CO 9688 **NOTE** – PT 02 AND 04 CLAIMS WITH A FDOS PRIOR TO 10/01/01 DO NOT FAIL THIS ESC. **EXCLUSIONS:** • TYPE OF BILL 110 IS EXCLUDED. • CLAIMS WITH AN FDOS AFTER 06/30/97 SUBMITTED BY PROVIDERS IN STATES OTHER THAN KY, IN, IL, MO, TN, WV, VA, AND OH ARE EXCLUDED. • DRG CLAIMS WITH AN ADMIT DATE OF 07/01/2007 BYPASS THIS EDIT IF THE MEMBER'S BIRTHDATE IS EQUAL TO THE ADMIT DATE. CO 8639 • CLAIMS WITH AN FDOS PRIOR TO 07/01/97 SUBMITTED BY OUT-OF-STATE PROVIDERS ARE EXCLUDED. • CLAIMS WITH DOS PRIOR TO 6/1/94 WILL BYPASS THE ESC.
EOB CODES:	0275 - PROCEDURE REQUIRES PRIOR AUTHORIZATION.
METHOD OF CORRECTION:	1. VERIFY THAT THE FOLLOWING INFORMATION IS KEYED CORRECTLY: MEMBER ID NUMBER, DATES OF SERVICE, AND TREATMENT AUTHORIZATION NUMBER. IF NOT CORRECT THE APPROPRIATE FIELD.
	2. IF INFORMATION IS KEYED CORRECTLY AND A

	TREATMENT AUTHORIZATION NUMBER IS NOT PRESENT ON THE CLAIM, DENY THE CLAIM WITH EOB 275.
	3. IF INFORMATION IS KEYED CORRECTLY AND A TREATMENT AUTHORIZATION NUMBER IS ON THE CLAIM AND THE SYSTEM AGE IS LESS THAN 16 DAYS, ALLOW THE CLAIM TO RECYCLE.
	4. IF SYSTEM AGE IS 16 AND ABOVE AND INFORMATION IS KEYED CORRECTLY, DENY THE CLAIM WITH EOB 274.
	NOTE: CLAIMS WITH A MEMBER'S PA-NUM NOT FOUND ON THE PA#MASTER FILE WILL AUTO-DENY AFTER 15 DAYS.

3.126 808 (FORMER LEGACY EDIT 910)

DMS Approved 08/19/03

ERROR STATUS CODE:	808 (FORMER LEGACY EDIT 910)	**CLAIM TYPE:**	L
HEADER/DETAIL:	HEADER	**PROVIDER TYPE:**	12
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	PAPER, NON-PAPER, ADJUSTMENTS, MASS ADJUSTMENTS
DATA CORRECTABLE	YES	**CLAIM FIELD LABEL:**	PRO

ESC NAME:	MEMBER NOT AUTHORIZED BY PA # FOR INSTITUTIONAL STAY.
ESC CRITERIA:	FAILS NURSING FACILITY CLAIMS IF A MATCHING PA# CERTIFICATION IS NOT ON FILE. MATCH CRITERIA IS SAME PA# CERTFICATION NUMBER, SAME PA# INDICATOR (TYPE OF SERVICE ON THE PA# FILE), AND DATE OF SERVICE EQUAL TO OR WITHIN THE PA# EFFECTIVE DATES. NOTE – IF LESS THAN 15 DAYS OLD THE CLAIM WILL SUSPEND FOR ESC 114, RECYCLE UNTIL 21 DAYS OLD, THEN FAIL ESC 0910.
EOB CODES:	0910 - CLAIM/SERVICE REQUIRES PRIOR AUTHORIZATION.
METHOD OF CORRECTION:	• VERIFY THE MEMBER ID, PROVIDER NUMBER, DATES OF SERVICE AND PA# NUMBER ARE KEYED CORRECTLY. IF NOT, CORRECT THE DATA.
	• IF DATA IS KEYED CORRECTLY, ALLOW THE CLAIM TO RECYCLE. THIS IS SET TO AUTO-DENY AFTER 15 DAYS.

3.127 809 (FORMER LEGACY AUDIT 552)

Last Approved by DMS Prior to 12/01/2005

ESC 809 (FORMER LEGACYAUDIT 552) TYPE: MISCELLANEOUS	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENT
STAY DAYS BILLED EXCEEDS STAY DAYS AUTHORIZED	**FIELD NAME:**	MAID, REFERENCE NUMBER, DAYS
	FIELD SIZE:	10, 6, 3
	C/T:	I
	P/T:	01, 02, 04
	COS:	02, 03, 08
IF A PROVIDER, TYPE 01, BILLS AN INPATIENT STAY FOR MORE DAYS THAN ARE PRIOR AUTHORIZED FROM PRO, THE CLAIM WILL FAIL ESC 809.		
AUDIT CRITERIA:	SAME MEMBER SAME REFERENCE NUMBER THE NUMBER OF STAY DAYS EXCEEDS THE NUMBER OF STAY DAYS AUTHORIZED **EXCLUSIONS:** TOB 110 IS EXCLUDED CLAIMS WITH AN FDOS PRIOR TO 07/01/97 SUBMITTED BY OUT-OF-STATE PROVIDERS ARE EXCLUDED.	

	CLAIMS WITH AN FDOS AFTER 06/30/97 SUBMITTED BY PROVIDERS IN STATES OTHER THAN KY, IN, IL, MO, TN, WV, VA, AND OH ARE EXCLUDED. CLAIMS SUBMITTED BY 'CONTIGUOUS STATE' PROVIDERS WITH A TOB OF 111 AND A REVENUE CODE OF 170 - 175 ARE EXCLUDED. PT 02 AND 04 CLAIMS WITH DATES OF SERVICE PRIOR TO 10/01/01 WILL NOT FAIL THIS AUDIT CLAIMS WITH AN ADMIT DATE OF SERVICE ON OR AFTER 04/01/03, WITH THE EXCEPTION OFCRITICAL ACCESS, VENTILATOR, AND REHAB FACILITES OR CLAIMS THAT HAVE THE DRG 424-433 OR 521 THRU 523 BYPASS AUDIT 552. CLAIMS THAT HAVE THE DRG 424-433 OR 521 THRU 523 BYPASS AUDIT 552 IF THE NUMBER OF DAYS ON THE PRO CERTIFICATION RECORD IS (1) ONE. PER DCR871
PROCEDURES MONITORED:	
AUDIT EOB:	0552 – THE STAY DAYS BILLED EXCEEDS THE MAXIMUM NUMBER OF STAY DAYS FOR THIS INPATIENT HOSPITAL STAY.
PROCESSING INSTRUCTIONS:	VERIFY THE MAID, REFERENCE NUMBER, AND STAY DAYS WERE KEYED CORRECTLY. IF NOT CORRECT THE FIELDS IN ERROR.
	IF KEYED CORRECTLY, LET THE CLAIM RECYCLE FOR 15 DAYS. IF SYSTEM AGE IS 16 OR GREATER DENY.
	CLAIMS WITH TOB (TYPE OF BILL) 110 SHOULD BE EXCLUDED FROM THIS AUDIT. NOTE: THIS AUDIT IS SET TO AUTO-DENY FOR TYPE OF DOCUMENT-ELECTRONIC CLAIMS.

3.128 810 (FORMER LEGACY EDIT 250)

DMS Approved 01/26/96

ERROR STATUS CODE:	810 (FORMER LEGACY EDIT 250)	**CLAIM TYPE:**	ALL
HEADER/DETAIL:	HEADER	**PROVIDER TYPE:**	ALL
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	PAPER, NON-PAPER, ADJUSTMENTS, ENCOUNTERS, MASS ADJUSTMENTS
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	MEMBER ID

ESC NAME:	MEMBER NOT ON ELIGIBILITY FILE.
ESC CRITERIA:	VERIFIES THAT THE MEMBER'S MEMBER ID NUMBER IS LISTED ON THE ELIGIBILITY FILE.
EOB CODES:	0250 – THIS MEMBER ID IS NOT ON OUR ELIGIBILITY FILE. PLEASE VERIFY MEMBER ID NUMBER.
METHOD OF CORRECTION:	1. VERIFY THAT THE MEMBER INFORMATION WAS KEYED CORRECTLY. IF NOT, CORRECT THE DATA.
	2. IF THERE IS AN ELIGIBILITY CARD PRESENT, AND THE NUMBER ON THE CARD DOES NOT MATCH THE CLAIM, DENY THE CLAIM WITH EOB 0268.
	3. IF THE ELIGIBILITY CARD SHOWS THAT THE MEMBER WAS ELIGIBLE FOR THE DATES OF SERVICE. REFER TO PRIOR AUTHORIZATION FOR REVIEW.
	4. IF THE CLAIM WAS KEYED CORRECTLY, MAKE NO CHANGES. CLAIM WILL RECYCLE IN THE SYSTEM FOR 21 DAYS IF THE CLAIM IS ELECTRONIC, AND FOR 15 DAYS IF THE CLAIM IS ON THE TYPE OF DOCUMENT – PAPER CLAIMS AND PAPER ADJUSTMENTS, OR UNTIL MEMBER IS FOUND ELIGIBLE (WHICHEVER IS EARLIER). THEN, IF THE MEMBER ID NUMBER IS STILL NOT ON FILE, THE SYSTEM WILL AUTO-DENY THE CLAIM WITH EOB 0250. **NOTE: IF SYSTEM AGE IS OVER 21 DAYS AND IT IS AN ELECTRONIC CLAIM, OR IF SYSTEM AGE IS OVER 15 DAYS AND IT IS A PAPER CLAIM OR PAPER ADJUSTMENT, MANUALLY DENY THE CLAIM.**
	5. IF MASS ADJUSTMENT OR ELECTRONIC ADJUSTMENT, FORWARD INFORMATION TO THE APPROPRIATE LOCATION FOR DMS.

3.129 811 (FORMER LEGACY EDIT 254)

DMS Approved 12/01/97

ERROR STATUS CODE:	811 (FORMER LEGACY EDIT 254)	**CLAIM TYPE:**	A, B (PT 01, 31, 35 ONLY), C (PT 01, 39 ONLY), I, L
HEADER/DETAIL:	HEADER	**PROVIDER TYPE:**	01 (CT A/C/I), 02, 11, 12, 39, 92, 93, CT B (31, 35)
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	PAPER, NON-PAPER, ADJUSTMENTS, ENCOUNTERS
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	MEMBER ID, FDOS, TDOS

ESC NAME:	MEMBER INELIGIBLE ON DOS FOR HDR, DTL OR PARTIAL
ESC CRITERIA:	VERIFIES THAT THE MEMBER WAS ELIGIBLE FOR THE DATES OF SERVICE LISTED IN THE HEADER.
EOB CODES:	0254 – THE MEMBER IS NOT ELIGIBLE ON THE CLAIM SERVICE DATES.
METHOD OF CORRECTION:	1. VERIFY THAT THE MEMBER MEMBER ID NUMBER WAS KEYED CORRECTLY. IF NOT, CORRECT THE DATA.
	2. VERIFY THAT THE HEADER FROM DATE OF SERVICE WAS KEYED CORRECTLY. IF NOT, CORRECT THE DATA. VERIFY THAT THE HEADER THROUGH DATE OF SERVICE WAS KEYED CORRECTLY. IF NOT, CORRECT THE DATA.
	3. IF ELIGIBILITY CARD SHOWS THE MEMBER WAS ELIGIBLE FOR THE DATES OF SERVICE. REFER TO PRIOR AUTHORIZATION.
	4. IF THE CLAIM WAS KEYED CORRECTLY, MAKE NO CHANGES. CLAIM WILL RECYCLE IN THE SYSTEM FOR 21 DAYS IF ELECTRONIC CLAIMS, AND FOR 15 DAYS IF PAPER CLAIMS OR PAPER ADJUSTMENTS, OR UNTIL MEMBER IS FOUND ELIGIBLE (WHICH EVER IS EARLIER). THEN IF THE MEMBER ID NUMBER IS STILL NOT ON FILE, THE SYSTEM WILL AUTO-DENY THE CLAIM WITH EOB 0254.

3.130 812 (FORMER LEGACY EDIT 262)

DMS Approved 01/26/96

ERROR STATUS CODE:	812 (FORMER LEGACY EDIT 262)	**CLAIM TYPE:**	ALL
HEADER/DETAIL:	DETAIL	**TYPE OF DOCUMENT:**	ALL
OVERRIDEABLE:	NO	**FIELD NAME:**	MAID, FDOS, TDOS
DATA CORRECTABLE:	YES	**FIELD SIZE:**	10, 8, 8

ESC NAME:	MEMBER NOT ELIGIBLE FOR DETAIL DOS
ESC CRITERIA:	VERIFIES THAT THE MEMBER WAS ELIGIBLE ON THE DATE OF SERVICE.
EOB CODES:	0262 – MEMBER IS NOT ELIGIBLE ON THE DATE OF SERVICE. 0268 – MEMBER MAID NUMBER ON CLAIM DOES NOT MATCH THE MEMBER MAID NUMBER ON ATTACHED ELIGIBILITY CARD.
METHOD OF CORRECTION:	1. VERIFY THAT THE MAID NUMBER AND THE DATES OF SERVICE WERE KEYED CORRECTLY. IF NOT, CORRECT THE DATA. VERIFY THAT THE HEADER DATES OF SERVICE WERE KEYED CORRECTLY. IF NOT, CORRECT THE DATA.
	2. IF THERE IS AN ELIGIBILITY CARD PRESENT, AND THE DATES ON THE CARD SHOW THEY WERE ELIGIBLE FOR THAT DATE OF SERVICE. FORWARD THE INFORMATION TO THE APPROPRIATE LOCATION FOR PRIOR AUTHORIZATION TO REVIEW.
	3. IF THERE IS A CARD PRESENT, AND IT PROVES THAT THE MEMBER WAS NOT ELIGIBLE FOR THOSE DATES OF SERVICE, DENY THE CLAIM WITH EOB 0262.
	4. IF THERE IS AN ELIGIBILITY CARD PRESENT, AND THE MAID NUMBER ON THE CARD DOES NOT MATCH THE MAID NUMBER ON THE CLAIM, DENY THE CLAIM WITH EOB 0268.
	5. FOR PAPER CLAIMS, IF THE CLAIM WAS KEYED CORRECTLY, MAKE NO CHANGES CLAIM WILL RECYCLE IN THE SYSTEM FOR 15 DAYS OR UNTIL MEMBER IS FOUND ELIGIBLE. THEN IF NO MATCH IS FOUND IN 15 DAYS, THE CLAIM WILL AUTO-DENY WITH EOB 0262.

	6. FOR ELECTRONIC CLAIMS, IF THE CLAIM WAS KEYED CORRECTLY, MAKE NO CHANGES CLAIM WILL RECYCLE IN SYSTEM FOR 21 DAYS OR UNTIL RECIPIENT IS FOUND ELIGIBLE. IF NO MATCH IS FOUND IN 21 DAYS, THE CLAIM WILL AUTO-DENY WITH EOB 0262.
FOR MASS ADJUSTMENT OR ELECTRONIC ADJUSTMENT:	7. 1. IF THE ENTIRE CLAIM FAILS FOR EDIT 812, VERIFY THE RECIPIENT MAID NUMBER BY USING THE NAME AND BIRTHDATE TO READ THE RECIPIENT ELIGIBILITY FILE. IF KEYED CORRECTLY, REFER TO DMS FOR REVIEW. IF DMS RETURNS WITH NO MATCH FOUND, DENY THE CLAIM AND REQUEST A PROVIDER REFUND. IF DMS INDICATES A NEW MAID NUMBER, DATA CORRECT THE MAID NUMBER. IF A NEW NUMBER IS FOUND, DATA CORRECT THE MAID NUMBER.
	8. 2. IF ONLY CERTAIN DETAILS FAIL EDIT, DENY THE DETAIL WITH EOB 0262.
FOR PAPER ADJUSTMENT:	9. IF THE CLAIM IS KEYED CORRECTLY AND THE ENTIRE CLAIM FAILS EDIT AND NO ELIGIBILITY CARD IS PRESENT, DENY THE CLAIM AND REQUEST A PROVIDER REFUND.

3.131 813 (FORMER LEGACY EDIT 263)

DMS Approved 12/01/97

ERROR STATUS CODE:	813 (FORMER LEGACY EDIT 263)	**CLAIM TYPE:**	ALL
HEADER/DETAIL:	DETAIL	**PROVIDER TYPE:**	ALL
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	ALL
DATA CORRECTABLE:	YES	**FIELD NAME:**	MAID, FDOS, TDOS

EDIT NAME:	PARTIAL ELIGIBILITY ERROR – DOS'S SPAN ELIGIBILITY DATES.
EDIT CRITERIA:	CHECKS FOR PARTIAL ELIGIBILITY WITHIN FROM AND TO DATES OF SERVICE AT DETAIL LEVEL.
EOB CODES:	0263 – RECIPIENT IS NOT ELIGIBLE FOR A PORTION OF THE DATES OF SERVICE. 0268 – RECIPIENT MAID NUMBER ON CLAIM DOES NOT MATCH THE RECIPIENT MAID NUMBER ON ATTACHED ELIGIBILITY CARD.
METHOD OF CORRECTION:	1. VERIFY THAT THE RECIPIENT INFORMATION WAS KEYED CORRECTLY. IF NOT, CORRECT THE MAID NUMBER.
	2. VERIFY THAT BOTH HEADER AND DETAIL DATES OF SERVICE WERE KEYED CORRECTLY. IF NOT, CORRECT THE DATA. **NOTE: WHEN DATES ARE CORRECTED AT THE DETAIL LEVEL, CORRECT THE HEADER LEVEL DATES, IF AFFECTED.**
	3. IF THERE IS AN ELIGIBILITY CARD PRESENT, AND THE DATES ON THE CARD SHOWS THEY WERE ELIGIBLE, FORWARD THE INFORMATION TO THE APPROPRIATE LOCATION FOR PRIOR AUTHORIZATION TO REVIEW.
	4. IF THERE IS AN ELIGIBILITY CARD PRESENT, AND THE MAID NUMBER ON THE CARD DOES NOT MATCH THE MAID NUMBER ON THE CLAIM, DENY THE CLAIM WITH EOB 0268.
	5. FOR PAPER CLAIMS IF THE DATE IS CORRECT, RECYCLE THE CLAIM. IF NO MATCH IS FOUND IN 15 DAYS, THE CLAIM WILL AUTO-DENY WITH EOB 0263.
FOR ELECTRONIC CLAIMS:	6. IF THE DATE IS CORRECT, REPROCESS AND RECYCLE . IF NO MATCH IS FOUND IN 21 DAYS, THE CLAIM WILL AUTO-DENY WITH EOB 0263.

FOR MASS ADJUSTMENT CLAIMS:	7. IF THE ENTIRE CLAIM FAILS FOR ESC 263, VERIFY THE RECIPIENT MAID NUMBER BY USING THE NAME AND BIRTHDATE TO READ THE RECIPIENT ELIGIBILITY FILE. IF KEYED CORRECTLY, REFER TO DMS FOR REVIEW. IF DMS RETURNS WITH NO MATCH FOUND, DENY THE CLAIM AND REQUEST A PROVIDER REFUND. IF DMS INDICATES A NEW MAID NUMBER, DATA CORRECT THE NEW MAID NUMBER. IF A NEW NUMBER IS FOUND, DATA CORRECT THE MAID NUMBER. IF ONLY CERTAIN DETAILS FAIL EDIT, DENY THE DETAIL WITH EOB 0263.
FOR PAPER ADJUSTMENT:	8. IF THE CLAIM IS KEYED CORRECTLY AND THE ENTIRE CLAIM FAILS THE EDIT AND NO ELIGIBILITY CARD IS PRESENT, DENY THE CLAIM AND REQUEST A PROVIDER REFUND. IF ONLY CERTAIN DETAILS FAIL EDIT, DENY THE DETAIL WITH EOB 0263.

3.132 814 (FORMER LEGACY EDIT 265)

DMS Approved 01/26/96

ERROR STATUS CODE:	814 (FORMER LEGACY EDIT 265)	**CLAIM TYPE:**	ALL
HEADER/DETAIL:	HEADER	**PROVIDER TYPE:**	ALL
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	ALL (PAPER, NON-PAPER, ADJUSTMENTS, ENCOUNTERS, MASS ADJUSTMENTS)
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	MEMBER ID

ESC NAME:	MEMBER NUMBER INVALID.
ESC CRITERIA:	FAILS WHEN THE MEMBER NUMBER IS MISSING OR INVALID.
EOB CODES:	0814 - INCORRECT MEMBER IDENTIFICATION NUMBER.
METHOD OF CORRECTION:	1. VERIFY THAT THE MEMBER NUMBER WAS KEYED CORRECTLY. IF THE ERROR WAS DUE TO KEYING, ENTER THE CORRECT MEMBER NUMBER.
	2. IF THE MEMBER NUMBER IS INVALID, (i. e. TOO SHORT), DENY THE CLAIM WITH EOB 0265.
	3. IF A COPY OF THE KY MEDICAID CARD IS ATTACHED AND THE CLAIM DOES NOT MATCH THE NUMBER LISTED ON THE ATTACHED ELIGIBILITY CARD, DENY THE CLAIM WITH EOB 0268
	4. FOR CLAIM TYPE O AND C, ELECTRONIC CLAIMS, DO THE FOLLOWING: • IF SYSTEM AGE IS OVER 21 DAYS MANUALLY DENY THE CLAIM WITH EOB 0254.

3.133 815 (FORMER LEGACY EDIT 297)

DMS Approved 01/26/96

ERROR STATUS CODE:	815 (FORMER LEGACY EDIT 297)	**CLAIM TYPE:**	H
HEADER/DETAIL:	HEADER	**PROVIDER TYPE:**	44
OVERRIDEABLE:	YES	**TYPE OF DOCUMENT:**	PAPER CLAIM, PAPER ADJUSTMENT, ELECTRONIC ADJUSTMENT
DATA CORRECTABLE:	YES	**FIELD NAME:**	MAID,/FDOS, TDOS
EDIT NAME:	NOT A HOSPICE MEMBER.		
EDIT CRITERIA:	MEMBER HAS NO HOSPICE SEGMENT ON THE ELIGIBILITY FILE.		
EOB CODES:	0297 – MEMBER IS NOT ELIGIBLE FOR HOSPICE.		
METHOD OF CORRECTION:	1. VERIFY THAT THE MEMBER MAID NUMBER WAS KEYED CORRECTLY. IF NOT, DATA CORRECT BY CHANGING THE MAID FIELD IN THE HEADER.		
	2. IF THE CLAIM WAS KEYED CORRECTLY, MAKE NO CHANGES. CLAIM WILL RECYCLE IN THE SYSTEM FOR 15 DAYS OR UNTIL A HOSPICE SEGMENT IS FOUND. **NOTE: IF SYSTEM AGE IS OVER 15 DAYS, EDIT WILL AUTO-DENY.**		

3.134 816 (FORMER LEGACY EDIT 298)

DMS Approved 01/26/96

ERROR STATUS CODE:	816 (FORMER LEGACY EDIT 298)	**CLAIM TYPE:**	H
HEADER/DETAIL:	DETAIL	**PROVIDER TYPE:**	44
OVERRIDEABLE:	YES	**TYPE OF DOCUMENT:**	PAPER CLAIM, PAPER ADJUSTMENT, ELECTRONIC CLAIM
DATA CORRECTABLE:	YES	**FIELD NAME:**	MAID, FDOS, TDOS
ESC NAME:	A HOSPICE MEMBER.		
ESC CRITERIA:	DETAIL DATES OF SERVICE DO NOT FALL WITHIN HOSPICE MEMBER ELIGIBILITY DATES.		
EOB CODES:	0298 – MEMBER IS NOT ELIGIBLE FOR HOSPICE FOR BILLED DATES OF SERVICE.		
METHOD OF CORRECTION:	1. VERIFY THAT THE DATES OF SERVICE AND MEMBER MAID NUMBER WERE KEYED CORRECTLY. IF NOT, DATA CORRECT BY CHANGING THE APPROPRIATE FIELDS.		
	2. IF THE CLAIM WAS KEYED CORRECTLY, MAKE NO CHANGES. CLAIM WILL RECYCLE IN THE SYSTEM FOR 15 DAYS OR UNTIL A HOSPICE SEGMENT IS FOUND. **NOTE: IF SYSTEM AGE IS OVER 15 DAYS, MANUALLY DENY THE CLAIM.**		

3.135 817 (FORMER LEGACY EDIT 297)

DMS Approved 9/24/2009

ERROR STATUS CODE:	817 (FORMER LEGACY EDIT 297)	**CLAIM TYPE:**	H
HEADER/DETAIL:	DETAIL	**PROVIDER TYPE:**	44
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	PAPER, NON-PAPER, ADJUSTMENTS
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	MEMBER ID,/FDOS, TDOS
ESC NAME:	NOT A HOSPICE MEMBER		
ESC CRITERIA: **LEGACY CRITERIA:**	MEMBER DOES NOT HAVE A HOSPICE SEGMENT ON THE MEMBER INFORMATION/ELIGIBILITY PANEL. RECYCLE EDIT FOR ESC 3395 MEMBER HAS NO HOSPICE SEGMENT ON THE ELIGIBILITY FILE.		
EOB CODES:	297: MEMBER IS NOT ELIGIBLE FOR HOSPICE.		
METHOD OF CORRECTION:	1. VERIFY THAT THE MEMBER ID NUMBER WAS KEYED CORRECTLY. IF NOT, DATA CORRECT BY CHANGING THE MEMBER ID FIELD IN THE HEADER. 2. IF THE CLAIM WAS KEYED CORRECTLY, MAKE NO CHANGES. CLAIM WILL RECYCLE IN THE SYSTEM FOR 9 DAYS OR UNTIL A HOSPICE SEGMENT IS FOUND. NOTE: IF SYSTEM AGE IS OVER 9 DAYS, ESC WILL AUTO-DENY.		

3.136 902 (NO FORMER LEGACY EDIT)

DMS Approved 12/6/2004

ERROR STATUS CODE:	902 (NO FORMER LEGACY EDIT)	CLAIM TYPE:	ALL
HEADER/DETAIL:	DETAIL	PROVIDER TYPE:	ALL
OVERRIDEABLE:	YES	TYPE OF DOCUMENT:	PAPER, NON-PAPER, ADJUSTMENTS
DATA CORRECTABLE	YES	FIELD NAME:	PROC CODE

ESC NAME:	PROCEDURE CODE GROUP NOT FOUND
ESC CRITERIA:	IF THE GROUP NUMBER DOESN'T EXIST IN THE HCPCS PROCEDURE GROUP TABLE, POST THE EDIT.
EOB CODES:	9902 – PROCEDURE CODE NOT FOUND ON GROUP
METHOD OF CORRECTION:	1. VERIFY THE PROCEDURE CODE WAS KEYED CORRECTLY. IF THE CODE WAS NOT KEYED CORRECTLY, CORRECT THE PROCEDURE CODE.
	2. IF THE PROCEDURE CODE WAS KEYED CORRECTLY, DENY THE CLAIM.

3.137 911 (FORMER LEGACY EDIT N/A)

DMS Approved 1/29/2004

ERROR STATUS CODE:	911 (FORMER LEGACY EDIT N/A)	**CLAIM TYPE:**	ALL
HEADER/DETAIL:	DETAIL	**PROVIDER TYPE:**	ALL
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	ALL
DATA CORRECTABLE:	NO	**CLAIM FIELD LABEL:**	ALL

ESC NAME:	INTERNAL ERROR
ESC CRITERIA: **LEGACY CRITERIA:**	EDIT POSTS WHEN THERE IS A SYSTEM ERROR N/A
EOB CODES:	9111 – INTERNAL PROCESSING ERROR - CONTACT SE MANAGER.
METHOD OF CORRECTION:	NOTIFY SUPERVISOR IF THIS EDIT IS POSTING.

3.138 912 (FORMER LEGACY EDIT N/A)

DMS Approved 1/29/2004

ERROR STATUS CODE:	912 (FORMER LEGACY EDIT N/A)	**CLAIM TYPE:**	ALL
HEADER/DETAIL:	DETAIL	**PROVIDER TYPE:**	ALL
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	ALL
DATA CORRECTABLE:	NO	**CLAIM FIELD LABEL:**	ALL
ESC NAME:	NO PRICING METHOD ASSIGNED OR UNKNOWN		
ESC CRITERIA: **LEGACY CRITERIA:**	EDIT POSTS WHEN THERE IS A SYSTEM ERROR N/A		
EOB CODES:	9122 – NO PRICING METHOD ASSIGNED OR UNKNOWN.		
METHOD OF CORRECTION:	NOTIFY SUPERVISOR IF THIS EDIT IS POSTING.		

3.139 1000

3.139.1 1000 (FORMER LEGACY EDIT 109)

DMS Approved 03/25/96

ERROR STATUS CODE:	1000 (FORMER LEGACY EDIT 109)	**CLAIM TYPE:**	ALL
HEADER/DETAIL:	HEADER	**PROVIDER TYPE:**	ALL
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	ALL (PAPER, NON-PAPER, ADJUSTMENTS, ENCOUNTERS (THRESHOLD), MASS ADJUSTMENTS)
DATA CORRECTABLE	YES	**CLAIM FIELD LABEL:**	BILLING PROVIDER

ESC NAME:	BILLING PROVIDER INVALID OR NOT ON PROVIDER FILE - RECYCLE FOR ESC 803.
ESC CRITERIA: **LEGACY CRITERIA:**	IF THE BILLING PROVIDER NUMBER IS NOT ON FILE, POST THE ESC. PROVIDER NUMBER MUST BE PRESENT AND MUST BE FOUND ON THE MASTER FILE.
EOB CODES:	1000: THE PROVIDER IS NOT ELIGIBLE FOR DATE OF SERVICE.
METHOD OF CORRECTION:	1. VERIFY THE PROVIDER NUMBER WAS KEYED CORRECTLY. IF NOT, CORRECT THE DATA.
	2. IF THE PROVIDER NUMBER IS INVALID, DATA CORRECT THE PROVIDER TO 10 ZEROS AND DENY THE CLAIM. (EXAMPLE: LESS THAN 10 DIGITS OR AN INVALID PROVIDER TYPE.)
	3. IF CLAIM WAS KEYED CORRECTLY, MAKE NO CHANGES. THE CLAIM WILL RECYCLE IN THE SYSTEM FOR 21 DAY, THEN WILL AUTO-DENY FOR ESC 229.
	4. IF THE CLAIM IS BILLED ON THE TYPE OF DOCUMENT - MASS ADJUSTMENT OR ELECTRONIC ADJUSTMENT, REFER THE CLAIM TO DMS.

3.139.2 1000 (FORMER LEGACY EDIT 111)

DMS Approved 08/02/96

ERROR STATUS CODE:	1000 (FORMER LEGACY EDIT 111)	**CLAIM TYPE:**	B (ALL EXCEPT 01, 31, 35, 54,55) C (PT 34, 91 ONLY) D, H (PT 34, 42 ONLY) M (ALL EXCEPT PT 31, 35, 36, 40, 45, 55, 56, 57, 90) O (PT 41, 46, 47 ONLY)
HEADER/DETAIL:	HEADER	**PROVIDER TYPE:**	CT B (ALL EXCEPT 01, 31, 35, 54, 55), CT C (34, 91), 61, 62, CT H (34, 42), CT M (ALL

			EXCEPT 31, 35, 36, 40, 45, 55, 56, 57, 90), CT O (41, 46, 47)
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	PAPER, NON-PAPER, ADJUSTMENTS, ENCOUNTERS (THRESHOLD)
DATA CORRECTABLE	YES	**CLAIM FIELD LABEL:**	BILLING PROVIDER (CLINIC)
ESC NAME:	BILLING PROVIDER I.D. NUMBER NOT 0N FILE.		
ESC CRITERIA: **LEGACY CRITERIA:**	IF THE BILLING PROVIDER NUMBER IS NOT ON THE PROVIDER BASE TABLE, AND BILLING PROVIDER IS NOT ON THE PREVIOUS PROVIDER NUMBER TABLE AND IS NOT A CROSSOVER CLAIM, POST THE ESC. OR, IF THE PROVIDER AND SERVICE LOCATION ARE NOT ON THE SERVICE LOCATION TABLE, POST THE ESC. FAILS WHEN A CLINIC PROVIDER NUMBER IS NOT FOUND LISTED ON THE MASTER PROVIDER FILE.		
EOB CODES:	1000: THE PROVIDER IS NOT ELIGIBLE FOR DATE OF SERVICE.		
METHOD OF CORRECTION:	1. VERIFY THE CLINIC NUMBER WAS KEYED CORRECTLY. IF NOT, CORRECT THE DATA.		
	2. IF THE CLAIM WAS KEYED CORRECTLY, MAKE NO CHANGES. THE CLAIM WILL RECYCLE IN THE SYSTEM FOR 3 DAYS, THEN AUTO-DENY FOR ESC 805.		

3.139.3 1000 (FORMER LEGACY EDIT 155)

DMS Approved 05/13/04

ERROR STATUS CODE:	1000 (FORMER LEGACY EDIT 155)	**CLAIM TYPE:**	B (ALL EXCEPT PT 01, 31, 35, 54, 55, 80), C (PT 34, 91 ONLY), D, H (PT 34, 42 ONLY), M (ALL EXCEPT PT 20, 23, 31,35, 36, 40, 45, 55, 56, 57), O (PT 41, 46, 47 ONLY)
HEADER/DETAIL:	HEADER	**PROVIDER TYPE:**	CT B (ALL EXCEPT 01, 31, 35, 54, 55, 80), CT C (34, 91), 60, 61, CT H (34, 42), CT M (ALL EXCEPT 20, 23, 31,35, 36, 40, 45, 55, 56, 57), CT O (41, 46, 47)
OVERRIDEABLE:	YES	**TYPE OF DOCUMENT:**	PAPER, NON-PAPER, ADJUSTMENTS, ENCOUNTERS (THRESHOLD)
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	BILLING PROVIDER
ESC NAME:	BILLING PROVIDER I.D. NUMBER NOT 0N FILE.		
ESC CRITERIA:	IF THE BILLING PROVIDER NUMBER IS NOT ON THE PROVIDER BASE TABLE, AND BILLING PROVIDER IS NOT ON THE PREVIOUS PROVIDER NUMBER TABLE AND IS NOT A CROSSOVER CLAIM, POST THE ESC.		

LEGACY CRITERIA:	OR, IF THE PROVIDER AND SERVICE LOCATION ARE NOT ON THE SERVICE LOCATION TABLE, POST THE ESC. IF PROVIDER IN BILLING PROVIDER FIELD HAS A RECORD/TYPE ON THE PROVIDER MASTER FILE NOT EQUAL TO O AND/OR THE PROVIDER IN THE CLINIC PROVIDER FIELD HAS A RECORD/TYPE ON THE PROVIDER MASTER FILE NOT EQUAL TO 1 THEN SET THE ESC.
	ENCOUNTERS ARE EXCLUDED FROM THIS ESC DUE TO DCR 01007.
EOB CODES:	1000 – BILLING PROVIDER NOT ENROLLED AT BILLING LOCATION FOR PROGRAM BILLED.
METHOD OF CORRECTION:	1. VERIFY THAT THE PROVIDER NUMBER(S) WERE KEYED CORRECTLY. IF NOT, CORRECT THE DATA.
	2. IF INDIVIDUAL PROVIDERS 21, 22, 24, 29, 32, 50, 529, 60, 64, 70, 72. 74. 77. 78 OR 80 ARE FOUND IN THE CLINIC FIELD AND/OR CLINICAL PROVIDERS 159, 219, 229, 249, 299, 329, 509, 528, 61, 65, 709, 729, 749, 779, 789, 809 ARE FOUND IN THE BILLING PROVIDER FIELD THEN DENY THE CLAIM.
	3. IF INDIVIDUAL PROVIDERS 21, 22, 24, 29, 32, 50, 529, 60, 64, 70, 72, 74, 77, 78 OR 80 ARE FOUND IN THE BILLING PROVIDER FIELD AND/OR CLINIC PROVIDERS 159, 219, 229, 249, 299, 329, 509, 528 61, 65, 709, 729, 749, 779, 789, 809 ARE FOUND IN THE CLINIC FIELD THEN OVERRIDE THE ESC. **NOTE: PLEASE NOTIFY SYSTEMS OF ANY THAT ARE APPARENTLY BILLED CORRECTLY BUT FAILED. THE REC/TYPE INDICATOR ON THE PROVIDER MASTER FILE FOR THE GIVEN PROVIDER MAY BE INCORRECT.**

3.140 1001

3.140.1 1001 (FORMER LEGACY EDIT 108)

DMS Approved 05/03/05

ERROR STATUS CODE:	1001 (FORMER LEGACY EDIT 108)	**CLAIM TYPE:**	ALL
HEADER/DETAIL:	HEADER	**PROVIDER TYPE:**	ALL
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	PAPER, NON-PAPER, ADJUSTMENTS
DATA CORRECTABLE	YES	**CLAIM FIELD LABEL:**	BPROV, FDOS, TDOS
ESC NAME:	BILLING PROV NOT ENROLLED AT SVC LOC FOR PGM BILLD		
ESC CRITERIA: **LEGACY CRITERIA:**	IF THE PROVIDER HAS NO ELIGIBILITY FOR ANY PROVIDER PROGRAM, POST THE ESC. IF THE CLAIM IS IN A PAID STATUS (HEADER) AND PAYER PAID AMOUNT IS NOT EQUAL TO ZERO (0) AND IF THE PAYER PAID AMOUNT IS LESS THAN THE PAID AMOUNT AND THE PAYER PAID AMOUNT IS GREATER THAN ZERO (0), POST THE ESC. IF THE CLAIM IS IN A PAID STATUS (HEADER) AND PAYER PAID AMOUNT IS NOT EQUAL TO ZERO (0) AND IF THE PAYER PAID AMOUNT IS GREATER THAN THE PAID AMOUNT AND THE PAID AMOUNT IS GREATER THAN ZERO (0), POST THE ESC. FAILS IF THE BILLING PROVIDER DOES NOT HAVE A PROVIDER ELIGIBILITY SEGMENT WITH AN ELIGIBILITY STATUS OF 1, 3, 6, OR Z FOR THE DATES OF SERVICE. PLEASE NOTE – **CAPITATION CLAIMS** FAIL IF THE BILLING PROVIDER DOES NOT HAVE A PROVIDER ELIGIBILITY SEGMENT WITH AN ELIGIBILITY STATUS OF 1, 3, 4, OR Z FOR THE DATES OF SERVICE.		
EOB CODES:	1001: BILLING PROVIDER NOT ENROLLED AT BILLING LOCATION FOR PROGRAM BILLED.		
METHOD OF CORRECTION:	1. VERIFY THAT THE PROVIDER INFORMATION AND DATES OF SERVICE WERE KEYED CORRECTLY. IF NOT, CORRECT THE DATA.		
	2. IF CLAIM IS KEYED CORRECTLY, MAKE NO CHANGES. THE CLAIM WILL RECYCLE IN THE SYSTEM FOR 21 DAYS, THEN WILL AUTO-DENY FOR ESC 802.		

3.140.2 1001 (FORMER LEGACY EDIT 110)

DMS Approved 07/31/01

ERROR STATUS CODE:	1001 (FORMER LEGACY EDIT 110)	**CLAIM TYPE:**	ALL
HEADER/DETAIL:	HEADER	**PROVIDER TYPE:**	ALL
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	PAPER, NON-PAPER, ADJUSTMENTS

DATA CORRECTABLE	YES	**CLAIM FIELD LABEL:**	BPROV, FDOS, TDOS
ESC NAME:	BILLING PROV NOT ENROLLED AT SVC LOC FOR PGM BILLD		
ESC CRITERIA: **LEGACY CRITERIA:**	IF THE PROVIDER HAS NO ELIGIBILITY FOR ANY PROVIDER PROGRAM, POST THE ESC. IF THE CLAIM IS IN A PAID STATUS (HEADER) AND PAYER PAID AMOUNT IS NOT EQUAL TO ZERO (0) AND IF THE PAYER PAID AMOUNT IS LESS THAN THE PAID AMOUNT AND THE PAYER PAID AMOUNT IS GREATER THAN ZERO (0), POST THE ESC. IF THE CLAIM IS IN A PAID STATUS (HEADER) AND PAYER PAID AMOUNT IS NOT EQUAL TO ZERO (0) AND IF THE PAYER PAID AMOUNT IS GREATER THAN THE PAID AMOUNT AND THE PAID AMOUNT IS GREATER THAN ZERO (0), POST THE ESC. FAILS IF THE CLINIC PROVIDER DOES NOT HAVE A PROVIDER ELIGIBILITY SEGMENT WITH AN ELIGIBILITY STATUS OF 1, 3, OR Z FOR THE DATES OF SERVICE. PLEASE NOTE – **CAPITATION CLAIMS** FAIL IF THE CLINIC PROVIDER DOES NOT HAVE A PROVIDER ELIGIBILITY SEGMENT WITH AN ELIGIBILITY STATUS OF 1, 3, 4, OR Z FOR THE DATES OF SERVICE.		
EOB CODES:	1001: BILLING PROVIDER NOT ENROLLED AT SERVICE LOCATION FOR PROGRAM BILLED.		
METHOD OF CORRECTION:	1. VERIFY THE CLINIC NUMBER WAS KEYED CORRECTLY. IF NOT, CORRECT THE DATA.		
	2. VERIFY THAT THE DATES OF SERVICE WERE KEYED CORRECTLY. IF NOT, CORRECT THE DATA.		
	3. IF THE CLAIM WAS KEYED CORRECTLY, MAKE NO CHANGES. THE CLAIM WILL RECYCLE IN THE SYSTEM FOR 21 DAYS, THEN WILL AUTO-DENY FOR ESC 230 (EXCEPT FOR TYPE OF DOCUMENT - PAPER ADJUSTMENT).		

3.140.3 1001 (FORMER LEGACY EDIT 829)

DMS Approved: 6/23/00

ERROR STATUS CODE:	1001 (FORMER LEGACY EDIT 829)	**CLAIM TYPE:**	ALL
HEADER/DETAIL:	DETAIL/HEADER	**PROVIDER TYPE:**	ALL
OVERRIDEABLE:	YES	**TYPE OF DOCUMENT:**	PAPER, NON-PAPER, ADJUSTMENTS
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	BPROV, FDOS, TDOS
ESC NAME:	BILLING PROV NOT ENROLLED AT SVC LOC FOR PGM BILLD		
ESC CRITERIA:	IF THE PROVIDER HAS NO ELIGIBILITY FOR ANY PROVIDER PROGRAM, POST THE ESC. IF THE CLAIM IS IN A PAID STATUS (HEADER) AND PAYER		

LEGACY CRITERIA:	PAID AMOUNT IS NOT EQUAL TO ZERO (0) AND IF THE PAYER PAID AMOUNT IS LESS THAN THE PAID AMOUNT AND THE PAYER PAID AMOUNT IS GREATER THAN ZERO (0), POST THE ESC. IF THE CLAIM IS IN A PAID STATUS (HEADER) AND PAYER PAID AMOUNT IS NOT EQUAL TO ZERO (0) AND IF THE PAYER PAID AMOUNT IS GREATER THAN THE PAID AMOUNT AND THE PAID AMOUNT IS GREATER THAN ZERO (0), POST THE ESC. FAILS IF THE PROVIDER HAS AN ELIGIBILITY STATUS CODE OF “3” FOR THE DATE OF SERVICE AND THE MEMBER HAS A PROGRAM CODE OF “I”, “P”, OR “KC” AND AN ELIGIBILITY STATUS CODE OF “M7” OR “P7.” THIS ESC FAILS UB04 AND PHARMACY CLAIMS AT THE HEADER. CMS CLAIMS FAIL AT THE DETAIL.
EOB CODES:	1001 – CLAIM/DETAIL DENIED. PROVIDER NOT ELIGIBLE TO RECEIVE PAYMENT FOR SERVICES PROVIDED TO KCHIP PHASE III MEMBERS.
METHOD OF CORRECTION:	1. VERIFY THE DETAIL AND HEADER DATES OF SERVICE WERE KEYED CORRECTLY. IF NOT, CORRECT THE DATA.
	2. IF KEYED CORRECTLY DENY WITH AN EOB OF 1001.

3.141 1002 (FORMER LEGACY EDIT 206)

DMS Approved 04/16/2003

ERROR STATUS CODE:	1002 (FORMER LEGACY EDIT 206)	**CLAIM TYPE:**	M (PT 31, 35 ONLY)
HEADER/DETAIL:	HEADER	**PROVIDER TYPE:**	31/35 (CT M ONLY)
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	PAPER, NON-PAPER, ADJUSTMENTS
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	RENDERING PROVIDER, FDOS, TDOS

ESC NAME:	REND PROV NOT ELIGIBLE TO RENDER SVC ON THIS PGM
ESC CRITERIA: **LEGACY PROVIDER:**	IF THE PERFORMING PROVIDER/SERVICE LOCATION IS NOT THE SAME AS THE BILLING PROVIDER/LOCATION, AND THE PERFORMING PROVIDER IS NOT ELIGIBLE FOR THE DATES OF SERVICE, POST THE ESC. FAILS IF THE RENDERING PROVIDER DOES NOT HAVE A PROVIDER ELIGIBILITY SEGMENT WITH AN ELIGIBILITY STATUS OF 1, 3, OR Z FOR THE DATES OF SERVICE.
EOB CODES:	0206 – CLAIM DENIED. RENDERING PROVIDER IS NOT ELIGIBLE FOR THE DATE OF SERVICE.
METHOD OF CORRECTION:	1. VERIFY THAT THE RENDERING PROVIDER INFORMATION AND DATES OF SERVICE WERE KEYED CORRECTLY. IF NOT, CORRECT THE DATA. THE RENDERING PROVIDER DATA IS LOCATED IN THE CLINIC NUMBER FIELD.

3.142 1003

3.142.1 1003 (FORMER LEGACY EDIT 108)

DMS Approved 05/03/05

ERROR STATUS CODE:	1003 (FORMER LEGACY EDIT 108)	**CLAIM TYPE:**	ALL
HEADER/DETAIL:	HEADER	**PROVIDER TYPE:**	ALL
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	PAPER, NON-PAPER, ADJUSTMENTS, ENCOUNTERS
DATA CORRECTABLE	YES	**CLAIM FIELD LABEL:**	BPROV, FDOS, TDOS
ESC NAME:	BILLING PROV NOT ELIG AT SERV LOC FOR PROG BILLED		
ESC CRITERIA: **LEGACY CRITERIA:**	IF THE PROVIDER HAS NO ELIGIBILITY FOR ANY PROVIDER PROGRAM, POST THE ESC. FAILS IF THE BILLING PROVIDER DOES NOT HAVE A PROVIDER ELIGIBILITY SEGMENT WITH AN ELIGIBILITY STATUS OF 1, 3, 6, OR Z FOR THE DATES OF SERVICE. PLEASE NOTE – **CAPITATION CLAIMS** FAIL IF THE RENDERING PROVIDER DOES NOT HAVE A PROVIDER ELIGIBILITY SEGMENT WITH AN ELIGIBILITY STATUS OF 1, 3, 4, OR Z FOR THE DATES OF SERVICE.		
EOB CODES:	1003: BILLING PROVIDER NOT ELIGIBLE FOR SERVICE LOCATION AT PROGRAM BILLED.		
METHOD OF CORRECTION:	1. VERIFY THAT THE PROVIDER INFORMATION AND DATES OF SERVICE WERE KEYED CORRECTLY. IF NOT, CORRECT THE DATA.		
	2. IF CLAIM IS KEYED CORRECTLY, MAKE NO CHANGES. THE CLAIM WILL RECYCLE IN THE SYSTEM FOR 21 DAYS, THEN WILL AUTO-DENY FOR ESC 802.		

3.142.2 1003 (FORMER LEGACY EDIT 110)

DMS Approved 07/31/01

ERROR STATUS CODE:	1003 (FORMER LEGACY EDIT 110)	**CLAIM TYPE:**	ALL
HEADER/DETAIL:	HEADER	**PROVIDER TYPE:**	ALL
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	PAPER, NON-PAPER, ADJUSTMENTS
DATA CORRECTABLE	YES	**CLAIM FIELD LABEL:**	CLINIC NUMBER, FDOS, TDOS
ESC NAME:	BILLING PROV NOT ELIG AT SERV LOC FOR PROG BILLED		
ESC CRITERIA: **LEGACY CRITERIA:**	IF THE PROVIDER HAS NO ELIGIBILITY FOR ANY PROVIDER PROGRAM, POST THE ESC. FAILS IF THE CLINIC PROVIDER DOES NOT HAVE A PROVIDER ELIGIBILITY SEGMENT WITH AN ELIGIBILITY STATUS OF 1, 3, OR Z FOR THE DATES OF SERVICE.		

	PLEASE NOTE – **CAPITATION CLAIMS** FAIL IF THE CLINIC PROVIDER DOES NOT HAVE A PROVIDER ELIGIBILITY SEGMENT WITH AN ELIGIBILITY STATUS OF 1, 3, 4, OR Z FOR THE DATES OF SERVICE.
EOB CODES:	1003: BILLING PROVIDER NOT ELIGIBLE FOR SERVICE LOCATION AT PROGRAM BILLED.
METHOD OF CORRECTION:	1. VERIFY THE CLINIC NUMBER WAS KEYED CORRECTLY. IF NOT, CORRECT THE DATA.
	2. VERIFY THAT THE DATES OF SERVICE WERE KEYED CORRECTLY. IF NOT, CORRECT THE DATA.
	3. IF THE CLAIM WAS KEYED CORRECTLY, MAKE NO CHANGES. THE CLAIM WILL RECYCLE IN THE SYSTEM FOR 21 DAYS, THEN WILL AUTO-DENY FOR ESC 230 (EXCEPT FOR TYPE OF DOCUMENT - PAPER ADJUSTMENT).

3.142.3 1003 (FORMER LEGACY EDIT 829)

DMS Approved: 6/23/00

ERROR STATUS CODE:	1003 (FORMER LEGACY EDIT 829)	**CLAIM TYPE:**	ALL
HEADER/DETAIL:	DETAIL/HEADER	**PROVIDER TYPE:**	ALL
OVERRIDEABLE:	YES	**TYPE OF DOCUMENT:**	PAPER, NON PAPER, ADJUSTMENTS
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	BPROV, TDOS, FDOS
ESC NAME:	BILLING PROV NOT ELIG AT SERV LOC FOR PROG BILLED		
ESC CRITERIA: **LEGACY CRITERIA:**	IF THE PROVIDER HAS NO ELIGIBILITY FOR ANY PROVIDER PROGRAM, POST THE ESC. FAILS IF THE PROVIDER HAS AN ELIGIBILITY STATUS CODE OF “3” FOR THE DATE OF SERVICE AND THE MEMBER HAS A PROGRAM CODE OF “I”, “P”, OR “KC” AND AN ELIGIBILITY STATUS CODE OF “M7” OR “P7.” THIS ESC FAILS UB04 AND PHARMACY CLAIMS AT THE HEADER. CMS CLAIMS FAIL AT THE DETAIL.		
EOB CODES:	1003: BILLING PROVIDER NOT ELIGIBLE FOR SERVICE LOCATION AT PROGRAM BILLED.		
METHOD OF CORRECTION:	1. VERIFY THE DETAIL AND HEADER DATES OF SERVICE WERE KEYED CORRECTLY. IF NOT, CORRECT THE DATA.		
	2. IF KEYED CORRECTLY DENY WITH AN EOB OF 1003.		

3.143 1007 (FORMER LEGACY 289)

DMS Approved 12/20/2004

ERROR STATUS CODE:	1007 (FORMER LEGACY EDIT 289)	**CLAIM TYPE:**	M
HEADER/DETAIL:	HEADER	**PROVIDER TYPE:**	31, 35
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	PAPER, NON-PAPER, ADJUSTMENTS, ENCOUNTERS (THRESHOLD)
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	CLINIC
ESC NAME:	RENDERING PROVIDER I.D. NOT ON FILE		
ESC CRITERIA: **LEGACY CRITERIA:**	IF THERE IS A RENDERING PROVIDER ON THE CLAIM, AND THE RENDERING PROVIDER IS NOT ON FILE, POST THE ESC. FAILS IF RENDERING PROVIDER NUMBER IS MISSING OR NOT FOUND ON THE PROVIDER MASTER FILE.		
EOB CODES:	0289 –RENDERING PROVIDER MISSING OR INVALID		
METHOD OF CORRECTION:	1. VERIFY THAT THE RENDERING PROVIDER INFORMATION IS KEYED CORRECTLY. IF NOT, CORRECT THE DATA. THE RENDERING PROVIDER DATA IS LOCATED IN THE CLINIC NUMBER FIELD.		

3.144 1008 (FORMER LEGACY 155)

ERROR STATUS CODE:	1008 (FORMER LEGACY EDIT 155)	CLAIM TYPE:	M
HEADER/DETAIL:	DETAIL	PROVIDER TYPE:	ALL EXCEPT 31, 35
OVERRIDEABLE:	NO	TYPE OF DOCUMENT:	PAPER, NON-PAPER, ADJUSTMENTS
DATA CORRECTABLE	YES	FIELD NAME:	RENDERING PROVIDER

ESC NAME:	PERFORMING PROVIDER MUST HAVE AN INDIVIDUAL NUMBER
ESC CRITERIA:	IF THE RENDERING PROVIDER HAS AN ENTRY ON T_PR_GRP_MBR POST THE EDIT
LEGACY CRITERIA:	IF PROVIDER IN BILLING PROVIDER FIELD HAS A RECORD/TYPE ON THE PROVIDER MASTER FILE NOT EQUAL TO O AND/OR THE PROVIDER IN THE CLINIC PROVIDER FIELD HAS A RECORD/TYPE ON THE PROVIDER MASTER FILE NOT EQUAL TO 1 THEN SET THE EDIT. FOR THE TYPE OF DOCUMENT – ELECTRONIC CLAIMS ARE EXCLUDED FOR CLAIM TYPES C AND O. ENCOUNTERS ARE EXCLUDED FROM THIS EDIT DUE TO DCR 01007.
EOB CODES:	155 - PLEASE RESUBMIT WITH APPROPRIATE GROUP PROVIDER NUMBER IN CLINIC FIELD AND/OR INDIVIDUAL PROVIDER NUMBER IN BILLING FIELD.
METHOD OF CORRECTION:	1. VERIFY THAT THE PROVIDER NUMBER(S) WERE KEYED CORRECTLY. IF NOT, CORRECT THE DATA.
	2. IF INDIVIDUAL PROVIDERS 21, 22, 24, 29, 32, 50, 529, 60, 64, 70, 72. 74. 77. 78 OR 80 ARE FOUND IN THE CLINIC FIELD AND/OR CLINICAL PROVIDERS 159, 219, 229, 249, 299, 329, 509, 528, 61, 65, 709, 729, 749, 779, 789, 809 ARE FOUND IN THE BILLING PROVIDER FIELD THEN DENY THE CLAIM.
	3. IF INDIVIDUAL PROVIDERS 21, 22, 24, 29, 32, 50, 529, 60, 64, 70, 72, 74, 77, 78 OR 80 ARE FOUND IN THE BILLING PROVIDER FIELD AND/OR CLINIC PROVIDERS 159, 219, 229, 249, 299, 329, 509, 528 61, 65, 709, 729, 749, 779, 789, 809 ARE FOUND IN THE CLINIC FIELD THEN OVERRIDE THE EDIT.
	NOTE: PLEASE NOTIFY SYSTEMS OF ANY THAT ARE APPARENTLY BILLED CORRECTLY BUT FAILED. THE REC/TYPE INDICATOR ON THE PROVIDER MASTER FILE FOR THE GIVEN PROVIDER MAY BE INCORRECT.

3.145 1010 (FORMER LEGACY EDIT 112)

DMS Approved 06/23/2010

ERROR STATUS CODE:	1010 (FORMER LEGACY EDIT 112)	**CLAIM TYPE:**	B (ALL EXCEPT PT 01, 54, 55, 80) C (PT 34, 91 ONLY) D H (PT 34, 42 ONLY) M (ALL EXCEPT PT 40, 45, 55, 56, 57) O (PT 41, 46, 47 ONLY)
HEADER/DETAIL:	DETAIL	**PROVIDER TYPE:**	CT B (ALL EXCEPT 01, 54, 55, 80), CT C (34, 91), 60, 61, CT H (34, 42), CT M (ALL EXCEPT 40, 45, 55, 56, 57), CT O (41, 46, 47)
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	PAPER, NON-PAPER, ADJUSTMENTS
DATA CORRECTABLE	YES	**CLAIM FIELD LABEL:**	RENDERING PROVIDER

ESC NAME:	RENDERING PROVIDER NOT A MEMBER OF BILLING GROUP
ESC CRITERIA: **LEGACY CRITERIA:**	IF THE RENDERING PROVIDER IS THE BILLING PROVIDER AND THE RENDERING PROVIDER'S SPECIALTY IS NOT PHYSICIAN ASSISTANT ("100"), POST THE ESC. IF THE BILLING PROVIDER IS NOT A GROUP PROVIDER, POST THE ESC. IF THE RENDERING PROVIDER IS NOT A GROUP PROVIDER, POST THE ESC. FAILS WHEN THE BILLING PHYSICIAN IS NOT LISTED AS A MEMBER OF THE CLINIC ON THE DATES OF SERVICE INDICATED ON THE CLAIM. NOTE-PER DEFECT 14006 PT 36 NO LONGER FAILS THIS EDIT.
EOB CODES:	1010: RENDERING PROVIDER NOT A MEMBER OF BILLING GROUP.
METHOD OF CORRECTION:	1. VERIFY THAT THE BILLING PROVIDER NUMBER WAS KEYED CORRECTLY. IF NOT, CORRECT THE DATA.
	2. VERIFY THAT THE CLINIC NUMBER WAS KEYED CORRECTLY. IF NOT, CORRECT THE DATA.
	3. VERIFY THAT THE DATES OF SERVICE WERE KEYED CORRECTLY. IF NOT, CORRECT THE DATA.
	4. IF THE CLAIM WAS KEYED CORRECTLY, MAKE NO CHANGES. THE CLAIM WILL RECYCLE IN THE SYSTEM FOR 09 DAYS, THEN AUTO-DENY FOR ESC 1010.

3.145.1 1010 (FORMER LEGACY EDIT 301)

DMS Approved 12/11/2003

ERROR STATUS CODE:	1010 (FORMER LEGACY EDIT 301)	**CLAIM TYPE:**	M
HEADER/DETAIL:	HEADER	**PROVIDER TYPE:**	31, 35
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	PAPER, NON-PAPER, ADJUSTMENTS
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	RENDERING PROVIDER

ESC NAME:	RENDERING PROVIDER NOT A MEMBER OF BILLING GROUP
ESC CRITERIA: **LEGACY CRITERIA:**	IF THE RENDERING PROVIDER IS THE BILLING PROVIDER AND THE RENDERING PROVIDER'S SPECIALTY IS NOT PHYSICIAN ASSISTANT ("100"), POST THE ESC. IF THE BILLING PROVIDER IS NOT A GROUP PROVIDER, POST THE ESC. IF THE RENDERING PROVIDER IS NOT A GROUP PROVIDER, POST THE ESC. FAILS WHEN THE RENDERING PROVIDER IS NOT LISTED AS A MEMBER OF THE CLINIC ON THE DATES OF SERVICE INDICATED ON THE CLAIM.
EOB CODES:	1010: RENDERING PROVIDER NOT A MEMBER OF BILLING GROUP.
METHOD OF CORRECTION:	• VERIFY THAT THE BILLING PROVIDER NUMBER WAS KEYED CORRECTLY. IF NOT, CORRECT THE DATA.
	• VERIFY THAT THE RENDERING PROVIDER NUMBER WAS KEYED CORRECTLY. IF NOT, CORRECT THE DATA. THE RENDERING PROVIDER DATA IS LOCATED IN THE CLINIC NUMBER FIELD.
	• VERIFY THAT THE DATES OF SERVICE WERE KEYED CORRECTLY IF NOT, CORRECT THE DATA.

3.146 1026(FORMER LEGACY EDIT 906)

DMS Approved 12/6/2004

ERROR STATUS CODE:	1026 (FORMER LEGACY EDIT 906)	**CLAIM TYPE:**	P, Q
HEADER/DETAIL:	HEADER	**PROVIDER TYPE:**	54
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	ENCOUNTERS ONLY
DATA CORRECTABLE:	NO	**CLAIM FIELD LABEL:**	PRESCRIBING PROVIDER

ESC NAME:	PRESCRIBING PHYSICIAN LICENSE NUMBER NOT ON FILE
ESC CRITERIA: **LEGACY CRITERIA:**	IF THE PRESCRIBING LICENSE NUMBER IS NOT ON FILE, POST THE EDIT. FAILS IF THE PRESCRIBING PROVIDER'S LICENSE NUMBER IS NOT ON THE PRESCRIBING LICENSE NUMBER FILE. ALSO FAILS IF THE CLAIM DATE OF SERVICE IS NOT WITHIN THE PRESCRIBER'S LICENSE NUMBER EFFECTIVE DATES.
EOB CODES:	2302– PRESCRIBING PROVIDER NOT ON FILE
METHOD OF CORRECTION:	**THIS ESC IS ACTIVE FOR REGIONS 25, 26, 59, 65 AND 71 ONLY. THIS EDIT IS ALSO SET AS THRESHOLD**

3.147 1030

3.147.1 1030 (FORMER LEGACY EDIT 909)

DMS Approved 01/26/96

ERROR STATUS CODE:	1030 (FORMER LEGACY EDIT 909)	**CLAIM TYPE:**	L
HEADER/DETAIL:	DETAIL	**PROVIDER TYPE:**	11, 12
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	PAPER, NON-PAPER, ADJUSTMENTS, MASS ADJUSTMENTS
DATA CORRECTABLE	YES	**CLAIM FIELD LABEL:**	PROCEDURE, PA
ESC NAME:	ANCILLARY SERVIC NOT COVERED IN BIRTHING CNTER GRP		
ESC CRITERIA: **LEGACY CRITERIA:**	IF THE CLAIM IS NOT AN INPATIENT CLAIM AND IF THE REVENUE CODE IS NOT IN THE REVENUE ACCOMMODATION GROUP (1003), POST THE ESC. IF THE TYPE OF BILL (TOB) IS A BIRTHING CENTER AND THE REVENUE CODE IS NOT IN THE BIRTHING CENTER GROUP (1040), POST THE ESC. IF THERE IS NO EXISTING AUTHORIZATION FOR AN ANCILLARY SERVICE BILLED, THE DETAIL CHARGE IS SYSTEMATICALLY MOVED TO THE NON-COVERED COLUMN AND EOB 909 IS SET. THE CLAIM DOES NOT SUSPEND.		
EOB CODES:	0909 - ANCILLARY SERVICES NOT AUTHORIZED BY THE PRO.		
METHOD OF CORRECTION:	1. FOR THE FAILURES OF THIS ESC, THE ANCILLARY CHARGE IS MOVED TO NON-COVERED. THE CLAIM DOES NOT SUSPEND.		

3.147.2 1030 (FORMER LEGACY EDIT 961)

DMS Approved 01/26/96

ERROR STATUS CODE:	1030 (FORMER LEGACY EDIT 961)	**CLAIM TYPE:**	I
HEADER/DETAIL:	DETAIL	**PROVIDER TYPE:**	01, 02, 04, 92, 93
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	PAPER, NON-PAPER, ADJUSTMENTS, MASS ADJUSTMENTS
DATA CORRECTABLE	NO	**CLAIM FIELD LABEL:**	PROC/NDC/
ESC NAME:	ANCILLARY SERVIC NOT COVERED IN BIRTHING CNTER GRP		

ESC CRITERIA: **LEGACY CRITERIA:**	IF THE CLAIM IS NOT AN INPATIENT CLAIM AND IF THE REVENUE CODE IS NOT IN THE REVENUE ACCOMMODATION GROUP (1003), POST THE ESC. IF THE TYPE OF BILL (TOB) IS A BIRTHING CENTER AND THE REVENUE CODE IS NOT IN THE BIRTHING CENTER GROUP (1040), POST THE ESC. ESC 1030 WILL FAIL DETAILS WITH ANY REVENUE CODE OTHER THAN 100, 963, 971, 972, 973, 974, 985, OR 986 BILLED ON THE SAME CLAIM AS 101 OR 240 (ALL INCLUSIVE ANCILLARY).
EOB CODES:	0909 - ANCILLARY SERVICES NOT AUTHORIZED BY THE PRO.
METHOD OF CORRECTION:	1. FOR ALL FAILURES, THE BILLED AMOUNT IS SYSTEMATICALLY MOVED TO NON-COVERED FIELD.

3.148 1032 (FORMER LEGACY EDIT 009)

DMS Approved 01/26/96

ERROR STATUS CODE:	1032 (FORMER LEGACY EDIT 009)	**CLAIM TYPE:**	ALL
HEADER/DETAIL:	HEADER	**PROVIDER TYPE:**	ALL
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	PAPER, NON-PAPER, ADJUSTMENTS, MASS ADJUSTMENTS, ENCOUNTERS
DATA CORRECTABLE	YES	**CLAIM FIELD LABEL:**	BILLING PROVIDER

ESC NAME:	BILLING PROVIDER NOT ELIGIBLE TO BILL THIS CLAIM
ESC CRITERIA:	IF THE PROVIDER TYPE AND THE BATCH RANGE CANNOT DETERMINE THE CLAIM TYPE, SET THE ESC.
LEGACY CRITERIA:	IF THE PROVIDER TYPE AND THE BATCH RANGE CANNOT DETERMINE THE CLAIM TYPE, SET THE ESC. ALL UB04 CLAIM FORMS DEFAULT CLAIM TYPE TO “T”. ALL HCFA-1500 CLAIM FORMS DEFAULT TO CLAIM TYPE “P” EXCEPT DENTAL.
EOB CODES:	0009 – INVALID PROVIDER TYPE BILLED ON CLAIM FORM.
METHOD OF CORRECTION:	THIS ESC IS SET TO AUTO-DENY.

3.149 1036 (FORMER LEGACY EDIT 009)

DMS Approved 01/26/96

ERROR STATUS CODE:	1036 (FORMER LEGACY EDIT 009)	**CLAIM TYPE:**	ALL
HEADER/DETAIL:	HEADER	**PROVIDER TYPE:**	ALL
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	PAPER, NON-PAPER, ADJUSTMENTS, MASS ADJUSTMENTS, ENCOUNTERS
DATA CORRECTABLE	YES	**CLAIM FIELD LABEL:**	RENDERING PROVIDER

ESC NAME:	RENDERING PROVIDER TYPE/CLAIM TYPE INVALID
ESC CRITERIA: **LEGACY CRITERIA:**	IF THE PROVIDER TYPE AND THE BATCH RANGE CANNOT DETERMINE THE CLAIM TYPE, SET THE ESC. IF THE PROVIDER TYPE AND THE BATCH RANGE CANNOT DETERMINE THE CLAIM TYPE, SET THE ESC. ALL UB04 CLAIM FORMS DEFAULT CLAIM TYPE TO “T”. ALL HCFA-1500 CLAIM FORMS DEFAULT TO CLAIM TYPE “P” EXCEPT DENTAL.
EOB CODES:	0009 – INVALID PROVIDER TYPE BILLED ON CLAIM FORM.
METHOD OF CORRECTION:	THIS ESC IS SET TO AUTO-DENY.

3.150 1037 (NO FORMER LEGACY EDIT)

DMS Approved 06/2007

ERROR STATUS CODE:	1037 (NO FORMER LEGACY EDIT)	CLAIM TYPE:	A, C, I, L, O
HEADER/DETAIL:	HEADER	PROVIDER TYPE:	01, 02, 04, 11, 12, 39, 01, 92, 93
OVERRIDEABLE:	YES	TYPE OF DOCUMENT:	PAPER, NON-PAPER, ADJUSTMENTS
DATA CORRECTABLE	YES	FIELD NAME:	FACILITY PROV ID

ESC NAME:	FACILITY PROVIDER NUMBER NOT ON FILE.
ESC CRITERIA:	IF THE FACILITY PROVIDER ID/SERVICE LOCATION IS NOT ON FILE, POST THE EDIT.
EOB CODES:	1037 – FACILITY PROVIDER ID NOT ON FILE.
METHOD OF CORRECTION:	1. VERIFY THE FACILITY PROVIDER ID WAS KEYED CORRECTLY. IF THE ID WAS NOT KEYED CORRECTLY, CORRECT THE PROVIDER ID.
	2. IF THE FACILITY PROVIDER ID WAS KEYED CORRECTLY, DENY THE CLAIM.

3.151 1048 (FORMER LEGACY 221)

DMS Approved 01/26/96

ERROR STATUS CODE:	1048 (FORMER LEGACY EDIT 221)	**CLAIM TYPE:**	ALL
HEADER/DETAIL:	HEADER	**PROVIDER TYPE:**	ALL
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	PAPER, NON-PAPER, ADJUSTMENTS, ENCOUNTERS
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	RENDERING PROVIDER

ESC NAME:	NONBILLING PROV SUSPEND/TERMINATED FOR PROG BILLED
ESC CRITERIA: **LEGACY CRITERIA:**	IF THE BILLING PROVIDER ENROLLMENT STATUS IS SUSPENDED OR TERMINATED ('H', 'I', 'B', 'F', '1', 'U', 'P') AND THE CLAIM IS A DETAIL LEVEL PAYING CLAIM (D, H, O, M), POST THE ESC. VERIFIES THE PROVIDER WAS DECEASED WHEN THE SERVICES WERE PERFORMED.
EOB CODES:	0221 – THE PROVIDER IS NOT ELIGIBLE ON DATE(S) OF SERVICE.
METHOD OF CORRECTION:	1. VERIFY THAT THE PROVIDER NUMBER WAS KEYED CORRECTLY. IF NOT, CORRECT THE DATA.
	2. VERIFY THAT THE DATES OF SERVICE WERE KEYED CORRECTLY. IF NOT, CORRECT THE DATA.
	3. IF PROVIDER AND DATE INFORMATION ARE KEYED CORRECTLY, DENY THE CLAIM.
	THIS ESC IS SET TO AUTO-DENY FOR TYPE OF DOCUMENT - ELECTRONIC CLAIMS.

3.152 1049

3.152.1 1049 (FORMER LEGACY EDIT 221)

DMS Approved 01/26/96

ERROR STATUS CODE:	1049 (FORMER LEGACY EDIT 221)	**CLAIM TYPE:**	ALL
HEADER/DETAIL:	HEADER	**PROVIDER TYPE:**	ALL
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	PAPER, NON-PAPER, ADJUSTMENTS, ENCOUNTERS
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	RENDERING PROVIDER
ESC NAME:	BILLING PROVIDER IS SUSPENDED OR TERMINATED		
ESC CRITERIA: **LEGACY CRITERIA:**	IF THE BILLING PROVIDER ENROLLMENT STATUS IS SUSPENDED OR TERMINATED ('H', 'I', 'B', 'F', '1', 'U', 'P') AND THE CLAIM IS A HEADER LEVEL PAYING CLAIM (A, B, C, I, L, P, Q), POST THE ESC. VERIFIES THE PROVIDER WAS DECEASED WHEN THE SERVICES WERE PERFORMED.		
EOB CODES:	0223 – THE PROVIDER IS NOT ELIGIBLE ON DATE(S) OF SERVICE.		
METHOD OF CORRECTION:	1. VERIFY THAT THE PROVIDER NUMBER WAS KEYED CORRECTLY. IF NOT, CORRECT THE DATA.		
	2. VERIFY THAT THE DATES OF SERVICE WERE KEYED CORRECTLY. IF NOT, CORRECT THE DATA.		
	3. IF PROVIDER AND DATE INFORMATION ARE KEYED CORRECTLY, DENY THE CLAIM.		
	THIS ESC IS SET TO AUTO-DENY FOR TYPE OF DOCUMENT - ELECTRONIC CLAIMS.		

3.152.2 1049 (FORMER LEGACY EDIT 222)

DMS Approved 01/26/96

ERROR STATUS CODE:	1049 (FORMER LEGACY EDIT 222)	**CLAIM TYPE:**	ALL
HEADER/DETAIL:	HEADER	**PROVIDER TYPE:**	ALL
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	PAPER, NON-PAPER, ADJUSTMENTS, ENCOUNTERS
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	RENDERING PROVIDER
ESC NAME:	BILLING PROVIDER IS SUSPENDED OR TERMINATED		

ESC CRITERIA: **LEGACY CRITERIA:**	IF THE BILLING PROVIDER ENROLLMENT STATUS IS SUSPENDED OR TERMINATED ('H', 'I', 'B', 'F', '1', 'U', 'P') AND THE CLAIM IS A HEADER LEVEL PAYING CLAIM (A, B, C, I, L, P, Q), POST THE ESC. VERIFIES THE BILLING PROVIDER NUMBER WAS CANCELLED WHEN THE SERVICES WERE PERFORMED. SERVICES SPAN ARE AFTER END DATE.
EOB CODES:	0223 – THE PROVIDER IS NOT ELIGIBLE ON DATE(S) OF SERVICE.
METHOD OF CORRECTION:	1. VERIFY THAT THE PROVIDER NUMBER WAS KEYED CORRECTLY. IF NOT, CORRECT THE DATA.
	2. VERIFY THAT THE DATES OF SERVICE WERE KEYED CORRECTLY. IF NOT, CORRECT THE DATA.
	3. IF PROVIDER AND DATE INFORMATION ARE KEYED CORRECTLY, VERIFY PROVIDER STATUS ONLINE. IF ACTION REASON CODE INDICATES THE PROVIDER IS CANCELLED, DENY THE CLAIM.

3.152.3 1049 (FORMER LEGACY EDIT 223)

DMS Approved 01/26/96

ERROR STATUS CODE:	1049 (FORMER LEGACY EDIT 223)	**CLAIM TYPE:**	ALL
HEADER/DETAIL:	HEADER	**PROVIDER TYPE:**	ALL
OVERRIDEABLE:	YES	**TYPE OF DOCUMENT:**	PAPER, NON-PAPER, ADJUSTMENTS, ENCOUNTERS
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	RENDERING PROVIDER
ESC NAME:	BILLING PROVIDER IS SUSPENDED OR TERMINATED		
ESC CRITERIA: **LEGACY CRITERIA;**	IF THE BILLING PROVIDER ENROLLMENT STATUS IS SUSPENDED OR TERMINATED ('H', 'I', 'B', 'F', '1', 'U', 'P') AND THE CLAIM IS A HEADER LEVEL PAYING CLAIM (A, B, C, I, L, P, Q), POST THE ESC. PROVIDER MUST BE CURRENTLY SUSPENDED FROM PARTICIPATING IN THE MEDICAID PROGRAM.		
EOB CODES:	0223 – THE PROVIDER IS NOT ELIGIBLE ON DATE(S) OF SERVICE.		
METHOD OF CORRECTION:	1. DETERMINE IF CORRECT PROVIDER NUMBER WAS APPLIED TO CLAIM. IF INCORRECT PROVIDER NUMBER WAS APPLIED, CORRECT THE DATA.		

3.153 1050

3.153.1 1050 (FORMER LEGACY EDIT 290)

DMS Approved 12/20/2004

ERROR STATUS CODE:	1050 (FORMER LEGACY EDIT 290)	**CLAIM TYPE:**	H, I, M, O
HEADER/DETAIL:	DETAIL	**PROVIDER TYPE:**	01, 20, 34, 36, 37, 74, 78, 90, 92, 93
OVERRIDEABLE:	YES	**TYPE OF DOCUMENT:**	PAPER, NON-PAPER, ADJUSTMENTS
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	MEMBER ID, BPROV/

ESC NAME:	BILLING OR REFERRING KENPAC PROVIDER NUMBER IS MISSING OR INVALID
ESC CRITERIA: **LEGACY CRITERIA:**	IF THE BILLING PROVIDER, HEADER REFERRING PROVIDER, DETAIL PERFORMING PROVIDER, DETAIL PROVIDER, REFERRING PROVIDER, ATTENDING PROVIDER, OTHER PROVIDER 1, OR OTHER PROVIDER 2 IS PRIMARY MEDICAL PROVIDER (PMP), BYPASS THE ESC. IF AN OUTPATIENT CLAIM AND PROCEDURE CODE BILLED IS NOT IN PROCEDURE CODE GROUP (104) BUT IS BILLED ON THE SAME CLAIM WITH THE SAME DATE OF SERVICE AS A PROCEDURE CODE IN PROCEDURE CODE GROUP (104), THE SERVICE IS EXEMPT, BYPASS THE ESC. IF ANY EXEMPTION SERVICE IS FOUND BYPASS THE ESC. FAILS IF THE MEMBER HAS A KENPAC SEGMENT FOR THE DATE OF SERVICE AND THE 8-DIGIT KENPAC PROVIDER NUMBER IS NOT ENTERED IN THE REFERRING PROVIDER FIELD.
	ESC 1050 IS ONLY APPLIED TO P/T 20 DETAILS WHICH HAVE THE FOLLOWING MODIFIERS: A1, A2, A3, A4, J1, J2, K1, K2, K3, K4, L1, AM EFFECTIVE DOS 7/1/03 AND AFTER MODIFIER AM WAS ADDED. DCR00866
	FOR FAILURES OF PREVENTIVE SERVICES DETAILS WITH DOS **AFTER** 6/30/94 AND ONE OF THE FOLLOWING STERILIZATION PROCEDURE CODES, THE ESC IS NOT SET. INSTEAD, A 1-BYTE INDICATOR IS SET FOR USE BY AUDIT 820.
	STERILIZATION PROCEDURES AUDITED BY AUDIT 820 56301 58615 56302 58700 56307 58720 56320 58940 58600 58943 58605 11975 58611 11976
	<u>EXCLUSIONS:</u>

	DETAILS WITH DATES OF SERVICE ON OR AFTER 09/14/01 DO NOT FAIL THE ESC IF THE MEMBER HAS A HOSPICE SEGMENT FOR THE DATE OF SERVICE. AS OF 09/08/00 OUTPATIENT HOSPITAL CLAIMS (CT M/PT 01) WITH REVENUE CODE 450 THRU 459 ARE EXCLUDED FROM ESC 1050. FOR PREVENTIVE SERVICE CLAIMS (PT20) WITH DOS BEFORE 07/01/94, ONLY THE FOLLOWING PROCEDURE CODES ARE MONITORED BY ESC 1050: WP120 WP172 WP530 WP572 WP121 WP185 WP531 WP574 WP122 WP190 WP550 WP575 WP123 WP510 WP551 WP579 WP124 WP511 WP560 WP700 WP140 WP513 WP561 WP702 WP141 WP514 WP562 WP703 WP142 WP516 WP565 WP706 WP143 WP517 WP571 WP708 WP900 PREVENTIVE SERVICES DETAILS (PROV TYPE 20) RELATING (BY DIAGNOSIS INDICATOR) TO DIAGNOSIS V25 THRU V259 ARE EXCLUDED FROM KENPAC ESCING.
	PREVENTIVE SERVICE DETAILS (PROV TYPE 20) WITH PROCEDURE CODES WP101, WP102, WP111, WP112, WP113 OR 90700 - 90749 ARE EXCLUDED FROM ESC 1050. PREVENTATIVE SERVICE DETAILS (PROV TYPE 20) WITH MODIFIER EP OR FP BYPASS ESC 1050.
	CLAIMS WITH A ‘SPECIAL AUTHORIZATION NUMBER’ IN THE REFERRING PROVIDER FIELD ARE EXCLUDED FROM ESC 1050. SPECIAL AUTHORIZATION NUMBERS ARE 8 DIGITS AND FOR DATES OF SERVICE BEFORE JULY 1, 1991, BEGIN WITH “99”. FOR CLAIMS WITH A HEADER DATE BETWEEN 6/30/91 AND 12/2/94, SPECIAL AUTHORIZATION NUMBERS BEGIN WITH “993” OR “998”. FOR CLAIMS WITH A HEADER FROM DATE AFTER 12/1/94, SPECIAL AUTHORIZATION NUMBERS BEGIN WITH “993”.
	FOR CLAIMS WITH A HEADER FROM DATE OF SERVICE AFTER 8/31/95, SPECIAL AUTHORIZATION NUMBER 99301896 IS NOT EXCLUDED FROM ESC 1050. CLAIMS WITH ONE OF THE KENPAC-EXCLUDED DIAGNOSIS CODES ARE EXCLUDED FROM ESC 1050.
	FOR CLAIMS WITH DATES OF SERVICE AFTER 1/1/95, SPECIAL AUTHORIZATION NUMBERS 99301471, 99301528, AND 99301627 ARE NOT EXCLUDED. FOR CLAIMS WITH DATES OF SERVICE AFTER 9/19/95, SPECIAL AUTHORIZATION NUMBER 99301922 IS NO LONGER EXCLUDED.
	INPATIENT HOSPITAL CLAIMS WITH A TYPE OF BILL OF 110 ARE EXCLUDED FROM ESC 1050.

	CLAIMS SUBMITTED BY PROVIDERS LOCATED IN STATES OTHER THAN KENTUCKY, TENNESSEE, WEST VIRGINIA, OHIO, VIRGINIA, INDIANA, ILLINOIS, AND MISSOURI ARE EXCLUDED FROM ESC 1050.			
	FOR PROVIDER TYPES 20, 36, 37, 74, 78, AND 90, IF THE DIAGNOSIS CODE RELATING TO THE DETAIL (RELATED BY DIAGNOSIS INDICATOR) IS ONE OF THE KENPAC-EXCLUDED DIAGNOSIS CODES LISTED BELOW, THE DETAIL WILL BYPASS ESC 1050.			
	EFFECTIVE 7/11/03 AND AFTER FOR PROVIDER TYPES 01 AND 34, IF ONE OF THE KENPAC-EXCLUDED DIAGNOSIS CODES BELOW IS LISTED AS THE PRIMARY, SECONDARY, OR TERTIARY DIAGNOSIS, THE CLAIM WILL BYPASS ESC 1050 (DCR 00841):			
	KENPAC-EXCLUDED DIAGNOSIS CODES			
	290-319	V23-V23.5	V28-V28.5	V72.4
	630-676.9	V23.7-V23.9	V28.8-V28.9	Y3700
	V13.2	V24-V24.2	V30-V39.2	Y3800
	V22-V22.2	V27-V27.7	V50.2	Y8600
		V27.9		
	PRIOR TO 7/11/03 FOR PROVIDER TYPES 01 AND 34, IF ONE OF THE KENPAC-EXCLUDED DIAGNOSIS CODES BELOW IS LISTED AS THE PRIMARY, SECONDARY, OR TERTIARY DIAGNOSIS, THE CLAIM WILL BYPASS ESC 1050.			
	KENPAC-EXCLUDED DIAGNOSIS CODES			
	290-319	V22-V22.2	V30-V39.2	V79.0
	630-676.9	V23-V23.5	V50.2	V79.1
	V11-V11.9	V23.7-V23.9	V66.3	V79.2
	V13.2	V24-V24.2	V67.3	V79.8
	V15.4	V27-V27.7	V70.1	V79.9
	V17.0	V27.9	V70.2	Y3700
		V28-V28.5	V71.0-V71.09	Y3800
		V28.8-V28.9	V72.4	Y8600
EOB CODES:	0294 – PROCESSED PER KY MEDICAID POLICY.			
METHOD OF CORRECTION:	1. VERIFY THAT THE REFERRING PROVIDER NUMBER, MEMBER NUMBER, PROCEDURE CODE, DIAGNOSIS CODE, AND DATES OF SERVICE WERE KEYED CORRECTLY. IF NOT, CORRECT THE DATA.			
	2. IF THE CLAIM HAS A MEDICAID ELIGIBILITY CARD ATTACHED, COMPARE THE ELIGIBILITY DATES ON THE CARD TO THE DATES OF SERVICE ON THE CLAIM. IF DATES OF SERVICE ON THE CLAIM ARE NOT WITHIN THE ELIGIBILITY DATES ON THE CARD, DENY THE LINE. IF THE DATES FALL WITHIN, GO TO THE NEXT STEP.			
	A. IF A KENPAC PROVIDER NUMBER IS PRESENT ON THE CLAIM, ACCESS THE KENPAC PROVIDER MASTER FILE TO VERIFY PROVIDER NUMBER. IF PROVIDER ON THE FILE MATCHES THE PROVIDER ON THE CARD, OVERRIDE THE ESC. IF PROVIDER ON FILE IS DIFFERENT FROM PROVIDER ON CARD			

	OVERRIDE THE ESC AND SEND COPY OF CLAIM AND ATTACHMENT TO DMS FOR UPDATING. IF CARD SHOWS NO PROVIDER AND FILE SHOWS ANY PROVIDER, OVERRIDE THE ESC AND SEND COPY OF CLAIM AND ATTACHMENTS TO DMS FOR UPDATING. **NOTE: CHECK REFERRING PROVIDER NUMBER ELIGIBILTY DATES ON THE KENPAC PROVIDER MASTER FILE. IF REFERRING PROVIDER NUMBER IS NOT ELIGIBLE FOR DOS, DENY THE LINE.**
	B. IF THE CARD IS A REGULAR MEDICAID CARD OR IF THE KENPAC PROVIDER AREA ON THE KENPAC CARD IS BLANK, SEND THE CLAIM,A COPY OF THE CARD AND ATTACHMENTS TO THE DMS KENPAC SECTION. OVERRIDE THE ESC.
	3. IF THE CLAIM HAS A LOCK-IN ELIGIBILITY CARD, CHECK THE DATES ON THE CARD TO THE DATES OF SERVICE ON THE CLAIM. IF THE DATES OF SERVICE ON THE CLAIM ARE NOT WITHIN THE DATES OF SERVICE ON THE CARD, DENY. IF THE DATES OF SERVICE ON THE CLAIM ARE WITHIN THE DATES OF SERVICE ON THE CARD, FOLLOW THE STEPS LISTED BELOW.
	• OVERRIDE THE ESC. • SEND A COPY OF THE CLAIM AND ATTACHMENTS TO THE APPROPRIATE LOCATION FOR DMS. THE RESOLUTION
	SUPERVISOR WILL SEND A MEMO EXPLAINING THE SITUATION TO THE LOCK-IN PROGRAM AT DMS.
	4. IF ALL INFORMATION IS KEYED CORRECTLY AND NO ELIGIBILITY CARD IS ATTACHED, DENY THE LINE.
	THIS ESC IS SET TO AUTO-DENY FOR TYPE OF DOCUMENT - ELECTRONIC CLAIMS.

3.153.2 1050 (FORMER LEGACY EDIT 291)

Last Approved by DMS Prior to 12/01/2005

ERROR STATUS CODE:	1050 (FORMER LEGACY EDIT 291)	**CLAIM TYPE:**	M
HEADER/DETAIL:	DETAIL	**PROVIDER TYPE:**	31, 35, 64, 78 (DOS AFTER 6/30/00)
OVERRIDEABLE:	YES	**TYPE OF DOCUMENT:**	PAPER, NON-PAPER, ADJUSTMENTS
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	MEMBER ID, BPROV, BPROV
ESC NAME:	BILLING OR REFERRING KENPAC PROVIDER NUMBER IS MISSING OR INVALID		
ESC CRITERIA:	IF THE BILLING PROVIDER, HEADER REFERRING PROVIDER, DETAIL PERFORMING PROVIDER, DETAIL PROVIDER, REFERRING PROVIDER, ATTENDING PROVIDER, OTHER PROVIDER 1, OR OTHER PROVIDER 2 IS PRIMARY MEDICAL PROVIDER (PMP), BYPASS THE ESC. IF AN OUTPATIENT CLAIM AND PROCEDURE CODE BILLED IS NOT IN PROCEDURE CODE GROUP (104) BUT IS BILLED ON		

	THE SAME CLAIM WITH THE SAME DATE OF SERVICE AS A PROCEDURE CODE IN PROCEDURE CODE GROUP (104), THE SERVICE IS EXEMPT, BYPASS THE ESC. IF ANY EXEMPTION SERVICE IS FOUND BY PASS ESC. FAILS IF THE MEMBER HAS A KENPAC SEGMENT FOR THE DATE OF SERVICE AND THE 8-DIGIT KENPAC PROVIDER NUMBER IS NOT ENTERED IN THE REFERRING, INDIVIDUAL, **OR** CLINIC PROVIDER NUMBER FIELD. FOR FAILURES OF DETAILS BILLED WITH AN FDOS AFTER 12/31/93 AND ONE OF THE FOLLOWING STERILIZATION PROCEDURE CODES, THIS ESC IS **NOT** SET. INSTEAD, A 1-BYTE INDICATOR IS SET FOR USE BY AUDIT 5296. 56301 58605 58940 56302 58611 58943 56307 58615 11975 56320 58700 11976 58600 58720 **EXCLUSIONS:** DETAILS WITH DATES OF SERVICE ON OR AFTER 09/14/01 DO NOT FAIL THE ESC IF THE MEMBER HAS A HOSPICE SEGMENT FOR THE DATE OF SERVICE. CLAIMS WITH A 'SPECIAL AUTHORIZATION NUMBER' IN THE REFERRING PROVIDER FIELD ARE EXCLUDED FROM ESC 1050. SPECIAL AUTHORIZATION NUMBERS ARE 8 DIGITS AND FOR DATES OF SERVICE BEFORE JULY 1, 1991 BEGIN WITH "99". FOR CLAIMS WITH A HEADER DATE BETWEEN 6/30/91 AND 12/2/94, SPECIAL AUTHORIZATION NUMBERS BEGIN WITH "993" OR "998". FOR CLAIMS WITH A HEADER FROM DATE AFTER 12/1/94, SPECIAL AUTHORIZATION NUMBERS BEGIN WITH "993". FOR CLAIMS WITH A HEADER FROM DATE OF SERVICE AFTER 8/31/95, SPECIAL AUTHORIZATION NUMBER 99301896 IS NOT EXCLUDED FROM ESC 1050. FOR CLAIMS WITH DATES OF SERVICE AFTER 1/1/95, SPECIAL AUTHORIZATION NUMBERS 99301471, 99301528 AND 99301627 ARE NOT EXCLUDED. FOR CLAIMS WITH DATES OF SERVICE AFTER 9/19/95, SPECIAL AUTHORIZATION NUMBER 99301922 IS NO LONGER EXCLUDED. PROVIDER TYPE 64, 65 CLAIMS WITH A PLACE OF SERVICE OF "23" ARE EXCLUDED (EFFECTIVE FOR CLAIMS PROCESSED AFTER 10/12/00)
	PHYSICIAN CLAIMS (CLAIM TYPE "J") SUBMITTED BY PROVIDERS WITH A SPECIALTY CODE OF 18 (OPTHALMOLOGY), 26 (PSYCHIATRY), OR 56 (ORAL SURGEON) ARE EXCLUDED FROM ESC 1050.
	CLAIMS SUBMITTED BY PROVIDERS LOCATED IN STATES OTHER THAN KENTUCKY, TENNESSEE, WEST VIRGINIA, OHIO, VIRGINIA, INDIANA, ILLINOIS, AND MISSOURI, ARE EXCLUDED FROM ESC 1050.

	DRUG DETAILS ON PRIMARY CARE/RURAL HEALTH CLAIMS (CLAIM TYPE "Q") ARE EXCLUDED FROM ESC 1050. PRIMARY CARE/RURAL HEALTH DETAILS (CLAIM TYPE Q) BILLED WITH ONE OF THE KENPAC-EXCLUDED PROCEDURE CODES ON THE ATTACHED LIST ARE EXCLUDED FROM ESC 1050.			
	EFFECTIVE 7/11/03 AND AFTER IF THE DIAGNOSIS RELATING TO THE DETAIL (RELATED BY DIAGNOSIS INDICATOR) IS ONE OF THE FOLLOWING KENPAC-EXCLUDED DIAGNOSIS CODES, THE DETAIL WILL BYPASS ESC 1050 (DCR 00841).			
	KENPAC-EXCLUDED DIAGNOSIS CODES			
	290-319			
	630-676.9	V23-V23.5	V28-V28.5	V72.4
	V13.2	V23.7-V23.9	V28.8-V28.9	Y3700
	V22-V22.2	V24-V24.2	V30-V39.2	Y3800
		V27-V27.7	V50.2	Y8600
	PRIOR TO 7/11/03 IF THE DIAGNOSIS RELATING TO THE DETAIL (RELATED BY DIAGNOSIS INDICATOR) IS ONE OF THE FOLLOWING KENPAC-EXCLUDED DIAGNOSIS CODES, THE DETAIL WILL BYPASS ESC 1050.	V27.9		
	KENPAC-EXCLUDED DIAGNOSIS CODES			
	290-319			
	630-676.9	V22-V22.2	V50.2	V79.0
	V11-V11.9	V23-V23.5	V66.3	V79.1
	V13.2	V23.7-V23.9	V67.3	V79.2
	V15.4	V24-V24.2	V70.1	V79.8
	V17.0	V27-V27.7	V70.2	V79.9
		V27.9	V71.0-V71.09	Y3700
		V28-V28.5	V72.4	Y3800
		V28.8-V28.9		Y8600
		V30-V39.2		
EOB CODES:	0294 – BILLING PROVIDER NUMBER INVALID OR NOT ON PROVIDER FILE.			
METHOD OF CORRECTION:	4. VERIFY BILLING PROVIDER NUMBER, CLINIC NUMBER,			

	REFERRING PROVIDER, MEMBER NUMBER, PROCEDURE CODE, DIAGNOSIS CODE, AND DATES OF SERVICE WERE KEYED CORRECTLY. IF NOT, CORRECT THE DATA.
	5. IF THE CLAIM HAS A MEDICAID ELIGIBILITY CARD ATTACHED, COMPARE THE ELIGIBILITY DATES ON THE CARD TO THE DATES OF SERVICE ON THE CLAIM. IF DATES OF SERVICE ON THE CLAIM ARE NOT WITHIN THE ELIGIBILITY DATES ON THE CARD, DENY THE LINE. IF THE DATES FALL WITHIN, GO TO THE NEXT STEP.
	1. VERIFY THE BILLING PROVIDER OR REFERRING PROVIDER (BLOCK 19) ON THE CLAIM MATCHES THE KENPAC PROVIDER ON THE CARD. IF THEY MATCH, OVERRIDE THE ESC AND SEND THE CLAIM AND ATTACHMENTS TO THE APPROPRIATE LOCATION FOR DMS. OVERRIDE THE ESC. IF THEY DO NOT MATCH, DENY THE LINE. **NOTE: IF THE KENPAC PROVIDER LISTED ON THE CARD IS A PHYSICIAN'S CLINIC, PRIMARY CARE CENTER, OR RURAL HEALTH CLINIC; THE BILLING PROVIDER MUST ALSO BE SUCH A CLINIC TO OVERRIDE THE ESC.**
	1. IF THERE IS NO KENPAC PROVIDER NUMBER ON THE CLAIM AND THE BILLING PROVIDER NAME ON THE CLAIM AND THE KENPAC PROVIDER NAME ON THE CARD IS DIFFERENT, DENY THE LINE.
	2. IF A KENPAC PROVIDER NUMBER IS PRESENT ON THE CLAIM, ACCESS THE KENPAC PROVIDER MASTER FILE TO VERIFY PROVIDER NAME AND ADDRESS.
	IF PROVIDER NAME AND ADDRESS ON THE KENPAC PROVIDER MASTER FILE MATCHES THE PROVIDER NAME ON THE CARD, OVERRIDE THE ESC
	SEND THE CLAIM AND ATTACHMENTS TO THE APPROPRIATE LOCATION FOR DMS. IF THE PROVIDER NUMBER DOES NOT APPEAR OR IF PROVIDER NAME AND ADDRESSES ARE DIFFERENT, DENY THE LINE. **NOTE: CHECK REFERRING PROVIDER NUMBER ELIGIBILITY DATES ON THE KENPAC PROVIDER MASTER FILE. IF REFERRING PROVIDER NUMBER IS NOT ELIGIBLE FOR DOS, DENY THE LINE.** A. IF THE CARD IS A REGULAR MEDICAID CARD OR IF THE KENPAC PROVIDER AREA ON THE KENPAC CARD IS BLANK, SEND THE CARD AND ATTACHMENTS TO THE APPROPRIATE LOCATION FOR DMS. OVERRIDE THE ESC.

PRIMARY CARE / RURAL HEALTH
PROCEDURES EXCLUDED FROM KENPAC EDITING

NOTE: EFFECTIVE 10/13/03, ALL DENTAL CODES ARE EXCLUDED FROM KENPAC EDITING FOR PRIMARY CARE / RURAL HEALTH PROVIDERS. KY LOCAL CODES ARE NO LONGER ACCEPTED DUE TO HIPAA.

J1055	V2212	W0716	X1330	00150	02932	07120	90702	92020
V2020	V2213	W0718	X1340	00210	02951	07130	90703	92065
V2100	V2214	W0725	X1360	00220	03110	07210	90704	92081
V2101	V2215	W0726	X1370	00230	03220	07220	90705	92120
V2102	V2216	W3051	X1380	00270	03310	07230	90706	92130
V2103	V2217	W3052	X1390	00272	03320	07240	90707	92140
V2104	V2218	WP101	X1400	00274	03330	07241	90708	92204
V2105	V2219	WP102	X1410	00330	03410	07250	90709	92310
V2106	V2220	WP111	X1420	00340	03421	07260	90712	92311
V2107	V2299	WP112	X1430	01110	03425	07280	90713	92312
V2108	V2410	WP113	X1440	01201	03426	07310	90714	92313
V2109	V2430	X0024	X1450	01510	04210	07320	90716	92340
V2110	V2499	X0025	X1460	01515	04211	07430	90717	92341
V2111	V5000	X0029	X1470	01520	04341	07510	90718	92370
V2112	V5010	X1100	X1480	01525	05520	07520	90719	95115
V2113	V5020	X1110	X1490	02110	05610	07530	90720	95117
V2114	V5030	X1120	X1500	02120	05620	07880	90724	95120
V2115	V5040	X1130	X1510	02130	05640	07910	90725	95125
V2116	V5050	X1140	X1520	02131	05750	07960	90726	95130
V2117	V5060	X1160	X1530	02140	05751	08210	90727	95131
V2118	V5090	X1170	X1540	02150	05820	08220	90728	95132
V2119	V5170	X1180	X1550	02160	05821	08670	90731	95133
V2199	V5180	X1190	X1560	02161	05913	08999	90732	95134
V2200	V5210	X1200	X1570	02330	05914	09110	90733	95144
V2201	V5220	X1210	X1580	02331	05919	09240	90737	95145
V2202	W0030	X1220	X1590	02332	05931	08660	90741	95146
V2203	W0073	X1230	X2400	02335	05932	09420	90742	95147
V2204	W0074	X1240	X2410	02380	05934	J1055	90744	95148
V2205	W0075	X1260	X2440	02381	05952	11975	90745	95149
V2206	W0080	X1270	X2450	02382	05953	11976	90746	95165
V2207	W0090	X1280	X2480	02385	05954	70300	90747	95170
V2208	W0091	X1290	X2490	02386	05955	70310	92002	
V2209	W0092	X1300	Y6000	02387	05988	70320	92012	
V2210	W0093	X1310	Z9084	02930	05999	90700	92014	
V2211	W0094	X1320	00140	02931	07110	90701	92015	

99381	99382	99383	99384	99385	99391	99392	99393	99394
99395	99201	99202	99203	99204	99205	99211	99212	99213
99214	99215	92557	V5011	V5264	V5267	V5014	V2799	92499
99426	S0612	99234	99234	99199	V2121	V2221		

3.154 1051

DMS Approved 06/2007

ERROR STATUS CODE:	1051 (NO FORMER LEGACY EDIT)	CLAIM TYPE:	ALL
HEADER/DETAIL:	HEADER	PROVIDER TYPE:	ALL
OVERRIDEABLE:	YES	TYPE OF DOCUMENT:	PAPER, NON-PAPER, ADJUSTMENTS
DATA CORRECTABLE	YES	FIELD NAME:	RENDERING PROVIDER

ESC NAME:	RENDERING PROVIDER NOT ON PROVIDER DATABASE (HDR)
ESC CRITERIA:	IF THE RENDERING PROVIDER IS NOT ON PROVIDER TABLE, POST THE EDIT. IF THE SERVICE LOCATION IS NOT FOUND, POST THE EDIT.
EOB CODES:	2300 – NO PROVIDER MASTER RECORD
METHOD OF CORRECTION:	1. VERIFY THE RENDERING PROVIDER ID WAS KEYED CORRECTLY. IF THE ID WAS NOT KEYED CORRECTLY, CORRECT THE PROVIDER ID.
	2. IF THE RENDERING PROVIDER ID WAS KEYED CORRECTLY, DENY THE CLAIM.
	NOTE: THIS ESC IS CURRENTLY SET TO INACTIVE.

3.155 1058 (FORMER LEGACY EDIT N/A)

DMS Approved 06/2007

ERROR STATUS CODE:	1058 (FORMER LEGACY EDIT N/A)	**CLAIM TYPE:**	A, B, C
HEADER/DETAIL:	DETAIL	**PROVIDER TYPE:**	ALL
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	ALL
DATA CORRECTABLE:	NO	**CLAIM FIELD LABEL:**	ALL

ESC NAME:	HEADER MEDICAID ID NOT FOUND FOR CROSSOVER
ESC CRITERIA: **LEGACY CRITERIA:**	BYPASS THE EDIT IF THE MEDICARE PROVIDER ID ON THE CLAIM IS NULL OR SPACES OR IF AN NPI PROVIDER ID OR MEDICAID PROVIDER ID OF THE SAME TYPE (FACILITY, BILLING, ATTENDING, ETC) IS ON THE CLAIM. BYPASS THIS EDIT IF THERE ARE NO PROVIDER ID'S ON THE CLAIM WITH THE MEDICARE QUALIFIER (1C). FOR OUTPATIENT CROSSOVER CLAIMS, IF THE TYPE OF BILL IS INVALID, POST THE EDIT. FOR OUTPATIENT CROSSOVERS CLAIMS, IF 1)THE PROCEDURE CODE IS IN PROCEDURE GROUP 1005 (RENAL) USING THE HEADER FDOS **AND** 2)THE PROVIDER ID IS ALSO A MEDICARE PROVIDER LICENSED FOR MEDICARE SERVICES AS OF THE HEADER FDOS **AND** 3)THE PROVIDER TYPE IS 30 **THEN** THE MEDICARE SERVICE LOCATION OF THE PROVIDER ID IS USED TO DETERMINE THE PROVIDER ID AND THE TYPE OF PROVIDER. IF THE MEDICARE PROVIDER ID ON THE CLAIM IS ON THE MEDICARE PROVIDER NUMBER TABLE AS OF THE DETAIL FDOS, BUT THE TYPE OF SERVICE THE MEDICARE PROVIDER CAN RENDER IS NOT VALID, POST THE EDIT. IF THE MEDICARE PROVIDER ID ON THE CLAIM IS NOT ON THE MEDICARE PROVIDER NUMBER TABLE AS OF THE DETAIL FDOS, POST THE EDIT. IF THE MEDICARE PROVIDER ID ON THE CLAIM IS NOT ON THE TABLE OF VALID PROVIDERS AS OF THE DETAIL FDOS, POST THE EDIT. IF THE MEDICARE PROVIDER ID ON THE CLAIM IS ON THE TABLE OF VALID PROVIDERS AS OF THE DETAIL FDOS, BUT THE TYPE OF PROVIDER FOR THAT MEDICARE PROVIDER

	ID IS NOT VALID, POST THE EDIT. THIS EDIT APPLIES TO INPATIENT CROSSOVER CLAIMS, PHYSICIAN CROSSOVER CLAIMS, AND OUTPATIENT CROSSOVER CLAIMS. N/A
EOB CODES:	1058 – HEADER MEDICAID ID NOT FOUND FOR CROSSOVER
METHOD OF CORRECTION:	VERIFY THAT THE INFORMATION WAS KEYED CORRECTLY. IF NOT, CORRECT THE DATA.
	IF ENTERED CORRECTLY, DENY THE CLAIM.

3.156 1800

DMS approved 05/13/2008

ERROR STATUS CODE:	1800	**CLAIM TYPE:**	PROFESSIONAL 'M' ONLY
HEADER/DETAIL:	HEADER	**PROVIDER TYPE:**	INCLUDE ONLY PROVIDER TYPES 15, 22, 23, 24, 29, 56, 57, 58, AND 96
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	PROFESSIONAL EDI AND PAPER ONLY
DATA CORRECTABLE:	NO	**CLAIM FIELD LABEL:**	BILLING

ESC NAME:	BILLING ATYPICAL PROVIDERS SUBMITTING NPI ONLY NOT SUPPORTED - HDR
ESC CRITERIA: **LEGACY CRITERIA:**	IF THE BILLING IS ATYPICAL AND SUBMITTED AN NPI ONLY, POST THE EDIT. NA
EOB CODES:	1800 – BILLING NPI NOT REQUIRED FOR PROVIDER TYPE, PLEASE RESUBMIT CLAIM WITH YOUR KY MEDICAID PROVIDER IDENTIFICATION NUMBER
METHOD OF CORRECTION:	THIS EDIT IS SET TO DENY FOR ALL REGIONS.

3.157 1801

DMS approved 05/13/2008

ERROR STATUS CODE:	1801	**CLAIM TYPE:**	PROFESSIONAL 'M' ONLY
HEADER/DETAIL:	HEADER	**PROVIDER TYPE:**	INCLUDE ONLY PROVIDER TYPES 15, 22, 23, 24, 29, 56, 57, 58, AND 96
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	PROFESSIONAL EDI ONLY
DATA CORRECTABLE:	NO	**CLAIM FIELD LABEL:**	RENDERING

ESC NAME:	RENDERING ATYPICAL PROVIDERS SUBMITTING NPI ONLY NOT SUPPORTED - HDR
ESC CRITERIA: **LEGACY CRITERIA:**	IF THE RENDERING IS ATYPICAL AND SUBMITTED AN NPI ONLY, POST THE EDIT. NA
EOB CODES:	1801 – RENDERING NPI NOT REQUIRED FOR PROVIDER TYPE, PLEASE RESUBMIT CLAIM WITH YOUR KY MEDICAID PROVIDER IDENTIFICATION NUMBER
METHOD OF CORRECTION:	THIS EDIT IS SET TO DENY FOR ALL REGIONS.

3.158 1802

DMS approved 05/13/2008

ERROR STATUS CODE:	1802	**CLAIM TYPE:**	PROFESSIONAL 'M' ONLY
HEADER/DETAIL:	HEADER	**PROVIDER TYPE:**	INCLUDE ONLY PROVIDER TYPES 15, 22, 23, 24, 29, 56, 57, 58, AND 96
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	PROFESSIONAL EDI AND PAPER ONLY
DATA CORRECTABLE:	NO	**CLAIM FIELD LABEL:**	REFERRING

ESC NAME:	REFERRING ATYPICAL PROVIDERS SUBMITTING NPI ONLY NOT SUPPORTED - HDR
ESC CRITERIA: **LEGACY CRITERIA:**	IF THE REFERRING IS ATYPICAL AND SUBMITTED AN NPI ONLY, POST THE EDIT. NA
EOB CODES:	1802 – REFERRING NPI NOT REQUIRED FOR PROVIDER TYPE, PLEASE RESUBMIT CLAIM WITH YOUR KY MEDICAID PROVIDER IDENTIFICATION NUMBER
METHOD OF CORRECTION:	THIS EDIT IS SET TO DENY FOR ALL REGIONS.

3.159 1804

DMS approved 05/13/2008

ERROR STATUS CODE:	1804	**CLAIM TYPE:**	PROFESSIONAL 'M' ONLY
HEADER/DETAIL:	DETAIL	**PROVIDER TYPE:**	INCLUDE ONLY PROVIDER TYPES 15, 22, 23, 24, 29, 56, 57, 58, AND 96
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	PROFESSIONAL
DATA CORRECTABLE:	NO	**CLAIM FIELD LABEL:**	PROFESSIONAL EDI AND PAPER ONLY

ESC NAME:	DETAIL RENDERING ATYPICAL PROVIDERS SUBMITTING NPI ONLY NOT SUPPORTED - HDR
ESC CRITERIA: **LEGACY CRITERIA:**	IF THE RENDERING IS ATYPICAL AND SUBMITTED AN NPI ONLY, POST THE EDIT. NA
EOB CODES:	1804 – DETAIL RENDERING NPI NOT REQUIRED FOR PROVIDER TYPE, PLEASE RESUBMIT CLAIM WITH YOUR KY MEDICAID PROVIDER IDENTIFICATION NUMBER
METHOD OF CORRECTION:	THIS EDIT IS SET TO DENY FOR ALL REGIONS.

3.160 1805

DMS approved 05/13/2008

ERROR STATUS CODE:	1805	**CLAIM TYPE:**	PROFESSIONAL 'M' ONLY
HEADER/DETAIL:	DETAIL	**PROVIDER TYPE:**	INCLUDE ONLY PROVIDER TYPES 15, 22, 23, 24, 29, 56, 57, 58, AND 96
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	PROFESSIONAL EDI ONLY
DATA CORRECTABLE:	NO	**CLAIM FIELD LABEL:**	REFERRING

ESC NAME:	DETAIL REFERRING ATYPICAL PROVIDERS SUBMITTING NPI ONLY NOT SUPPORTED - DTL
ESC CRITERIA: **LEGACY CRITERIA:**	IF THE DETAIL RENDERING IS ATYPICAL AND SUBMITTED AN NPI ONLY, POST THE EDIT. NA
EOB CODES:	1805 – DETAIL REFERRING NPI NOT REQUIRED FOR PROVIDER TYPE, PLEASE RESUBMIT CLAIM WITH YOUR KY MEDICAID PROVIDER IDENTIFICATION NUMBER
METHOD OF CORRECTION:	THIS EDIT IS SET TO DENY FOR ALL REGIONS.

3.161 1806

DMS approved 05/13/2008

ERROR STATUS CODE:	1806	**CLAIM TYPE:**	PROFESSIONAL 'M' ONLY
HEADER/DETAIL:	HEADER	**PROVIDER TYPE:**	INCLUDE ONLY PROVIDER TYPES 15, 22, 23, 24, 29, 56, 57, 58, AND 96
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	PROFESSIONAL EDI AND PAPER ONLY
DATA CORRECTABLE:	NO	**CLAIM FIELD LABEL:**	BILLING

ESC NAME:	BILLING ATYPICAL PROVIDERS NOT ELIGIBLE FOR CLAIM DATE OF SERVICE - HDR
ESC CRITERIA: **LEGACY CRITERIA:**	IF THE BILLING PROVIDER IS ATYPICAL AND IS NOT ELIGIBLE FOR CLAIM DATE OF SERVICE, POST THE EDIT. NA
EOB CODES:	1806 – BILLLING ATYPICAL PROVIDER NPI NOT ELIGIBLE FOR CLAIM DATE OF SERVICE
METHOD OF CORRECTION:	THIS EDIT IS SET TO DENY FOR ALL REGIONS.

3.162 1807

DMS approved 05/13/2008

ERROR STATUS CODE:	1807	**CLAIM TYPE:**	PROFESSIONAL 'M' ONLY
HEADER/DETAIL:	HEADER	**PROVIDER TYPE:**	INCLUDE ONLY PROVIDER TYPES 15, 22, 23, 24, 29, 56, 57, 58, AND 96
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	PROFESSIONAL EDI ONLY
DATA CORRECTABLE:	NO	**CLAIM FIELD LABEL:**	RENDERING

ESC NAME:	RENDERING ATYPICAL PROVIDERS NOT ELIGIBLE FOR CLAIM DATE OF SERVICE - HDR
ESC CRITERIA: **LEGACY CRITERIA:**	IF THE RENDERING PROVIDER IS ATYPICAL AND IS NOT ELIGIBLE FOR CLAIM DATE OF SERVICE, POST THE EDIT. NA
EOB CODES:	1807 – RENDERING ATYPICAL PROVIDER NPI NOT ELIGIBLE FOR CLAIM DATE OF SERVICE
METHOD OF CORRECTION:	THIS EDIT IS SET TO DENY FOR ALL REGIONS.

3.163 1808

DMS approved 05/13/2008

ERROR STATUS CODE:	1808	**CLAIM TYPE:**	PROFESSIONAL 'M' ONLY
HEADER/DETAIL:	HEADER	**PROVIDER TYPE:**	INCLUDE ONLY PROVIDER TYPES 15, 22, 23, 24, 29, 56, 57, 58, AND 96
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	PROFESSIONAL EDI AND PAPER ONLY
DATA CORRECTABLE:	NO	**CLAIM FIELD LABEL:**	REFERRING

ESC NAME:	REFERRING ATYPICAL PROVIDERS NOT ELIGIBLE FOR CLAIM DATE OF SERVICE - HDR
ESC CRITERIA: **LEGACY CRITERIA:**	IF THE REFERRING PROVIDER IS ATYPICAL AND IS NOT ELIGIBLE FOR CLAIM DATE OF SERVICE, POST THE EDIT. NA
EOB CODES:	1808 – REFERRING ATYPICAL PROVIDER NPI NOT ELIGIBLE FOR CLAIM DATE OF SERVICE
METHOD OF CORRECTION:	THIS EDIT IS SET TO DENY FOR ALL REGIONS.

3.164 1811

DMS approved 05/13/2008

ERROR STATUS CODE:	1811	**CLAIM TYPE:**	PROFESSIONAL 'M' ONLY
HEADER/DETAIL:	DETAIL	**PROVIDER TYPE:**	INCLUDE ONLY PROVIDER TYPES 15, 22, 23, 24, 29, 56, 57, 58, AND 96
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	PROFESSIONAL EDI AND PAPER ONLY
DATA CORRECTABLE:	NO	**CLAIM FIELD LABEL:**	RENDERING

ESC NAME:	RENDERING ATYPICAL PROVIDERS NOT ELIGIBLE FOR CLAIM DATE OF SERVICE – DTL
ESC CRITERIA: **LEGACY CRITERIA:**	IF THE RENDERING PROVIDER IS ATYPICAL AND IS NOT ELIGIBLE FOR CLAIM DATE OF SERVICE, POST THE EDIT. NA
EOB CODES:	1811 – DETAIL RENDERING ATYPICAL PROVIDER NPI NOT ELIGIBLE FOR CLAIM DATE OF SERVICE
METHOD OF CORRECTION:	THIS EDIT IS SET TO DENY FOR ALL REGIONS.

3.165 1812

DMS approved 05/13/2008

ERROR STATUS CODE:	1812	**CLAIM TYPE:**	PROFESSIONAL 'M' ONLY
HEADER/DETAIL:	DETAIL	**PROVIDER TYPE:**	INCLUDE ONLY PROVIDER TYPES 15, 22, 23, 24, 29, 56, 57, 58, AND 96
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	PROFESSIONAL EDI ONLY
DATA CORRECTABLE:	NO	**CLAIM FIELD LABEL:**	REFERRING

ESC NAME:	REFERRING ATYPICAL PROVIDERS NOT ELIGIBLE FOR CLAIM DATE OF SERVICE – DTL
ESC CRITERIA: **LEGACY CRITERIA:**	IF THE REFERRING PROVIDER IS ATYPICAL AND IS NOT ELIGIBLE FOR CLAIM DATE OF SERVICE, POST THE EDIT. NA
EOB CODES:	1812 – DETAIL REFERRING ATYPICAL PROVIDER NPI NOT ELIGIBLE FOR CLAIM DATE OF SERVICE
METHOD OF CORRECTION:	THIS EDIT IS SET TO DENY FOR ALL REGIONS.

3.166 1814

DMS approved 05/13/2008

ERROR STATUS CODE:	1814	**CLAIM TYPE:**	ALL
HEADER/DETAIL:	HEADER	**PROVIDER TYPE:**	ALL – EXCEPT 15, 22, 23, 24, 29, 56, 57, 58, and 96
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	ALL EDI AND PAPER
DATA CORRECTABLE:	NO	**CLAIM FIELD LABEL:**	BILLING

ESC NAME:	BILLING PROVIDER SUBMITTED LEGACY NUMBER NOT ALLOWED – HDR
ESC CRITERIA: **LEGACY CRITERIA:**	IF THE BILLING PROVIDER SUBMITS ANY OTHER SECONDARY NUMBER, POST THE EDIT. NA
EOB CODES:	1814 – BILLING PROVIDER SUBMITTED OTHER SECONDARY NUMBER ON CLAIM
METHOD OF CORRECTION:	THIS EDIT IS SET TO DENY FOR ALL REGIONS.

3.167 1815

DMS approved 05/13/2008

ERROR STATUS CODE:	1815	**CLAIM TYPE:**	B, D, AND M ONLY
HEADER/DETAIL:	HEADER	**PROVIDER TYPE:**	INCLUDE ONLY – 13, 17, 20, 21, 27, 28, 30, 31, 33, 35, 36, 37, 40, 43, 45, 50, 52, 54 (B ONLY), 55, 60, 61, 64, 65, 70, 74, 77, 78, 80, 82, 85, 86, 87, 88, 89, 90, AND 95
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	PROFESSIONAL AND DENTAL EDI, PAPER AND WEB
DATA CORRECTABLE:	NO	**CLAIM FIELD LABEL:**	RENDERING

ESC NAME:	RENDERING PROVIDER SUBMITTED LEGACY NUMBER NOT ALLOWED – HDR
ESC CRITERIA: **LEGACY CRITERIA:**	IF THE RENDERING PROVIDER SUBMITS ANY OTHER SECONDARY NUMBER, POST THE EDIT. NA
EOB CODES:	1815 – RENDERING PROVIDER SUBMITTED OTHER SECONDARY NUMBER ON CLAIM
METHOD OF CORRECTION:	THIS EDIT IS SET TO DENY FOR ALL REGIONS.

3.168 1816

DMS approved 05/13/2008

ERROR STATUS CODE:	1816	**CLAIM TYPE:**	B AND M ONLY
HEADER/DETAIL:	HEADER	**PROVIDER TYPE:**	INCLUDE ONLY – 13, 17, 20, 21, 27, 28, 30, 31, 33, 35, 36, 37, 40, 43, 45, 50, 52, 54 (B ONLY), 55, 64, 65, 70, 74, 77, 78, 80, 82, 85, 86, 87, 88, 89, 90, AND 95
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	PROFESSIONAL ONLY EDI, PAPER AND WEB
DATA CORRECTABLE:	NO	**CLAIM FIELD LABEL:**	REFERRING

ESC NAME:	REFERRING PROVIDER SUBMITTED LEGACY NUMBER NOT ALLOWED – HDR
ESC CRITERIA: **LEGACY CRITERIA:**	IF THE REFERRING PROVIDER SUBMITS ANY OTHER SECONDARY NUMBER, POST THE EDIT. NA
EOB CODES:	1816 – REFERRING PROVIDER SUBMITTED OTHER SECONDARY NUMBER ON CLAIM
METHOD OF CORRECTION:	THIS EDIT IS SET TO DENY FOR ALL REGIONS.

3.169 1818

DMS approved 05/13/2008

ERROR STATUS CODE:	1818	**CLAIM TYPE:**	H, I, L, O ONLY
HEADER/DETAIL:	HEADER	**PROVIDER TYPE:**	INCLUDE ONLY – 01, 02, 04, 11, 12, 34, 39, 41, 42, 44, 91, 92, AND 93
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	INSTITUTIONAL EDI, PAPER AND WEB
DATA CORRECTABLE:	NO	**CLAIM FIELD LABEL:**	OTHER PROVIDER 2

ESC NAME:	OTHER PROVIDER 2 SUBMITTED LEGACY NUMBER NOT ALLOWED – HDR
ESC CRITERIA: **LEGACY CRITERIA:**	IF THE OTHER PROVIDER 2 SUBMITS ANY OTHER SECONDARY NUMBER, POST THE EDIT. NA
EOB CODES:	1818– OTHER PROVIDER 2 SUBMITTED OTHER SECONDARY NUMBER ON CLAIM
METHOD OF CORRECTION:	THIS EDIT IS SET TO DENY FOR ALL REGIONS.

3.170 1819

DMS approved 05/13/2008

ERROR STATUS CODE:	1819	**CLAIM TYPE:**	B, D, AND M ONLY
HEADER/DETAIL:	DETAIL	**PROVIDER TYPE:**	INCLUDE ONLY – 13, 17, 20, 21, 27, 28, 30, 31, 33, 35, 36, 37, 40, 43, 45, 50, 52, 54 (B ONLY), 55, 60, 61, 64, 65, 70, 74, 77, 78, 80, 82, 85, 86, 87, 88, 89, 90, AND 95
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	PROFESSIONAL AND DENTAL EDI, PAPER AND WEB
DATA CORRECTABLE:	NO	**CLAIM FIELD LABEL:**	RENDERING

ESC NAME:	RENDERING PROVIDER SUBMITTED LEGACY NUMBER NOT ALLOWED – DTL
ESC CRITERIA: **LEGACY CRITERIA:**	IF THE RENDERING PROVIDER SUBMITS ANY OTHER SECONDARY NUMBER, POST THE EDIT. NA
EOB CODES:	1819 – DETAIL RENDERING PROVIDER SUBMITTED OTHER SECONDARY NUMBER ON CLAIM
METHOD OF CORRECTION:	THIS EDIT IS SET TO DENY FOR ALL REGIONS.

3.171 1820

DMS approved 05/13/2008

ERROR STATUS CODE:	1820	**CLAIM TYPE:**	B AND M ONLY
HEADER/DETAIL:	DETAIL	**PROVIDER TYPE:**	INCLUDE ONLY – 13, 17, 20, 21, 27, 28, 30, 31, 33, 35, 36, 37, 40, 43, 45, 50, 52, 54 (B ONLY), 55, 64, 65, 70, 74, 77, 78, 80, 82, 85, 86, 87, 88, 89, 90, AND 95
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	PROFESSIONAL EDI, PAPER AND WEB
DATA CORRECTABLE:	NO	**CLAIM FIELD LABEL:**	REFERRING

ESC NAME:	REFERRING PROVIDER SUBMITTED LEGACY NUMBER NOT ALLOWED – DTL
ESC CRITERIA: **LEGACY CRITERIA:**	IF THE REFERRING PROVIDER SUBMITS ANY OTHER SECONDARY NUMBER, POST THE EDIT. NA
EOB CODES:	1820 – DETAIL REFERRING PROVIDER SUBMITTED OTHER SECONDARY NUMBER ON CLAIM
METHOD OF CORRECTION:	THIS EDIT IS SET TO DENY FOR ALL REGIONS.

3.172 1821

DMS approved 05/13/2008

ERROR STATUS CODE:	1821	**CLAIM TYPE:**	H, I, L, O ONLY
HEADER/DETAIL:	DETAIL	**PROVIDER TYPE:**	INCLUDE ONLY – 01, 02, 04, 11, 12, 34, 39, 41, 42, 44, 91, 92, AND 93
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	INSTITUTIONAL EDI ONLY
DATA CORRECTABLE:	NO	**CLAIM FIELD LABEL:**	OTHER PROVIDER 2

ESC NAME:	OTHER PROVIDER 2 SUBMITTED LEGACY NUMBER NOT ALLOWED – DTL
ESC CRITERIA: **LEGACY CRITERIA:**	IF THE OTHER PROVIDER 2 SUBMITS ANY OTHER SECONDARY NUMBER, POST THE EDIT. NA
EOB CODES:	1821 – DETAIL OTHER PROVIDER 2 SUBMITTED OTHER SECONDARY NUMBER ON CLAIM
METHOD OF CORRECTION:	THIS EDIT IS SET TO DENY FOR ALL REGIONS.

3.173 1822

DMS approved 05/13/2008

ERROR STATUS CODE:	1822	**CLAIM TYPE:**	B, D, AND M ONLY
HEADER/DETAIL:	HEADER	**PROVIDER TYPE:**	INCLUDE ONLY – 13, 17, 20, 21, 27, 28, 30, 31, 33, 35, 36, 37, 40, 43, 45, 50, 52, 54 (B ONLY), 55, 60, 61, 64, 65, 70, 74, 77, 78, 80, 82, 85, 86, 87, 88, 89, 90, AND 95
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	PROFESSIONAL AND DENTAL EDI ONLY
DATA CORRECTABLE:	NO	**CLAIM FIELD LABEL:**	RENDERING

ESC NAME:	RENDERING PROVIDER NPI NOT ON FILE - HDR
ESC CRITERIA: **LEGACY CRITERIA:**	IF THE RENDERING PROVIDER NPI NUMBER IS NOT ON FILE AND THE BILLING PROVIDER WAS NOT ON FILE, POST THE EDIT. SET NON-BILLING PROVIDER TO DEFAULT TO 99999997 NA
EOB CODES:	1822 – RENDERING PROVIDER NPI NOT ON KY MEDICAID FILE
METHOD OF CORRECTION:	THIS EDIT IS SET TO DENY FOR ALL REGIONS.

3.174 1823

DMS approved 05/13/2008

ERROR STATUS CODE:	1823	**CLAIM TYPE:**	B AND M ONLY
HEADER/DETAIL:	HEADER	**PROVIDER TYPE:**	INCLUDE ONLY – 13, 17, 20, 21, 27, 28, 30, 31, 33, 35, 36, 37, 40, 43, 45, 50, 52, 54 (B ONLY), 55, 64, 65, 70, 74, 77, 78, 80, 82, 85, 86, 87, 88, 89, 90, AND 95
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	PROFESSIONAL EDI ONLY
DATA CORRECTABLE:	NO	**CLAIM FIELD LABEL:**	REFERRING

ESC NAME:	REFERRING PROVIDER NPI NOT ON FILE - HDR
ESC CRITERIA: **LEGACY CRITERIA:**	IF THE REFERRING PROVIDER NPI NUMBER IS NOT ON FILE AND THE BILLING PROVIDER WAS NOT ON FILE, POST THE EDIT. SET NON-BILLING PROVIDER TO DEFAULT TO 99999997 NA
EOB CODES:	1823 – REFERRING PROVIDER NPI NOT ON KY MEDICAID FILE
METHOD OF CORRECTION:	THIS EDIT IS SET TO DENY FOR ALL REGIONS.

3.175 1825

DMS approved 05/13/2008

ERROR STATUS CODE:	1825	**CLAIM TYPE:**	H, I, L, O ONLY
HEADER/DETAIL:	HEADER	**PROVIDER TYPE:**	INCLUDE ONLY – 01, 02, 04, 11, 12, 34, 39, 41, 42, 44, 91, 92, AND 93
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	INSTITUTIONAL EDI ONLY
DATA CORRECTABLE:	NO	**CLAIM FIELD LABEL:**	OTHER PROVIDER 2

ESC NAME:	OTHER PROVIDER 2 NPI NOT ON FILE - HDR
ESC CRITERIA: **LEGACY CRITERIA:**	IF THE OTHER PROVIDER NPI NUMBER IS NOT ON FILE AND THE BILLING PROVIDER WAS NOT ON FILE, POST THE EDIT. SET NON-BILLING PROVIDER TO DEFAULT TO 99999997 NA
EOB CODES:	1825 – OTHER PROVIDER 2 NPI NOT ON KY MEDICAID FILE
METHOD OF CORRECTION:	THIS EDIT IS SET TO DENY FOR ALL REGIONS.

3.176 1826

DMS approved 05/13/2008

ERROR STATUS CODE:	1826	**CLAIM TYPE:**	B, D, AND M
HEADER/DETAIL:	DETAIL	**PROVIDER TYPE:**	INCLUDE ONLY – 13, 17, 20, 21, 27, 28, 30, 31, 33, 35, 36, 37, 40, 43, 45, 50, 52, 54 (B ONLY), 55, 60, 61, 64, 65, 70, 74, 77, 78, 80, 82, 85, 86, 87, 88, 89, 90, AND 95
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	PROFESSIONAL EDI ONLY
DATA CORRECTABLE:	NO	**CLAIM FIELD LABEL:**	RENDERING

ESC NAME:	RENDERING PROVIDER NPI NOT ON FILE - DTL
ESC CRITERIA: **LEGACY CRITERIA:**	IF THE RENDERING PROVIDER NPI NUMBER IS NOT ON FILE AND THE BILLING PROVIDER WAS NOT ON FILE, POST THE EDIT. SET NON-BILLING PROVIDER TO DEFAULT TO 99999997 NA
EOB CODES:	1826 – DETAIL RENDERING PROVIDER NPI NOT ON FILE
METHOD OF CORRECTION:	THIS EDIT IS SET TO DENY FOR ALL REGIONS.

3.177 1827

DMS approved 05/13/2008

ERROR STATUS CODE:	1827	**CLAIM TYPE:**	B AND M ONLY
HEADER/DETAIL:	DETAIL	**PROVIDER TYPE:**	INCLUDE ONLY – 13, 17, 20, 21, 27, 28, 30, 31, 33, 35, 36, 37, 40, 43, 45, 50, 52, 54 (B ONLY), 55, 64, 65, 70, 74, 77, 78, 80, 82, 85, 86, 87, 88, 89, 90, AND 95
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	PROFESSIONAL EDI ONLY
DATA CORRECTABLE:	NO	**CLAIM FIELD LABEL:**	REFERRING

ESC NAME:	REFERRING PROVIDER NPI NOT ON FILE - DTL
ESC CRITERIA: **LEGACY CRITERIA:**	IF THE REFERRING PROVIDER NPI NUMBER IS NOT ON FILE AND THE BILLING PROVIDER WAS NOT ON FILE, POST THE EDIT. SET NON-BILLING PROVIDER TO DEFAULT TO 99999997 NA
EOB CODES:	1827 – DETAIL REFERRING PROVIDER NPI NOT ON FILE
METHOD OF CORRECTION:	THIS EDIT IS SET TO DENY FOR ALL REGIONS.

3.178 1828

DMS approved 05/13/2008

ERROR STATUS CODE:	1828	**CLAIM TYPE:**	H, I, L, AND O ONLY
HEADER/DETAIL:	DETAIL	**PROVIDER TYPE:**	INCLUDE ONLY – 01, 02, 04, 11, 12, 34, 39, 41, 42, 44, 91, 92, AND 93
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	INSTITUTIONAL EDI ONLY
DATA CORRECTABLE:	NO	**CLAIM FIELD LABEL:**	OTHER PROVIDER 2

ESC NAME:	OTHER PROVIDER 2 NPI NOT ON FILE - DTL
ESC CRITERIA: **LEGACY CRITERIA:**	IF THE OTHER PROVIDER 2 NPI NUMBER IS NOT ON FILE AND THE BILLING PROVIDER WAS NOT ON FILE, POST THE EDIT. SET NON-BILLING PROVIDER TO DEFAULT TO 99999997 NA
EOB CODES:	1828 – DETAIL OTHER PROVIDER 2 NPI NOT ON FILE
METHOD OF CORRECTION:	THIS EDIT IS SET TO DENY FOR ALL REGIONS.

3.179 1829

DMS approved 05/13/2008

ERROR STATUS CODE:	1829	**CLAIM TYPE:**	B, D, AND M ONLY
HEADER/DETAIL:	HEADER	**PROVIDER TYPE:**	INCLUDE ONLY – 13, 17, 20, 21, 27, 28, 30, 31, 33, 35, 36, 37, 40, 43, 45, 50, 52, 54 (B ONLY), 55, 60, 61, 64, 65, 70, 74, 77, 78, 80, 82, 85, 86, 87, 88, 89, 90, AND 95
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	PROFESSIONAL EDI ONLY
DATA CORRECTABLE:	NO	**CLAIM FIELD LABEL:**	RENDERING

ESC NAME:	RENDERING PROVIDER NPI NOT ON FILE, BILLING PROVIDER FOUND
ESC CRITERIA: **LEGACY CRITERIA:**	IF THE RENDERING PROVIDER NPI IS NOT ON FILE, BUT THE BILLING PROVIDER NPI WAS ON FILE, POST THE EDIT. NA
EOB CODES:	1829 – RENDERING PROVIDER NPI NOT ON FILE
METHOD OF CORRECTION:	THIS EDIT IS SET TO DENY FOR ALL REGIONS.

3.180 1830

DMS approved 05/13/2008

ERROR STATUS CODE:	1830	**CLAIM TYPE:**	B AND M ONLY
HEADER/DETAIL:	HEADER	**PROVIDER TYPE:**	INCLUDE ONLY – 13, 17, 20, 21, 27, 28, 30, 31, 33, 35, 36, 37, 40, 43, 45, 50, 52, 54 (B ONLY), 55, 64, 65, 70, 74, 77, 78, 80, 82, 85, 86, 87, 88, 89, 90, AND 95
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	PROFESSIONAL EDI ONLY AND PAPER
DATA CORRECTABLE:	NO	**CLAIM FIELD LABEL:**	REFERRING

ESC NAME:	REFERRING PROVIDER NPI NOT ON FILE, BILLING PROVIDER FOUND
ESC CRITERIA: **LEGACY CRITERIA:**	IF THE REFERRING PROVIDER NPI IS NOT ON FILE, BUT THE BILLING PROVIDER NPI WAS ON FILE, POST THE EDIT. NA
EOB CODES:	1830 – REFERRING PROVIDER NPI NOT ON FILE
METHOD OF CORRECTION:	THIS EDIT IS SET TO DENY FOR ALL REGIONS.

3.181 1832

DMS approved 05/13/2008

ERROR STATUS CODE:	1832	**CLAIM TYPE:**	H, I, L, AND O ONLY
HEADER/DETAIL:	HEADER	**PROVIDER TYPE:**	INCLUDE ONLY – 01, 02, 04, 11, 12, 34, 39, 41, 42, 44, 91, 92, AND 93
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	INSTITUTIONAL EDI ONLY AND PAPER
DATA CORRECTABLE:	NO	**CLAIM FIELD LABEL:**	OTHER PROVIDER 2

ESC NAME:	OTHER PROVIDER 2 NPI NOT ON FILE, BILLING PROVIDER FOUND
ESC CRITERIA: **LEGACY CRITERIA:**	IF THE OTHER PROVIDER 2 NPI IS NOT ON FILE, BUT THE BILLING PROVIDER NPI WAS ON FILE, POST THE EDIT. NA
EOB CODES:	1832 – OTHER PROVIDER 2 NPI NOT ON FILE
METHOD OF CORRECTION:	THIS EDIT IS SET TO DENY FOR ALL REGIONS.

3.182 1833

DMS approved 05/13/2008

ERROR STATUS CODE:	1833	**CLAIM TYPE:**	B, D, AND M
HEADER/DETAIL:	DETAIL	**PROVIDER TYPE:**	INCLUDE ONLY – 13, 17, 20, 21, 27, 28, 30, 31, 33, 35, 36, 37, 40, 43, 45, 50, 52, 54 (B ONLY), 55, 60, 61, 64, 65, 70, 74, 77, 78, 80, 82, 85, 86, 87, 88, 89, 90, AND 95
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	PROFESSIONAL EDI ONLY AND PAPER
DATA CORRECTABLE:	NO	**CLAIM FIELD LABEL:**	RENDERING

ESC NAME:	RENDERING PROVIDER NPI NOT ON FILE, BILLING PROVIDER FOUND
ESC CRITERIA: **LEGACY CRITERIA:**	IF THE RENDERING PROVIDER NPI IS NOT ON FILE, BUT THE BILLING PROVIDER NPI WAS ON FILE, POST THE EDIT. NA
EOB CODES:	1833 – DETAIL RENDERING PROVIDER NPI NOT ON FILE
METHOD OF CORRECTION:	THIS EDIT IS SET TO DENY FOR ALL REGIONS.

3.183 1834

DMS approved 05/13/2008

ERROR STATUS CODE:	1834	**CLAIM TYPE:**	B AND M
HEADER/DETAIL:	DETAIL	**PROVIDER TYPE:**	INCLUDE ONLY – 13, 17, 20, 21, 27, 28, 30, 31, 33, 35, 36, 37, 40, 43, 45, 50, 52, 54 (B ONLY), 55, 64, 65, 70, 74, 77, 78, 80, 82, 85, 86, 87, 88, 89, 90, AND 95
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	PROFESSIONAL EDI ONLY
DATA CORRECTABLE:	NO	**CLAIM FIELD LABEL:**	REFERRING

ESC NAME:	REFERRING PROVIDER NPI NOT ON FILE, BILLING PROVIDER FOUND
ESC CRITERIA: **LEGACY CRITERIA:**	IF THE REFERRING PROVIDER NPI IS NOT ON FILE, BUT THE BILLING PROVIDER NPI WAS ON FILE, POST THE EDIT. NA
EOB CODES:	1834 – DETAIL REFERRING PROVIDER NPI NOT ON FILE
METHOD OF CORRECTION:	THIS EDIT IS SET TO DENY FOR ALL REGIONS.

3.184 1835

DMS approved 05/13/2008

ERROR STATUS CODE:	1835	**CLAIM TYPE:**	H, I, L, O ONLY
HEADER/DETAIL:	DETAIL	**PROVIDER TYPE:**	INCLUDE ONLY – 01, 02, 04, 11, 12, 34, 39, 41, 42, 44, 91, 92, AND 93
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	INSTITUTIONAL EDI ONLY
DATA CORRECTABLE:	NO	**CLAIM FIELD LABEL:**	OTHER PROVIDER 2

ESC NAME:	OTHER PROVIDER 2 NPI NOT ON FILE, BILLING PROVIDER FOUND
ESC CRITERIA: **LEGACY CRITERIA:**	IF THE OTHER PROVIDER 2 NPI IS NOT ON FILE, BUT THE BILLING PROVIDER NPI WAS ON FILE, POST THE EDIT. NA
EOB CODES:	1834 – DETAIL OTHER PROVIDER 2 PROVIDER NPI NOT ON FILE
METHOD OF CORRECTION:	THIS EDIT IS SET TO DENY FOR ALL REGIONS.

3.185 1836

DMS approved 05/13/2008

ERROR STATUS CODE:	1836	**CLAIM TYPE:**	ALL
HEADER/DETAIL:	HEADER	**PROVIDER TYPE:**	ALL – EXCEPT 15, 22, 23, 24, 29, 56, 57, 58, and 96
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	ALL EDI AND PAPER ONLY
DATA CORRECTABLE:	NO	**CLAIM FIELD LABEL:**	BILLING

ESC NAME:	BILLING NPI ONLY SUBMITTED ON CLAIM – NPI NOT ELIGIBLE FOR CLAIM SUBMITTED DATES OF SERVICE - HDR
ESC CRITERIA: **LEGACY CRITERIA:**	IF THE BILLING NPI SUBMITTED AND NPI IS NOT ELIGIBLE FOR THE PROVIDER IDENTIFIER EFFECTIVE AND END DATES OR THE CONTRACT EFFECTIVE AND END DATES FOR THE CLAIM SUBMITTED DATES OF SERVICE, POST THE EDIT. NA
EOB CODES:	1836 – BILLING NPI ONLY SUBMITTED ON CLAIM – NPI IS NOT ELIGIBLE FOR THE DATES OF SERVICE SUBMITTED ON CLAIM
METHOD OF CORRECTION:	THIS EDIT IS SET TO DENY FOR ALL REGIONS.

3.186 1837

DMS approved 05/13/2008

ERROR STATUS CODE:	1837	**CLAIM TYPE:**	B, D, AND M ONLY
HEADER/DETAIL:	HEADER	**PROVIDER TYPE:**	INCLUDE ONLY – 13, 17, 20, 21, 27, 28, 30, 31, 33, 35, 36, 37, 40, 43, 45, 50, 52, 54 (B ONLY), 55, 60, 61, 64, 65, 70, 74, 77, 78, 80, 82, 85, 86, 87, 88, 89, 90, AND 95
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	PROFESSIONAL EDI AND PAPER ONLY
DATA CORRECTABLE:	NO	**CLAIM FIELD LABEL:**	RENDERING

ESC NAME:	RENDERING NPI ONLY SUBMITTED ON CLAIM – NPI NOT ELIGIBLE FOR CLAIM SUBMITTED DATES OF SERVICE - HDR
ESC CRITERIA: **LEGACY CRITERIA:**	IF THE RENDERING NPI SUBMITTED AND NPI IS NOT ELIGIBLE FOR THE PROVIDER IDENTIFIER EFFECTIVE AND END DATES OR THE CONTRACT EFFECTIVE AND END DATES FOR THE CLAIM SUBMITTED DATES OF SERVICE, POST THE EDIT. NA
EOB CODES:	1837 – RENDERING NPI ONLY SUBMITTED ON CLAIM – NPI IS NOT ELIGIBLE FOR THE DATES OF SERVICE SUBMITTED ON CLAIM
METHOD OF CORRECTION:	THIS EDIT IS SET TO DENY FOR ALL REGIONS.

3.187 1838

DMS approved 05/13/2008

ERROR STATUS CODE:	1838	**CLAIM TYPE:**	B AND M ONLY
HEADER/DETAIL:	HEADER	**PROVIDER TYPE:**	INCLUDE ONLY – 13, 17, 20, 21, 27, 28, 30, 31, 33, 35, 36, 37, 40, 43, 45, 50, 52, 54 (B ONLY), 55, 64, 65, 70, 74, 77, 78, 80, 82, 85, 86, 87, 88, 89, 90, AND 95
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	PROFESSIONAL EDI AND PAPER ONLY
DATA CORRECTABLE:	NO	**CLAIM FIELD LABEL:**	REFERRING

ESC NAME:	REFERRING NPI ONLY SUBMITTED ON CLAIM – NPI NOT ELIGIBLE FOR CLAIM SUBMITTED DATES OF SERVICE - HDR
ESC CRITERIA: **LEGACY CRITERIA:**	IF THE REFERRING NPI SUBMITTED AND NPI IS NOT ELIGIBLE FOR THE PROVIDER IDENTIFIER EFFECTIVE AND END DATES OR THE CONTRACT EFFECTIVE AND END DATES FOR THE CLAIM SUBMITTED DATES OF SERVICE, POST THE EDIT. NA
EOB CODES:	1838 – REFERRING NPI ONLY SUBMITTED ON CLAIM – NPI IS NOT ELIGIBLE FOR THE DATES OF SERVICE SUBMITTED ON CLAIM
METHOD OF CORRECTION:	THIS EDIT IS SET TO DENY FOR ALL REGIONS.

3.188 1840

DMS approved 05/13/2008

ERROR STATUS CODE:	1840	**CLAIM TYPE:**	H, I, L AND O ONLY
HEADER/DETAIL:	HEADER	**PROVIDER TYPE:**	INCLUDE ONLY – 01, 02, 04, 11, 12, 34, 39, 41, 42, 44, 91, 92, AND 93
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	INSTITUTIONAL EDI ONLY AND PAPER
DATA CORRECTABLE:	NO	**CLAIM FIELD LABEL:**	OTHER PROVIDER 2

ESC NAME:	OTHER PROVIDER 2 NPI ONLY SUBMITTED ON CLAIM – NPI NOT ELIGIBLE FOR CLAIM SUBMITTED DATES OF SERVICE - HDR
ESC CRITERIA: **LEGACY CRITERIA:**	IF THE OTHER PROVIDER 2 NPI SUBMITTED AND NPI IS NOT ELIGIBLE FOR THE PROVIDER IDENTIFIER EFFECTIVE AND END DATES OR THE CONTRACT EFFECTIVE AND END DATES FOR THE CLAIM SUBMITTED DATES OF SERVICE, POST THE EDIT. NA
EOB CODES:	1840 – OTHER PROVIDER 2 NPI ONLY SUBMITTED ON CLAIM – NPI IS NOT ELIGIBLE FOR THE DATES OF SERVICE SUBMITTED ON CLAIM
METHOD OF CORRECTION:	THIS EDIT IS SET TO DENY FOR ALL REGIONS.

3.189 1841

DMS approved 05/13/2008

ERROR STATUS CODE:	1841	**CLAIM TYPE:**	B, D, AND M ONLY
HEADER/DETAIL:	DETAIL	**PROVIDER TYPE:**	INCLUDE ONLY – 13, 17, 20, 21, 27, 28, 30, 31, 33, 35, 36, 37, 40, 43, 45, 50, 52, 54 (B ONLY), 55, 60, 61, 64, 65, 70, 74, 77, 78, 80, 82, 85, 86, 87, 88, 89, 90, AND 95
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	PROFESSIONAL AND DENTAL ONLY EDI AND PAPER ONLY
DATA CORRECTABLE:	NO	**CLAIM FIELD LABEL:**	RENDERING

ESC NAME:	RENDERING NPI ONLY SUBMITTED ON CLAIM – NPI NOT ELIGIBLE FOR CLAIM SUBMITTED DATES OF SERVICE - DTL
ESC CRITERIA:	IF THE RENDERING PROVIDER NPI ONLY SUBMITTED, NPI IS NOT ELIGIBLE FOR THE PROVIDER IDENTIFIER EFFECTIVE AND END DATES OR THE CONTRACT EFFECTIVE AND END DATES FOR THE CLAIM SUBMITTED DATES OF SERVICE, POST THE EDIT.
LEGACY CRITERIA:	NA
EOB CODES:	1841 – RENDERING NPI ONLY SUBMITTED ON CLAIM AT DETAIL – NPI IS NOT ELIGIBLE FOR THE DATES OF SERVICE SUBMITTED ON CLAIM
METHOD OF CORRECTION:	THIS EDIT IS SET TO DENY FOR ALL REGIONS.

3.190 1842

DMS approved 05/13/2008

ERROR STATUS CODE:	1842	**CLAIM TYPE:**	M ONLY
HEADER/DETAIL:	DETAIL	**PROVIDER TYPE:**	INCLUDE ONLY – 13, 17, 20, 21, 27, 28, 30, 31, 33, 35, 36, 37, 40, 43, 45, 50, 52, 55, 64, 65, 70, 74, 77, 78, 80, 82, 85, 86, 87, 88, 89, 90, AND 95
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	PROFESSIONAL EDI ONLY
DATA CORRECTABLE:	NO	**CLAIM FIELD LABEL:**	REFERRING

ESC NAME:	REFERRING NPI ONLY SUBMITTED ON CLAIM – NPI NOT ELIGIBLE FOR CLAIM SUBMITTED DATES OF SERVICE - DTL
ESC CRITERIA: **LEGACY CRITERIA:**	IF THE REFERRING PROVIDER NPI ONLY SUBMITTED, NPI IS NOT ELIGIBLE FOR THE PROVIDER IDENTIFIER EFFECTIVE AND END DATES OR THE CONTRACT EFFECTIVE AND END DATES FOR THE CLAIM SUBMITTED DATES OF SERVICE, POST THE EDIT. NA
EOB CODES:	1842 – REFERRING NPI ONLY SUBMITTED ON CLAIM AT DETAIL – NPI IS NOT ELIGIBLE FOR THE DATES OF SERVICE SUBMITTED ON CLAIM
METHOD OF CORRECTION:	THIS EDIT IS SET TO DENY FOR ALL REGIONS.

3.191 1843

DMS approved 05/13/2008

ERROR STATUS CODE:	1843	**CLAIM TYPE:**	H, I, L, AND O ONLY
HEADER/DETAIL:	DETAIL	**PROVIDER TYPE:**	INCLUDE ONLY – 01, 02, 04, 11, 12, 34, 39, 41, 42, 44, 91, 92, AND 93
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	INSTITUTIONAL EDI ONLY
DATA CORRECTABLE:	NO	**CLAIM FIELD LABEL:**	OTHER PROVIDER 2

ESC NAME:	OTHER PROVIDER 2 NPI ONLY SUBMITTED ON CLAIM – NPI NOT ELIGIBLE FOR CLAIM SUBMITTED DATES OF SERVICE - DTL
ESC CRITERIA: **LEGACY CRITERIA:**	IF THE OTHER PROVIDER 2 PROVIDER NPI ONLY SUBMITTED, NPI IS NOT ELIGIBLE FOR THE PROVIDER IDENTIFIER EFFECTIVE AND END DATES OR THE CONTRACT EFFECTIVE AND END DATES FOR THE CLAIM SUBMITTED DATES OF SERVICE, POST THE EDIT. NA
EOB CODES:	1843 – OTHER PROVIDER 2 NPI ONLY SUBMITTED ON CLAIM AT DETAIL – NPI IS NOT ELIGIBLE FOR THE DATES OF SERVICE SUBMITTED ON CLAIM
METHOD OF CORRECTION:	THIS EDIT IS SET TO DENY FOR ALL REGIONS.

3.192 1844

DMS approved 05/13/2008

ERROR STATUS CODE:	1844	**CLAIM TYPE:**	ALL
HEADER/DETAIL:	HEADER	**PROVIDER TYPE:**	ALL – EXCEPT 15, 22, 23, 24, 29, 56, 57, 58, and 96
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	ALL EDI AND PAPER ONLY
DATA CORRECTABLE:	NO	**CLAIM FIELD LABEL:**	BILLING

ESC NAME:	BILLING NPI SUBMITTED AND CROSS-MATCHED TO LEGACY - LEGACY NOT ELIGIBLE FOR DATES OF SERVICE SUBMITTED ON CLAIM - HDR
ESC CRITERIA: **LEGACY CRITERIA:**	THE BILLING NPI IS CROSS-MATCHED TO THE LEGACY NUMBER, IF THE LEGACY IS NOT ELIGIBLE FOR THE CLAIM DATES OF SERVICE WITHIN CONTRACT THE EFFECTIVE AND END DATES OR THE PROVIDER IDENTIFIER EFFECTIVE AND END DATES, POST THE EDIT. NA
EOB CODES:	1844 – KY MEDICAID BILLING MEDICAID NUMBER NOT ELIGIBLE FOR CLAIM DATES OF SERVICE SUBMITTED

3.193 1845

DMS approved 05/13/2008

ERROR STATUS CODE:	1845	**CLAIM TYPE:**	B, D, AND M ONLY
HEADER/DETAIL:	HEADER	**PROVIDER TYPE:**	INCLUDE ONLY – 13, 17, 20, 21, 27, 28, 30, 31, 33, 35, 36, 37, 40, 43, 45, 50, 52, 54 (B ONLY), 55, 60, 61, 64, 65, 70, 74, 77, 78, 80, 82, 85, 86, 87, 88, 89, 90, AND 95
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	PROFESSIONAL EDI AND PAPER ONLY
DATA CORRECTABLE:	NO	**CLAIM FIELD LABEL:**	RENDERING

ESC NAME:	RENDERING NPI SUBMITTED AND CROSS-MATCHED TO LEGACY - LEGACY NOT ELIGIBLE FOR DATES OF SERVICE SUBMITTED ON CLAIM - HDR
ESC CRITERIA:	THE RENDERING NPI IS CROSS-MATCHED TO THE LEGACY NUMBER, IF THE LEGACY IS NOT ELIGIBLE FOR THE CLAIM DATES OF SERVICE WITHIN CONTRACT THE EFFECTIVE AND END DATES OR THE PROVIDER IDENTIFIER EFFECTIVE AND END DATES, POST THE EDIT.
LEGACY CRITERIA:	NA
EOB CODES:	1845 – KY MEDICAID RENDERING MEDICAID NUMBER NOT ELIGIBLE FOR CLAIM DATES OF SERVICE SUBMITTED
METHOD OF CORRECTION:	THIS EDIT IS SET TO DENY FOR ALL REGIONS.

3.194 1846

DMS approved 05/13/2008

ERROR STATUS CODE:	1846	**CLAIM TYPE:**	B AND M ONLY
HEADER/DETAIL:	HEADER	**PROVIDER TYPE:**	INCLUDE ONLY – 13, 17, 20, 21, 27, 28, 30, 31, 33, 35, 36, 37, 40, 43, 45, 50, 52, 54 (B ONLY), 55, 64, 65, 70, 74, 77, 78, 80, 82, 85, 86, 87, 88, 89, 90, AND 95
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	PROFESSIONAL EDI AND PAPER ONLY
DATA CORRECTABLE:	NO	**CLAIM FIELD LABEL:**	REFERRING

ESC NAME:	REFERRING NPI SUBMITTED AND CROSS-MATCHED TO LEGACY - LEGACY NOT ELIGIBLE FOR DATES OF SERVICE SUBMITTED ON CLAIM - HDR
ESC CRITERIA:	THE REFERRING NPI IS CROSS-MATCHED TO THE LEGACY NUMBER; IF THE LEGACY IS NOT ELIGIBLE FOR THE CLAIM DATES OF SERVICE WITHIN CONTRACT THE EFFECTIVE AND END DATES OR THE PROVIDER IDENTIFIER EFFECTIVE AND END DATES, POST THE EDIT.
LEGACY CRITERIA:	NA
EOB CODES:	1846 – KY MEDICAID REFERRING MEDICAID NUMBER NOT ELIGIBLE FOR CLAIM DATES OF SERVICE SUBMITTED
METHOD OF CORRECTION:	THIS EDIT IS SET TO DENY FOR ALL REGIONS.

3.195 1848

DMS approved 05/13/2008

ERROR STATUS CODE:	1848	**CLAIM TYPE:**	H, I, L, AND O ONLY
HEADER/DETAIL:	HEADER	**PROVIDER TYPE:**	INCLUDE ONLY – 01, 02, 04, 11, 12, 34, 39, 41, 42, 44, 91, 92, AND 93
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	INSTITUTIONAL EDI AND PAPER ONLY
DATA CORRECTABLE:	NO	**CLAIM FIELD LABEL:**	OTHER PROVIDER 2

ESC NAME:	OTHER PROVIDER 2 NPI SUBMITTED AND CROSS-MATCHED TO LEGACY - LEGACY NOT ELIGIBLE FOR DATES OF SERVICE SUBMITTED ON CLAIM - HDR
ESC CRITERIA: **LEGACY CRITERIA:**	THE OTHER PROVIDER 2 NPI IS CROSS-MATCHED TO THE LEGACY NUMBER, IF THE LEGACY IS NOT ELIGIBLE FOR THE CLAIM DATES OF SERVICE WITHIN CONTRACT THE EFFECTIVE AND END DATES OR THE PROVIDER IDENTIFIER EFFECTIVE AND END DATES, POST THE EDIT. NA
EOB CODES:	1848 – KY MEDICAID OTHER PROVIDER 2 MEDICAID NUMBER NOT ELIGIBLE FOR CLAIM DATES OF SERVICE SUBMITTED
METHOD OF CORRECTION:	THIS EDIT IS SET TO DENY FOR ALL REGIONS.

3.196 1849

DMS approved 05/13/2008

ERROR STATUS CODE:	1849	**CLAIM TYPE:**	B, D, AND M ONLY
HEADER/DETAIL:	DETAIL	**PROVIDER TYPE:**	INCLUDE ONLY – 13, 17, 20, 21, 27, 28, 30, 31, 33, 35, 36, 37, 40, 43, 45, 50, 52, 54 (B ONLY), 55, 60, 61, 64, 65, 70, 74, 77, 78, 80, 82, 85, 86, 87, 88, 89, 90, AND 95
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	PROFESSIONAL EDI AND PAPER ONLY
DATA CORRECTABLE:	NO	**CLAIM FIELD LABEL:**	RENDERING

ESC NAME:	RENDERING NPI SUBMITTED AND CROSS-MATCHED TO LEGACY - LEGACY NOT ELIGIBLE FOR DATES OF SERVICE SUBMITTED ON CLAIM - DTL
ESC CRITERIA: **LEGACY CRITERIA:**	THE DETAIL RENDERING NPI IS CROSS-MATCHED TO THE LEGACY NUMBER, IF THE LEGACY IS NOT ELIGIBLE FOR THE CLAIM DATES OF SERVICE WITHIN CONTRACT THE EFFECTIVE AND END DATES OR THE PROVIDER IDENTIFIER EFFECTIVE AND END DATES, POST THE EDIT. NA
EOB CODES:	1849 – KY MEDICAID DETAIL RENDERING MEDICAID NUMBER NOT ELIGIBLE FOR CLAIM DATES OF SERVICE SUBMITTED
METHOD OF CORRECTION:	THIS EDIT IS SET TO DENY FOR ALL REGIONS.

3.197 1850

DMS approved 05/13/2008

ERROR STATUS CODE:	1850	**CLAIM TYPE:**	B AND M ONLY
HEADER/DETAIL:	DETAIL	**PROVIDER TYPE:**	INCLUDE ONLY – 13, 17, 20, 21, 27, 28, 30, 31, 33, 35, 36, 37, 40, 43, 45, 50, 52, 54 (B ONLY), 55, 64, 65, 70, 74, 77, 78, 80, 82, 85, 86, 87, 88, 89, 90, AND 95
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	PROFESSIONAL EDI
DATA CORRECTABLE:	NO	**CLAIM FIELD LABEL:**	REFERRING

ESC NAME:	REFERRING NPI SUBMITTED AND CROSS-MATCHED TO LEGACY - LEGACY NOT ELIGIBLE FOR DATES OF SERVICE SUBMITTED ON CLAIM - DTL
ESC CRITERIA: **LEGACY CRITERIA:**	THE DETAIL REFERRING NPI IS CROSS-MATCHED TO THE LEGACY NUMBER, IF THE LEGACY IS NOT ELIGIBLE FOR THE CLAIM DATES OF SERVICE WITHIN CONTRACT THE EFFECTIVE AND END DATES OR THE PROVIDER IDENTIFIER EFFECTIVE AND END DATES, POST THE EDIT. NA
EOB CODES:	1850 – KY MEDICAID DETAIL REFERRING MEDICAID NUMBER NOT ELIGIBLE FOR CLAIM DATES OF SERVICE SUBMITTED
METHOD OF CORRECTION:	THIS EDIT IS SET TO DENY FOR ALL REGIONS.

3.198 1851

DMS approved 05/13/2008

ERROR STATUS CODE:	1851	**CLAIM TYPE:**	H, I, L, AND O ONLY
HEADER/DETAIL:	DETAIL	**PROVIDER TYPE:**	INCLUDE ONLY – 01, 02, 04, 11, 12, 34, 39, 41, 42, 44, 91, 92, AND 93
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	INSTITUTIONAL EDI ONLY
DATA CORRECTABLE:	NO	**CLAIM FIELD LABEL:**	OTHER PROVIDER 2

ESC NAME:	OTHER PROVIDER 2 NPI SUBMITTED AND CROSS-MATCHED TO LEGACY - LEGACY NOT ELIGIBLE FOR DATES OF SERVICE SUBMITTED ON CLAIM - DTL
ESC CRITERIA: **LEGACY CRITERIA:**	THE DETAIL OTHER PROVIDER 2 NPI IS CROSS-MATCHED TO THE LEGACY NUMBER, IF THE LEGACY IS NOT ELIGIBLE FOR THE CLAIM DATES OF SERVICE WITHIN CONTRACT THE EFFECTIVE AND END DATES OR THE PROVIDER IDENTIFIER EFFECTIVE AND END DATES, POST THE EDIT. NA
EOB CODES:	1851 – KY MEDICAID DETAIL OTHER PROVIDER 2 MEDICAID NUMBER NOT ELIGIBLE FOR CLAIM DATES OF SERVICE SUBMITTED
METHOD OF CORRECTION:	THIS EDIT IS SET TO DENY FOR ALL REGIONS.

3.199 1852

DMS approved 05/13/2008

ERROR STATUS CODE:	1852	**CLAIM TYPE:**	ALL
HEADER/DETAIL:	HEADER	**PROVIDER TYPE:**	ALL – EXCEPT 15, 22, 23, 24, 29, 56, 57, 58, and 96
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	ALL EDI AND PAPER ONLY
DATA CORRECTABLE:	NO	**CLAIM FIELD LABEL:**	BILLING

ESC NAME:	WARNING – BILLING TAXONOMY CODE SUBMITTED ON CLAIM IS NOT A VALID CODE - HDR
ESC CRITERIA: **LEGACY CRITERIA:**	IF THE BILLING SUBMITTED A TAXONOMY CODE AND THE CODE IS NOT IN THE TAXONOMY CODE TABLE, POST THE EDIT. NA
EOB CODES:	1852 – WARNING – SUBMITTED BILLING TAXONOMY CODE AT HEADER IS NOT A VALID CODE – CHECK FOR VALID TAXONOMY CODES AT WWW.WPC-EDI.COM
METHOD OF CORRECTION:	THIS EDIT IS SET TO PAY-LIST FOR ALL REGIONS.

3.200 1853

DMS approved 05/13/2008

ERROR STATUS CODE:	1853	**CLAIM TYPE:**	B, D, AND M ONLY
HEADER/DETAIL:	HEADER	**PROVIDER TYPE:**	INCLUDE ONLY – 13, 17, 20, 21, 27, 28, 30, 31, 33, 35, 36, 37, 40, 43, 45, 50, 52, 54 (B ONLY), 55, 60, 61, 64, 65, 70, 74, 77, 78, 80, 82, 85, 86, 87, 88, 89, 90, AND 95
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	PROFESSIONAL AND DENTAL EDI AND PAPER ONLY
DATA CORRECTABLE:	NO	**CLAIM FIELD LABEL:**	RENDERING

ESC NAME:	WARNING – RENDERING TAXONOMY CODE SUBMITTED ON CLAIM IS NOT A VALID CODE - HDR
ESC CRITERIA: **LEGACY CRITERIA:**	IF THE RENDERING SUBMITTED A TAXONOMY CODE AND THE CODE IS NOT IN THE TAXONOMY CODE TABLE, POST THE EDIT. NA
EOB CODES:	1853 – WARNING – SUBMITTED RENDERING TAXONOMY CODE AT HEADER IS NOT A VALID CODE – CHECK FOR VALID TAXONOMY CODES AT WWW.WPC-EDI.COM
METHOD OF CORRECTION:	THIS EDIT IS SET TO PAY-LIST FOR ALL REGIONS.

3.201 1854

DMS approved 05/13/2008

ERROR STATUS CODE:	1854	**CLAIM TYPE:**	B, D, AND M ONLY
HEADER/DETAIL:	HEADER	**PROVIDER TYPE:**	INCLUDE ONLY – 13, 17, 20, 21, 27, 28, 30, 31, 33, 35, 36, 37, 40, 43, 45, 50, 52, 54 (B ONLY), 55, 60, 61, 64, 65, 70, 74, 77, 78, 80, 82, 85, 86, 87, 88, 89, 90, AND 95
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	PROFESSIONAL AND DENTAL EDI AND PAPER ONLY
DATA CORRECTABLE:	NO	**CLAIM FIELD LABEL:**	REFERRING

ESC NAME:	WARNING – REFERRING TAXONOMY CODE SUBMITTED ON CLAIM IS NOT A VALID CODE - HDR
ESC CRITERIA: **LEGACY CRITERIA:**	IF THE REFERRING SUBMITTED A TAXONOMY CODE AND THE CODE IS NOT IN THE TAXONOMY CODE TABLE, POST THE EDIT. NA
EOB CODES:	1854 – WARNING – SUBMITTED REFERRING TAXONOMY CODE AT HEADER IS NOT A VALID CODE – CHECK FOR VALID TAXONOMY CODES AT WWW.WPC-EDI.COM
METHOD OF CORRECTION:	THIS EDIT IS SET TO PAY-LIST FOR ALL REGIONS.

3.202 1856

DMS approved 05/13/2008

ERROR STATUS CODE:	1856	**CLAIM TYPE:**	B AND M ONLY
HEADER/DETAIL:	DETAIL	**PROVIDER TYPE:**	INCLUDE ONLY – 13, 17, 20, 21, 27, 28, 30, 31, 33, 35, 36, 37, 40, 43, 45, 50, 52, 54 (B ONLY), 55, 64, 65, 70, 74, 77, 78, 80, 82, 85, 86, 87, 88, 89, 90, AND 95
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	PROFESSIONAL EDI AND PAPER ONLY
DATA CORRECTABLE:	NO	**CLAIM FIELD LABEL:**	RENDERING

ESC NAME:	WARNING – RENDERING TAXONOMY CODE SUBMITTED ON CLAIM IS NOT A VALID CODE - DTL
ESC CRITERIA: **LEGACY CRITERIA:**	IF THE DETAIL RENDERING SUBMITTED A TAXONOMY CODE AND THE CODE IS NOT IN THE TAXONOMY CODE TABLE, POST THE EDIT. NA
EOB CODES:	1856 – WARNING – SUBMITTED DETAIL RENDERING TAXONOMY CODE AT HEADER IS NOT A VALID CODE – CHECK FOR VALID TAXONOMY CODES AT WWW.WPC-EDI.COM
METHOD OF CORRECTION:	THIS EDIT IS SET TO PAY-LIST FOR ALL REGIONS.

3.203 1857

DMS approved 05/13/2008

ERROR STATUS CODE:	1857	**CLAIM TYPE:**	ALL
HEADER/DETAIL:	HEADER	**PROVIDER TYPE:**	ALL – EXCEPT 15, 22, 23, 24, 29, 56, 57, 58, and 96
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	ALL EDI AND PAPER ONLY
DATA CORRECTABLE:	NO	**CLAIM FIELD LABEL:**	BILLING PROVIDER

ESC NAME:	BILLING TAXONOMY CODE FOR PROVIDER NOT VALID FOR CLAIM DATE OF SERVICE - HDR
ESC CRITERIA: **LEGACY CRITERIA:**	IF THE BILLING TAXONOMY CODE IS NOT VALID FOR THE FIRST DATE OF SERVICE ON THE CLAIM, POST THE EDIT. T_PR_TAXONOMY_CDE TABLE NA
EOB CODES:	1857 – BILLING TAXONOMY CODE FOR PROVIDER NOT VALID FOR CLAIM DATE OF SERVICE
METHOD OF CORRECTION:	THIS EDIT IS SET TO PAY-LIST FOR ALL REGIONS.

3.204 1858

DMS approved 05/13/2008

ERROR STATUS CODE:	1858	**CLAIM TYPE:**	B, D, AND M ONLY
HEADER/DETAIL:	HEADER	**PROVIDER TYPE:**	INCLUDE ONLY – 13, 17, 20, 21, 27, 28, 30, 31, 33, 35, 36, 37, 40, 43, 45, 50, 52, 54 (B ONLY), 55, 60, 61, 64, 65, 70, 74, 77, 78, 80, 82, 85, 86, 87, 88, 89, 90, AND 95
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	PROFESSIONAL AND DENTAL EDI AND PAPER ONLY
DATA CORRECTABLE:	NO	**CLAIM FIELD LABEL:**	RENDERING

ESC NAME:	RENDERING TAXONOMY CODE FOR PROVIDER NOT VALID FOR CLAIM DATE OF SERVICE - HDR
ESC CRITERIA: **LEGACY CRITERIA:**	IF THE RENDERING TAXONOMY CODE IS NOT VALID FOR THE FIRST DATE OF SERVICE ON THE CLAIM, POST THE EDIT. T_PR_TAXONOMY_CDE TABLE NA
EOB CODES:	1858 – RENDERING TAXONOMY CODE FOR PROVIDER NOT VALID FOR CLAIM DATE OF SERVICE
METHOD OF CORRECTION:	THIS EDIT IS SET TO PAY-LIST FOR ALL REGIONS.

3.205 1859

DMS approved 05/13/2008

ERROR STATUS CODE:	1859	**CLAIM TYPE:**	B AND M ONLY
HEADER/DETAIL:	HEADER	**PROVIDER TYPE:**	INCLUDE ONLY – 13, 17, 20, 21, 27, 28, 30, 31, 33, 35, 36, 37, 40, 43, 45, 50, 52, 54 (B ONLY), 55, 64, 65, 70, 74, 77, 78, 80, 82, 85, 86, 87, 88, 89, 90, AND 95
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	PROFESSIONAL EDI AND PAPER ONLY
DATA CORRECTABLE:	NO	**CLAIM FIELD LABEL:**	REFERRING

ESC NAME:	REFERRING TAXONOMY CODE FOR PROVIDER NOT VALID FOR CLAIM DATE OF SERVICE - HDR
ESC CRITERIA: **LEGACY CRITERIA:**	IF THE REFERRING TAXONOMY CODE IS NOT VALID FOR THE FIRST DATE OF SERVICE ON THE CLAIM, POST THE EDIT. T_PR_TAXONOMY_CDE TABLE NA
EOB CODES:	1859 – REFERRING TAXONOMY CODE FOR PROVIDER NOT VALID FOR CLAIM DATE OF SERVICE
METHOD OF CORRECTION:	THIS EDIT IS SET TO PAY-LIST FOR ALL REGIONS.

3.206 1861

DMS approved 05/13/2008

ERROR STATUS CODE:	1861	**CLAIM TYPE:**	B, D, AND M ONLY
HEADER/DETAIL:	DETAIL	**PROVIDER TYPE:**	INCLUDE ONLY – 13, 17, 20, 21, 27, 28, 30, 31, 33, 35, 36, 37, 40, 43, 45, 50, 52, 54 (B ONLY), 55, 60, 61, 64, 65, 70, 74, 77, 78, 80, 82, 85, 86, 87, 88, 89, 90, AND 95
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	PROFESSIONAL AND DENTAL EDI AND PAPER ONLY
DATA CORRECTABLE:	NO	**CLAIM FIELD LABEL:**	RENDERING

ESC NAME:	RENDERING TAXONOMY CODE FOR PROVIDER NOT VALID FOR CLAIM DATE OF SERVICE – DTL
ESC CRITERIA: **LEGACY CRITERIA:**	IF THE DETAIL RENDERING TAXONOMY CODE IS NOT VALID FOR THE FIRST DATE OF SERVICE ON THE CLAIM, POST THE EDIT. T_PR_TAXONOMY_CDE TABLE NA
EOB CODES:	1861 – DETAIL RENDERING TAXONOMY CODE FOR PROVIDER NOT VALID FOR CLAIM DATE OF SERVICE
METHOD OF CORRECTION:	THIS EDIT IS SET TO PAY-LIST FOR ALL REGIONS.

3.207 1862

DMS approved 05/13/2008

ERROR STATUS CODE:	1862	**CLAIM TYPE:**	ALL
HEADER/DETAIL:	HEADER	**PROVIDER TYPE:**	ALL – EXCEPT 15, 22, 23, 24, 29, 56, 57, 58, and 96
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	ALL EDI AND PAPER ONLY
DATA CORRECTABLE:	NO	**CLAIM FIELD LABEL:**	BILLING

ESC NAME:	BILLING PROVIDER TAXONOMY CODE MIS/MATCH FOR CLAIM DATE OF SERVICE - HDR
ESC CRITERIA: **LEGACY CRITERIA:**	IF THE FIRST DATE OF SERVICE ON THE CLAIM IS NOT WITHIN THE EFFECTIVE AND END DATE FOR THE BILLING PROVIDER AND TAXONOMY CODE, POST THE EDIT. T_PR_TAXONOMY TABLE NA
EOB CODES:	1862 – BILLING PROVIDER TAXONOMY CODE MIS/MATCH FOR CLAIM DATE OF SERVICE
METHOD OF CORRECTION:	THIS EDIT IS SET TO PAY-LIST FOR ALL REGIONS.

3.208 1863

DMS approved 05/13/2008

ERROR STATUS CODE:	1863	**CLAIM TYPE:**	B, D, AND M ONLY
HEADER/DETAIL:	HEADER	**PROVIDER TYPE:**	INCLUDE ONLY – 13, 17, 20, 21, 27, 28, 30, 31, 33, 35, 36, 37, 40, 43, 45, 50, 52, 54 (B ONLY), 55, 60, 61, 64, 65, 70, 74, 77, 78, 80, 82, 85, 86, 87, 88, 89, 90, AND 95
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	PROFESSIONAL AND DENTAL EDI AND PAPER ONLY
DATA CORRECTABLE:	NO	**CLAIM FIELD LABEL:**	RENDERING

ESC NAME:	RENDERING PROVIDER TAXONOMY CODE MIS/MATCH FOR CLAIM DATE OF SERVICE - HDR
ESC CRITERIA: **LEGACY CRITERIA:**	IF THE FIRST DATE OF SERVICE ON THE CLAIM IS NOT WITHIN THE EFFECTIVE AND END DATE FOR THE RENDERING PROVIDER AND TAXONOMY CODE, POST THE EDIT. T_PR_TAXONOMY TABLE NA
EOB CODES:	1863 – RENDERING PROVIDER TAXONOMY CODE MIS/MATCH FOR CLAIM DATE OF SERVICE
METHOD OF CORRECTION:	THIS EDIT IS SET TO PAY-LIST FOR ALL REGIONS.

3.209 1864

DMS approved 05/13/2008

ERROR STATUS CODE:	1864	**CLAIM TYPE:**	B AND M ONLY
HEADER/DETAIL:	HEADER	**PROVIDER TYPE:**	INCLUDE ONLY – 13, 17, 20, 21, 27, 28, 30, 31, 33, 35, 36, 37, 40, 43, 45, 50, 52, 54 (B ONLY), 55, 64, 65, 70, 74, 77, 78, 80, 82, 85, 86, 87, 88, 89, 90, AND 95
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	PROFESSIONAL EDI AND PAPER ONLY
DATA CORRECTABLE:	NO	**CLAIM FIELD LABEL:**	RENDERING

ESC NAME:	REFERRING PROVIDER TAXONOMY CODE MIS/MATCH FOR CLAIM DATE OF SERVICE - HDR
ESC CRITERIA: **LEGACY CRITERIA:**	IF THE FIRST DATE OF SERVICE ON THE CLAIM IS NOT WITHIN THE EFFECTIVE AND END DATE FOR THE REFERRING PROVIDER AND TAXONOMY CODE, POST THE EDIT. T_PR_TAXONOMY TABLE NA
EOB CODES:	1864 – REFERRING PROVIDER TAXONOMY CODE MIS/MATCH FOR CLAIM DATE OF SERVICE
METHOD OF CORRECTION:	THIS EDIT IS SET TO PAY-LIST FOR ALL REGIONS.

3.210 1866

DMS approved 05/13/2008

ERROR STATUS CODE:	1866	CLAIM TYPE:	B AND M ONLY
HEADER/DETAIL:	DETAIL	PROVIDER TYPE:	INCLUDE ONLY – 13, 17, 20, 21, 27, 28, 30, 31, 33, 35, 36, 37, 40, 43, 45, 50, 52, 54 (B ONLY), 55, 64, 65, 70, 74, 77, 78, 80, 82, 85, 86, 87, 88, 89, 90, AND 95
OVERRIDEABLE:	NO	TYPE OF DOCUMENT:	PROFESSIONAL EDI AND PAPER ONLY
DATA CORRECTABLE:	NO	CLAIM FIELD LABEL:	RENDERING

ESC NAME:	RENDERING PROVIDER TAXONOMY CODE MIS/MATCH FOR CLAIM DATE OF SERVICE - HDR
ESC CRITERIA: LEGACY CRITERIA:	IF THE FIRST DATE OF SERVICE ON THE CLAIM IS NOT WITHIN THE EFFECTIVE AND END DATE FOR THE RENDERING PROVIDER AND TAXONOMY CODE, POST THE EDIT. T_PR_TAXONOMY TABLE NA
EOB CODES:	1866 – RENDERING PROVIDER TAXONOMY CODE MIS/MATCH FOR CLAIM DATE OF SERVICE
METHOD OF CORRECTION:	THIS EDIT IS SET TO PAY-LIST FOR ALL REGIONS.

3.212 1870

DMS approved 05/08/2012

ERROR STATUS CODE:	1870	**CLAIM TYPE:**	ALL
HEADER/DETAIL:	HEADER	**PROVIDER TYPE:**	ALL – EXCEPT 15, 22, 23, 24, 29, 56, 57, 58, and 96
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	EDI AND PAPER ONLY
DATA CORRECTABLE:	NO	**CLAIM FIELD LABEL:**	BILLING
ESC NAME:	BILLING PROVIDER SUBMITTING NPI AND LEGACY – LEGACY IS NOT PROCESSED - HDR		
ESC CRITERIA:	IF THE BILLING PROVIDER SUBMITTED AN NPI AND A LEGACY NUMBER, POST THE EDIT.		
EOB CODES:	1870 – BILLING PROVIDER SUBMITTED NPI AND LEGACY NUMBER – LEGACY NUMBER NOT PROCESSED.		
METHOD OF CORRECTION:	THIS EDIT IS SET TO PAY & LIST FOR ALL REGIONS.		

3.213 1871

DMS approved 05/08/2012

ERROR STATUS CODE:	1871	**CLAIM TYPE:**	PROFESSIONAL AND DENTAL
HEADER/DETAIL:	HEADER	**PROVIDER TYPE:**	ALL – EXCEPT 15, 22, 23, 24, 29, 56, 57, 58, and 96
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	EDI AND PAPER ONLY
DATA CORRECTABLE:	NO	**CLAIM FIELD LABEL:**	REFERRING
ESC NAME:	REFERRING PROVIDER SUBMITTING NPI AND LEGACY – LEGACY IS NOT PROCESSED - HDR		
ESC CRITERIA:	IF THE REFERRING PROVIDER SUBMITTED AN NPI AND A LEGACY NUMBER, POST THE EDIT.		
EOB CODES:	1871 – REFERRING PROVIDER SUBMITTED NPI AND LEGACY NUMBER – LEGACY NUMBER NOT PROCESSED.		
METHOD OF CORRECTION:	THIS EDIT IS SET TO PAY & LIST FOR ALL REGIONS.		

3.214 1872

DMS approved 05/08/2012

ERROR STATUS CODE:	1872	**CLAIM TYPE:**	PROFESSIONAL AND DENTAL
HEADER/DETAIL:	HEADER	**PROVIDER TYPE:**	ALL – EXCEPT 15, 22, 23, 24, 29, 56, 57, 58, and 96
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	EDI AND PAPER ONLY
DATA CORRECTABLE:	NO	**CLAIM FIELD LABEL:**	RENDERING
ESC NAME:	RENDERING PROVIDER SUBMITTING NPI AND LEGACY – LEGACY IS NOT PROCESSED - HDR		
ESC CRITERIA:	IF THE RENDERING PROVIDER SUBMITTED AN NPI AND A LEGACY NUMBER, POST THE EDIT.		
EOB CODES:	1872 – RENDERING PROVIDER SUBMITTED NPI AND LEGACY NUMBER – LEGACY NUMBER NOT PROCESSED.		
METHOD OF CORRECTION:	THIS EDIT IS SET TO PAY & LIST FOR ALL REGIONS.		

3.215 1873

DMS approved 05/08/2012

ERROR STATUS CODE:	1873	**CLAIM TYPE:**	PROFESSIONAL
HEADER/DETAIL:	HEADER	**PROVIDER TYPE:**	ALL – EXCEPT 15, 22, 23, 24, 29, 56, 57, 58, and 96
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	EDI AND PAPER ONLY
DATA CORRECTABLE:	NO	**CLAIM FIELD LABEL:**	SERVICE FACILITY
ESC NAME:	SERVICE FACILITY PROVIDER SUBMITTING NPI AND LEGACY – LEGACY IS NOT PROCESSED – HDR		
ESC CRITERIA:	IF THE SERVICE FACILITY PROVIDER SUBMITTED AN NPI AND A LEGACY NUMBER, POST THE EDIT.		
EOB CODES:	1873 – SERVICE FACILITY PROVIDER SUBMITTED NPI AND LEGACY NUMBER – LEGACY NUMBER NOT PROCESSED.		
METHOD OF CORRECTION:	THIS EDIT IS SET TO PAY & LIST FOR ALL REGIONS.		

3.216 1874

DMS approved 05/08/2012

ERROR STATUS CODE:	1874	**CLAIM TYPE:**	INSTITUTIONAL
HEADER/DETAIL:	HEADER	**PROVIDER TYPE:**	ALL – EXCEPT 15, 22, 23, 24, 29, 56, 57, 58, and 96
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	EDI AND PAPER ONLY
DATA CORRECTABLE:	NO	**CLAIM FIELD LABEL:**	OTHER PROVIDER 2
ESC NAME:	OTHER PROVIDER 2 SUBMITTING NPI AND LEGACY – LEGACY IS NOT PROCESSED - HDR		
ESC CRITERIA:	IF THE OTHER PROVIDER 2 PROVIDER SUBMITTED AN NPI AND A LEGACY NUMBER, POST THE EDIT.		
EOB CODES:	1874 – OTHER PROVIDER 2 PROVIDER SUBMITTED NPI AND LEGACY NUMBER – LEGACY NUMBER NOT PROCESSED.		
METHOD OF CORRECTION:	THIS EDIT IS SET TO PAY & LIST FOR ALL REGIONS.		

3.217 1875

DMS approved 05/08/2012

ERROR STATUS CODE:	1875	**CLAIM TYPE:**	PROFESSIONAL
HEADER/DETAIL:	DETAIL	**PROVIDER TYPE:**	ALL – EXCEPT 15, 22, 23, 24, 29, 56, 57, 58, and 96
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	EDI AND PAPER ONLY
DATA CORRECTABLE:	NO	**CLAIM FIELD LABEL:**	RENDERING
ESC NAME:	RENDERING PROVIDER SUBMITTING NPI AND LEGACY – LEGACY IS NOT PROCESSED - DTL		
ESC CRITERIA:	IF THE RENDERING PROVIDER SUBMITTED AN NPI AND A LEGACY NUMBER, POST THE EDIT.		
EOB CODES:	1875 – RENDERING PROVIDER SUBMITTED NPI AND LEGACY NUMBER – LEGACY NUMBER NOT PROCESSED.		
METHOD OF CORRECTION:	THIS EDIT IS SET TO PAY & LIST FOR ALL REGIONS.		

3.218 1876

DMS approved 05/08/2012

ERROR STATUS CODE:	1876	**CLAIM TYPE:**	PROFESSIONAL
HEADER/DETAIL:	DETAIL	**PROVIDER TYPE:**	ALL – EXCEPT 15, 22, 23, 24, 29, 56, 57, 58, and 96
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	EDI
DATA CORRECTABLE:	NO	**CLAIM FIELD LABEL:**	REFERRING
ESC NAME:	REFERRING PROVIDER SUBMITTING NPI AND LEGACY – LEGACY IS NOT PROCESSED - DTL		
ESC CRITERIA:	IF THE REFERRING PROVIDER SUBMITTED AN NPI AND A LEGACY NUMBER, POST THE EDIT.		
EOB CODES:	1876 – REFERRING PROVIDER SUBMITTED NPI AND LEGACY NUMBER – LEGACY NUMBER NOT PROCESSED.		
METHOD OF CORRECTION:	THIS EDIT IS SET TO PAY & LIST FOR ALL REGIONS.		

3.219 1877

DMS approved 05/08/2012

ERROR STATUS CODE:	1877	**CLAIM TYPE:**	INSTITUTIONAL
HEADER/DETAIL:	HEADER	**PROVIDER TYPE:**	ALL – EXCEPT 15, 22, 23, 24, 29, 56, 57, 58, and 96
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	EDI
DATA CORRECTABLE:	NO	**CLAIM FIELD LABEL:**	OTHER PROVIDER 2
ESC NAME:	OTHER PROVIDER 2 SUBMITTING NPI AND LEGACY – LEGACY IS NOT PROCESSED - HDR		
ESC CRITERIA:	IF THE OTHER PROVIDER 2 PROVIDER SUBMITTED AN NPI AND A LEGACY NUMBER, POST THE EDIT.		
EOB CODES:	1877 – OTHER PROVIDER 2 PROVIDER SUBMITTED NPI AND LEGACY NUMBER – LEGACY NUMBER NOT PROCESSED.		
METHOD OF CORRECTION:	THIS EDIT IS SET TO PAY & LIST FOR ALL REGIONS.		

3.220 1878

DMS approved 05/08/2012

ERROR STATUS CODE:	1878	**CLAIM TYPE:**	P, Q
HEADER/DETAIL:	HEADER	**PROVIDER TYPE:**	54
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	ENCOUNTERS ONLY
DATA CORRECTABLE:	NO	**CLAIM FIELD LABEL:**	PRESCRIBING PROVIDER
ESC NAME:	PRESCRIBING NPI IS INVALID		
ESC CRITERIA:	IF THE PRESCRIBER'S NPI IS NOT A TEN DIGIT NPI NUMBER, POST THE EDIT.		
EOB CODES:	1878 – PRESCRIBER'S NPI IS INVALD.		
METHOD OF CORRECTION:	N/A (REGIONS ARE SET AS THRESHOLD OR PAY AND LIST.)		
	EDIT ADDED PER CO 11516.		

3.221 1879

DMS approved 05/08/2012

ERROR STATUS CODE:	1879	**CLAIM TYPE:**	P, Q
HEADER/DETAIL:	HEADER	**PROVIDER TYPE:**	54
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	ENCOUNTERS ONLY
DATA CORRECTABLE:	NO	**CLAIM FIELD LABEL:**	PRESCRIBING PROVIDER
ESC NAME:	PRESCRIBING NPI IS MISSING		
ESC CRITERIA:	IF THE PRESCRIBER'S NPI IS NOT ON THE ENCOUNTER CLAIM, POST THE EDIT.		
EOB CODES:	1879 – PRESCRIBER'S NPI IS MISSING.		
METHOD OF CORRECTION:	N/A (REGIONS ARE SET AS THRESHOLD OR PAY AND LIST.)		
	EDIT ADDED PER CO 11516.		

3.222 1880

DMS approved 05/08/2012

ERROR STATUS CODE:	1880	**CLAIM TYPE:**	P, Q
HEADER/DETAIL:	HEADER	**PROVIDER TYPE:**	54
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	ENCOUNTERS ONLY
DATA CORRECTABLE:	NO	**CLAIM FIELD LABEL:**	PRESCRIBING PROVIDER
ESC NAME:	PRESCRIBER'S NPI IS NOT ON FILE		
ESC CRITERIA:	IF THE PRESCRIBER'S NPI IS NOT ON FILE, POST THE EDIT.		
EOB CODES:	1880 – PRESCRIBER'S NPI IS NOT ON FILE.		
METHOD OF CORRECTION:	N/A (REGIONS ARE SET TO PAY AND LIST.)		
	EDIT ADDED PER CO 11516.		

3.223 1902

DMS approved 05/082012

ERROR STATUS CODE:	1902	**CLAIM TYPE:**	ALL
HEADER/DETAIL:	HEADER	**PROVIDER TYPE:**	ALL – EXCEPT 15, 22, 23, 24, 29, 56, 57, 58, and 96
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	ALL
DATA CORRECTABLE:	NO	**CLAIM FIELD LABEL:**	BILLING, REFERRING, RENDERING, FACILITY, OTHER 2 PROVIDER
ESC NAME:	KY MEDICAID NUMBER SUBMITTED ON CLAIM OR CROSS-MATCHED FROM NPI, NOT ELIGIBLE FOR DATES OF SERVICE SUBMITTED ON CLAIM - HDR		
ESC CRITERIA:	IF THE BILLING, RENDERING, FACILITY, OTHER 2 PROVIDER IS SUBMITTED AS THE LEGACY PROVIDER ID AND THE CLAIM DATES OF SERVICE ARE NOT WITHIN CONTRACT EFFECTIVE AND END DATES OR THE PROVIDER IDENTIFIER EFFECTIVE AND END DATES, POST THE EDIT.		
EOB CODES:	1902 – KY HEALTH CHOICES MEDICAID NUMBER NOT ELIGIBLE FOR CLAIM DATES OF SERVICE SUBMITTED.		
METHOD OF CORRECTION:	THIS EDIT IS SET TO DENY FOR ALL REGIONS.		

3.224 1903

DMS approved 05/082012

ERROR STATUS CODE:	1903	**CLAIM TYPE:**	ALL
HEADER/DETAIL:	DETAIL	**PROVIDER TYPE:**	ALL – EXCEPT 15, 22, 23, 24, 29, 56, 57, 58, and 96
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	ALL
DATA CORRECTABLE:	NO	**CLAIM FIELD LABEL:**	REFERRING, RENDERING, FACILITY, OTHER 2 PROVIDER
ESC NAME:	KY MEDICAID NUMBER SUBMITTED ON CLAIM OR CROSS-MATCHED FROM NPI, NOT ELIGIBLE FOR DATES OF SERVICE SUBMITTED ON CLAIM - DTL		
ESC CRITERIA:	IF THE RENDERING, FACILITY, OTHER 2 PROVIDER IS SUBMITTED A LEGACY ONLY KY MEDICAID NUMBER AND THE CLAIM DATES OF SERVICE ARE NOT WITHIN A CONTRACT EFFECTIVE AND END DATES OR THE PROVIDER IDENTIFIER EFFECTIVE AND END DATES, POST THE EDIT.		
EOB CODES:	1903 – KY HEALTH CHOICES MEDICAID NUMBER NOT ELIGIBLE FOR CLAIM DATES OF SERVICE SUBMITTED.		
METHOD OF CORRECTION:	THIS EDIT IS SET TO DENY FOR ALL REGIONS.		

3.225 1904

DMS approved 05/082012

ERROR STATUS CODE:	1904	**CLAIM TYPE:**	ALL
HEADER/DETAIL:	HEADER	**PROVIDER TYPE:**	ALL – EXCEPT 15, 22, 23, 24, 29, 56, 57, 58, and 96
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	ALL
DATA CORRECTABLE:	NO	**CLAIM FIELD LABEL:**	BILLING, REFERRING, RENDERING, FACILITY, OTHER 2 PROVIDER
ESC NAME:	NPI AND LEGACY – NPI NOT ELIGIBLE FOR DATE OF SERVICE - HDR		
ESC CRITERIA:	IF THE BILLING, RENDERING, FACILITY, OTHER 2 PROVIDER SUBMITTED AN NPI AND A LEGACY NUMBER ON THE CLAIM AND THE NPI IS NOT ELIGIBLE FOR THE PROVIDER IDENTIFIER EFFECTIVE AND END DATES FOR THE OR THE CONTRACT EFFECTIVE AND END DATES FOR THE CLAIM SUBMITTED DATES OF SERVICE, POST THE EDIT.		
EOB CODES:	1904 – WARNING - NPI AND KY HEALTH CHOICES MEDICAID NUMBER SUBMITTED ON CLAIM – NPI IS NOT ELIGIBLE FOR THE CLAIM SUBMITTED DATES OF SERVICE.		
METHOD OF CORRECTION:	THIS EDIT IS SET TO PAY-LIST FOR ALL REGIONS.		

3.226 1905

DMS approved 05/082012

ERROR STATUS CODE:	1905	**CLAIM TYPE:**	ALL
HEADER/DETAIL:	DETAIL	**PROVIDER TYPE:**	ALL – EXCEPT 15, 22, 23, 24, 29, 56, 57, 58, and 96
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	ALL
DATA CORRECTABLE:	NO	**CLAIM FIELD LABEL:**	REFERRING, RENDERING, FACILITY, OTHER 2 PROVIDER
ESC NAME:	NPI AND LEGACY – NPI NOT ELIGIBLE FOR DATE OF SERVICE - DTL		
ESC CRITERIA:	IF THE RENDERING, FACILITY, OTHER 2 PROVIDER SUBMITTED AN NPI AND A LEGACY NUMBER ON THE CLAIM AND THE NPI IS NOT ELIGIBLE FOR THE PROVIDER IDENTIFIER EFFECTIVE AND END DATES FOR THE OR THE CONTRACT EFFECTIVE AND END DATES FOR THE CLAIM SUBMITTED DATES OF SERVICE, POST THE EDIT.		
EOB CODES:	1905 – WARNING - NPI AND KY HEALTH CHOICES MEDICAID NUMBER SUBMITTED ON CLAIM – NPI IS NOT ELIGIBLE FOR THE CLAIM SUBMITTED DATES OF SERVICE.		
METHOD OF CORRECTION:	THIS EDIT IS SET TO PAY-LIST FOR ALL REGIONS.		

3.227 1906

DMS approved 05/082012

ERROR STATUS CODE:	1906	**CLAIM TYPE:**	ALL
HEADER/DETAIL:	HEADER	**PROVIDER TYPE:**	ALL – EXCEPT 15, 22, 23, 24, 29, 56, 57, 58, and 96
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	ALL
DATA CORRECTABLE:	NO	**CLAIM FIELD LABEL:**	BILLING, REFERRING, RENDERING, FACILITY, OTHER 2 PROVIDER
ESC NAME:	IF NPI IS NOT PRESENT FOR MCD IT HAS NOT BEEN REGISTERED WITH KY HEALTH CHOICES –HDR		
ESC CRITERIA:	IF THE BILLING, RENDERING, FACILITY, OTHER 2 PROVIDER SUBMITTED AN NPI AND LEGACY NUMBER AND THE NPI IS NOT ON FILE, POST THE EDIT.		
EOB CODES:	1906 – WARNING – LEGACY AND NPI SUBMITTED ON CLAIM, HOWEVER, NPI NOT REGISTERED WITH KY HEALTH CHOICES FOR LEGACY NUMBER SUBMITTED. PLEASE VERIFY YOUR NPI NUMBER WITH KY HEALTH CHOICES.		
METHOD OF CORRECTION:	THIS EDIT IS SET TO PAY-LIST FOR ALL REGIONS.		

3.228 1907

DMS approved 05/082012

ERROR STATUS CODE:	1907	**CLAIM TYPE:**	ALL
HEADER/DETAIL:	DETAIL	**PROVIDER TYPE:**	ALL – EXCEPT 15, 22, 23, 24, 29, 56, 57, 58, and 96
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	ALL
DATA CORRECTABLE:	NO	**CLAIM FIELD LABEL:**	REFERRING, RENDERING, FACILITY, OTHER 2 PROVIDER
ESC NAME:	IF NPI IS NOT PRESENT FOR MCD IT HAS NOT BEEN REGISTERED WITH KY HEALTH CHOICES –DTL		
ESC CRITERIA:	IF THE RENDERING, FACILITY, OTHER 2 PROVIDER SUBMITTED AN NPI AND LEGACY NUMBER AND THE NPI IS NOT ON FILE, POST THE EDIT.		
EOB CODES:	1906 – WARNING – LEGACY AND NPI SUBMITTED ON CLAIM, HOWEVER, NPI NOT REGISTERED WITH KY HEALTH CHOICES FOR LEGACY NUMBER SUBMITTED. PLEASE VERIFY YOUR NPI NUMBER WITH KY HEALTH CHOICES.		
METHOD OF CORRECTION:	THIS EDIT IS SET TO PAY-LIST FOR ALL REGIONS.		

3.229 1908

DMS approved 05/13/2008

ERROR STATUS CODE:	1908	**CLAIM TYPE:**	ALL
HEADER/DETAIL:	HEADER	**PROVIDER TYPE:**	ALL – EXCEPT 15, 22, 23, 24, 29, 56, 57, 58, and 96
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	ALL EDI ONLY
DATA CORRECTABLE:	NO	**CLAIM FIELD LABEL:**	BILLING

ESC NAME:	NPI ONLY SUBMITTED ON CLAIM – NPI NOT ON FILE - HDR
ESC CRITERIA: **LEGACY CRITERIA:**	IF THE BILLING, PROVIDER SUBMITTED AN NPI ONLY AND IS NOT ON FILE, POST THE EDIT. SET BILLING PROVIDER NUMBER TO 99999997 AS A DEFAULT NUMBER NA
EOB CODES:	1908 –BILLING NPI ONLY SUBMITTED ON CLAIM. NPI IS NOT ON FILE
METHOD OF CORRECTION:	THIS EDIT IS SET TO DENY FOR ALL REGIONS.

3.230 1910

DMS approved 05/08/2012

ERROR STATUS CODE:	1910	**CLAIM TYPE:**	ALL
HEADER/DETAIL:	HEADER	**PROVIDER TYPE:**	ALL – EXCEPT 15, 22, 23, 24, 29, 56, 57, 58, and 96
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	ALL
DATA CORRECTABLE:	NO	**CLAIM FIELD LABEL:**	BILLING, REFERRING, RENDERING, FACILITY, OTHER 2 PROVIDER
ESC NAME:	NPI ONLY SUBMITTED ON CLAIM – NPI NOT ELIGIBLE FOR CLAIM SUBMITTED DATES OF SERVICE - HDR		
ESC CRITERIA:	IF THE BILLING, RENDERING, SERVICE FACILITY, OR OTHER 2 PROVIDER NPI ONLY SUBMITTED, NPI IS NOT ELIGIBLE FOR THE PROVIDER IDENTIFIER EFFECTIVE AND END DATES FOR THE OR THE CONTRACT EFFECTIVE AND END DATES FOR THE CLAIM SUBMITTED DATES OF SERVICE, POST THE EDIT.		
EOB CODES:	1910 – NPI ONLY SUBMITTED ON CLAIM AT HEADER – NPI IS NOT ELIGIBLE FOR THE DATES OF SERVICE SUBMITTED ON CLAIM.		
METHOD OF CORRECTION:	THIS EDIT IS SET TO DENIY FOR ALL REGIONS EXCEPT PHARMACY ENCOUNTERS. PER DEFECT 15034 REGIONS 70, 71, 75, AND 78 ARE SET TO THRESHOLD.		

3.231 1911

DMS approved 05/08/2012

ERROR STATUS CODE:	1911	**CLAIM TYPE:**	ALL
HEADER/DETAIL:	DETAIL	**PROVIDER TYPE:**	ALL – EXCEPT 15, 22, 23, 24, 29, 56, 57, 58, and 96
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	ALL
DATA CORRECTABLE:	NO	**CLAIM FIELD LABEL:**	REFERRING, RENDERING, FACILITY, OTHER 2 PROVIDER
ESC NAME:	NPI ONLY SUBMITTED ON CLAIM – NPI NOT ELIGIBLE FOR CLAIM SUBMITTED DATES OF SERVICE - DTL		
ESC CRITERIA:	IF THE BILLING, RENDERING, SERVICE FACILITY, OR OTHER 2 PROVIDER NPI ONLY SUBMITTED, NPI IS NOT ELIGIBLE FOR THE PROVIDER IDENTIFIER EFFECTIVE AND END DATES FOR THE OR THE CONTRACT EFFECTIVE AND END DATES FOR THE CLAIM SUBMITTED DATES OF SERVICE, POST THE EDIT.		
EOB CODES:	1911 – NPI ONLY SUBMITTED ON CLAIM AT DETAIL – NPI IS NOT ELIGIBLE FOR THE DATES OF SERVICE SUBMITTED ON CLAIM.		
METHOD OF CORRECTION:	THIS EDIT IS SET TO DENIY FOR ALL REGIONS EXCEPT PHARMACY ENCOUNTERS. PER DEFECT 15034 REGIONS 70, 71, 75, AND 78 ARE SET TO THRESHOLD.		

3.232 1912

DMS approved 05/08/2012

ERROR STATUS CODE:	1912	**CLAIM TYPE:**	ALL
HEADER/DETAIL:	HEADER	**PROVIDER TYPE:**	ALL
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	ALL
DATA CORRECTABLE:	NO	**CLAIM FIELD LABEL:**	BILLING, REFERRING, RENDERING, FACILITY, OTHER 2 PROVIDER
ESC NAME:	WARNING – TAXONOMY CODE SUBMITTED ON CLAIM IS NOT A VALID CODE - HDR		
ESC CRITERIA:	IF THE BILLING, RENDERING, FACILITY, OTHER 2 PROVIDER SUBMITTED A TAXONOMY CODE AND THE CODE IS NOT IN THE TAXONOMY CODE TABLE, POST THE EDIT.		
EOB CODES:	1912 – WARNING – SUBMITTED TAXONOMY CODE AT HEADER IS NOT A VALID CODE – CHECK FOR VALID TAXONOMY CODES AT WWW.WPC.EDI.COM.		
METHOD OF CORRECTION:	THIS EDIT IS SET TO PAY-LIST FOR ALL REGIONS.		

3.233 1913

DMS approved 05/08/2012

ERROR STATUS CODE:	1913	**CLAIM TYPE:**	ALL
HEADER/DETAIL:	DETAIL	**PROVIDER TYPE:**	ALL
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	ALL
DATA CORRECTABLE:	NO	**CLAIM FIELD LABEL:**	REFERRING, RENDERING, FACILITY, OTHER 2 PROVIDER
ESC NAME:	WARNING – TAXONOMY CODE SUBMITTED ON CLAIM IS NOT A VALID CODE - DTL		
ESC CRITERIA:	IF THE RENDERING, FACILITY, OTHER 2 PROVIDER SUBMITTED A TAXONOMY CODE AND THE CODE IS NOT IN THE TAXONOMY CODE TABLE, POST THE EDIT.		
EOB CODES:	1913 – WARNING – SUBMITTED TAXONOMY CODE AT DETAIL IS NOT A VALID CODE – CHECK FOR VALID TAXONOMY CODES AT WWW.WPC.EDI.COM.		
METHOD OF CORRECTION:	THIS EDIT IS SET TO PAY-LIST FOR ALL REGIONS.		

3.234 1914

DMS approved 05/08/2012

ERROR STATUS CODE:	1914	**CLAIM TYPE:**	ALL
HEADER/DETAIL:	HEADER	**PROVIDER TYPE:**	ALL – EXCEPT 15, 22, 23, 24, 29, 56, 57, 58, and 96
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	ALL
DATA CORRECTABLE:	NO	**CLAIM FIELD LABEL:**	REFERRING, SERVICE FACILITY, RENDERING, OTHER PROVIDER 2
ESC NAME:	PROVIDER NPI NOT ON FILE - HDR		
ESC CRITERIA:	IF THE NON-BILLING PROVIDER NPI NUMBER IS NOT ON FILE AND THE BILLING PROVIDER WAS NOT ON FILE, POST THE EDIT. SET BILLING PROVIDER ID TO DEFAULT TO 99999997. SET NON-BILLING PROVIDER TO DEFAULT TO 99999997.		
EOB CODES:	1914 – PROVIDER NPI NOT ON KY HEALTH CHOICES FILE.		
METHOD OF CORRECTION:	THIS EDIT IS SET TO SUSPEND FOR ALL REGIONS.		

3.235 1915

DMS approved 05/08/2012

ERROR STATUS CODE:	1915	**CLAIM TYPE:**	ALL
HEADER/DETAIL:	DETAIL	**PROVIDER TYPE:**	ALL – EXCEPT 15, 22, 23, 24, 29, 56, 57, 58, and 96
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	ALL
DATA CORRECTABLE:	NO	**CLAIM FIELD LABEL:**	REFERRING, RENDERING
ESC NAME:	PROVIDER NPI NOT ON FILE - DTL		
ESC CRITERIA:	IF THE NON-BILLING PROVIDER NPI NUMBER IS NOT ON FILE AND THE BILLING PROVIDER WAS NOT ON FILE, POST THE EDIT. SET BILLING PROVIDER ID TO DEFAULT TO 99999997. SET NON-BILLING PROVIDER TO DEFAULT TO 99999997.		
EOB CODES:	1915 – PROVIDER NPI NOT ON FILE.		
METHOD OF CORRECTION:	THIS EDIT IS SET TO SUSPEND FOR ALL REGIONS.		

3.236 1916

DMS approved 05/08/2012

ERROR STATUS CODE:	1916	**CLAIM TYPE:**	ALL
HEADER/DETAIL:	HEADER	**PROVIDER TYPE:**	ALL – EXCEPT 15, 22, 23, 24, 29, 56, 57, 58, and 96
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	ALL
DATA CORRECTABLE:	NO	**CLAIM FIELD LABEL:**	REFERRING, SERVICE FACILITY , RENDERING
ESC NAME:	PROVIDER NPI NOT ON FILE, BILLING PROVIDER FOUND		
ESC CRITERIA:	IF THE PROVIDER NPI IS NOT ON FILE, BUT THE BILLING PROVIDER NPI WAS ON FILE, POST THE EDIT.		
EOB CODES:	1917 – PROVIDER NPI NOT ON FILE.		
METHOD OF CORRECTION:	THIS EDIT IS SET TO DENY FOR ALL REGIONS.		

3.237 1917

DMS approved 05/08/2012

ERROR STATUS CODE:	1917	**CLAIM TYPE:**	ALL
HEADER/DETAIL:	DETAIL	**PROVIDER TYPE:**	ALL – EXCEPT 15, 22, 23, 24, 29, 56, 57, 58, and 96
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	ALL
DATA CORRECTABLE:	NO	**CLAIM FIELD LABEL:**	REFERRING, SERVICE FACILITY , RENDERING
ESC NAME:	PROVIDER NPI NOT ON FILE, BILLING PROVIDER FOUND		
ESC CRITERIA:	IF THE PROVIDER NPI IS NOT ON FILE, BUT THE BILLING PROVIDER NPI WAS ON FILE, POST THE EDIT.		
EOB CODES:	1917 – PROVIDER NPI NOT ON FILE.		
METHOD OF CORRECTION:	THIS EDIT IS SET TO DENY FOR ALL REGIONS.		

3.238 1918

DMS approved 05/13/2008

ERROR STATUS CODE:	1918	**CLAIM TYPE:**	ALL
HEADER/DETAIL:	HEADER	**PROVIDER TYPE:**	ALL – EXCEPT 15, 22, 23, 24, 29, 56, 57, 58, and 96
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	ALL EDI AND PAPER ONLY
DATA CORRECTABLE:	NO	**CLAIM FIELD LABEL:**	BILLING

ESC NAME:	BILLING PROVIDER NUMBER 5 DIGIT ZIP CODE DOES NOT MATCH THE 5 DIGIT ZIP CODE ON FILE - HDR
ESC CRITERIA: **LEGACY CRITERIA:**	IF THE BILLING PROVIDER 5 DIGIT ZIP CODE SUBMITTED ON THE CLAIM DOES NOT MATCH THE 5 DIGIT ZIP CODE ON THE PROVIDER FILE, POST THE EDIT. NA
EOB CODES:	1918 – WARNING – BILLING PROVIDER 5 DIGIT ZIP CODE DOES NOT MATCH WHAT IS REGISTERED WITH KY MEDICAID – PLEASE VERIFY YOUR 5 DIGIT ZIP CODE WITH KY MEDICAID
METHOD OF CORRECTION:	THIS EDIT IS SET TO PAY-LIST FOR ALL REGIONS.

3.239 1919

DMS approved 05/13/2008

ERROR STATUS CODE:	1919	**CLAIM TYPE:**	ALL
HEADER/DETAIL:	DETAIL	**PROVIDER TYPE:**	ALL – EXCEPT 15, 22, 23, 24, 29, 56, 57, 58, and 96
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	ALL EDI AND PAPER ONLY
DATA CORRECTABLE:	NO	**CLAIM FIELD LABEL:**	BILLING

ESC NAME:	BILLING PROVIDER NUMBER 5 + 4 DIGIT ZIP CODE DOES NOT MATCH THE 5 + 4 DIGIT ZIP CODE ON FILE - HDR
ESC CRITERIA: **LEGACY CRITERIA:**	IF THE BILLING PROVIDER 5 + 4 DIGIT ZIP CODE SUBMITTED ON THE CLAIM DOES NOT MATCH THE 5 + 4 DIGIT ZIP CODE ON THE PROVIDER FILE, POST THE EDIT. NA
EOB CODES:	1919 – WARNING – BILLING PROVIDER 5 + 4 DIGIT ZIP CODE DOES NOT MATCH WHAT IS REGISTERED WITH KY MEDICAID – PLEASE VERIFY YOUR 5 + 4 DIGIT ZIP CODE WITH KY MEDICAID
METHOD OF CORRECTION:	THIS EDIT IS SET TO PAY-LIST FOR ALL REGIONS.

3.240 1920

DMS approved 05/08/2012

ERROR STATUS CODE:	1920	**CLAIM TYPE:**	ALL
HEADER/DETAIL:	HEADER	**PROVIDER TYPE:**	ALL – EXCEPT 15, 22, 23, 24, 29, 56, 57, 58, and 96
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	ALL
DATA CORRECTABLE:	NO	**CLAIM FIELD LABEL:**	BILLING, REFERRING, RENDERING, FACILITY, OTHER 2 PROVIDER
ESC NAME:	LEGACY ONLY SUBMITTED– NPI MUST BE SUBMITTED AFTER MAY 22, 2008 - HDR		
ESC CRITERIA:	IF THE BILLING, RENDERING, FACILITY, OTHER 2 PROVIDER SUBMITTED A LEGACY NUMBER ONLY ON THE CLAIM, POST THE EDIT.		
EOB CODES:	1920 – WARNING - KENTUCKY MEDICAID NUMBER SUBMITTED ON CLAIM. A VALID NPI ONLY MUST BE SUBMITTED AFTER MAY 22, 2008.		
METHOD OF CORRECTION:	THIS EDIT IS SET TO PAY-LIST FOR ALL REGIONS.		

3.241 1921

DMS approved 05/08/2012

ERROR STATUS CODE:	1921	**CLAIM TYPE:**	ALL
HEADER/DETAIL:	DETAIL	**PROVIDER TYPE:**	ALL – EXCEPT 15, 22, 23, 24, 29, 56, 57, 58, and 96
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	ALL
DATA CORRECTABLE:	NO	**CLAIM FIELD LABEL:**	REFERRING, RENDERING, FACILITY, OTHER 2 PROVIDER
ESC NAME:	LEGACY ONLY SUBMITTED– NPI MUST BE SUBMITTED AFTER MAY 22, 2008 - HDR		
ESC CRITERIA:	IF THE RENDERING, FACILITY, OTHER 2 PROVIDER SUBMITTED A LEGACY NUMBER ONLY ON THE CLAIM, POST THE EDIT.		
EOB CODES:	1921 – WARNING - KENTUCKY MEDICAID NUMBER SUBMITTED ON CLAIM AT DETAIL – NPI ONLY MUST BE SUBMITTED AFTER MAY 22, 2008.		
METHOD OF CORRECTION:	THIS EDIT IS SET TO PAY-LIST FOR ALL REGIONS.		

3.242 1922

DMS approved 05/13/2008

ERROR STATUS CODE:	1922	**CLAIM TYPE:**	PROFESSIONAL ('M') ONLY
HEADER/DETAIL:	HEADER	**PROVIDER TYPE:**	INCLUDE ONLY – 13, 17, 20, 21, 27, 28, 30, 31, 33, 35, 36, 37, 40, 43, 45, 50, 52, 55, 64, 65, 70, 74, 77, 78, 80, 82, 85, 86, 87, 88, 89, 90, AND 95
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	PROFESSIONAL EDI AND PAPER ONLY
DATA CORRECTABLE:	NO	**CLAIM FIELD LABEL:**	SERVICE FACILITY

ESC NAME:	SERVICE FACILITY PROVIDER MANY TO ONE – MATCH ON SFL NOT FOUND ON FILE FOR 5 DIGIT ZIP CODE - HDR
ESC CRITERIA: **LEGACY CRITERIA:**	IF THE SERVICE FACILITY 5 DIGIT CODE IS NEEDED FOR CROSS-MATCH AND SFL 5 DIGIT ZIP CODE DOES NOT MATCH PROVIDER FILE 5 DIGIT ZIP CODE, POST THE EDIT. NA
EOB CODES:	1922 – MULTIPLE KY MEDICAID MATCHES FOUND FOR NPI SUBMITTED – SERVICE FACILITY 5 DIGIT ZIP CODE SUBMITTED ON CLAIM DOES NOT MATCH PROVIDER FILE 5 DIGIT ZIP CODE
METHOD OF CORRECTION:	THIS EDIT IS SET TO PAY-LIST FOR ALL REGIONS.

3.243 1923

DMS approved 05/13/2008

ERROR STATUS CODE:	1923	**CLAIM TYPE:**	PROFESSIONAL ('M') ONLY
HEADER/DETAIL:	HEADER	**PROVIDER TYPE:**	INCLUDE ONLY – 13, 17, 20, 21, 27, 28, 30, 31, 33, 35, 36, 37, 40, 43, 45, 50, 52, 55, 64, 65, 70, 74, 77, 78, 80, 82, 85, 86, 87, 88, 89, 90, AND 95
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	PROFESSIONAL EDI AND PAPER ONLY
DATA CORRECTABLE:	NO	**CLAIM FIELD LABEL:**	SERVICE FACILITY

ESC NAME:	SERVICE FACILITY PROVIDER MANY TO ONE – MATCH ON SFL NOT FOUND ON FILE FOR 5 + 4 DIGIT ZIP CODE - HDR
ESC CRITERIA: **LEGACY CRITERIA:**	IF THE SERVICE FACILITY 5 + 4 DIGIT CODE IS NEEDED FOR CROSS-MATCH AND SFL 5 + 4 DIGIT ZIP CODE DOES NOT MATCH PROVIDER FILE 5 + 4 DIGIT ZIP CODE, POST THE EDIT. NA
EOB CODES:	1923 – MULTIPLE KY MEDICAID MATCHES FOUND FOR NPI SUBMITTED – SERVICE FACILITY 5 + 4 DIGIT ZIP CODE SUBMITTED ON CLAIM DOES NOT MATCH PROVIDER FILE 5 + 4 DIGIT ZIP
METHOD OF CORRECTION:	THIS EDIT IS SET TO PAY-LIST FOR ALL REGIONS.

3.244 1924

DMS approved 05/058/2012

ERROR STATUS CODE:	1924	**CLAIM TYPE:**	ALL
HEADER/DETAIL:	HEADER	**PROVIDER TYPE:**	ALL – EXCEPT 15, 22, 23, 24, 29, 56, 57, 58, and 96
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	ALL
DATA CORRECTABLE:	NO	**CLAIM FIELD LABEL:**	BILLING PROVIDER, SERVICE FACILITY, REFERRING PROVIDER, RENDERING PROVIDER
ESC NAME:	TAXONOMY CODE FOR PROVIDER NOT VALID FOR CLAIM DATE OF SERVICE - HDR		
ESC CRITERIA:	IF THE TAXONOMY CODE IS NOT VALID FOR THE FIRST DATE OF SERVICE ON THE CLAIM, POST THE EDIT. T_PR_TAXONOMY_CDE TABLE		
EOB CODES:	1924 - TAXONOMY CODE FOR PROVIDER NOT VALID FOR CLAIM DATE OF SERVICE.		
METHOD OF CORRECTION:	THIS EDIT IS SET TO PAY-LIST FOR ALL REGIONS.		

3.245 1925

DMS approved 05/058/2012

ERROR STATUS CODE:	1925	**CLAIM TYPE:**	ALL
HEADER/DETAIL:	DETAIL	**PROVIDER TYPE:**	ALL – EXCEPT 15, 22, 23, 24, 29, 56, 57, 58, and 96
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	ALL
DATA CORRECTABLE:	NO	**CLAIM FIELD LABEL:**	BILLING PROVIDER, SERVICE FACILITY, REFERRING PROVIDER, RENDERING PROVIDER
ESC NAME:	TAXONOMY CODE FOR PROVIDER NOT VALID FOR CLAIM DATE OF SERVICE - DTL		
ESC CRITERIA:	IF THE TAXONOMY CODE IS NOT VALID FOR THE FIRST DATE OF SERVICE ON THE CLAIM, POST THE EDIT. T_PR_TAXONOMY_CDE TABLE		
EOB CODES:	1925 - TAXONOMY CODE FOR PROVIDER NOT VALID FOR CLAIM DATE OF SERVICE.		
METHOD OF CORRECTION:	THIS EDIT IS SET TO PAY-LIST FOR ALL REGIONS.		

3.246 1926

DMS approved 05/058/2012

ERROR STATUS CODE:	1926	**CLAIM TYPE:**	ALL
HEADER/DETAIL:	HEADER	**PROVIDER TYPE:**	ALL – EXCEPT 15, 22, 23, 24, 29, 56, 57, 58, and 96
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	ALL
DATA CORRECTABLE:	NO	**CLAIM FIELD LABEL:**	BILLING PROVIDER, SERVICE FACILITY, REFERRING PROVIDER, RENDERING PROVIDER
ESC NAME:	PROVIDER TAXONOMY CODE MIS/MATCH FOR CLAIM DATE OF SERVICE - HDR		
ESC CRITERIA:	IF THE FIRST DATE OF SERVICE ON THE CLAIM IS NOT WITHIN THE EFFECTIVE AND END DATE FOR THE PROVIDER AND TAXONOMY CODE, POST THE EDIT. T_PR_TAXONOMY TABLE		
EOB CODES:	1926 – PROVIDER TAXONOMY CODE MIS/MATCH FOR CLAIM DATE OF SERVICE.		
METHOD OF CORRECTION:	THIS EDIT IS SET TO PAY-LIST FOR ALL REGIONS.		

3.247 1927

DMS approved 05/058/2012

ERROR STATUS CODE:	1927	**CLAIM TYPE:**	ALL
HEADER/DETAIL:	HEADER	**PROVIDER TYPE:**	ALL – EXCEPT 15, 22, 23, 24, 29, 56, 57, 58, and 96
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	ALL
DATA CORRECTABLE:	NO	**CLAIM FIELD LABEL:**	BILLING PROVIDER, SERVICE FACILITY, REFERRING PROVIDER, RENDERING PROVIDER
ESC NAME:	PROVIDER TAXONOMY CODE MIS/MATCH FOR CLAIM DATE OF SERVICE - HDR		
ESC CRITERIA:	IF THE FIRST DATE OF SERVICE ON THE CLAIM IS NOT WITHIN THE EFFECTIVE AND END DATE FOR THE PROVIDER AND TAXONOMY CODE, POST THE EDIT. T_PR_TAXONOMY TABLE		
EOB CODES:	1927 – PROVIDER TAXONOMY CODE MIS/MATCH FOR CLAIM DATE OF SERVICE.		
METHOD OF CORRECTION:	THIS EDIT IS SET TO PAY-LIST FOR ALL REGIONS.		

3.248 1955

DMS approved 06/2007

ERROR STATUS CODE:	1955	**CLAIM TYPE:**	ALL
HEADER/DETAIL:	HEADER	**PROVIDER TYPE:**	ALL
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	ALL
DATA CORRECTABLE:	NO	**CLAIM FIELD LABEL:**	BILLING PROVIDER
ESC NAME:	CANNOT DETERMINE MEDICAID NUMBER FOR BILLING PROVIDER TO PROCESS CLAIM - HDR		
ESC CRITERIA:	IF THE BILLING PROVIDER HAS MULTIPLE SERVICE LOCATIONS AND A ONE TO ONE MATCH CANNOT BE DETERMINED, POST THE EDIT.		
EOB CODES:	1955 – CLAIM/SERVICE DENIED. THE BILLING PROVIDER NPI SUBMITTED ON THE CLAIM CANNOT BE USED TO UNIQUELY IDENTIFY THE BILLING PROVIDER.		
METHOD OF CORRECTION:	THIS EDIT IS SET TO AUTO-DENY FOR ALL REGIONS.		

3.249 1956 (FORMER LEGACY EDIT N/A)

DMS Approved 06/2007

ERROR STATUS CODE:	1956 (FORMER LEGACY EDIT N/A)	**CLAIM TYPE:**	ALL
HEADER/DETAIL:	HEADER	**PROVIDER TYPE:**	ALL
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	ALL
DATA CORRECTABLE:	NO	**CLAIM FIELD LABEL:**	REFERRING PROVIDER

ESC NAME:	CANNOT DETERMINE MEDICAID NUMBER FOR HEADER REFERRING PROVIDER TO PROCESS CLAIM - HDR
ESC CRITERIA: **LEGACY CRITERIA:**	IF THE HEADER REFERRING PROVIDER HAS MULTIPLE SERVICE LOCATIONS AND A ONE TO ONE MATCH CANNOT BE DETERMINED, POST THE EDIT. NA
EOB CODES:	1956 – CLAIM/SERVICE DENIED. THE REFERRING PROVIDER NPI SUBMITTED ON THE CLAIM CANNOT BE USED TO UNIQUELY IDENTIFY THE REFERRING PROVIDER.
METHOD OF CORRECTION:	THIS EDIT IS SET TO AUTO-DENY FOR ALL REGIONS.

3.250 1957 (FORMER LEGACY EDIT N/A)

DMS Approved 06/2007

ERROR STATUS CODE:	1957 (FORMER LEGACY EDIT N/A)	**CLAIM TYPE:**	INSTITUTIONAL PROFESSIONAL
HEADER/DETAIL:	HEADER	**PROVIDER TYPE:**	
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	
DATA CORRECTABLE:	NO	**CLAIM FIELD LABEL:**	FACILITY PROVIDER

ESC NAME:	CANNOT DETERMINE MEDICAID NUMBER FOR HEADER FACILITY PROVIDER TO PROCESS CLAIM – HDR
ESC CRITERIA: **LEGACY CRITERIA:**	IF THE HEADER FACILITY PROVIDER HAS MULTIPLE SERVICE LOCATIONS AND A ONE TO ONE MATCH CANNOT BE DETERMINED, POST THE EDIT. N/A
EOB CODES:	1957 – CLAIM/SERVICE DENIED. THE FACILITY PROVIDER NPI SUBMITTED ON THE CLAIM CANNOT BE USED TO UNIQUELY IDENTIFY THE FACILITY PROVIDER.
METHOD OF CORRECTION:	THIS EDIT IS SET TO AUTO-DENY FOR ALL REGIONS.

3.251 1958 (FORMER LEGACY EDIT (N/A)

DMS Approved 06/2007

ERROR STATUS CODE:	1958 (FORMER LEGACY EDIT N/A)	**CLAIM TYPE:**	INSTITUTIONAL
HEADER/DETAIL:	HEADER	**PROVIDER TYPE:**	
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	
DATA CORRECTABLE:	NO	**CLAIM FIELD LABEL:**	OTHER PROVIDER

ESC NAME:	CANNOT DETERMINE MEDICAID NUMBER FOR HEADER OTHER PROVIDER TO PROCESS CLAIM - HDR
ESC CRITERIA: **LEGACY CRITERIA:**	IF THE HEADER OTHER PROVIDER HAS MULTIPLE SERVICE LOCATIONS AND A ONE TO ONE MATCH CANNOT BE DETERMINED, POST THE EDIT. NA
EOB CODES:	1958 – CLAIM/SERVICE DENIED. THE OTHER PROVIDER NPI SUBMITTED ON THE CLAIM CANNOT BE USED TO UNIQUELY IDENTIFY THE OTHER PROVIDER.
METHOD OF CORRECTION:	THIS EDIT IS SET TO AUTO-DENY FOR ALL REGIONS.

3.252 1959 FORMER LEGACY EDIT (N/A)

DMS Approved 06/2007

ERROR STATUS CODE:	1959 (FORMER LEGACY EDIT N/A)	**CLAIM TYPE:**	DENTAL PROFESSIONAL
HEADER/DETAIL:	HEADER	**PROVIDER TYPE:**	
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	
DATA CORRECTABLE:	NO	**CLAIM FIELD LABEL:**	PERFORMING PROVIDER

ESC NAME:	CANNOT DETERMINE MEDICAID NUMBER FOR HEADER PERFORMING PROVIDER TO PROCESS CLAIM – HDR
ESC CRITERIA: **LEGACY CRITERIA:**	IF THE HEADER PERFORMING PROVIDER HAS MULTIPLE SERVICE LOCATIONS AND A ONE TO ONE MATCH CANNOT BE DETERMINED, POST THE EDIT. NA
EOB CODES:	1959 – CLAIM/SERVICE DENIED. THE PERFORMING PROVIDER NPI SUBMITTED ON THE CLAIM CANNOT BE USED TO UNIQUELY IDENTIFY THE PERFORMING PROVIDER.
METHOD OF CORRECTION:	THIS EDIT IS SET TO AUTO-DENY FOR ALL REGIONS.

3.253 1960 (FORMER LEGACY EDIT (N/A)

DMS Approved 06/2007

ERROR STATUS CODE:	1960 (FORMER LEGACY EDIT N/A)	**CLAIM TYPE:**	PROFESSIONAL
HEADER/DETAIL:	DETAIL	**PROVIDER TYPE:**	
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	
DATA CORRECTABLE:	NO	**CLAIM FIELD LABEL:**	REFERRING PROVIDER

ESC NAME:	CANNOT DETERMINE MEDICAID NUMBER FOR DETAIL REFERRING PROVIDER TO PROCESS CLAIM - DTL
ESC CRITERIA: **LEGACY CRITERIA:**	IF THE DETAIL REFERRING PROVIDER HAS MULTIPLE SERVICE LOCATIONS AND A ONE TO ONE MATCH CANNOT BE DETERMINED, POST THE EDIT. NA
EOB CODES:	1960 – CLAIM/SERVICE DENIED. THE DETAIL REFERRING PROVIDER NPI SUBMITTED ON THE CLAIM CANNOT BE USED TO UNIQUELY IDENTIFY THE DETAIL REFERRING PROVIDER.
METHOD OF CORRECTION:	THIS EDIT IS SET TO AUTO-DENY FOR ALL REGIONS.

3.254 1961 (FORMER LEGACY EDIT (N/A)

DMS Approved 06/2007

ERROR STATUS CODE:	1961 (FORMER LEGACY EDIT N/A)	**CLAIM TYPE:**	INSTITUTIONAL
HEADER/DETAIL:	DETAIL	**PROVIDER TYPE:**	
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	
DATA CORRECTABLE:	NO	**CLAIM FIELD LABEL:**	OTHER PROVIDER

ESC NAME:	CANNOT DETERMINE MEDICAID NUMBER FOR DETAIL OTHER PROVIDER TO PROCESS CLAIM - DTL
ESC CRITERIA: **LEGACY CRITERIA:**	IF THE DETAIL OTHER PROVIDER HAS MULTIPLE SERVICE LOCATIONS AND A ONE TO ONE MATCH CANNOT BE DETERMINED, POST THE EDIT. NA
EOB CODES:	1961 – CLAIM/SERVICE DENIED. THE DETAIL OTHER PROVIDER NPI SUBMITTED ON THE CLAIM CANNOT BE USED TO UNIQUELY IDENTIFY THE DETAIL OTHER PROVIDER.
METHOD OF CORRECTION:	THIS EDIT IS SET TO AUTO-DENY FOR ALL REGIONS.

3.255 1962 (FORMER LEGACY EDIT (N/A)

DMS Approved 06/2007

ERROR STATUS CODE:	1962 (FORMER LEGACY EDIT N/A)	**CLAIM TYPE:**	PROFESSIONAL DENTAL
HEADER/DETAIL:	DETAIL	**PROVIDER TYPE:**	
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	
DATA CORRECTABLE:	NO	**CLAIM FIELD LABEL:**	PERFORMING PROVIDER

ESC NAME:	CANNOT DETERMINE MEDICAID NUMBER FOR DETAIL PERFORMING PROVIDER TO PROCESS CLAIM - DTL
ESC CRITERIA: **LEGACY CRITERIA:**	IF THE DETAIL PERFORMING PROVIDER HAS MULTIPLE SERVICE LOCATIONS AND A ONE TO ONE MATCH CANNOT BE DETERMINED, POST THE EDIT. NA
EOB CODES:	1962 – CLAIM/SERVICE DENIED. THE DETAIL PERFORMING PROVIDER NPI SUBMITTED ON THE CLAIM CANNOT BE USED TO UNIQUELY IDENTIFY THE DETAIL PERFORMING PROVIDER.
METHOD OF CORRECTION:	THIS EDIT IS SET TO AUTO-DENY FOR ALL REGIONS.

3.256 1963

DMS approved 05/08/2012

ERROR STATUS CODE:	1963	**CLAIM TYPE:**	PROFESSIONAL, INSTITUTIONAL
HEADER/DETAIL:	HEADER	**PROVIDER TYPE:**	ALL
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	ALL
DATA CORRECTABLE:	NO	**CLAIM FIELD LABEL:**	REFERRING PROVIDER
ESC NAME:	MEMBER PCP DOES NOT MATCH CLAIM MANAGED CARE PROVIDER NUMBER - HDR		
ESC CRITERIA:	IF THE MANAGED CARE REFERRING PROVIDER ON THE CLAIM IS NOT A MATCH TO THE PRIMARY CARE PHYSICIAN FOR THE MEMBER ON THE CLAIM, POST THE EDIT. IF THE REFERRING PROVIDER AND MEMBER ARE MANAGED CARE, GET THE CLAIM MEMBER PCP/LOCK IN PROVIDER ID FROM THE MEMBER FILE. IF MEMBER PROVIDER ID DOES NOT UNIQUELY MATCH TO ONE OF THE MULTIPLE KYHEALTH CHOICES PROVIDER IDs, POST THIS EDIT.		
EOB CODES:	1963 – THE KENPAC PROVIDER NPI SUBMITTED ON THE CLAIM DOES NOT MATCH THE PRIMARY CARE PHYSICIAN FOR THE MEMBER ON THE CLAIM 1964 - THE LOCK IN PROVIDER NPI SUBMITTED ON THE CLAIM DOES NOT MATCH THE PRIMARY CARE PHYSICIAN FOR THE MEMBER ON THE CLAIM		
METHOD OF CORRECTION:	THIS EDIT IS SET TO AUTO-DENY FOR ALL REGIONS.		

3.257 1964

DMS approved 05/08/2012

ERROR STATUS CODE:	1964	**CLAIM TYPE:**	ALL
HEADER/DETAIL:	HEADER	**PROVIDER TYPE:**	ALL
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	ALL
DATA CORRECTABLE:	NO	**CLAIM FIELD LABEL:**	REFERRING PROVIDER
ESC NAME:	MEMBER PCP DOES NOT MATCH CLM PHYSCIAN LOCKIN		
ESC CRITERIA:	IF THE LOCK IN PROVIDER NPI DOES NOT MATCH THE PRIMARY CARE PHYSICIAN NUMBER, POST THE EDIT.		
EOB CODES:	1964 – THE LOCK IN PROVIDER NPI SUBMITTED ON THE CLAIM DOES NOT MATCH THE PRIMARY CARE PHYSICIAN FOR THE MEMBER ON THE CLAIM.		
METHOD OF CORRECTION:	THIS EDIT IS SET TO AUTO-DENY FOR ALL REGIONS.		

3.258 1966

DMS approved 05/13/2008

ERROR STATUS CODE:	1966	**CLAIM TYPE:**	ALL
HEADER/DETAIL:	DETAIL	**PROVIDER TYPE:**	ALL – EXCEPT 15, 22, 23, 24, 29, 56, 57, 58, and 96
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	ALL
DATA CORRECTABLE:	NO	**CLAIM FIELD LABEL:**	BILLING, REFERRING, RENDERING

ESC NAME:	PROVIDER MANY TO ONE – TAXONOMY CODE NOT UNIQUE
ESC CRITERIA: **LEGACY CRITERIA:**	IF A PROVIDER HAS MULTIPLE LEGACYS AND THE CROSS-MATCH CANNOT MATCH ONE TO ONE WITH THE TAXONOMY SUBMITTED, POST THE EDIT. NA
EOB CODES:	1966 – THE PROVIDER NPI AND TAXONOMY SUBMITTED ON THE CLAIM CANNOT BE USED TO UNIQUELY IDENTIFY THE PROVIDER
METHOD OF CORRECTION:	THIS EDIT IS SET TO PAY-LIST FOR ALL REGIONS.

3.259 1967

DMS approved 05/13/2008

ERROR STATUS CODE:	1967	**CLAIM TYPE:**	PROFESSIONAL ('M') ONLY
HEADER/DETAIL:	HEADER	**PROVIDER TYPE:**	INCLUDE ONLY – 13, 17, 20, 21, 27, 28, 30, 31, 33, 35, 36, 37, 40, 43, 45, 50, 52, 55, 64, 65, 70, 74, 77, 78, 80, 82, 85, 86, 87, 88, 89, 90, AND 95
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	PROFESSIONAL EDI AND PAPER ONLY
DATA CORRECTABLE:	NO	**CLAIM FIELD LABEL:**	SERVICE FACILITY

ESC NAME:	PROVIDER MANY TO ONE – SERVICE FACILITY 5 DIGIT CODE NOT UNIQUE
ESC CRITERIA: **LEGACY CRITERIA:**	IF A PROVIDER HAS MULTIPLE LEGACYS AND THE CROSS-MATCH CANNOT MATCH ONE TO ONE WITH THE SERVICE FACILITY 5 DIGIT ZIP CODE, POST THE EDIT. NA
EOB CODES:	1967 – THE PROVIDER NPI AND SERVICE FACILITY 5 DIGIT ZIP CODE SUBMITTED ON THE CLAIM CANNOT BE USED TO UNIQUELY IDENTIFY THE PROVIDER
METHOD OF CORRECTION:	THIS EDIT IS SET TO PAY-LIST FOR ALL REGIONS.

3.260 1968

DMS approved 05/13/2008

ERROR STATUS CODE:	1968	**CLAIM TYPE:**	PROFESSIONAL ('M') ONLY
HEADER/DETAIL:	HEADER	**PROVIDER TYPE:**	INCLUDE ONLY – 13, 17, 20, 21, 27, 28, 30, 31, 33, 35, 36, 37, 40, 43, 45, 50, 52, 55, 64, 65, 70, 74, 77, 78, 80, 82, 85, 86, 87, 88, 89, 90, AND 95
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	PROFESSIONAL EDI AND PAPER ONLY
DATA CORRECTABLE:	NO	**CLAIM FIELD LABEL:**	SERVICE FACILITY

ESC NAME:	PROVIDER MANY TO ONE – SERVICE FACILITY 5 + 4 DIGIT CODE NOT UNIQUE
ESC CRITERIA: **LEGACY CRITERIA:**	IF A PROVIDER HAS MULTIPLE LEGACYS AND THE CROSS-MATCH CANNOT MATCH ONE TO ONE WITH THE SERVICE FACILITY 5 + 4 DIGIT ZIP CODE, POST THE EDIT. NA
EOB CODES:	1968 – THE PROVIDER NPI AND SERVICE FACILITY 5 + 4 DIGIT ZIP CODE SUBMITTED ON THE CLAIM CANNOT BE USED TO UNIQUELY IDENTIFY THE PROVIDER
METHOD OF CORRECTION:	THIS EDIT IS SET TO PAY-LIST FOR ALL REGIONS.

3.261 1969

DMS approved 05/13/2008

ERROR STATUS CODE:	1969	**CLAIM TYPE:**	ALL
HEADER/DETAIL:	HEADER	**PROVIDER TYPE:**	ALL – EXCEPT 15, 22, 23, 24, 29, 56, 57, 58, and 96
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	ALL EDI AND PAPER ONLY
DATA CORRECTABLE:	NO	**CLAIM FIELD LABEL:**	BILLING

ESC NAME:	PROVIDER MANY TO ONE – BILLING PROVIDER 5 DIGIT CODE NOT UNIQUE
ESC CRITERIA: **LEGACY CRITERIA:**	IF A PROVIDER HAS MULTIPLE LEGACYS AND THE CROSS-MATCH CANNOT MATCH ONE TO ONE WITH THE BILLING PROVIDER 5 DIGIT ZIP CODE, POST THE EDIT. NA
EOB CODES:	1969 – THE PROVIDER NPI AND BILLING PROVIDER 5 DIGIT ZIP CODE SUBMITTED ON THE CLAIM CANNOT BE USED TO UNIQUELY IDENTIFY THE PROVIDER
METHOD OF CORRECTION:	THIS EDIT IS SET TO PAY-LIST FOR ALL REGIONS.

3.262 1970

DMS approved 05/13/2008

ERROR STATUS CODE:	1970	**CLAIM TYPE:**	ALL
HEADER/DETAIL:	HEADER	**PROVIDER TYPE:**	ALL – EXCEPT 15, 22, 23, 24, 29, 56, 57, 58, and 96
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	ALL EDI AND PAPER ONLY
DATA CORRECTABLE:	NO	**CLAIM FIELD LABEL:**	BILLING

ESC NAME:	PROVIDER MANY TO ONE – BILLING PROVIDER 5 + 4 DIGIT CODE NOT UNIQUE
ESC CRITERIA: **LEGACY CRITERIA:**	IF A PROVIDER HAS MULTIPLE LEGACIES AND THE CROSS-MATCH CANNOT MATCH ONE TO ONE WITH THE BILLING PROVIDER 5 + 4 DIGIT ZIP CODE, POST THE EDIT. NA
EOB CODES:	1970 – THE PROVIDER NPI AND BILLING PROVIDER 5 + 4 DIGIT ZIP CODE SUBMITTED ON THE CLAIM CANNOT BE USED TO UNIQUELY IDENTIFY THE PROVIDER
METHOD OF CORRECTION:	THIS EDIT IS SET TO PAY-LIST FOR ALL REGIONS.

3.263 1971

DMS approved 05/08/2012

ERROR STATUS CODE:	1971	**CLAIM TYPE:**	ALL
HEADER/DETAIL:	HEADER	**PROVIDER TYPE:**	ALL – EXCEPT 15, 22, 23, 24, 29, 56, 57, 58, and 96
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	ALL
DATA CORRECTABLE:	NO	**CLAIM FIELD LABEL:**	BILLING, REFERRING, RENDERING, FACILITY, OTHER PROVIDER 2
ESC NAME:	PROVIDER CROSS-MATCH UNIQUE LEGACY NOT MATCHED TO SUBMITTED LEGACY ON CLAIM		
ESC CRITERIA:	IF A UNIQUE MATCH IS FOUND WITH THE NPI TO LEGACY NUMBER AND A LEGACY NUMBER WAS SUBMITTED ON THE CLAIM – IF THE SUBMITTED LEGACY DOES NOT MATCH THE CROSS-MATCHED LEGACY, POST THE EDIT.		
EOB CODES:	1971 – THE KY MEDICAID NUMBER SUBMITTED ON THE CLAIM DOES NOT MATCH THE CROSS-WALKED KY MEDICAID NUMBER FROM THE NPI.		
METHOD OF CORRECTION:	THIS EDIT IS SET TO PAY-LIST FOR ALL REGIONS.		

3.264 1972

DMS approved 05/08/2012

ERROR STATUS CODE:	1972	**CLAIM TYPE:**	ALL
HEADER/DETAIL:	DETAIL	**PROVIDER TYPE:**	ALL – EXCEPT 15, 22, 23, 24, 29, 56, 57, 58, and 96
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	ALL
DATA CORRECTABLE:	NO	**CLAIM FIELD LABEL:**	REFERRING, RENDERING, OTHER PROVIDER 2
ESC NAME:	PROVIDER CROSS-MATCH UNIQUE LEGACY NOT MATCHED TO SUBMITTED LEGACY ON CLAIM		
ESC CRITERIA:	IF A UNIQUE MATCH IS FOUND WITH THE NPI TO LEGACY NUMBER AND A LEGACY NUMBER WAS SUBMITTED ON THE CLAIM – IF THE SUBMITTED LEGACY DOES NOT MATCH THE CROSS-MATCHED LEGACY, POST THE EDIT.		
EOB CODES:	1972 – THE KY MEDICAID NUMBER SUBMITTED ON THE CLAIM DOES NOT MATCH THE CROSS-WALKED KY MEDICAID NUMBER FROM THE NPI.		
METHOD OF CORRECTION:	THIS EDIT IS SET TO PAY-LIST FOR ALL REGIONS.		

3.265 2001

3.265.1 2001 (FORMER LEGACY EDIT 248)

DMS Approved 01/26/96

ERROR STATUS CODE:	2001 (FORMER LEGACY EDIT 248)	**CLAIM TYPE:**	ALL
HEADER/DETAIL:	HEADER	**PROVIDER TYPE:**	ALL
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	PAPER, NON-PAPER, ADJUSTMENTS, ENCOUNTERS (THRESHOLD)
DATA CORRECTABLE	YES	**CLAIM FIELD LABEL:**	MEMBER ID

ESC NAME:	MEMBER ID NUMBER NOT ON FILE
ESC CRITERIA: **LEGACY CRITERIA:**	IF THE MEDICAID ID IS NOT FOUND ON THE MEMBER TABLE AND IF THE MEMBER'S PREVIOUS MEDICAID ID, AND THE CLAIM TYPE IS NOT A PROFESSIONAL WITH A STATE ELIGIBLE PROCEDURE AND THE CLAIM TYPE IS NOT A LTC CLAIM WITH A PCS PROVIDER SPECIALTY ("360" OR "361"), POST THE ESC. VERIFIES THAT THE MEMBER ID NUMBER IS LISTED ON THE ELIGIBILITY FILE.
EOB CODES:	2001 – MEMBER ID NUMBER NOT ON FILE.
METHOD OF CORRECTION:	1. VERIFY THAT THE MEMBER ID NUMBER WAS KEYED CORRECTLY. IF NOT CORRECT THE DATA.
	2. IF THERE IS AN ELIGIBILITY CARD PRESENT, AND THE NUMBER ON THE CARD DOES NOT MATCH THE NUMBER ON THE CLAIM, DENY THE CLAIM WITH EOB 0268.
	3. IF THE ELIGIBILITY CARD SHOWS THAT THE MEMBER WAS ELIGIBLE FOR THE DATES OF SERVICE, REFER TO PRIOR AUTHORIZATION FOR REVIEW.
	NOTE: THIS ESC WILL CAUSE A CLAIM TO BE SUSPENDED AND GIVE THE RESOLUTIONS CLERK A CHANCE TO VERIFY THAT THE CLAIM IS KEYED CORRECTLY. AFTER VERIFICATION, IF ALL DATA IS KEYED CORRECTLY, THEN ERROR STATUS CODE 2001 IS SET MANUALLY SO THAT THE CLAIM CAN BE RECYCLED FOR 15 DAYS.

3.265.2 2001 (FORMER LEGACY EDIT 249)

DMS Approved 01/26/96

ERROR STATUS CODE:	2001 (FORMER LEGACY EDIT 249)	**CLAIM TYPE:**	ALL
HEADER/DETAIL:	HEADER	**PROVIDER TYPE:**	ALL
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	PAPER, NON-PAPER, AND ADJUSTMENTS, ENCOUNTERS (THRESHOLD)
DATA CORRECTABLE	YES	**CLAIM FIELD LABEL:**	MEMBER ID

ESC NAME:	MEMBER ID NUMBER NOT ON FILE
ESC CRITERIA: **LEGACY CRITERIA:**	IF THE MEDICAID ID IS NOT FOUND ON THE MEMBER TABLE AND IF THE MEMBER'S PREVIOUS MEDICAID ID, AND THE CLAIM TYPE IS NOT A PROFESSIONAL WITH A STATE ELIGIBLE PROCEDURE AND THE CLAIM TYPE IS NOT A LTC CLAIM WITH A PCS PROVIDER SPECIALTY ("360" OR "361"), POST THE ESC. VERIFIES THAT THE MEMBER'S MEMBER ID NUMBER IS LISTED ON THE ELIGIBILITY FILE.
EOB CODES:	2001 – MEMBER ID NUMBER NOT ON FILE.
METHOD OF CORRECTION:	1. VERIFY THAT THE MEMBER ID NUMBER WAS KEYED CORRECTLY. IF NOT CORRECT THE DATA.
	2. IF THERE IS AN ELIGIBILITY CARD PRESENT, AND THE NUMBER ON THE CARD DOES NOT MATCH THE NUMBER ON THE CLAIM, DENY THE CLAIM WITH EOB 0268.
	3. IF THE ELIGIBILITY CARDS SHOWS THAT THE MEMBER WAS ELIGIBLE FOR THE DATES OF SERVICE, REFER TO PRIOR AUTHORIZATION FOR REVIEW.
	4. IF THE CLAIM IS KEYED CORRECTLY AND NO ELIGIBILITY CARD ATTACHED, MAKE NO CHANGES. CLAIM, WILL RECYCLE FOR 15 DAYS FOR PAPER AND 21 DAYS FOR ELECTRONIC CLAIM. IF THE MEMBER ID NUMBER IS STILL NOT ON FILE THE SYSTEM WILL AUTO-DENY THE CLAIM FOR ESC 2001.

3.265.3 2001 (FORMER LEGACY EDIT 265)

DMS Approved 01/26/96

ERROR STATUS CODE:	2001 (FORMER LEGACY EDIT 265)	**CLAIM TYPE:**	ALL
HEADER/DETAIL:	HEADER	**PROVIDER TYPE:**	ALL
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	PAPER, NON-PAPER, AND ADJUSTMENTS, ENCOUNTERS (THRESHOLD)
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	MEMBER ID
ESC NAME:	MEMBER ID NUMBER NOT ON FILE		
ESC CRITERIA: **LEGACY CRITERIA:**	IF THE MEDICAID ID IS NOT FOUND ON THE MEMBER TABLE AND IF THE MEMBER'S PREVIOUS MEDICAID ID, AND THE CLAIM TYPE IS NOT A PROFESSIONAL WITH A STATE ELIGIBLE PROCEDURE AND THE CLAIM TYPE IS NOT A LTC CLAIM WITH A PCS PROVIDER SPECIALTY ("360" OR "361"), POST THE ESC. FAILS WHEN THE MEMBER NUMBER IS MISSING OR INVALID.		
EOB CODES:	2001 – MEMBER ID NUMBER NOT ON FILE. 0268 – MEMBER ID NUMBER ON CLAIM DOES NOT MATCH THE MEMBER ID NUMBER ON ATTACHED ELIGIBILITY CARD.		

	0254 – MEDICARE/MEDICAID MEMBER I.D. # MISMATCH. RESUBMIT ON PAPER USING MEDICIAD MEMBER I.D. # AND ATTACH COPY OF MEDICARE EOMB.
METHOD OF CORRECTION:	1. VERIFY THAT THE MEMBER NUMBER WAS KEYED CORRECTLY. IF THE ERROR WAS DUE TO KEYING, ENTER THE CORRECT MEMBER NUMBER.
	2. IF THE MEMBER NUMBER IS INVALID, (i. e. TOO SHORT), DENY THE CLAIM WITH EOB 2001.
	3. IF A COPY OF THE KY MEDICAID CARD IS ATTACHED AND THE CLAIM DOES NOT MATCH THE NUMBER LISTED ON THE ATTACHED ELIGIBILITY CARD, DENY THE CLAIM WITH EOB 0268.
	4. FOR CLAIM TYPE B (PROFESSIONAL CROSSOVER), ELECTRONIC CLAIMS, DO THE FOLLOWING: • IF SYSTEM AGE IS OVER 21 DAYS MANUALLY DENY THE CLAIM WITH EOB 2001.

3.266 2002

3.266.1 2002 (FORMER LEGACY EDIT 254)

DMS Approved

ERROR STATUS CODE:	2002 (FORMER LEGACY EDIT 254)	**CLAIM TYPE:**	A, I
HEADER/DETAIL:	HEADER	**PROVIDER TYPE:**	01
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	PAPER, NON-PAPER, ADJUSTMENTS, ENCOUNTERS
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	MEMBER ID, FDOS, TDOS
ESC NAME:	MEMBER INELIGIBLE ON DOS FOR HDR, DTL OR PARTIAL		
ESC CRITERIA:	VERIFIES THAT THE MEMBER WAS ELIGIBLE FOR THE DATES OF SERVICE LISTED IN THE HEADER.		
EOB CODES:	0254 – THE MEMBER IS NOT ELIGIBLE ON THE CLAIM SERVICE DATES. (EOB POSTED FOR RECYCLE EDIT 811) 2002 - MEMBER NOT ELIGIBLE FOR HEADER DATE OF SERVICE.		
METHOD OF CORRECTION:	5. VERIFY THAT THE MEMBER ID NUMBER WAS KEYED CORRECTLY. IF NOT, CORRECT THE DATA. 6. VERIFY THAT THE HEADER FROM DATE OF SERVICE WAS KEYED CORRECTLY. IF NOT, CORRECT THE DATA. VERIFY THAT THE HEADER THROUGH DATE OF SERVICE WAS KEYED CORRECTLY. IF NOT, CORRECT THE DATA. 7. IF ELIGIBILITY CARD SHOWS THE MEMBER WAS ELIGIBLE FOR THE DATES OF SERVICE. REFER TO PRIOR AUTHORIZATION. 8. IF THE CLAIM WAS KEYED CORRECTLY, MAKE NO CHANGES. CLAIM WILL RECYCLE IN THE SYSTEM FOR 8 DAYS IF ELECTRONIC CLAIMS, AND FOR 8 DAYS IF PAPER CLAIMS OR PAPER ADJUSTMENTS, OR UNTIL MEMBER IS FOUND ELIGIBLE (WHICH EVER IS EARLIER). THEN IF THE MEMBER ID NUMBER IS STILL NOT ON FILE, THE SYSTEM WILL AUTO-DENY THE CLAIM WITH EOB 0254.		

3.267 2003

3.267.1 2003 (FORMER LEGACY EDIT 253)

DMS Approved 01/26/96

ERROR STATUS CODE:	2003 (FORMER LEGACY EDIT 253)	**CLAIM TYPE:**	ALL
HEADER/DETAIL:	HEADER	**PROVIDER TYPE:**	ALL
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENT
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	MEMBER ID, FDOS, TDOS

ESC NAME:	MEMBER INELIGIBLE ON DETAIL DATES OF SERVICE
ESC CRITERIA: **LEGACY CRITERIA:**	IF THE MEMBER IS NOT FULLY ELIGIBLE OR IS ONLY PARTIALLY ELIGIBLE FOR THE DETAIL DATES OF SERVICE, POST THE ESC. VERIFIES THAT THE MEMBER WAS NOT DECEASED PRIOR TO THE DATE OF SERVICE.
EOB CODES:	2003-MEMBER INELIGIBLE ON CLAIM DETAIL DATE OF SERVICE.
	0423 - CLAIM DENIED. INVALID RECIP NOT ELIG FOR PHYSICAL.
METHOD OF CORRECTION:	1. VERIFY THAT THE MEMBER INFORMATION WAS KEYED CORRECTLY. IF NOT, CORRECT THE DATA.
	2. VERIFY THAT THE DATES OF SERVICE WERE KEYED CORRECTLY. IF NOT, CORRECT THE DATA.
	3. IF KEYED CORRECTLY, DENY THE CLAIM.
	THIS ESC IS SET TO AUTO-DENY FOR TYPE OF DOCUMENT - ELECTRONIC CLAIMS.

3.267.2 2003 (FORMER LEGACY EDIT 259)

DMS Approved 01/17/97

ERROR STATUS CODE:	2003 (FORMER LEGACY EDIT 259)	**CLAIM TYPE:**	ALL
HEADER/DETAIL:	HEADER	**PROVIDER TYPE:**	ALL
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENT
DATA CORRECTABLE	YES	**CLAIM FIELD LABEL:**	MEMBER ID, FDOS, TDOS
ESC NAME:	MEMBER INELIGIBLE ON DETAIL DATES OF SERVICE		
ESC CRITERIA: **LEGACY CRITERIA:**	IF THE MEMBER IS NOT FULLY ELIGIBLE OR IS ONLY PARTIALLY ELIGIBLE FOR THE DETAIL DATES OF SERVICE, POST THE ESC. VERIFIES THAT THE MEMBER WAS ELIGIBLE FOR THE DATES OF SERVICE LISTED IN THE HEADER AND/OR DETAILS.		
EOB CODES:	2003-MEMBER INELIGIBLE ON CLAIM DETAIL DATE OF SERVICE.		
	0423 - CLAIM DENIED. INVALID RECIP NOT ELIG FOR PHYSICAL.		
METHOD OF CORRECTION:	1. VERIFY THAT THE MEMBER ID NUMBER AND DATES OF SERVICE WERE KEYED CORRECTLY. IF NOT, CORRECT THE APPROPRIATE FIELDS.		
	2. IF THERE IS AN ELIGIBILITY CARD PRESENT, AND THE NUMBER ON THE CARD DOES NOT MATCH THE CLAIM, DENY THE CLAIM WITH EOB 0268.		
	3. IF THE ELIGIBILITY CARD SHOWS THAT THE MEMBER WAS ELIGIBLE FOR THE DATES OF SERVICE, REFER TO PRIOR AUTHORIZATION FOR REVIEW.		
	4. IF ALL INFORMATION IS KEYED CORRECTLY AND NO ELIGIBILITY CARD IS ATTACHED, DO NOTHING, CLAIM WILL RECYCLE IN THE SYSTEM FOR 15 DAYS FOR PAPER CLAIMS AND 21 DAYS FOR E3LECTRONIC CLAIMS THE AUTO-DENY FOR ESC 0254 FOR HEADER DATE OF SERVICE OR ESC 0200 FOR DETAIL DATES OF SERVICE.		

3.267.3 2003 (FORMER LEGACY EDIT 261)

DMS Approved 01/26/96

ERROR STATUS CODE:	2003 (FORMER LEGACY EDIT 261)	**CLAIM TYPE:**	ALL
HEADER/DETAIL:	DETAIL	**PROVIDER TYPE:**	ALL
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENT
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	MEMBER ID, FDOS, TDOS
ESC NAME:	MEMBER INELIGIBLE ON DETAIL DATES OF SERVICE		
ESC CRITERIA:	IF THE MEMBER IS NOT FULLY ELIGIBLE OR IS ONLY		

LEGACY CRITERIA:	PARTIALLY ELIGIBLE FOR THE DETAIL DATES OF SERVICE, POST THE ESC. VERIFIES THAT THE MEMBER WAS NOT DECEASED PRIOR TO THE END DATE OF SERVICE.
EOB CODES:	2003-MEMBER INELIGIBLE ON CLAIM DETAIL DATE OF SERVICE.
METHOD OF CORRECTION:	1. VERIFY THAT THE MEMBER INFORMATION WAS KEYED CORRECTLY. IF NOT, CORRECT THE DATA. ALSO, VERIFY THAT BOTH THE HEADER AND DETAIL TO DATES OF SERVICE WERE KEYED CORRECTLY. IF NOT, CORRECT THE DATA.
	2. IF KEYED CORRECTLY, DENY THE CLAIM.
	THIS ESC IS SET TO AUTO-DENY FOR TYPE OF DOCUMENT - ELECTRONIC CLAIMS.

3.267.4 2003 (FORMER LEGACY EDIT 262)

DMS Approved 01/26/96

ERROR STATUS CODE:	2003 (FORMER LEGACY EDIT 262)	**CLAIM TYPE:**	ALL
HEADER/DETAIL:	DETAIL	**PROVIDER TYPE:**	ALL
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENT
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	MEMBER ID, FDOS, TDOS
ESC NAME:	MEMBER INELIGIBLE ON DETAIL DATES OF SERVICE		
ESC CRITERIA: **LEGACY CRITERIA:**	IF THE MEMBER IS NOT FULLY ELIGIBLE OR IS ONLY PARTIALLY ELIGIBLE FOR THE DETAIL DATES OF SERVICE, POST THE ESC. VERIFIES THAT THE MEMBER WAS ELIGIBLE ON THE DATE OF SERVICE.		
EOB CODES:	2003-MEMBER INELIGIBLE ON CLAIM DETAIL DATE OF SERVICE.		
	268 – MEMBER 0 ID NUMBER ON CLAIM DOES NOT MATCH THE MEMBER 0 ID NUMBER ON ATTACHED ELIGIBILITY CARD.		
METHOD OF CORRECTION:	1. VERIFY THAT THE MEMBER ID NUMBER AND THE DATES OF SERVICE WERE KEYED CORRECTLY. IF NOT, CORRECT THE DATA. VERIFY THAT THE HEADER DATES OF SERVICE WERE KEYED CORRECTLY. IF NOT, CORRECT THE DATA.		
	2. IF THERE IS AN ELIGIBILITY CARD PRESENT, AND THE DATES ON THE CARD SHOW THEY WERE ELIGIBLE FOR THAT DATE OF SERVICE. FORWARD THE INFORMATION TO THE APPROPRIATE LOCATION FOR PRIOR AUTHORIZATION TO REVIEW.		
	3. IF THERE IS A CARD PRESENT, AND IT PROVES THAT THE MEMBER WAS NOT ELIGIBLE FOR THOSE DATES OF SERVICE, DENY THE CLAIM WITH EOB 2003.		

	4. IF THERE IS AN ELIGIBILITY CARD PRESENT, AND THE MEMBER ID NUMBER ON THE CARD DOES NOT MATCH THE MEMBER ID NUMBER ON THE CLAIM, DENY THE CLAIM WITH EOB 0268.
	5. FOR PAPER CLAIMS, IF THE CLAIM WAS KEYED CORRECTLY, MAKE NO CHANGES CLAIM WILL RECYCLE IN THE SYSTEM FOR 15 DAYS OR UNTIL MEMBER IS FOUND ELIGIBLE. THEN IF NO MATCH IS FOUND IN 15 DAYS, THE CLAIM WILL AUTO-DENY WITH EOB 2003.
	10. FOR ELECTRONIC CLAIMS, IF THE CLAIM WAS KEYED CORRECTLY, MAKE NO CHANGES CLAIM WILL RECYCLE IN SYSTEM FOR 21 DAYS OR UNTIL MEMBER IS FOUND ELIGIBLE. IF NO MATCH IS FOUND IN 21 DAYS, THE CLAIM WILL AUTO-DENY WITH EOB 2003.
FOR MASS ADJUSTMENT OR ELECTRONIC ADJUSTMENT:	1. IF THE ENTIRE CLAIM FAILS FOR ESC 2003, VERIFY THE MEMBER ID NUMBER BY USING THE NAME AND BIRTHDATE TO READ THE MEMBER ELIGIBILITY FILE. IF KEYED CORRECTLY, REFER TO DMS FOR REVIEW. IF DMS RETURNS WITH NO MATCH FOUND, DENY THE CLAIM AND REQUEST A PROVIDER REFUND. IF DMS INDICATES A NEW MEMBER ID NUMBER, DATA CORRECT THE MEMBER ID NUMBER. IF A NEW NUMBER IS FOUND, DATA CORRECT THE MEMBER ID NUMBER.
	2. IF ONLY CERTAIN DETAILS FAIL ESC, DENY THE DETAIL WITH EOB 2003.
FOR PAPER ADJUSTMENT:	1. IF THE CLAIM IS KEYED CORRECTLY AND THE ENTIRE CLAIM FAILS ESC AND NO ELIGIBILITY CARD IS PRESENT, DENY THE CLAIM AND REQUEST A PROVIDER REFUND.

3.267.5 2003 (FORMER LEGACY EDIT 263)

DMS Approved 12/01/97

ERROR STATUS CODE:	2003 (FORMER LEGACY EDIT 263)	**CLAIM TYPE:**	ALL
HEADER/DETAIL:	DETAIL	**PROVIDER TYPE:**	ALL
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENT
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	MEMBER ID, FDOS, TDOS
ESC NAME:	MEMBER INELIGIBLE ON DETAIL DATES OF SERVICE		
ESC CRITERIA: **LEGACY CRITERIA:**	IF THE MEMBER IS NOT FULLY ELIGIBLE OR IS ONLY PARTIALLY ELIGIBLE FOR THE DETAIL DATES OF SERVICE, POST THE ESC. CHECKS FOR PARTIAL ELIGIBILITY WITHIN FROM AND TO DATES OF SERVICE AT DETAIL LEVEL.		
EOB CODES:	2003-MEMBER INELIGIBLE ON CLAIM DETAIL DATE OF SERVICE.		

	268 – MEMBER ID NUMBER ON CLAIM DOES NOT MATCH THE MEMBER ID NUMBER ON ATTACHED ELIGIBILITY CARD.
METHOD OF CORRECTION:	1. VERIFY THAT THE MEMBER INFORMATION WAS KEYED CORRECTLY. IF NOT, CORRECT THE MEMBER ID NUMBER.
	2. VERIFY THAT BOTH HEADER AND DETAIL DATES OF SERVICE WERE KEYED CORRECTLY. IF NOT, CORRECT THE DATA. **NOTE: WHEN DATES ARE CORRECTED AT THE DETAIL LEVEL, CORRECT THE HEADER LEVEL DATES, IF AFFECTED.**
	3. IF THERE IS AN ELIGIBILITY CARD PRESENT, AND THE DATES ON THE CARD SHOWS THEY WERE ELIGIBLE, FORWARD THE INFORMATION TO THE APPROPRIATE LOCATION FOR PRIOR AUTHORIZATION TO REVIEW.
	4. IF THERE IS AN ELIGIBILITY CARD PRESENT, AND THE MEMBER ID NUMBER ON THE CARD DOES NOT MATCH THE MEMBER ID NUMBER ON THE CLAIM, DENY THE CLAIM WITH EOB 0268.
	5. FOR PAPER CLAIMS IF THE DATE IS CORRECT, RECYCLE THE CLAIM. IF NO MATCH IS FOUND IN 15 DAYS, THE CLAIM WILL AUTO-DENY WITH EOB 2003.
FOR ELECTRONIC CLAIMS:	6. IF THE DATE IS CORRECT, REPROCESS AND RECYCLE . IF NO MATCH IS FOUND IN 21 DAYS, THE CLAIM WILL AUTO-DENY WITH EOB 2003.
FOR MASS ADJUSTMENT CLAIMS:	7. IF THE ENTIRE CLAIM FAILS FOR ESC 2003, VERIFY THE MEMBER ID NUMBER BY USING THE NAME AND BIRTHDATE TO READ THE MEMBER ELIGIBILITY FILE. IF KEYED CORRECTLY, REFER TO DMS FOR REVIEW. IF DMS RETURNS WITH NO MATCH FOUND, DENY THE CLAIM AND REQUEST A PROVIDER REFUND. IF DMS INDICATES A NEW MEMBER ID NUMBER, DATA CORRECT THE NEW MEMBER ID NUMBER. IF A NEW NUMBER IS FOUND, DATA CORRECT THE MEMBER ID NUMBER.
	IF ONLY CERTAIN DETAILS FAIL ESC, DENY THE DETAIL WITH EOB 2003.
FOR PAPER ADJUSTMENT:	8. IF THE CLAIM IS KEYED CORRECTLY AND THE ENTIRE CLAIM FAILS THE ESC AND NO ELIGIBILITY CARD IS PRESENT, DENY THE CLAIM AND REQUEST A PROVIDER REFUND.
	IF ONLY CERTAIN DETAILS FAIL ESC, DENY THE DETAIL WITH EOB 2003.

3.267.6 2003 (FORMER LEGACY EDIT 423)

DMS Approved 08/10/05

ERROR STATUS CODE:	2003 (FORMER LEGACY EDIT 423)	**CLAIM TYPE:**	ALL
HEADER/DETAIL:	DETAIL/HEADER	**PROVIDER TYPE:**	ALL
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENT

DATA CORRECTABLE:	NO	**CLAIM FIELD LABEL:**	MEMBER ID, FDOS, TDOS
ESC NAME:	MEMBER INELIGIBLE ON DETAIL DATES OF SERVICE		
ESC CRITERIA: **LEGACY CRITERIA:**	IF THE MEMBER IS NOT FULLY ELIGIBLE OR IS ONLY PARTIALLY ELIGIBLE FOR THE DETAIL DATES OF SERVICE, POST THE ESC. FAILS IF THE FIRST DATE OF SERVICE < HMO BEGIN DATE AND LAST DATE OF SERVICE IS > HMOR END DATE AND THE HMO IND NOT = 'P'.		
EOB CODES:	2003-MEMBER INELIGIBLE ON CLAIM DETAIL DATE OF SERVICE.		
METHOD OF CORRECTION:	N/A		
	THIS ESC IS SET TO AUTO-DENY FOR THE TYPE OF DOCUMENT - ENCOUNTER CLAIMS.		

3.268 2009

3.268.1 2009 (FORMER LEGACY EDIT 253)

DMS Approved 01/26/96

ERROR STATUS CODE:	2009 (FORMER LEGACY EDIT 253)	**CLAIM TYPE:**	ALL
HEADER/DETAIL:	HEADER	**PROVIDER TYPE:**	ALL
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENT
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	MEMBER ID, FDOS, TDOS
ESC NAME:	MEMBER INELIGIBLE ON DATE OF SERVICE		
ESC CRITERIA: **LEGACY CRITERIA:**	IF THE MEMBER NUMBER FROM THE CLAIM IS FOUND ON THE SYSTEM, BUT THE MEMBER ELIGIBLE PERIOD COVERS SOME BUT NOT ALL THE CLAIM LEVEL SERVICES DATE SPAN AND THE CLAIM TYPE IS LTC, POST THE ESC. VERIFIES THAT THE MEMBER WAS NOT DECEASED PRIOR TO THE DATE OF SERVICE.		
EOB CODES:	2009 - MEMBER INELIGIBLE ON CLAIM DATE OF SERVICE		
METHOD OF CORRECTION:	1. VERIFY THAT THE MEMBER INFORMATION WAS KEYED CORRECTLY. IF NOT, CORRECT THE DATA.		
	2. VERIFY THAT THE DATES OF SERVICE WERE KEYED CORRECTLY. IF NOT, CORRECT THE DATA.		
	3. IF KEYED CORRECTLY, DENY THE CLAIM.		
	THIS ESC IS SET TO AUTO-DENY FOR TYPE OF DOCUMENT - ELECTRONIC CLAIMS.		

3.268.2 2009 (FORMER LEGACY EDIT 254)

DMS Approved 12/01/97

ERROR STATUS CODE:	2009 (FORMER LEGACY EDIT 254)	**CLAIM TYPE:**	ALL
HEADER/DETAIL:	HEADER	**PROVIDER TYPE:**	ALL
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENTS
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	MEMBER ID, FDOS, TDOS
ESC NAME:	MEMBER INELIGIBLE ON DATE OF SERVICE		
ESC CRITERIA: **LEGACY CRITERIA:**	IF THE MEMBER NUMBER FROM THE CLAIM IS FOUND ON THE SYSTEM, BUT THE MEMBER ELIGIBLE PERIOD COVERS SOME BUT NOT ALL THE CLAIM LEVEL SERVICES DATE SPAN AND THE CLAIM TYPE IS LTC, POST THE ESC. VERIFIES THAT THE MEMBER WAS ELIGIBLE FOR THE DATES OF SERVICE LISTED IN THE HEADER.		
EOB CODES:	2009 - MEMBER INELIGIBLE ON CLAIM DATE OF SERVICE		
METHOD OF CORRECTION:	1. VERIFY THAT THE MEMBER ID NUMBER WAS KEYED CORRECTLY. IF NOT, CORRECT THE DATA.		
	2. VERIFY THAT THE HEADER FROM DATE OF SERVICE		

	WAS KEYED CORRECTLY. IF NOT, CORRECT THE DATA. VERIFY THAT THE HEADER THROUGH DATE OF SERVICE WAS KEYED CORRECTLY. IF NOT, CORRECT THE DATA.
	3. IF ELIGIBILITY CARD SHOWS THE MEMBER WAS ELIGIBLE FOR THE DATES OF SERVICE. REFER TO PRIOR AUTHORIZATION.
	4. IF THE CLAIM WAS KEYED CORRECTLY, MAKE NO CHANGES. CLAIM WILL RECYCLE IN THE SYSTEM FOR 21 DAYS IF ELECTRONIC CLAIMS, AND FOR 15 DAYS IF PAPER CLAIMS OR PAPER ADJUSTMENTS, OR UNTIL MEMBER IS FOUND ELIGIBLE (WHICH EVER IS EARLIER). THEN IF THE MEMBER ID NUMBER IS STILL NOT ON FILE, THE SYSTEM WILL AUTO-DENY THE CLAIM WITH EOB 2009.

3.268.3 2009 (FORMER LEGACY EDIT 259)

DMS Approved 01/17/97

ERROR STATUS CODE:	2009 (FORMER LEGACY EDIT 259)	**CLAIM TYPE:**	ALL
HEADER/DETAIL:	HEADER	**PROVIDER TYPE:**	ALL
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENTS
DATA CORRECTABLE	YES	**CLAIM FIELD LABEL:**	MEMBER ID, FDOS, TDOS
ESC NAME:	MEMBER INELIGIBLE ON DATE OF SERVICE		
ESC CRITERIA: **LEGACY CRITERIA:**	IF THE MEMBER NUMBER FROM THE CLAIM IS FOUND ON THE SYSTEM, BUT THE MEMBER ELIGIBLE PERIOD COVERS SOME BUT NOT ALL THE CLAIM LEVEL SERVICES DATE SPAN AND THE CLAIM TYPE IS LTC, POST THE ESC. VERIFIES THAT THE MEMBER WAS ELIGIBLE FOR THE DATES OF SERVICE LISTED IN THE HEADER AND/OR DETAILS.		
EOB CODES:	2009 - MEMBER INELIGIBLE ON CLAIM DATE OF SERVICE		
METHOD OF CORRECTION:	1. VERIFY THAT THE MEMBER ID NUMBER AND DATES OF SERVICE WERE KEYED CORRECTLY. IF NOT, CORRECT THE APPROPRIATE FIELDS.		
	2. IF THERE IS AN ELIGIBILITY CARD PRESENT, AND THE NUMBER ON THE CARD DOES NOT MATCH THE CLAIM, DENY THE CLAIM WITH EOB 0268.		
	3. IF THE ELIGIBILITY CARD SHOWS THAT THE MEMBER WAS ELIGIBLE FOR THE DATES OF SERVICE, REFER TO PRIOR AUTHORIZATION FOR REVIEW.		
	4. IF ALL INFORMATION IS KEYED CORRECTLY AND NO ELIGIBILITY CARD IS ATTACHED, DO NOTHING, CLAIM WILL RECYCLE IN THE SYSTEM FOR 15 DAYS FOR PAPER CLAIMS AND 21 DAYS FOR ELECTRONIC CLAIMS THE AUTO-DENY FOR ESC 2009 FOR HEADER DATE OF SERVICE OR ESC 2009 FOR DETAIL DATES OF SERVICE.		

3.268.4 2009 (FORMER LEGACY EDIT 261)

DMS Approved 01/26/96

ERROR STATUS CODE:	2009 (FORMER LEGACY EDIT 261)	**CLAIM TYPE:**	ALL
HEADER/DETAIL:	DETAIL	**PROVIDER TYPE:**	ALL
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENTS
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	MEMBER ID, TDOS, TDOS

ESC NAME:	MEMBER INELIGIBLE ON DATE OF SERVICE
ESC CRITERIA: **LEGACY CRITERIA:**	IF THE MEMBER NUMBER FROM THE CLAIM IS FOUND ON THE SYSTEM, BUT THE MEMBER ELIGIBLE PERIOD COVERS SOME BUT NOT ALL THE CLAIM LEVEL SERVICES DATE SPAN AND THE CLAIM TYPE IS LTC, POST THE ESC. VERIFIES THAT THE MEMBER WAS NOT DECEASED PRIOR TO THE END DATE OF SERVICE.
EOB CODES:	2009 - MEMBER INELIGIBLE ON CLAIM DATE OF SERVICE
METHOD OF CORRECTION:	1. VERIFY THAT THE MEMBER INFORMATION WAS KEYED CORRECTLY. IF NOT, CORRECT THE DATA. ALSO, VERIFY THAT BOTH THE HEADER AND DETAIL TO DATES OF SERVICE WERE KEYED CORRECTLY. IF NOT, CORRECT THE DATA.
	2. IF KEYED CORRECTLY, DENY THE CLAIM.
	THIS ESC IS SET TO AUTO-DENY FOR TYPE OF DOCUMENT - ELECTRONIC CLAIMS.

3.268.5 2009 (FORMER LEGACY EDIT 262)

DMS Approved 01/26/96

ERROR STATUS CODE:	2009 (FORMER LEGACY EDIT 262)	**CLAIM TYPE:**	ALL
HEADER/DETAIL:	DETAIL	**PROVIDER TYPE:**	ALL
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	PAPER, NON-PAPER, ADJUSTMENTS, ENCOUNTERS, MASS ADJUSTMENTS
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	MEMBER ID, FDOS, TDOS

ESC NAME:	MEMBER INELIGIBLE ON DATE OF SERVICE
ESC CRITERIA: **LEGACY CRITERIA:**	IF THE MEMBER NUMBER FROM THE CLAIM IS FOUND ON THE SYSTEM, BUT THE MEMBER ELIGIBLE PERIOD COVERS SOME BUT NOT ALL THE CLAIM LEVEL SERVICES DATE SPAN AND THE CLAIM TYPE IS LTC, POST THE ESC. VERIFIES THAT THE MEMBER WAS ELIGIBLE ON THE DATE OF SERVICE.
EOB CODES:	2009 - MEMBER INELIGIBLE ON CLAIM DATE OF SERVICE
METHOD OF CORRECTION:	1. VERIFY THAT THE MEMBER ID NUMBER AND THE DATES OF SERVICE WERE KEYED CORRECTLY. IF NOT, CORRECT THE DATA. VERIFY THAT THE HEADER DATES OF SERVICE WERE KEYED CORRECTLY. IF NOT, CORRECT THE DATA.
	2. IF THERE IS AN ELIGIBILITY CARD PRESENT, AND THE DATES ON THE CARD SHOW THEY WERE ELIGIBLE FOR THAT DATE OF SERVICE. FORWARD THE INFORMATION TO THE APPROPRIATE LOCATION FOR PRIOR AUTHORIZATION TO REVIEW.
	3. IF THERE IS A CARD PRESENT, AND IT PROVES THAT THE MEMBER WAS NOT ELIGIBLE FOR THOSE DATES OF SERVICE, DENY THE CLAIM WITH EOB 2009.
	4. IF THERE IS AN ELIGIBILITY CARD PRESENT, AND THE MEMBER ID NUMBER ON THE CARD DOES NOT MATCH THE MEMBER ID NUMBER ON THE CLAIM, DENY THE CLAIM WITH EOB 268.
	5. FOR PAPER CLAIMS, IF THE CLAIM WAS KEYED CORRECTLY, MAKE NO CHANGES CLAIM WILL RECYCLE IN THE SYSTEM FOR 15 DAYS OR UNTIL MEMBER IS FOUND ELIGIBLE. THEN IF NO MATCH IS FOUND IN 15 DAYS, THE CLAIM WILL AUTO-DENY WITH EOB 2009.
	11. FOR ELECTRONIC CLAIMS, IF THE CLAIM WAS KEYED CORRECTLY, MAKE NO CHANGES CLAIM WILL RECYCLE IN SYSTEM FOR 21 DAYS OR UNTIL MEMBER IS FOUND ELIGIBLE. IF NO MATCH IS FOUND IN 21 DAYS, THE CLAIM WILL AUTO-DENY WITH EOB 2009.
FOR MASS ADJUSTMENT OR	1. IF THE ENTIRE CLAIM FAILS FOR ESC 2009, VERIFY THE

ELECTRONIC ADJUSTMENT:	MEMBER MEMBER ID NUMBER BY USING THE NAME AND BIRTHDATE TO READ THE MEMBER ELIGIBILITY FILE. IF KEYED CORRECTLY, REFER TO DMS FOR REVIEW. IF DMS RETURNS WITH NO MATCH FOUND, DENY THE CLAIM AND REQUEST A PROVIDER REFUND. IF DMS INDICATES A NEW MEMBER ID NUMBER, DATA CORRECT THE MEMBER ID NUMBER. IF A NEW NUMBER IS FOUND, DATA CORRECT THE MEMBER ID NUMBER.
	2. IF ONLY CERTAIN DETAILS FAIL ESC, DENY THE DETAIL WITH EOB 2009.
FOR PAPER ADJUSTMENT:	2. IF THE CLAIM IS KEYED CORRECTLY AND THE ENTIRE CLAIM FAILS ESC AND NO ELIGIBILITY CARD IS PRESENT, DENY THE CLAIM AND REQUEST A PROVIDER REFUND.

3.268.6 2009 (FORMER LEGACY EDIT 263)

DMS Approved 12/01/97

ERROR STATUS CODE:	2009 (FORMER LEGACY EDIT 263)	**CLAIM TYPE:**	ALL
HEADER/DETAIL:	DETAIL	**PROVIDER TYPE:**	ALL
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	PAPER, NON-PAPER, ADJUSTMENTS, ENCOUNTERS, MASS ADJUSTMENTS
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	MEMBER ID, FDOS, TDOS

ESC NAME:	MEMBER INELIGIBLE ON DATE OF SERVICE
ESC CRITERIA: **LEGACY CRITERIA:**	IF THE MEMBER NUMBER FROM THE CLAIM IS FOUND ON THE SYSTEM, BUT THE MEMBER ELIGIBLE PERIOD COVERS SOME BUT NOT ALL THE CLAIM LEVEL SERVICES DATE SPAN AND THE CLAIM TYPE IS LTC, POST THE ESC. CHECKS FOR PARTIAL ELIGIBILITY WITHIN FROM AND TO DATES OF SERVICE AT DETAIL LEVEL.
EOB CODES:	2009 - MEMBER INELIGIBLE ON CLAIM DATE OF SERVICE
METHOD OF CORRECTION:	1. VERIFY THAT THE MEMBER INFORMATION WAS KEYED CORRECTLY. IF NOT, CORRECT THE MEMBER ID NUMBER.
	2. VERIFY THAT BOTH HEADER AND DETAIL DATES OF SERVICE WERE KEYED CORRECTLY. IF NOT, CORRECT THE DATA. **NOTE: WHEN DATES ARE CORRECTED AT THE DETAIL LEVEL, CORRECT THE HEADER LEVEL DATES, IF AFFECTED.**
	3. IF THERE IS AN ELIGIBILITY CARD PRESENT, AND THE DATES ON THE CARD SHOWS THEY WERE ELIGIBLE, FORWARD THE INFORMATION TO THE APPROPRIATE LOCATION FOR PRIOR AUTHORIZATION TO REVIEW.
	4. IF THERE IS AN ELIGIBILITY CARD PRESENT, AND THE MEMBER ID NUMBER ON THE CARD DOES NOT MATCH THE MEMBER ID NUMBER ON THE CLAIM, DENY THE

	CLAIM WITH EOB 2009.
	5. FOR PAPER CLAIMS IF THE DATE IS CORRECT, RECYCLE THE CLAIM. IF NO MATCH IS FOUND IN 15 DAYS, THE CLAIM WILL AUTO-DENY WITH EOB 2009.
FOR ELECTRONIC CLAIMS:	6. IF THE DATE IS CORRECT, REPROCESS AND RECYCLE . IF NO MATCH IS FOUND IN 21 DAYS, THE CLAIM WILL AUTO-DENY WITH EOB 2009.
FOR MASS ADJUSTMENT CLAIMS:	7. IF THE ENTIRE CLAIM FAILS FOR ESC 2009, VERIFY THE MEMBER MEMBER ID NUMBER BY USING THE NAME AND BIRTHDATE TO READ THE MEMBER ELIGIBILITY FILE. IF KEYED CORRECTLY, REFER TO DMS FOR REVIEW. IF DMS RETURNS WITH NO MATCH FOUND, DENY THE CLAIM AND REQUEST A PROVIDER REFUND. IF DMS INDICATES A NEW MEMBER ID NUMBER, DATA CORRECT THE NEW MEMBER ID NUMBER. IF A NEW NUMBER IS FOUND, DATA CORRECT THE MEMBER ID NUMBER.
	IF ONLY CERTAIN DETAILS FAIL ESC, DENY THE DETAIL WITH EOB 2009.
FOR PAPER ADJUSTMENT:	8. IF THE CLAIM IS KEYED CORRECTLY AND THE ENTIRE CLAIM FAILS THE ESC AND NO ELIGIBILITY CARD IS PRESENT, DENY THE CLAIM AND REQUEST A PROVIDER REFUND.
	IF ONLY CERTAIN DETAILS FAIL ESC, DENY THE DETAIL WITH EOB 2009.

3.269 2010

DMS Approved 05/27/2008

ERROR STATUS CODE:	2010	**CLAIM TYPE:**	All
HEADER/DETAIL:	HEADER	**PROVIDER TYPE:**	All
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	Electronic/Paper
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	Member

ESC NAME:	MULTIPLE ACTIVE PREVIOUS ID'S FOUND FOR MEMBER
ESC CRITERIA:	IF THE SYSTEM RETURNS MORE THAN ONE ROW FOR THE MEMBER ID THEN POST THE ESC. CLAIMS ENGINE IS UNABLE TO DETERMINE THE CURRENT MEDICAID ID. FOR EXAMPLE, IF THE CURRENT MEDICAID ID HAS BEEN CHANGED ON FILE AND DOES NOT MATCH THE MEDICAID ID ON THE CLAIM.
EOB CODES:	2010- MULTIPLE ACTIVE PREVIOUS ID'S FOUND FOR MEMBER.
METHOD OF CORRECTION:	1. VERIFY THAT THE MEMBER IDS WERE KEYED CORRECTLY. IF NOT, CORRECT THE DATA.
	2. IF MEMBER ID'S WERE KEYED CORRECTLY, SUSPEND THE CLAIM AND MOVE TO LOCATION 87-DMS MEMBER ELIGIBILITY HOLD FOR FILE UPDATE/REVIEW. SET THE CLAIM WITH EOB 2010.

3.270 2012

DMS Approved 06/2007

ERROR STATUS CODE:	2012	**CLAIM TYPE:**	ALL
HEADER/DETAIL:	HEADER	**PROVIDER TYPE:**	ALL
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	PAPER, NON-PAPER, ADJUSTMENTS
DATA CORRECTABLE:	NO	**CLAIM FIELD LABEL:**	MEMBER NUMBER

ESC NAME:	MEMBER HAS OVERLAPPING PATIENT LIABILITY SEGMENTS
ESC CRITERIA:	FAILS CLAIMS WHEN THE MEMBER HAS OVERLAPPING PATIENT LIABILITY SEGMENTS
EOB CODES:	2075 – MEMBER HAS OVERLAPPING PATIENT LIABILITY SEGMENTS. PLEASE CONTACT EDS PROVIDER RELATIONS.
METHOD OF CORRECTION:	VERIFY THAT THE MEMBER NUMBER WAS KEYED CORRECTLY. IF NOT, CORRECT THE DATA.
	IF ENTERED CORRECTLY, CONTACT THE MEMBER BUSINESS ANALYST IN SYSTEMS SO THE PATIENT LIABILITY SEGMENTS CAN BE CORRECTED. DO NOT DENY THE CLAIM.

3.271 2017 (FORMER LEGACY EDIT 414)

DMS Approved 02/28/2012

ERROR STATUS CODE:	2017 (Former Legacy Edit 414)	**CLAIM TYPE:**	A, B, H, I, M, O
HEADER/DETAIL:	DETAIL	**PROVIDER TYPE:**	ALL EXCEPT 11, 12, 14, 15, 17, 21, 23, 24, 33, 41, 42, 43, 46, 47, 56/Specialty 661
OVERRIDEABLE:	YES	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENT
DATA CORRECTABLE:	YES	**FIELD NAME:**	MAID, DOS

EDIT NAME:	MEMBER ENROLLED IN PASSPORT OR MCO ASSIGNMENT PLAN DURING DATES OF SERVICE.
EDIT CRITERIA (MCO MEMBERS):	FAILS IF THE MEMBER IS ENROLLED IN AN MCO ASSIGNMENT PLAN DURING THE DATES OF SERVICE. **EXCLUSIONS:** HOSPICE CLAIMS (PT 44) FOR MEMBERS WITH A HOSPICE INSTITUTIONAL STATUS CODE OF M7 ARE EXCLUDED
EDIT CRITERIA (PASSPORT MEMBERS):	FAILS IF THE MEMBER IS ENROLLED IN THE PASSPORT ASSIGNMENT PLAN DURING THE DATES OF SERVICE. **EXCLUSIONS:** • CLAIMS SUBMITTED BY PROVIDER TYPES 02, 04, 13, 14, 20, 27, 28, 29, 30, 44, 82, AND 89 ARE EXCLUDED **NOTE**: P/T 20 EXCLUDED PER CO1287 • CLAIM TYPE I AND A – PROVIDER TYPE 01, 92 AND 93 – CLAIMS WITH REVENUE CODES 114, 124, 134, 144, 154, AND 204 AND NO OTHER ACCOMMODATION REVENUE CODE (100 THRU 219) • PROVIDER TYPE 45 – H5050, H5170, ZR121, ZR124, ZR128, ZR158, 90801, 90844, 90862, J8499, X0050, X0051, AND 99450, H0015, H0017, H0018, 90804. • PROVIDER TYPE 45 – H2029, H2036 AND T2048 - DCR 00995 • PROVIDER TYPE 45-PROCEDURE CODES S8990, S9480, H0005, H0031, H2020, H0046 AND H0047. • PROVIDER TYPE 45 – 90847, 90853, 90804, H0001 PER

	DCR 1401. • PROVIDER TYPE 56 – DETAILS WITH PLACE OF SERVICE 09, 51, 52, 53, 54, 55, OR 56 ARE EXCLUDED • PROVIDER TYPE 54 – PRESCRIBERS LICENSE NUMBER HAS A SPECIALTY OF 339 – PSYCHIATRIST • PROVIDER TYPES 64, 65 – CLAIMS WITH A BILLING PROVIDER SPECIALITY OF 339 ARE EXCLUDED • PROVIDER TYPE 78 – CLAIMS WITH A BILLING PROVIDER SPECIALTY OF 093 ARE EXCLUDED • CLAIM TYPE B – PROVIDER TYPES 82 AND 89 ARE EXCLUDED • PROVIDER TYPE 56/SPECIALTY 661 WAS EXCLUDED FROM EDIT 2017 ON 08/16/2008 VIA DISPOSITION CHANGE (PER DEFECT 10850)
EOB CODES:	**0414 – RECIPIENT ENROLLED IN MANAGED CARE DURING DATES OF SERVICE.**
METHOD OF CORRECTION:	1. VERIFY THAT THE MAID AND DATES OF SERVICE ARE KEYED CORRECTLY. IF NOT, CORRECT THE DATA.
	2. IF KEYED CORRECTLY, DENY WITH EOB 0414.

3.272 2037 (FORMER LEGACY EDIT N/A)

DMS Approved 06/2007

ERROR STATUS CODE:	2037 (FORMER LEGACY EDIT N/A)	**CLAIM TYPE:**	ALL
HEADER/DETAIL:	DETAIL	**PROVIDER TYPE:**	ALL
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	PAPER , NON-PAPER, ADJUSTMENTS
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	MEMBER ID

ESC NAME:	MEMBER ID IS INACTIVE
ESC CRITERIA: **LEGACY CRITERIA:**	ALL CLAIM TYPES. IF THE MEMBER'S ID NUMBER HAS BEEN SET TO INACTIVE ON THE MEMBER BASE INFORMATION PANEL, POST THE EDIT N/A
EOB CODES:	2037 – MEMBER ID IS INACTIVE
METHOD OF CORRECTION:	VERIFY THAT THE INFORMATION WAS KEYED CORRECTLY. IF NOT, CORRECT THE DATA.
	IF ENTERED CORRECTLY, NOTIFY THE SUPERVISOR

3.273 2043 (FORMER LEGACY EDIT 268)

DMS Approved 01/26/96

ERROR STATUS CODE:	2043 (FORMER LEGACY EDIT 268)	**CLAIM TYPE:**	ALL
HEADER/DETAIL:	HEADER	**PROVIDER TYPE:**	ALL
OVERRIDEABLE:	YES	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENT
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	MEMBER ID

ESC NAME:	MEMBER ON REVIEW
ESC CRITERIA: **LEGACY CRITERIA:**	IF THE MEMBER IS UNDER REVIEW FOR THE CLAIM TYPE, PROVIDER TYPE, AND DATE OF SERVICE, POST THE ESC. SUSPENDS CLAIM WHEN MEMBER IS ON REVIEW.
EOB CODES:	0268 – MEMBER ID NUMBER ON CLAIM DOES NOT MATCH THE MEMBER ID NUMBER ON ATTACHED ELIGIBILITY CARD.
METHOD OF CORRECTION:	1. VERIFY MEMBER ID NUMBER WAS KEYED CORRECTLY. IF NOT, CORRECT THE DATA.
	2. IF KEYED CORRECTLY, ROUTE TO PRIOR AUTHORIZATION.
	PRIOR AUTHORIZATION ANALYST
	1. VERIFY MEMBER IS ON REVIEW BY REFERENCING THE MEMBER SUMMARY ONLINE SCREEN. IF THE REVIEW INDICATOR IS A “Y”, REFER TO DMS.

3.274 2057 (FORMER LEGACY EDIT 198)

DMS Approved 05/28/03

ERROR STATUS CODE:	2057 (FORMER LEGACY EDIT 198)	**CLAIM TYPE:**	A, H (PT 34, 42 ONLY), I (PT 01, 02 ONLY), L, M (49 ONLY), O (PT 41)
HEADER/DETAIL:	HEADER	**PROVIDER TYPE:**	01, 02, 11, 12, 34, 39, 41, 42
OVERRIDEABLE:	YES	**TYPE OF DOCUMENT:**	ALL (EXCEPT MASS ADJUSTMENT)
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	FDOS, TDOS

ESC NAME:	DOS SPAN MONTHS-FILE SEPARATE CLAIMS FOR EACH MNTH
ESC CRITERIA: **LEGACY CRITERIA:**	IF THE CLAIM TYPE IS INPATIENT ('I') AND DATES OF SERVICE SPAN 2 CONSECUTIVE MONTHS, POST THE ESC. IF THE CLAIM CONTAINS DATES OF SERVICE FROM DIFFERENT MONTHS, SUSPEND THE CLAIM. **<u>EXCEPTIONS:</u>** FOR **PROV TYPE 01** THIS ESC ONLY APPLIES TO CLAIM TYPE “I” AND ONLY APPLIES IN THE FOLLOWING SITUATIONS: FOR DOS **AFTER** 6/30/91 THIS ESC ONLY APPLIES TO CLAIMS FILED ON MEMBERS UNDER AGE 6 BY DISPROPORTIONATE SHARE HOSPITALS (PAYMENT MODE “3” OR “4” FOR FDOS). THIS ESC ALSO APPLIES TO CLAIMS FILED ON MEMBERS UNDER AGE 1 BY NON-DISPROPORTIONATE SHARE HOSPITALS. FOR DOS BEFORE 7/1/91 THIS ESC ONLY APPLIES TO CLAIMS FILED ON MEMBERS UNDER AGE 1 BY DISPROPORTIONATE SHARE HOSPITALS.
EOB CODES:	0198 – DATES OF SERVICE FOR THIS CLAIM TYPE MUST ALL BE FROM THE SAME MONTH.
METHOD OF CORRECTION:	1. VERIFY THAT THE FROM DATE OF SERVICE WAS KEYED CORRECTLY. IF NOT, CORRECT THE DATA.
	2. VERIFY THAT THE TO DATE OF SERVICE WAS KEYED CORRECTLY. IF NOT, CORRECT THE DATA.
	3. IF THE FROM AND TO DATES OF SERVICE WERE KEYED CORRECTLY, DENY THE CLAIM.
	THIS ESC IS SET TO AUTO-DENY FOR TYPE OF DOCUMENT - ELECTRONIC CLAIMS. NOTE: THIS ESC DOES NOT APPLY TO CLAIM TYPE S AND V, PT. 01 CLAIMS WITH AN ADMISSION DATE GREATER THAN 03/31/03. THE ESC STILL APPLIES TO CRITICAL ACCESS, REHABILITATON AND VENTILATOR FACILITES. DCR80063

3.275 2077 (FORMER LEGACY EDIT 263)

DMS Approved

ERROR STATUS CODE:	2077 (FORMER LEGACY EDIT 263)	**CLAIM TYPE:**	ALL EXCEPT D, O, L, H, M
HEADER/DETAIL:	DETAIL	**PROVIDER TYPE:**	ALL EXCEPT C/T D, O, L, H, M
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	PAPER, NON-PAPER, ADJUSTMENTS
DATA CORRECTABLE:	YES	**FIELD NAME:**	MAID, FDOS, TDOS

ESC NAME:	MEMBER NOT ELIGIBLE ON ALL DATES OF SERVICE
ESC CRITERIA: **LEGACY CRITERIA:**	IF THE BENEFICIARY'S ELIGIBILITY PERIOD COVERS SOME BUT NOT ALL THE CLAIM LEVEL SERVICES DATE SPAN, AND THE CLAIM TYPE IS NOT D, O, L, H OR M, POST THE EDIT. NOTE – FOR INPATIENT HOSPITAL DRG CLAIMS THE EDIT IS NOT POSTED IF THE MEMBER IS ELIGIBLE ON THE FROM DATE OF SERVICE (CO 10324). CHECKS FOR PARTIAL ELIGIBILITY WITHIN FROM AND TO DATES OF SERVICE AT DETAIL LEVEL.
EOB CODES:	2252 – MEMBER IS NOT ELIGIBLE ALL DATES OF SERVICE. 0268 – RECIPIENT MAID NUMBER ON CLAIM DOES NOT MATCH THE RECIPIENT MAID NUMBER ON ATTACHED ELIGIBILITY CARD.
METHOD OF CORRECTION:	3. VERIFY THAT THE RECIPIENT INFORMATION WAS KEYED CORRECTLY. IF NOT, CORRECT THE MAID NUMBER.
	4. VERIFY THAT BOTH HEADER AND DETAIL DATES OF SERVICE WERE KEYED CORRECTLY. IF NOT, CORRECT THE DATA. **NOTE: WHEN DATES ARE CORRECTED AT THE DETAIL LEVEL, CORRECT THE HEADER LEVEL DATES, IF AFFECTED.**
	7. IF THERE IS AN ELIGIBILITY CARD PRESENT, AND THE DATES ON THE CARD SHOWS THEY WERE ELIGIBLE, FORWARD THE INFORMATION TO THE APPROPRIATE LOCATION FOR PRIOR AUTHORIZATION TO REVIEW.
	8. IF THERE IS AN ELIGIBILITY CARD PRESENT, AND THE MAID NUMBER ON THE CARD DOES NOT MATCH THE MAID NUMBER ON THE CLAIM, DENY THE CLAIM WITH EOB 0268.
	9. FOR PAPER CLAIMS IF THE DATE IS CORRECT, RECYCLE THE CLAIM. IF NO MATCH IS FOUND IN 15 DAYS, THE CLAIM WILL AUTO-DENY WITH EOB 2252.
FOR ELECTRONIC CLAIMS:	10. IF THE DATE IS CORRECT, REPROCESS AND RECYCLE . IF NO MATCH IS FOUND IN 21 DAYS, THE CLAIM WILL

	AUTO-DENY WITH EOB 2252.
FOR MASS ADJUSTMENT CLAIMS:	8. IF THE ENTIRE CLAIM FAILS FOR ESC 2077, VERIFY THE RECIPIENT MAID NUMBER BY USING THE NAME AND BIRTHDATE TO READ THE RECIPIENT ELIGIBILITY FILE. IF KEYED CORRECTLY, REFER TO DMS FOR REVIEW. IF DMS RETURNS WITH NO MATCH FOUND, DENY THE CLAIM AND REQUEST A PROVIDER REFUND. IF DMS INDICATES A NEW MAID NUMBER, DATA CORRECT THE NEW MAID NUMBER. IF A NEW NUMBER IS FOUND, DATA CORRECT THE MAID NUMBER. IF ONLY CERTAIN DETAILS FAIL EDIT, DENY THE DETAIL WITH EOB 2252.
FOR PAPER ADJUSTMENT:	9. IF THE CLAIM IS KEYED CORRECTLY AND THE ENTIRE CLAIM FAILS THE EDIT AND NO ELIGIBILITY CARD IS PRESENT, DENY THE CLAIM AND REQUEST A PROVIDER REFUND. IF ONLY CERTAIN DETAILS FAIL EDIT, DENY THE DETAIL WITH EOB 2252.

3.276 2078

DMS Approved 1/25/2008

ERROR STATUS CODE:	2078	**CLAIM TYPE:**	ALL EXCEPT A AND I
HEADER/DETAIL:	DETAIL	**PROVIDER TYPE:**	ALL
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	PAPER, NON-PAPER, ADJUSTMENTS
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	
ESC NAME:	MEMBER HAS MULTIPLE BENEFIT PLANS FOR THE DATE OF SERVICE RANGE.		
ESC CRITERIA:	KY SPECIFIC ESC FAILS IF A MEMBER HAS MULTIPLE BENEFIT PLANS FOR THE DETAIL DATE OF SERVICE RANGE. CREATED BY DEFECT 9330.		
EOB CODES:	2078 – MEMBER HAS MULTIPLE BENEFIT PLANS FOR THE DATE OF SERVICE RANGE.		
METHOD OF CORRECTION:	VERIFY THE MEMBER ID AND DATES OF SERVICE WERE KEYED CORRECTLY. IF NOT, CORRECT AND RECYCLE.		
	IF KEYED CORRECTLY, DENY THE CLAIM WITH EOB CODE 2078.		

3.277 2500 (FORMER LEGACY EDIT 282)

DMS Approved: 05/04/06

ERROR STATUS CODE:	2500 (FORMER LEGACY EDIT 282)	**CLAIM TYPE:**	H, I
HEADER/DETAIL:	HEADER/DETAIL	**PROVIDER TYPE:**	01, 02, 44, 92, 93
OVERRIDEABLE:	YES	**TYPE OF DOCUMENT:**	PAPER, NON-PAPER, ADJUSTMENTS, ENCOUNTERS
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	MEMBER ID

ESC NAME:	MEMBER COVERED BY MEDICARE A (NO ATTACHMENT)
ESC CRITERIA:	IF THE CLAIM TYPE IS AN INPATIENT ('I') OR LONG-TERM CARE ('L') AND THE MEMBER ON THE CLAIM IS ELIGIBLE FOR MEDICARE PART A WITHOUT AN ATTACHMENT, POST THE ESC. IF THE CLAIM TYPE IS A CROSS OVER ('A', 'B', 'C') OR DENTAL BYPASS THE ESC.
LEGACY CRITERIA:	FAILS IF THE MEMBER HAS A MEDICARE TYPE INDICATOR OF “A”, “C”, “R”, OR “S” ON THE MEMBER ELIGIBILITY FILE FOR THE HEADER “FROM” DATE OF SERVICE. ALSO FAILS IF THE MEMBER HAS A PART A BUY-IN SEGMENT FOR THE DATES OF SERVICE. THIS ESC IS SET AT THE DETAIL FOR HOSPICE CLAIMS (TYPE H). THIS ESC IS SET TO AUTO-DENY ON PROVIDER TYPE 02, BILLED ON THE ELECTRONIC CLAIM. THIS ESC IS ALSO SET TO AUTO-DENY IF THE CLAIM’S BATCH RANGE IS 400-499.
	<u>EXCLUSIONS:</u> PROVIDER NUMBERS 01022532 AND 01000256 BYPASS ESC 282 PER DCR00757. FOR CLAIM TYPE I, CLAIMS WITH A TYPE OF BILL 110 ARE EXCLUDED. FOR CLAIM TYPE H, HOSPICE MEMBERS WHO ARE HOSPICE TYPE 2 ,3,OR 4 ARE EXCLUDED.
	FOR CLAIM TYPE H, DETAILS WITH REVENUE CODES 155, 182, 183, 184, 185, 250, 653, AND 654 ARE EXCLUDED. ENCOUNTER CLAIMS WITH A TPL INDICATOR OF 13 BYPASS THIS ESC. VOIDED ENCOUNTER CLAIMS ARE EXCLUDED
EOB CODES:	0282 – THE MEMBER HAS MEDICARE PART A. PLEASE BILL MEDICARE.

METHOD OF CORRECTION:	1. SCAN THE CLAIM AND VERIFY THAT THE MEMBER NUMBER AND THE DATES OF SERVICE WERE KEYED CORRECTLY. IF NOT, CORRECT THE ERRORED FIELDS.
	2. EXAMINE THE CLAIM FOR ATTACHMENTS OF DOCUMENTATION. THE ONLY ACCEPTABLE FORMS OF DOCUMENTATION ARE:
	3. PROOF OF DENIAL FROM MEDICARE OR PROOF OF NON-PAYMENT FROM MEDICARE (EOMB). A BLUE CROSS/BLUE SHIELD EOMB WITH AN "AC" (ACTION CODE) OF 43 OR HK IS NOT ACCEPTABLE PROOF OF DENIAL.
	A. PROOF OF DENIAL FOR THE SAME MEMBER FOR THE SAME OR RELATED SERVICES FROM MEDICARE. THE DENIAL FOR ELIGIBILITY CANNOT BE MORE THAN 6 MONTHS FROM THE DATE OF SERVICE ON THE MEDICAID CLAIM. B. A LETTER FROM THE PROVIDER INDICATING THAT HE/SHE CONTACTED MEDICARE (BLUE CROSS/BLUE SHIELD) AND SPOKE WITH AN AGENT TO VERIFY THAT THE MEMBER WAS NOT COVERED. C. CONFIRMATION OF DENIAL IF MEDICARE COVERAGE FOR PERSONS UNDER 65 FROM THE PROVIDER. D. IF THERE IS A MEDICARE HEALTH INSURANCE CARD PRESENT AND IT SHOWS THAT THE MEMBER IS ELIGIBLE FOR HOSPITAL OR MEDICAL INSURANCE, CHECK THE EFFECTIVE DATES AGAINST THE DATES OF SERVICE TO VERIFY ELIGIBILITY. IF NOT ELIGIBLE FOR DATES OF SERVICE, OVERRIDE THE ESC. IF ELIGIBLE, DENY THE CLAIM WITH EOB 2502.
	4. IF CLAIM AND OR DOCUMENTATION INDICATES THAT MEDICARE PAYMENT WAS RECEIVED BY MEMBER, DENY THE CLAIM WITH EOB 2502.
	5. IF CLAIM TYPE I, PROVIDER TYPE "02", MENTAL HOSPITAL, ACCESS THE MEMBER SUBSYSTEM, SCREEN 3 (MEDICARE ENTITLEMENT). IF THE DATE OF SERVICE ON THE CLAIM IS GREATER THAN 90 DAYS FROM THE BEGIN DATE OF MEDICARE PART A COVERAGE, OVERRIDE THE ESC, SINCE NO MEDICARE DAYS REMAIN FOR THE BENEFIT PERIOD.
	6. IF CLAIM TYPE I, AND PROVIDER TYPE "02", MENTAL HOSPITAL, AND THE "NOTICE OF MEDICARE CLAIM DETERMINATION" IS **ATTACHED** STATING THAT PAYMENT HAS BEEN MADE FOR 190 DAYS OF INPATIENT CARE IN A PSYCHIATRIC HOSPITAL, ALWAYS OVERRIDE THE ESC. IF THE "NOTICE OF MEDICARE CLAIM DETERMINATION" IS **NOT** ATTACHED, DENY THE CLAIM WITH EOB 2502.
	7. CHECK THE CLAIM TO SEE IF MEDICARE HAS MADE PAYMENT. IF THERE IS INDICATION THAT MEDICARE DID MAKE PAYMENT: • COMPLETE A CLAIM RETRIEVAL FORM FROM THE WAREHOUSE, REQUESTING THE CLAIM TO BE PULLED IN ORDER TO REBATCH.

	• REBATCH CLAIM AS A CROSSOVER AND REPROCESS. • DELETE OLD TCN FROM THE SYSTEM
	IF ALL TPL FIELDS WERE KEYED CORRECTLY AND NO DOCUMENTATION OF PAYMENT OR DENIAL IS PRESENT, DENY THE CLAIM WITH EOB 2502.
	FOR PROVIDER TYPE 34 CLAIMS BILLED ON A UB04, IF A CONDITION CODE OF “Y1” IS ENTERED (FORM LOCATORS 24-30), THE CLAIM WILL BYPASS ESC 2500.
	FOR PROVIDER TYPE 77, THE FOLLOWING PROCEDURE CODES ARE EXCLUDED FROM ESC 2500: 76515, 76517, 92015, 92230, 92235, 92283, 92284, 92310, 92313 ENCOUNTER CLAIMS WITH A TPL INDICATOR OF 13 BYPASS THIS ESC.
	FOR PROVIDER TYPE 78, DETAILS WITH A PLACE OF SERVICE CODE OTHER THAN “31”, “32”, “54” OR “56” ARE EXCLUDED FROM ESC 2500.
	FOR PROVIDER TYPE 90, THE FOLLOWING PROCEDURE CODES ARE EXCLUDED FROM ESC 2500: L3000-L3039 L3091-L3299 L3335-L3379 L3041-L3049 L3301-L3309 L3381-L3389 L3051-L3059 L3311-L3319 L3391-L3649 L3061-L3069 L3321-L3329 XZ883 L3071-L3079 L3331 XZ884 L3081-L3089 L3333 E0972 E0625 A4206
	DETAILS WITH A PROCEDURE CODE OF Y2870 ARE EXCLUDED FROM ESC 2500.

3.278 2501 (FORMER LEGACY EDIT 282)

DMS Approved: 05/04/06

ERROR STATUS CODE:	2501 (FORMER LEGACY EDIT 282)	**CLAIM TYPE:**	H, I
HEADER/DETAIL:	HEADER/DETAIL	**PROVIDER TYPE:**	01, 02, 44, 92, 93
OVERRIDEABLE:	YES	**TYPE OF DOCUMENT:**	PAPER CLAIM, ELECTRONIC CLAIM, EXCEPT PAPER ADJUSTMENTS
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	MEMBER ID

ESC NAME:	MEMBER COVERED BY MEDICARE A (NO ATTACHMENT)
ESC CRITERIA:	IF THE CLAIM TYPE IS AN INPATIENT ('I') OR LONG-TERM CARE ('L') AND THE MEMBER ON THE CLAIM IS ELIGIBLE FOR MEDICARE PART A WITHOUT AN ATTACHMENT, POST THE ESC. IF THE CLAIM TYPE IS A CROSS OVER ('A', 'B', 'C') OR DENTAL BYPASS THE ESC.
	FAILS IF THE MEMBER HAS A MEDICARE TYPE INDICATOR OF “A”, “C”, “R”, OR “S” ON THE MEMBER ELIGIBILITY FILE FOR THE HEADER “FROM” DATE OF SERVICE. ALSO FAILS IF THE MEMBER HAS A PART A BUY-IN SEGMENT FOR THE DATES OF SERVICE. THIS ESC IS SET AT THE DETAIL FOR HOSPICE CLAIMS (TYPE H). THIS ESC IS SET TO AUTO-DENY ON PROVIDER TYPE 02, BILLED ON THE ELECTRONIC CLAIM. THIS ESC IS ALSO SET TO AUTO-DENY IF THE CLAIM’S BATCH RANGE IS 400-499.
	<u>EXCLUSIONS:</u> PROVIDER NUMBERS 01022532 AND 01000256 BYPASS ESC 282 PER DCR00757. FOR CLAIM TYPE S, CLAIMS WITH A TYPE OF BILL 110 ARE EXCLUDED. FOR CLAIM TYPE H, HOSPICE MEMBERS WHO ARE HOSPICE TYPE 2 ,3,OR 4 ARE EXCLUDED.
	FOR CLAIM TYPE H, DETAILS WITH REVENUE CODES 155, 182, 183, 184, 185, 250, 653, AND 654 ARE EXCLUDED. ENCOUNTER CLAIMS WITH A TPL INDICATOR OF 13 BYPASS THIS ESC. VOIDED ENCOUNTER CLAIMS ARE EXCLUDED
EOB CODES:	0282 – THE MEMBER HAS MEDICARE PART A. PLEASE BILL MEDICARE.

METHOD OF CORRECTION:	1. SCAN THE CLAIM AND VERIFY THAT THE MEMBER NUMBER AND THE DATES OF SERVICE WERE KEYED CORRECTLY. IF NOT, CORRECT THE ERRORED FIELDS.
	2. EXAMINE THE CLAIM FOR ATTACHMENTS OF DOCUMENTATION. THE ONLY ACCEPTABLE FORMS OF DOCUMENTATION ARE:
	4. PROOF OF DENIAL FROM MEDICARE OR PROOF OF NON-PAYMENT FROM MEDICARE (EOMB). A BLUE CROSS/BLUE SHIELD EOMB WITH AN "AC" (ACTION CODE) OF 43 OR HK IS NOT ACCEPTABLE PROOF OF DENIAL.
	E. PROOF OF DENIAL FOR THE SAME MEMBER FOR THE SAME OR RELATED SERVICES FROM MEDICARE. THE DENIAL FOR ELIGIBILITY CANNOT BE MORE THAN 6 MONTHS FROM THE DATE OF SERVICE ON THE MEDICAID CLAIM. F. A LETTER FROM THE PROVIDER INDICATING THAT HE/SHE CONTACTED MEDICARE (BLUE CROSS/BLUE SHIELD) AND SPOKE WITH AN AGENT TO VERIFY THAT THE MEMBER WAS NOT COVERED. G. CONFIRMATION OF DENIAL IF MEDICARE COVERAGE FOR PERSONS UNDER 65 FROM THE PROVIDER. H. IF THERE IS A MEDICARE HEALTH INSURANCE CARD PRESENT AND IT SHOWS THAT THE MEMBER IS ELIGIBLE FOR HOSPITAL OR MEDICAL INSURANCE, CHECK THE EFFECTIVE DATES AGAINST THE DATES OF SERVICE TO VERIFY ELIGIBILITY. IF NOT ELIGIBLE FOR DATES OF SERVICE, OVERRIDE THE ESC. IF ELIGIBLE, DENY THE CLAIM WITH EOB 0282.
	5. IF CLAIM AND OR DOCUMENTATION INDICATES THAT MEDICARE PAYMENT WAS RECEIVED BY MEMBER, DENY THE CLAIM WITH EOB 0278.
	6. IF CLAIM TYPE S, PROVIDER TYPE "02", MENTAL HOSPITAL, ACCESS THE MEMBER SUBSYSTEM, SCREEN 3 (MEDICARE ENTITLEMENT). IF THE DATE OF SERVICE ON THE CLAIM IS GREATER THAN 90 DAYS FROM THE BEGIN DATE OF MEDICARE PART A COVERAGE, OVERRIDE THE ESC, SINCE NO MEDICARE DAYS REMAIN FOR THE BENEFIT PERIOD.
	7. IF CLAIM TYPE S, AND PROVIDER TYPE "02", MENTAL HOSPITAL, AND THE "NOTICE OF MEDICARE CLAIM DETERMINATION" IS **ATTACHED** STATING THAT PAYMENT HAS BEEN MADE FOR 190 DAYS OF INPATIENT CARE IN A PSYCHIATRIC HOSPITAL, ALWAYS OVERRIDE THE ESC. IF THE "NOTICE OF MEDICARE CLAIM DETERMINATION" IS **NOT** ATTACHED, DENY THE CLAIM WITH EOB 0282.
	8. CHECK THE CLAIM TO SEE IF MEDICARE HAS MADE PAYMENT. IF THERE IS INDICATION THAT MEDICARE DID MAKE PAYMENT: • COMPLETE A CLAIM RETRIEVAL FORM FROM THE WAREHOUSE, REQUESTING THE CLAIM TO BE PULLED IN ORDER TO REBATCH. • REBATCH CLAIM AS A CROSSOVER AND REPROCESS.

	• DELETE OLD TCN FROM THE SYSTEM
	IF ALL TPL FIELDS WERE KEYED CORRECTLY AND NO DOCUMENTATION OF PAYMENT OR DENIAL IS PRESENT, DENY THE CLAIM WITH EOB 0282.
	FOR PROVIDER TYPE 34 CLAIMS BILLED ON A UB04, IF A CONDITION CODE OF “Y1” IS ENTERED (FORM LOCATORS 24-30), THE CLAIM WILL BYPASS ESC 2514.
	FOR PROVIDER TYPE 77, THE FOLLOWING PROCEDURE CODES ARE EXCLUDED FROM ESC 2502: 76515, 76517, 92015, 92230, 92235, 92283, 92284, 92310, 92313 ENCOUNTER CLAIMS WITH A TPL INDICATOR OF 13 BYPASS THIS ESC.
	FOR PROVIDER TYPE 78, DETAILS WITH A PLACE OF SERVICE CODE OTHER THAN “31”, “32”, “54” OR “56” ARE EXCLUDED FROM ESC 2502.
	FOR PROVIDER TYPE 90, THE FOLLOWING PROCEDURE CODES ARE EXCLUDED FROM ESC 2502: L3000-L3039 L3091-L3299 L3335-L3379 L3041-L3049 L3301-L3309 L3381-L3389 L3051-L3059 L3311-L3319 L3391-L3649 L3061-L3069 L3321-L3329 XZ883 L3071-L3079 L3331 XZ884 L3081-L3089 L3333 E0972 E0625 A4206
	DETAILS WITH A PROCEDURE CODE OF Y2870 ARE EXCLUDED FROM ESC 2502.

3.279 2502 (FORMER LEGACY EDIT 283)

DMS Approved 02/28/2012

ERROR STATUS CODE:	2502 (FORMER LEGACY EDIT 283)	**CLAIM TYPE:**	H, M, O, P/Q
HEADER/DETAIL:	HEADER/DETAIL	**PROVIDER TYPE:**	01, 02, 21, 22, 30, 31, 34, 35, 36, 37, 39, 54, 55, 64, 70, 72, 74, 77, 78, 85, 90
OVERRIDEABLE:	YES	**TYPE OF DOCUMENT:**	PAPER, NON-PAPER, ADJUSTMENTS, ENCOUNTERS
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	MEMBER ID

ESC NAME:	RECORDS INDICATE MEMBER HAS MEDICARE PART-B COVERAGE.		
ESC CRITERIA:	IF THE CLAIM TYPE IS A MEDICAL ('M'), OUTPATIENT ('O') OR HOME HEALTH ('H') AND THE MEMBER ON CLAIM IS ELIGIBLE FOR MEDICARE PART B WITHOUT AN ATTACHMENT, POST THE ESC.		
LEGACY CRITERIA:	FAILS IF THE MEMBER HAS A MEDICARE PART B SEGMENT FOR THE DATES OF SERVICE ON THE MEDICARE ENTITLEMENT SCREEN. THIS ESC IS SET TO AUTO-DENY ON ALL ELECTRONIC CLAIMS.		
EXCLUSIONS:			
	All Diagnosis codes are excluded(CO 11884)		
	IF THE CLAIM TYPE IS A CROSS OVER ('A', 'B', 'C') OR DENTAL BYPASS THE ESC.		
	CLAIM TYPE D, PT. 54 PHARMACY CLAIMS WITH THE FOLLOWING GPPCS ARE MONITORED BY ESC 2514. PER DCR00698:		
	000592	016544	041848
	004941	016900	041849
	004955	021416	043010
	004963	021592	043011
	004964	021700	043012
	005039	021796	043013
	008770	021797	043230
	008771	023724	043458
	008773	023881	046525
	008777	023882	046526
	008838	023883	048291

	011682	032599	049871
	011683	034749	051793(DCR 00789)
	011684	034750	051794(DCR 00789)
	011688	037042	051878(DCR 00789)
	011963	039780	057879
	011964	039781	
	016392	041832	
	016393	041845	
	FOR CLAIM TYPE P/Q, CLAIMS THAT HAVE A 'MEDICARE PART B OVERRIDE' PRIOR AUTHORIZATION FOR THE SAME GPPC AND DATE OF SERVICE ARE EXCLUDED FROM ESC 2502. TYPE D CLAIMS WITH A CUSTOMER LOCATION OF '03' AND THE GPPC OF 000592, 005039, 016900, 046525, 046526, 011688, 021416, 021700, 004955, 004941, 041848, 041849, 049871, 004963, 004964 OR 037042 ARE EXCLUDED FROM ESC 2502. FOR CLAIM TYPE "M" (**P/T 21**) PROCEDURE CODES A0160, X0081. AND X0082 ARE EXCLUDED. CLAIM TYPE "M" (**P/T 23**) CLAIMS ARE EXCLUDED. FOR **PROVIDER TYPE 01**, CLAIMS WITH A TYPE OF BILL OF 134 ARE EXCLUDED. FOR **PROVIDER TYPE 01**, CLAIM TYPE "M" BILLING REVENUE CODE 360 WITH ACCOMPANYING DENTAL CODES ARE EXCLUDED FROM ESC 2502. FOR **PROVIDER TYPE 36**, CLAIM TYPES "M" AND "B" BILLING DENTAL CODES ARE EXCLUDED FROM ESC 2502. FOR **PROVIDER TYPE 20**, ONLY DETAILS BILLED WITH THE FOLLOWING MODIFIERS WILL FAIL ESC 2502: A1, A2, A3, A4, J1, J2, K1, K2, K3, K4, K5, K6, AM FOR **PROVIDER TYPE 20**, ONLY THE FOLLOWING PROCEDURES WILL FAIL ESC 2502: (EXCEPT FOR EPSDT NEW PROCEDURE CODE (CPT 4) SHOULD FAIL) WP120, WP121, WP122, WP123, WP124, WP140, WP141, WP142, WP143, WP172, WP341, WP342, WP343, WP375, WP379, WP510, WP511, S9140, WP513, 92002, WP514, WP516, WP517, WP530, WP531, WP550, WP551, WP560, WP561, WP562, WP565, WP571, WP572, WP574, WP575, WP700, WP702, WP703, WP705, WP706, WP708, WP900		
	FOR **PROVIDER TYPE 22**, THE FOLLOWING PROCEDURE CODES ARE EXCLUDED FROM ESC 2502: V2020, V2100 THRU V2118, V2121, V2199 THRU V2221, V2299, V2410, V2430, V2499, V5030, V5040, V5050, V5060, V5090, V5170, V5180, V5210, V5220, W0073 THRU W0075, V5264, W0080, W0090, W0091 THRU W0094, W0716, W0718, W0725, W0726, W0351, W3052, WP101, WP102, WP106, WP111 THRU WP113, V5299, V5266, V5299, V5267, V5264, V5014, V2799,		

	92499, 99381-99385, 99391-99397		
	FOR **PROVIDER TYPE 22** ADA PROCEDURE CODES ARE EXCLUDED FROM ESC 2502.		
	FOR **PROVIDER TYPE 30**, ONLY DETAILS BILLED WITH THE FOLLOWING PROCEDURE CODES WILL FAIL ESC 2514: X0110, X0111, X0130, X0140, X0150, X0151, X0152, X0153, X0155, X0156, X0157, 90816, 99221, H0046, H2011, 90804, 90853, 90801, 99201, H0012, 90862, 90847 FOR **PROVIDER TYPE 30**, EFFECTIVE FOR DATES OF SERVICE BEGINNING 12/15/2000, PROCEDURE CODES X0110, X0111, X0130, X0140, X0150, X0151, X0152, X0153, X0155, X0156 AND X0157, 90816, 99221, H0046, H2011, 90804, 90853, 90801, 99201, H0012, 90862, 90847, WHEN BILLED WITH MODIFIER “X”, “GC”, “F” OR ‘SA’WILL BYPASS THIS ESC.		
	FOR **PROVIDER TYPES 31 AND 35**, DETAILS WITH DENTAL/DRUG ARE EXCLUDED FROM ESC 2502.		
	FOR **PROVIDER TYPES 31 AND 35**, PROCEDURE CODE “Y6000” IS EXCLUDED FROM ESC 2502.		
	FOR **PROVIDER TYPES 22, 31, 35, 64, AND 78**, THE FOLLOWING PROCEDURE CODES ARE EXCLUDED FROM ESC 2502: 92002, 92004, 92012, 92014, 92015, 92018, 92019, 92020, 92060, 92065, 92070, 92081, 92082, 92083, 92100, 92120, 92130, 92140, 92225, 92226, 92230, 92235, 92250, 92260, 92265, 92270, 92280, 92283, 92284, 92285, 92286, 92287, 92310, 92311, 92312, 92313, Y5411, 92275		
	FOR **PROVIDER TYPE 34** CLAIMS WITH A 5010 INDICATOR, IF A CONDITION CODE OF “12” IS ENTERED, THE CLAIM WILL BYPASS EDIT 2502. NOTE – FOR 4010 CLAIMS/CLAIMS SUBMITTED PRIOR TO THE IMPLEMENTATION OF DEFECT 17451, PROVIDER TYPE 34 CLAIMS WITH A CONDITION CODE OF ‘Y1’ BYPASSED EDIT 2502.		
	FOR **PROVIDER TYPE 77**, THE FOLLOWING PROCEDURE CODES ARE EXCLUDED FROM ESC 2502: 76515, 76517, 92015, 92230, 92235, 92283, 92284, 92310, 92313 ENCOUNTER CLAIMS WITH A TPL INDICATOR OF 13 BYPASS THIS ESC.		
	VOIDED ENCOUNTER CLAIMS ARE EXCLUDED		
	FOR PROVIDER TYPE 78, DETAILS WITH A PLACE OF SERVICE CODE OF “31”, “32”, “54” OR “56” ARE EXCLUDED FROM ESC 2502. NOTE: ESC 2502 HAS BEEN MODIFIED SO THAT CLAIM DETAILS PROCESSED EFFECTIVE MAY 11, 2004 AND AFTER UNDER PROVIDER TYPE 78 WITH A PLACE OF SERVICE 31, 32, 54, OR 56 ARE ESCED FOR E2502. DCR01114 REMOVED THE EXCLUSION CRITERIA FROM ESC 2502 AND APPLIED TO PROVIDER TYPE 78.		
	FOR **PROVIDER TYPE 90**, THE FOLLOWING PROCEDURE CODES ARE EXCLUDED FROM ESC 2502:		
	L3000-L3039	L3321-L3329	E0625

	L3041-L3049	L3331	A4206
	L3051-L3059	L3333	A4250
	L3061-L3069	L3335-L3379	A4215
	L3071-L3079	L3381-L3389	A4627
	L3081-L3089	L3391-L3649	
	L3091-L3299	XZ883	
	L3301-L3309	XZ884	
	L3311-L3319	E0972	
	DETAILS WITH A **PROCEDURE CODE OF Y2870** ARE EXCLUDED FROM ESC 2502.		
EOB CODES:	0283 – OUR RECORDS INDICATE MEMBER HAS MEDICARE PART B COVERAGE. PLEASE BILL MEDICARE.		
METHOD OF CORRECTION:	SCAN THE CLAIM AND VERIFY THAT THE MEMBER NUMBER, PROCEDURE CODE, AND THE DATES OF SERVICE WERE KEYED CORRECTLY. IF NOT, CORRECT THE ERRORED FIELDS.		
	IF THE CLAIM TYPE IS TYPE “H” AND THE PROVIDER TYPE IS 34, HOME HEALTH, AND A MAP-34 IS ATTACHED, OVERRIDE THE ESC. IF THE MAP-34 IS INCOMPLETE, DENY THE CLAIM. **NOTE: A MAP-34 MUST BE SIGNED AND DATED WITHIN A YEAR OF THE DATES OF SERVICE, AND HAVE APPROPRATE BOX MARKED, WITH AN EXPLANATION.** FOR PROVIDER TYPE 34 CLAIMS BILLED ON THE UB04, VERIFY THAT A CONDITION CODE OF “Y1” HAS NOT BEEN ENTERED (FORM LOCATORS #24 THROUGH 30 ON THE UB04). IF A Y1 HAS BEEN ENTERED, BUT WAS NOT KEYED CORRECTLY, DATA CORRECT THE MAP-34 INDICATOR FIELD.		
	IF THE CLAIM TYPE IS TYPE “M” AND THE PROVIDER IS A NON-CONFORMING AMBUALNCE SERVICE, REVIEW THE DOCUMENTATION ATTACHED. IF DOCUMENTATION INDICATES THE SERVICE WAS NOT APPROVED FOR MEDICARE PARTICIPATION, OVERRIDE THE ESC. THIS SHOULD ONLY APPLY TO MEDICARE COVERAGE.		
	EXAMINE THE CLAIM FOR ATTACHMENTS OF DOCUMENTATION. THE ONLY ACCEPTABLE FORMS OF DOCUMENTATION ARE: A. PROOF OF DENIAL FROM MEDICARE OR PROOF OF NON-PAYMENT FROM MEDICARE (EOMB). 1. A BLUE CROSS/BLUE SHIELD EOMB WITH AN “AC” (ACTION CODE) OF 43 OR HK IS NOT ACCEPTABLE PROOF OF DENIAL. 2. FOR PROVIDER TYPES 31 AND 35 THE BILLED AMOUNT ON THE EOMB DOES NOT HAVE TO MATCH THE CLAIM. B. PROOF OF DENIAL FOR THE SAME MEMBER FOR THE SAME OR RELATED SERVICES FROM MEDICARE. THE DENIAL CANNOT BE MORE THAN 6 MONTHS OLD. C. A LETTER FROM THE PROVIDER INDICATING THAT HE/SHE CONTACTED MEDICARE (BLUE CROSS/BLUE		

	SHIELD) AND SPOKE WITH AN AGENT TO VERIFY THAT THE MEMBER WAS NOT COVERED. D. CONFIRMATION OF DENIAL IF MEDICARE COVERAGE FOR PERSONS UNDER 65 FROM THE PROVIDER. E. IF THERE IS A MEDICARE HEATH INSURANCE CARD PRESENT AND IT SHOWS THAT THE MEMBER IS ELIGIBLE FOR HOSPITAL OR MEDICAL INSURANCE, CHECK THE EFFECTIVE DATES AGAINST THE DATES OF SERVICE TO VERIFY ELIGIBILITY. IF NOT ELIGIBLE FOR THE DATES OF SERVICE, OVERRIDE THE ESC. IF ELIGIBLE, DENY THE CLAIM WITH EOB 283. IF ANY OF THE ABOVE DOCUMENTATION IS PRESENT, OVERRIDE THE ESC. IF CLAIM AND/OR DOCUMENTATION INDICATES THAT MEDICARE PAYMENT WAS RECEIVED BY THE MEMBER, DENY THE ESC WITH EOB 2502.
	• COMPLETE A CLAIM RETRIEVAL FORM FROM THE WAREHOUSE, REQUESTING THE CLAIM TO BE PULLED IN ORDER TO REBATCH. • REBATCH CLAIM AS A CROSSOVER AND REPROCESS. DELETE OLD TCN FROM THE SYSTEM.
	IF THE CLAIM WAS KEYED CORRECTLY AND NONE OF THE ABOVE SITUATIONS APPLY, DENY THE LINE WITH EOB 2502.

3.280 2503 (FORMER LEGACY EDIT 283)

DMS Approved 02/28/2012

ERROR STATUS CODE:	2503 (FORMER LEGACY EDIT 283)	**CLAIM TYPE:**	H, M, O, P/Q
HEADER/DETAIL:	HEADER/DETAIL	**PROVIDER TYPE:**	01, 02, 21, 22, 30, 31, 34, 35, 36, 37, 39, 54, 55, 64, 70, 72, 74, 77, 78, 85, 90
OVERRIDEABLE:	YES	**TYPE OF DOCUMENT:**	PAPER, NON-PAPER, ADJUSTMENTS, ENCOUNTERS
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	MEMBER ID
ESC NAME:	MEMBER COVERED BY MEDICARE B (WITH ATTACHMENT)		
ESC CRITERIA:	IF THE CLAIM TYPE IS A MEDICAL ('M'), OUTPATIENT ('O') OR HOME HEALTH ('H') AND THE MEMBER ON CLAIM IS ELIGIBLE FOR MEDICARE PART B WITH AN ATTACHMENT, POST THE ESC.		
LEGACY CRITERIA:	FAILS IF THE MEMBER HAS A MEDICARE PART B SEGMENT FOR THE DATES OF SERVICE ON THE MEDICARE ENTITLEMENT SCREEN. THIS ESC IS SET TO AUTO-DENY ON ALL ELECTRONIC CLAIMS.		
EXCLUSIONS:			
	All Diagnosis codes are excluded(CO 11884)		
	IF THE CLAIM TYPE IS A CROSS OVER ('A', 'B', 'C') OR DENTAL BYPASS THE ESC.		
	NOTE: CLAIM TYPE P/Q, PT. 54 PHARMACY CLAIMS WITH THE FOLLOWING GPPCS ARE MONITORED BY ESC 2503. PER DCR00698: GPPC's 051793, 051794 AND 051878 ADDED PER DCR 00789		
	000592	016544	041848
	004941	016900	041849
	004955	021416	043010
	004963	021592	043011
	004964	021700	043012
	005039	021796	043013
	008770	021797	043230
	008771	023724	043458
	008773	023881	046525
	008777	023882	046526
	008838	023883	048291
	011682	032599	049871

	011683	034749	051793 (DCR 00789)
	011684	034750	051794(DCR 00789)
	011688	037042	051878(DCR 00789)
	011963	039780	057879
	011964	039781	
	016392	041832	
	016393	041845	
	FOR **CLAIM TYPE P/Q**, CLAIMS THAT HAVE A 'MEDICARE PART B OVERRIDE' PRIOR AUTHORIZATION FOR THE SAME GPPC AND DATE OF SERVICE ARE EXCLUDED FROM ESC 2503. **CLAIM TYPE D** CLAIMS WITH A CUSTOMER LOCATION OF '03' AND THE GPPC OF 000592, 005039, 016900, 046525, 046526, 011688, 021416, 021700, 004955, 004941, 041848, 041849, 049871, 004963, 004964 OR 037042 ARE EXCLUDED FROM ESC 2503. FOR CLAIM TYPE "M" **(P/T 21**) PROCEDURE CODES A0160, X0081. AND X0082 ARE EXCLUDED. CLAIM TYPE "M" (**P/T 23**) CLAIMS ARE EXCLUDED. FOR **PROVIDER TYPE 01**, CLAIMS WITH A TYPE OF BILL OF 134 ARE EXCLUDED. FOR **PROVIDER TYPE 01**, CLAIM TYPE "M" BILLING REVENUE CODE 360 WITH ACCOMPANYING DENTAL CODES ARE EXCLUDED FROM ESC 2503. FOR **PROVIDER TYPE 36**, CLAIM TYPES "M" BILING DENTAL CODES ARE EXCLUDED FROM ESC 2503. FOR **PROVIDER TYPE 20**, ONLY DETAILS BILLED WITH THE FOLLOWING MODIFIERS WILL FAIL ESC 2503: A1, A2, A3, A4, J1, J2, K1, K2, K3, K4, K5, K6, AM FOR **PROVIDER TYPE 20**, ONLY THE FOLLOWING PROCEDURES WILL FAIL ESC 2503: (EXCEPT FOR EPSDT NEW PROCEDURE CODE (CPT 4) SHOULD FAIL) WP120, WP121, WP122, WP123, WP124, WP140, WP141, WP142, WP143, WP172, WP341, WP342, WP343, WP375, WP379, WP510, WP511, S9140, WP513, 92002, WP514, WP516, WP517, WP530, WP531, WP550, WP551, WP560, WP561, WP562, WP565, WP571, WP572, WP574, WP575, WP700, WP702, WP703, WP705, WP706, WP708, WP900		
	FOR **PROVIDER TYPE 22**, THE FOLLOWING PROCEDURE CODES ARE EXCLUDED FROM ESC 2503: V2020, V2100 THRU V2118, V2121, V2199 THRU V2221, V2299,		

	V2410, V2430, V2499, V5030, V5040, V5050, V5060, V5090, V5170, V5180, V5210, V5220, W0073 THRU W0075, V5264, W0080, W0090, W0091 THRU W0094, W0716, W0718, W0725, W0726, W0351, W3052, WP101, WP102, WP106, WP111 THRU WP113, V5299, V5266, V5299, V5267, V5264, V5014, V2799, 92499, 99381-99385, 99391-99397
	FOR **PROVIDER TYPE 22** ADA PROCEDURE CODES ARE EXCLUDED FROM ESC 2503.
	FOR **PROVIDER TYPE 30**, ONLY DETAILS BILLED WITH THE FOLLOWING PROCEDURE CODES WILL FAIL ESC 2503: X0110, X0111, X0130, X0140, X0150, X0151, X0152, X0153, X0155, X0156, X0157, 90816, 99221, H0046, H2011, 90804, 90853, 90801, 99201, H0012, 90862, 90847 FOR **PROVIDER TYPE 30**, EFFECTIVE FOR DATES OF SERVICE BEGINNING 12/15/2000, PROCEDURE CODES X0110, X0111, X0130, X0140, X0150, X0151, X0152, X0153, X0155, X0156 AND X0157, 90816, 99221, H0046, H2011, 90804, 90853, 90801, 99201, H0012, 90862, 90847, WHEN BILLED WITH MODIFIER “X”, “GC”, “F” OR ‘SA’WILL BYPASS THIS ESC.
	FOR **PROVIDER TYPES 31 AND 35**, DETAILS WITH DENTAL/DRUG ARE EXCLUDED FROM ESC 2503.
	FOR **PROVIDER TYPES 31 AND 35**, PROCEDURE CODE “Y6000” IS EXCLUDED FROM ESC 2503.
	FOR **PROVIDER TYPES 22, 31, 35, 64, AND 78**, THE FOLLOWING PROCEDURE CODES ARE EXCLUDED FROM ESC 2503: 92002, 92004, 92012, 92014, 92015, 92018, 92019, 92020, 92060, 92065, 92070, 92081, 92082, 92083, 92100, 92120, 92130, 92140, 92225, 92226, 92230, 92235, 92250, 92260, 92265, 92270, 92280, 92283, 92284, 92285, 92286, 92287, 92310, 92311, 92312, 92313, Y5411, 92275
	FOR **PROVIDER TYPE 34** CLAIMS WITH A 5010 INDICATOR, IF A CONDITION CODE OF “12” IS ENTERED, THE CLAIM WILL BYPASS EDIT 2503. NOTE – FOR 4010 CLAIMS/CLAIMS SUBMITTED PRIOR TO THE IMPLEMENTATION OF DEFECT 17451, PROVIDER TYPE 34 CLAIMS WITH A CONDITION CODE OF ‘Y1’ BYPASSED EDIT 2503.
	FOR PROVIDER TYPE 77, THE FOLLOWING PROCEDURE CODES ARE EXCLUDED FROM ESC 2503: 76515, 76517, 92015, 92230, 92235, 92283, 92284, 92310, 92313
	ENCOUNTER CLAIMS WITH A TPL INDICATOR OF 13 BYPASS THIS ESC. **VOIDED ENCOUNTER** CLAIMS ARE EXCLUDED
	FOR **PROVIDER TYPE 78**, DETAILS WITH A PLACE OF SERVICE CODE OF “31”, “32”, “54” OR “56” ARE EXCLUDED FROM ESC 2503. NOTE: ESC 2503 HAS BEEN MODIFIED SO THAT CLAIM DETAILS PROCESSED EFFECTIVE MAY 11, 2004 AND AFTER UNDER **PROVIDER TYPE 78** WITH A PLACE OF SERVICE 31, 32, 54, OR 56 ARE ESCED FOR ESC 2503. DCR01114

	REMOVED THE EXCLUSION CRITERIA FROM ESC 2503 AND APPLIED TO PROVIDER TYPE 78.		
	FOR **PROVIDER TYPE 90**, THE FOLLOWING PROCEDURE CODES ARE EXCLUDED FROM ESC 2503:		
	L3000-L3039	L3321-L3329	E0625
	L3041-L3049	L3331	A4206
	L3051-L3059	L3333	A4250
	L3061-L3069	L3335-L3379	A4215
	L3071-L3079	L3381-L3389	A4627
	L3081-L3089	L3391-L3649	
	L3091-L3299	XZ883	
	L3301-L3309	XZ884	
	L3311-L3319	E0972	
	DETAILS WITH A **PROCEDURE CODE OF Y2870** ARE EXCLUDED FROM ESC 2503.		
EOB CODES:	0283 – OUR RECORDS INDICATE MEMBER HAS MEDICARE PART B COVERAGE. PLEASE BILL MEDICARE.		
METHOD OF CORRECTION:	SCAN THE CLAIM AND VERIFY THAT THE MEMBER NUMBER, PROCEDURE CODE, AND THE DATES OF SERVICE WERE KEYED CORRECTLY. IF NOT, CORRECT THE ERRORED FIELDS.		
	IF THE CLAIM TYPE IS TYPE “U” AND THE PROVIDER TYPE IS 34, HOME HEALTH, AND A MAP-34 IS ATTACHED, OVERRIDE THE ESC. IF THE MAP-34 IS INCOMPLETE, DENY THE CLAIM. **NOTE: A MAP-34 MUST BE SIGNED AND DATED WITHIN A YEAR OF THE DATES OF SERVICE, AND HAVE APPROPRATE BOX MARKED, WITH AN EXPLANATION.** FOR PROVIDER TYPE 34 CLAIMS BILLED ON THE UB04, VERIFY THAT A CONDITION CODE OF “Y1” HAS NOT BEEN ENTERED (FORM LOCATORS #24 THROUGH 30 ON THE UB04). IF A Y1 HAS BEEN ENTERED, BUT WAS NOT KEYED CORRECTLY, DATA CORRECT THE MAP-34 INDICATOR FIELD.		
	IF THE CLAIM TYPE IS TYPE “N” AND THE PROVIDER IS A NON-CONFORMING AMBUALNCE SERVICE, REVIEW THE DOCUMENTATION ATTACHED. IF DOCUMENTATION INDICATES THE SERVICE WAS NOT APPROVED FOR MEDICARE PARTICIPATION, OVERRIDE THE ESC. THIS SHOULD ONLY APPLY TO MEDICARE COVERAGE.		
	EXAMINE THE CLAIM FOR ATTACHMENTS OF DOCUMENTATION. THE ONLY ACCEPTABLE FORMS OF DOCUMENTATION ARE: B. PROOF OF DENIAL FROM MEDICARE OR PROOF OF NON-PAYMENT FROM MEDICARE (EOMB). 3. A BLUE CROSS/BLUE SHIELD EOMB WITH AN “AC” (ACTION CODE) OF 43 OR HK IS NOT ACCEPTABLE PROOF OF DENIAL. 4. FOR PROVIDER TYPES 31 AND 35 THE BILLED AMOUNT ON THE EOMB DOES NOT HAVE TO MATCH THE CLAIM.		

	F. PROOF OF DENIAL FOR THE SAME MEMBER FOR THE SAME OR RELATED SERVICES FROM MEDICARE. THE DENIAL CANNOT BE MORE THAN 6 MONTHS OLD. G. A LETTER FROM THE PROVIDER INDICATING THAT HE/SHE CONTACTED MEDICARE (BLUE CROSS/BLUE SHIELD) AND SPOKE WITH AN AGENT TO VERIFY THAT THE MEMBER WAS NOT COVERED. H. CONFIRMATION OF DENIAL IF MEDICARE COVERAGE FOR PERSONS UNDER 65 FROM THE PROVIDER. I. IF THERE IS A MEDICARE HEATH INSURANCE CARD PRESENT AND IT SHOWS THAT THE MEMBER IS ELIGIBLE FOR HOSPITAL OR MEDICAL INSURANCE, CHECK THE EFFECTIVE DATES AGAINST THE DATES OF SERVICE TO VERIFY ELIGIBILITY. IF NOT ELIGIBLE FOR THE DATES OF SERVICE, OVERRIDE THE ESC. IF ELIGIBLE, DENY THE CLAIM WITH EOB 0283. IF ANY OF THE ABOVE DOCUMENTATION IS PRESENT, OVERRIDE THE ESC. IF CLAIM AND/OR DOCUMENTATION INDICATES THAT MEDICARE PAYMENT WAS RECEIVED BY THE MEMBER, DENY THE ESC WITH EOB 0278.
	• COMPLETE A CLAIM RETRIEVAL FORM FROM THE WAREHOUSE, REQUESTING THE CLAIM TO BE PULLED IN ORDER TO REBATCH. • REBATCH CLAIM AS A CROSSOVER AND REPROCESS. DELETE OLD TCN FROM THE SYSTEM.
	IF THE CLAIM WAS KEYED CORRECTLY AND NONE OF THE ABOVE SITUATIONS APPLY, DENY THE LINE WITH EOB 0283.

3.281 2504

3.281.1 2504 (FORMER LEGACY EDIT 465)

DMS Approved 08/25/06

ERROR STATUS CODE:	2504 (FORMER LEGACY EDIT 465)	**CLAIM TYPE:**	ALL EXCEPT B, M, P/Q
HEADER/DETAIL:	BOTH	**PROVIDER TYPE:**	ALL EXCEPT 40, 54, 56, 23
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	NON-PAPER CLAIMS ONLY
DATA CORRECTABLE	NO	**CLAIM FIELD LABEL:**	N/A

ESC NAME:	MEMBER COVERD BY PRIVATE INSURANCE (NO ATTACHEMENT)
ESC CRITERIA: **LEGACY CRITERIA:**	IF THE CLAIM TYPE IS ANYTHING BUT A PHARMACY ('P') OR A COMPOUND ('Q') AND THE MEMBER ON THE CLAIM HAS PRIVATE COVERAGE WITHOUT AN ATTACHMENT, POST THE ESC. IF PROVIDER TYPE 30 AND PROCEDURE CODE H2012 IS BILLED WITH ONE OF THE FOLLOWING MODIFIERS IN THE FIRST MODIFIER FIELD AND A MODIFIER UD IS <u>NOT</u> SUBMITTED WITH THE PROCEDURE CODE: AJ, GC, HO, TD, U2, U3, U5, U6, U7, U8, U9, UA, UB OR UC, THE ESC IS BYPASSED. IF SOURCE CODE G IS ON THE RESOURCE FILE, ESC 465 IS BYPASSED AND ESC 464 IS SET. **<u>PROVIDER TYPE 54, CLAIM TYPE P/Q</u>** IF THE CLAIM INDICATATES THE MEMBER IS PREGNANT, ESC 2504 IS SET. IF THE MEMBER IS UNDER AGE 21 (THROUGH THE END OF THE MONTH OF THE MEMBER'S 21ST BIRTHDAY ESC 2504 IS SET. POS CLAIMS THAT HAVE AN "OTHER PAYER REJECT CODE" OF 40, 65, 67, 68, 69, 70, 73 OR 76, ESC 2504 IS BYPASSED. POS CLAIMS THAT HAVE '4' IN THE 'OTHER COVERAGE CODE' FIELD BYPASS ESC 2504.
	IF TPL IS INDICATED ON THE MEMBER ELIGIBILITY FILE BUT THERE IS NO TPL AMOUNT ON THE CLAIM, THE CLAIM AUTO DENIES.
EOB CODES:	0465 - MEMBER HAS OTHER MEDICAL COVERAGE. BILL OTHER INSURANCE FIRST OR ATTACH DOCUMENTATION OF DENIAL FROM THE INSURANCE CARRIER. **NOTE: THIS EOB IS SET ON NON-PAPER CLAIMS.**
METHOD OF CORRECTION:	NOT APPLICABLE

3.281.2 2504 (FORMER LEGACY EDIT 467)

DMS Approved 08/25/06

ERROR STATUS CODE:	2504 (FORMER LEGACY EDIT 467)	**CLAIM TYPE:**	ALL EXCEPT B, M, P/Q
HEADER/DETAIL:	BOTH	**PROVIDER TYPE:**	ALL EXCEPT 40, 54, 56, 23
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	PAPER CLAIMS ONLY
DATA CORRECTABLE:	NO	**CLAIM FIELD LABEL:**	N/A

ESC NAME:	MEMBER COVERD BY PRIVATE INSURANCE (NO ATTACHEMENT)
ESC CRITERIA: **LEGACY CRITERIA:**	IF THE CLAIM TYPE IS ANYTHING BUT A PHARMACY ('P') OR A COMPOUND ('Q') AND THE MEMBER ON THE CLAIM HAS PRIVATE COVERAGE WITHOUT AN ATTACHMENT, POST THE ESC. IF TPL IS INDICATED ON THE MEMBER ELIGIBILITY FILE BUT THERE IS NO TPL AMOUNT ON THE CLAIM, THE CLAIM AUTO DENIES.
EOB CODES:	0467 – MEMBER HAS OTHER MEDICAL COVERAGE. BILL OTHER INSURANCE FIRST OR ATTACH DOCUMENTATION OF DENIAL FROM THE INSURANCE CARRIER. **NOTE: THIS EOB IS SET ON PAPER CLAIMS ONLY.**
EXCLUSIONS:	IF PROVIDER TYPE 30 AND PROCEDURE CODE H2012 IS BILLED WITH ONE OF THE FOLLOWING MODIFIERS IN THE FIRST MODIFIER FIELD AND A MODIFIER UD IS NOT SUBMITTED: AJ, GC, HO, TD, U2, U3, U5, U6, U7, U8, U9, UA, UB OR UC, THE ESC IS BYPASSED. IF SOURCE CODE G IS ON THE RESOURCE FILE ESC 2504 IS SET.
METHOD OF CORRECTION:	1. VERIFY THAT NO OTHER INSURANCE AMOUNT APPEARS ON THE CLAIM . IF THE OTHER AMOUNT IS PRESENT CORRECT OTHER AMOUNT. EXCEPTION: IF THIRD PARTY PAYMENT DOCUMENTATION OF THE CLAIM OR ATTACHMENTS INDICATES MEDICARE, REPROCESS THE CLAIM AS A CROSSOVER.
	2. IF CLAIM AND/OR DOCUMENTATION INDICATES THAT OTHER INSURANCE PAYMENT WAS RECEIVED BY THE MEMBER, DENY THE CLAIM WITH EOB 278.
	3. IF THE CLAIM IS IN A STRAIGHT BATCH WITH AN EOMB ATTACHED, CHECK THE CLAIM AND EOMB TO SEE IF MEDICARE HAS LISTED AN ALLOWED AMOUNT. IF SO, DO THE FOLLOWING: • COMPLETE A CLAIM RETRIEVAL FORM FROM THE WAREHOUSE, REQUESTING THE CLAIM TO BE PULLED IN ORDER TO REBATCH. • REBATCH CLAIM AS A CROSSOVER AND REPROCESS.

	• DELETE OLD TCN FROM THE SYSTEM • IF MEDICARE HAS LISTED AN ALLOWED AMOUNT, THEN OVERRIDE THE ESC.
	4. FOR CLAIM TYPES A, B, and C, IF THE MEDICARE EOMB IS FROM UNITED MINE WORKERS OF AMERICA (UMWA) INSURANCE AND THE EXPLANATION CODE IS AN “AB”, OVERRIDE THE ESC.
	5. IF CLAIM TYPE I OR M, AND CLAIM SUSPENDS FOR E4760 OR E2504, THE FOLLOWING PROCEDURES APPLY. 6. IF OVERRIDING E4760 THEN PROCEED WITH STANDARD E2504 PROCEDURES. 7. IF DATA CORRECTION IS REQUIRED FOR E4760, LET CLAIM RECYCLE.
	8. IF CLAIM TYPE I, PROVIDER TYPE “02”, MENTAL HOSPITAL, AND THE DATE OF SERVICE IS GREATER THAN 150 DAYS FROM THE DATE OF ADMISSION, OVERRIDE THE ESC, SINCE NO MEDICARE DAYS REMAIN FOR THE BENEFIT PERIOD.
	9. IF CLAIM TYPE “I” AND PROVIDER TYPE ”02”, MENTAL HOSPITAL, AND THE “NOTICE OF MEDICARE CLAIM DETERMINATION”, IS **ATTACHED** STATING THAT PAYMENT HAS BEEN MADE FOR 190 DAYS OF INPATIENT CARE IN A PSYCHIATRIC HOSPITAL, ALWAYS OVERRIDE THE ESC. IF THE “NOTICE OF MEDICARE CLAIM DETERMINATION” IS **NOT** ATTACHED, DENY THE CLAIM WITH EOB 0467.
	10. IF CLAIM TYPE IS (M) AND ALL THE PROCEDURE/NDC IS PHARMACY (INDICATED BY AN NDC ON THE DETAIL LEVEL), OVERRIDE THE ESC.
	11. IF A PROVIDER BILLS PROCEDURE CODE 90701, 90707, 90712, 90731, OR 90737 WITHOUT A WX MODIFIER, OVERRIDE THE ESC.
	12. IF A PROVIDER IS BILLING FOR DURABLE MEDICAL EQUIPMENT, CLAIM TYPE M, PROVIDER TYPE 34 (HOME HEALTH), WITH A TPL LEAD FORM AND DOCUMENTATION FROM THE INSURANCE COMPANY STATING THAT THEY DO NOT CONSIDER A HOME HEALTH AGENCY A LEGITIMATE PROVIDER FOR DURABLE MEDICAL EQUIPMENT, OVERRIDE THE ESC. THIS PROCEDURE IS IN EFFECT FOR DATES OF SERVICE PRIOR TO **JULY 1**, **1989**.
	A. EFFECTIVE WITH DATES OF SERVICE **JULY 1, 1989 AND AFTER**, IF A PROVIDER BILLS FOR DURABLE MEDICAL EQUIPMENT, C/T M PROVIDER TYPE 90 (DURABLE MEDICAL EQUIPMENT), WITH A TPL LEAD FORM & DOCUMENTATION FROM THE INSURANCE COMPANY STATING THAT THEY DO NOT CONSIDER A MEDICAL EQUIPMENT SUPPLIER A LEGITIMATE PROVIDER, DENY THE CLAIM. DENY THE CLAIM WITH EOB 0467.

	B. IF THE CLAIM TYPE IS TYPE "M" AND THE PROVIDER IS A NON-CONFORMING AMBULANCE SERVICE, REVIEW THE DOCUMENTATION ATTACHED. IF DOCUMENTATION INDICATES THAT THE SERVICE WAS NOT APPROVED FOR MEDICARE PARTICIPATION, OVERRIDE THE ESC. THIS SHOULD ONLY APPLY TO MEDICARE COVERAGE.
	C. IF CLAIM TYPE M, TRANSPORTATION, AND LOCATION OF PICK-UP OR DESTINATION IS A 11, 22, 0R 23 OVERRIDE THE ESC. THIS IS ONLY APPLICABLE FOR MEDICARE COVERAGE.
	D. IN ALL OTHER SITUATIONS EXAMINE THE CLAIM FOR ATTACHMENTS. THE FOLLOWING TYPES OF DOCUMENTATION ARE ACCEPTABLE. 6. REMITTANCE STATEMENT FROM INSURANCE SHOULD INCLUDE: • MEMBER NAME (FIRST NAME IS ACCEPTABLE) • DATE OF SERVICE • DOCUMENTATION THAT THE SERVICE WAS DENIED OR APPLIED TO THE DEDUCTIBLE • INFORMATION WHICH MATCHES SERVICE TO THE CLAIM FORM (PROCEDURE CODE, BILLED CHARGE, ETC.) **EXCEPTION**: A COPY OF A PREVIOUS REMITTANCE DENIAL FOR THE SAME MEMBER FOR THE SAME OR RELATED SERVICES WHICH IS NOT MORE THAN SIX MONTHS PRIOR TO THE CLAIM DATE OF SERVICE IS ACCEPTABLE. • IF THE REMITTANCE DOES NOT PROVIDE A DATE OF SERVICE, BUT THE DATE THE DENIAL WAS PRODUCED IS NOT MORE THAN SIX MONTHS PRIOR TO THE CLAIM DATE OF SERVICE, THEN OVERRIDE THE ESC. • DATE OF TERMINATION OR EFFECTIVE DATE (IF APPLICABLE) **NOTE: IF THE DATE OF SERVICE IS SPECIFIED AND DOCUMENTATION STATES THE SERVICE IS NOT COVERED DUE TO TERMINATION /EFFECTIVE DATE, A DATE OF TERMINATION/EFFECTIVENESS IS NOT REQUIRED. IF THE DATE OF SERVICE IS NOT SPECIFIED A DATE OF TERMINATION/EFFECTIVENESS IS REQUIRED.** • STATEMENT OF BENEFITS AVAILABLE (IF APPLICABLE)
	7. IF THERE IS A MEDICARE HEALTH INSURANCE CARD PRESENT AND IT SHOWS THAT THE MEMBER IS ELIGIBLE FOR HOSPITAL OR MEDICAL INSURANCE, CHECK THE EFFECTIVE DATES AGAINST THE DATES OF SERVICE TO VERIFY ELIGIBILITY. IF NOT ELIGIBLE FOR DATES OF SERVICE, OVERRIDE THE ESC. IF ELIGIBLE, DENY THE CLAIM.

	A. A TPL LEAD FORM SHOULD INCLUDE: • NOTATION OF "NO RESPONSE" ON EITHER THE LEAD FORM OR ON THE CLAIM FORM • CLAIM DATES OF SERVICE GREATER THAN 120 DAYS OLD
	B. A LETTER FROM AN EMPLOYER SHOULD INCLUDE: • MEMBER NAME (FIRST NAME IS ACCEPTABLE) • DATE OF TERMINATION OR EFFECTIVE DATE (IF APPLICABLE) • EMPLOYER LETTERHEAD OR SIGNATURE OF EMPLOYER REPRESENTATIVE
	8. A LETTER FROM THE INSURANCE COMPANY SHOULD INCLUDE: • DATE OF SERVICE (IF REFERRING TO SPECIFIC CLAIM) • MEMBER NAME (FIRST NAME IS ACCEPTABLE) • DATE OF TERMINATION OR EFFECTIVE DATE (IF APPLICABLE) **NOTE: IF THE DATE OF SERVICE IS SPECIFIED AND DOCUMENTATION STATES THE SERVICE IS NOT COVERED DUE TO TERMINATION /EFFECTIVE DATE, A DATE OF TERMINATION/EFFECTIVENESS IS NOT REQUIRED. IF THE DATE OF SERVICE IS NOT SPECIFIED A DATE OF TERMINATION/EFFECTIVENESS IS REQUIRED.** • INSURANCE LETTERHEAD OR SIGNATURE OF REPRESENTATIVE. • STATEMENT OF BENEFITS AVAILABLE (IF APPLICABLE) **EXCEPTION**: A LETTER FROM THE INSURANCE COMPANY WHICH STATES THAT THEY WILL NO LONGER PROVIDER BENEFITS FOR THE BILLING PROVIDER WITH AN EFFECTIVE DATE ON OR PRIOR TO THE CLAIM DATE OF SERVICE IS ACCEPTABLE DOCUMENTATION.
	A LETTER OF DENIAL FROM CHAMPUS WHICH INDICATES THEY WILL NOT PAY FOR THE CLAIM BECAUSE THE PROVIDER DOES NOT MEET CHAMPUS CRITERIA TO ENROLL AS A PROVIDER WITH CHAMPUS IS ACCEPTABLE.
	C. A LETTER FROM THE PROVIDER SHOULD INCLUDE: • NAME OF THE INSURANCE COMPANY. • MEMBER NAME (FIRST NAME IS ACCEPTABLE). • DATE OF SERVICE (IF REFERRING TO SPECIFIC CLAIM). • CONTACT NAME OR NOTATION THAT THE INFORMATION WAS OBTAINED FROM AN AUTHORIZED VOICE RESPONSE SYSTEM. • DATE OF TERMINATION OR EFFECTIVE DATE (IF APPLICABLE)

	NOTE: IF THE DATE OF SERVICE IS SPECIFIED AND DOCUMENTATION STATES THE SERVICE IS NOT COVERED DUE TO TERMINATION /EFFECTIVE DATE, A DATE OF TERMINATION/EFFECTIVENESS IS NOT REQUIRED. IF THE DATE OF SERVICE IS NOT SPECIFIED A DATE OF TERMINATION/EFFECTIVENESS IS REQUIRED. • STATEMENT OF BENEFITS AVAILABLE (IF APPLICABLE.
	G. DOCUMENTATION STATING THAT THE MEMBER'S INSURANCE CARRIER IS NO LONGER IN BUSINESS. **NOTE: TPL STAFF WILL ATTEMPT TO CONFIRM THE INFORMATION WITH THE CARRIER. IF CONFIRMATION OF CLOSURE IS RECEIVED THE TPL RESOURCE FILE WILL BE UPDATED TO REFLECT THE APPROPRIATE COST AVOIDANCE INDICATOR.**
	D. IF ANY OF THE ABOVE DOCUMENTATION IS PRESENT ACCESS THE MEMBER TPL FILE TO VERIFY THE CARRIER ON FILE MATCHES THE ATTACHED DOCUMENTATION. IF THE DOCUMENTATION MATCHES OVERRIDE THE ESC. IF OTHER INSURANCE DOCUMENTATION IS NOT SUFFICIENT TO OVERRIDE, DENY THE CLAIM WITH EOB 277. IF NO OTHER INSURANCE DOCUMENTATION IS PRESENT, DENY THE CLAIM WITH EOB 0467. **NOTE: FOR PAPER AND ELECTRONIC CLAIMS FOR PROVIDER TYPE 34 WILL BYPASS THIS ESC IF THE CONDITION CODE OF 'Y1' HAS BEEN ENTERED (FORM LOCATORS #24 THROUGH 30 ON THE UB04), AND THE ONLY TPL ON THE MEMBER ELIGIBILITY FILE IS FOR COVERAGE CODES 06, OA, OB, OR OC.**
	THIS ESC IS SET TO AUTO-DENY FOR TYPE OF DOCUMENT - ELECTRONIC CLAIMS.

TPL COVERAGE CODES

CODE	DEFINITION
01	HOSPITAL
02	MEDICAL
03	DENTAL
04	VISION
05	PHARMACY
06	MEDICARE SUPPLEMENT
07	NURSING FACILITIES
08	CHAMPUS
09	HEARING
10	NURSE PRACTITIONER
11	NURSE MIDWIFE
12	PODIATRIST
13	EPSDT

14	BLACK LUNG RELATED
15	HOSPITAL INPATIENT
16	HOSPITAL OUTPATIENT
17	INTENSIVE CARE
18	MENTAL HEALTH
19	SURGERY
20	ACCIDENT
21	CANCER RELATED
22	WAIVER
23	MEDICARE SUPPLEMENT/PART A
24	MEDICARE SUPPLEMENT/PART B
25	MEDICARE PART A
26	MEDICARE PART B
27	MEDICARE PART A AND B
30	EMERGENCY ROOM
31	HOSPITAL ADMISSIONS
32	PHYSICIAN OFFICE VISITS
33	PHARMACY
34	VISION
35	OUTPATIENT SERVICES
36	EMERGENCY TRANSPORTATION
37	MENTAL - INPATIENT
38	MENTAL - OUTPATIENT
39	SPEECH
40	OCCUPATIONAL
41	DME
42	PRENATAL CARE
43	IMMUNIZATIONS
44	WELL CHILD CARE
45	WELL ADULT CARE

3.282 2505 (FORMER LEGACY EDIT 467)

DMS Approved 08/25/06

ERROR STATUS CODE:	2505 (FORMER LEGACY EDIT 467)	**CLAIM TYPE:**	ALL EXCEPT B, M, P/Q
HEADER/DETAIL:	BOTH	**PROVIDER TYPE:**	ALL EXCEPT 40, 54, 56, 23
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	NON-PAPER CLAIMS ONLY
DATA CORRECTABLE:	NO	**CLAIM FIELD LABEL:**	N/A

ESC NAME:	TPL INDICATED ON MASTER, NOT ON CLAIM.
ESC CRITERIA: **LEGACY CRITERIA:**	IF THE CLAIM TYPE IS ANYTHING BUT A PHARMACY ('P') OR A COMPOUND ('Q') AND THE MEMBER ON THE CLAIM HAS PRIVATE COVERAGE WITH AN ATTACHMENT, POST THE ESC. IF TPL IS INDICATED ON MATRIX BUT TER IS NO TPL AMOUNT ON THE CLAIM, THE CLAIM SUSPENDS.
EOB CODES:	0467 – MEMBER HAS OTHER MEDICAL COVERAGE. BILL OTHER INSURANCE FIRST OR ATTACH DOCUMENTATION OF DENIAL FROM THE INSURANCE CARRIER.
EXCLUSIONS:	IF PROVIDER TYPE 30 AND PROCEDURE CODE H2012 IS BILLED WITH ONE OF THE FOLLOWING MODIFIERS IN THE FIRST MODIFIER FIELD AND A MODIFIER UD IS NOT SUBMITTED: AJ, GC, HO, TD, U2, U3, U5, U6, U7, U8, U9, UA, UB OR UC, THE ESC IS BYPASSED. IF SOURCE CODE G IS ON THE RESOURCE FILE ESC 2504 IS SET. **PROVIDER TYPE 54, CLAIM TYPE P/Q** IF THE CLAIM INDICATATES THE MEMBER IS PREGNANT, ESC 2504 IS SET. IF THE MEMBER IS UNDER AGE 21 (THROUGH THE END OF THE MONTH OF THE MEMBER'S 21ST BIRTHDAY) ESC 2504 IS SET.
METHOD OF CORRECTION:	1. VERIFY THAT NO OTHER INSURANCE AMOUNT APPEARS ON THE CLAIM . IF THE OTHER AMOUNT IS PRESENT CORRECT OTHER AMOUNT. EXCEPTION: IF THIRD PARTY PAYMENT DOCUMENTATION OF THE CLAIM OR ATTACHMENTS INDICATES MEDICARE, REPROCESS THE CLAIM AS A CROSSOVER.
	13. IF CLAIM AND/OR DOCUMENTATION INDICATES THAT OTHER INSURANCE PAYMENT WAS RECEIVED BY THE MEMBER, DENY THE CLAIM WITH EOB 278.
	14. IF THE CLAIM IS IN A STRAIGHT BATCH WITH AN EOMB ATTACHED, CHECK THE CLAIM AND EOMB TO SEE IF MEDICARE HAS LISTED AN ALLOWED AMOUNT. IF SO, DO THE FOLLOWING:

	• COMPLETE A CLAIM RETRIEVAL FORM FROM THE WAREHOUSE, REQUESTING THE CLAIM TO BE PULLED IN ORDER TO REBATCH. • REBATCH CLAIM AS A CROSSOVER AND REPROCESS. • DELETE OLD TCN FROM THE SYSTEM • IF MEDICARE HAS LISTED AN ALLOWED AMOUNT, THEN OVERRIDE THE ESC.
	1. FOR CLAIM TYPES A, B, C AND M, IF THE MEDICARE EOMB IS FROM UNITED MINE WORKERS OF AMERICA (UMWA) INSURANCE AND THE EXPLANATION CODE IS AN "AB", OVERRIDE THE ESC.
	2. IF CLAIM TYPE I OR O, AND CLAIM SUSPENDS FOR E4760 AND E2505, THE FOLLOWING PROCEDURES APPLY. 9. IF OVERRIDING E4760 THEN PROCEED WITH STANDARD E2505 PROCEDURES. 10. IF DATA CORRECTION IS REQUIRED FOR E4760, LET CLAIM RECYCLE.
	1. IF CLAIM TYPE I, PROVIDER TYPE "02", MENTAL HOSPITAL, AND THE DATE OF SERVICE IS GREATER THAN 150 DAYS FROM THE DATE OF ADMISSION, OVERRIDE THE ESC, SINCE NO MEDICARE DAYS REMAIN FOR THE BENEFIT PERIOD.
	2. IF CLAIM TYPE "I" AND PROVIDER TYPE "02", MENTAL HOSPITAL, AND THE "NOTICE OF MEDICARE CLAIM DETERMINATION", IS **ATTACHED** STATING THAT PAYMENT HAS BEEN MADE FOR 190 DAYS OF INPATIENT CARE IN A PSYCHIATRIC HOSPITAL, ALWAYS OVERRIDE THE ESC. IF THE "NOTICE OF MEDICARE CLAIM DETERMINATION" IS **NOT** ATTACHED, DENY THE CLAIM WITH EOB .
	3. IF CLAIM TYPE IS (M) AND ALL THE PROCEDURE/NDC IS PHARMACY (INDICATED BY AN NDC ON THE DETAIL LEVEL), OVERRIDE THE ESC.
	4. IF A PROVIDER BILLS PROCEDURE CODE 90701, 90707, 90712, 90731, OR 90737 WITHOUT A WX MODIFIER, OVERRIDE THE ESC.
	5. IF A PROVIDER IS BILLING FOR DURABLE MEDICAL EQUIPMENT, CLAIM TYPE M, PROVIDER TYPE 34 (HOME HEALTH), WITH A TPL LEAD FORM AND DOCUMENTATION FROM THE INSURANCE COMPANY STATING THAT THEY DO NOT CONSIDER A HOME HEALTH AGENCY A LEGITIMATE PROVIDER FOR DURABLE MEDICAL EQUIPMENT, OVERRIDE THE ESC. THIS PROCEDURE IS IN EFFECT FOR DATES OF SERVICE PRIOR TO **JULY 1**, **1989**.
	E. EFFECTIVE WITH DATES OF SERVICE **JULY 1, 1989 AND AFTER**, IF A PROVIDER BILLS FOR DURABLE MEDICAL EQUIPMENT, C/T M, PROVIDER TYPE 90 (DURABLE MEDICAL EQUIPMENT), WITH A TPL LEAD FORM &

	DOCUMENTATION FROM THE INSURANCE COMPANY STATING THAT THEY DO NOT CONSIDER A MEDICAL EQUIPMENT SUPPLIER A LEGITIMATE PROVIDER, DENY THE CLAIM. DENY THE CLAIM WITH EOB 0467.
	F. IF THE CLAIM TYPE IS TYPE "M" AND THE PROVIDER IS A NON-CONFORMING AMBULANCE SERVICE, REVIEW THE DOCUMENTATION ATTACHED. IF DOCUMENTATION INDICATES THAT THE SERVICE WAS NOT APPROVED FOR MEDICARE PARTICIPATION, OVERRIDE THE ESC. THIS SHOULD ONLY APPLY TO MEDICARE COVERAGE.
	G. IF CLAIM TYPE M, TRANSPORTATION, AND LOCATION OF PICK-UP OR DESTINATION IS A 11, 22, 0R 23 OVERRIDE THE ESC. THIS IS ONLY APPLICABLE FOR MEDICARE COVERAGE.
	H. IN ALL OTHER SITUATIONS EXAMINE THE CLAIM FOR ATTACHMENTS. THE FOLLOWING TYPES OF DOCUMENTATION ARE ACCEPTABLE. 9. REMITTANCE STATEMENT FROM INSURANCE SHOULD INCLUDE: • MEMBER NAME (FIRST NAME IS ACCEPTABLE) • DATE OF SERVICE • DOCUMENTATION THAT THE SERVICE WAS DENIED OR APPLIED TO THE DEDUCTIBLE • INFORMATION WHICH MATCHES SERVICE TO THE CLAIM FORM (PROCEDURE CODE, BILLED CHARGE, ETC.) **EXCEPTION**: A COPY OF A PREVIOUS REMITTANCE DENIAL FOR THE SAME MEMBER FOR THE SAME OR RELATED SERVICES WHICH IS NOT MORE THAN SIX MONTHS PRIOR TO THE CLAIM DATE OF SERVICE IS ACCEPTABLE. • IF THE REMITTANCE DOES NOT PROVIDE A DATE OF SERVICE, BUT THE DATE THE DENIAL WAS PRODUCED IS NOT MORE THAN SIX MONTHS PRIOR TO THE CLAIM DATE OF SERVICE, THEN OVERRIDE THE ESC. • DATE OF TERMINATION OR EFFECTIVE DATE (IF APPLICABLE) **NOTE: IF THE DATE OF SERVICE IS SPECIFIED AND DOCUMENTATION STATES THE SERVICE IS NOT COVERED DUE TO TERMINATION /EFFECTIVE DATE, A DATE OF TERMINATION/EFFECTIVENESS IS NOT REQUIRED. IF THE DATE OF SERVICE IS NOT SPECIFIED A DATE OF TERMINATION/EFFECTIVENESS IS REQUIRED.** • STATEMENT OF BENEFITS AVAILABLE (IF APPLICABLE)

	10. IF THERE IS A MEDICARE HEALTH INSURANCE CARD PRESENT AND IT SHOWS THAT THE MEMBER IS ELIGIBLE FOR HOSPITAL OR MEDICAL INSURANCE, CHECK THE EFFECTIVE DATES AGAINST THE DATES OF SERVICE TO VERIFY ELIGIBILITY. IF NOT ELIGIBLE FOR DATES OF SERVICE, OVERRIDE THE ESC. IF ELIGIBLE, DENY THE CLAIM.
	E. A TPL LEAD FORM SHOULD INCLUDE: • NOTATION OF "NO RESPONSE" ON EITHER THE LEAD FORM OR ON THE CLAIM FORM • CLAIM DATES OF SERVICE GREATER THAN 120 DAYS OLD
	F. A LETTER FROM AN EMPLOYER SHOULD INCLUDE: • MEMBER NAME (FIRST NAME IS ACCEPTABLE) • DATE OF TERMINATION OR EFFECTIVE DATE (IF APPLICABLE) • EMPLOYER LETTERHEAD OR SIGNATURE OF EMPLOYER REPRESENTATIVE
	11. A LETTER FROM THE INSURANCE COMPANY SHOULD INCLUDE: • DATE OF SERVICE (IF REFERRING TO SPECIFIC CLAIM) • MEMBER NAME (FIRST NAME IS ACCEPTABLE) • DATE OF TERMINATION OR EFFECTIVE DATE (IF APPLICABLE) **NOTE: IF THE DATE OF SERVICE IS SPECIFIED AND DOCUMENTATION STATES THE SERVICE IS NOT COVERED DUE TO TERMINATION /EFFECTIVE DATE, A DATE OF TERMINATION/EFFECTIVENESS IS NOT REQUIRED. IF THE DATE OF SERVICE IS NOT SPECIFIED A DATE OF TERMINATION/EFFECTIVENESS IS REQUIRED.** • INSURANCE LETTERHEAD OR SIGNATURE OF REPRESENTATIVE. • STATEMENT OF BENEFITS AVAILABLE (IF APPLICABLE) **EXCEPTION**: A LETTER FROM THE INSURANCE COMPANY WHICH STATES THAT THEY WILL NO LONGER PROVIDER BENEFITS FOR THE BILLING PROVIDER WITH AN EFFECTIVE DATE ON OR PRIOR TO THE CLAIM DATE OF SERVICE IS ACCEPTABLE DOCUMENTATION.
	A LETTER OF DENIAL FROM CHAMPUS WHICH INDICATES THEY WILL NOT PAY FOR THE CLAIM BECAUSE THE PROVIDER DOES NOT MEET CHAMPUS CRITERIA TO ENROLL AS A PROVIDER WITH CHAMPUS IS ACCEPTABLE.
	G. A LETTER FROM THE PROVIDER SHOULD INCLUDE: • NAME OF THE INSURANCE COMPANY. • MEMBER NAME (FIRST NAME IS ACCEPTABLE). • DATE OF SERVICE (IF REFERRING TO SPECIFIC CLAIM).

	• CONTACT NAME OR NOTATION THAT THE INFORMATION WAS OBTAINED FROM AN AUTHORIZED VOICE RESPONSE SYSTEM. • DATE OF TERMINATION OR EFFECTIVE DATE (IF APPLICABLE) **NOTE: IF THE DATE OF SERVICE IS SPECIFIED AND DOCUMENTATION STATES THE SERVICE IS NOT COVERED DUE TO TERMINATION /EFFECTIVE DATE, A DATE OF TERMINATION/EFFECTIVENESS IS NOT REQUIRED. IF THE DATE OF SERVICE IS NOT SPECIFIED A DATE OF TERMINATION/EFFECTIVENESS IS REQUIRED.** • STATEMENT OF BENEFITS AVAILABLE (IF APPLICABLE.
	G. DOCUMENTATION STATING THAT THE MEMBER'S INSURANCE CARRIER IS NO LONGER IN BUSINESS. **NOTE: TPL STAFF WILL ATTEMPT TO CONFIRM THE INFORMATION WITH THE CARRIER. IF CONFIRMATION OF CLOSURE IS RECEIVED THE TPL RESOURCE FILE WILL BE UPDATED TO REFLECT THE APPROPRIATE COST AVOIDANCE INDICATOR.**
	H. IF ANY OF THE ABOVE DOCUMENTATION IS PRESENT ACCESS THE MEMBER TPL FILE TO VERIFY THE CARRIER ON FILE MATCHES THE ATTACHED DOCUMENTATION. IF THE DOCUMENTATION MATCHES OVERRIDE THE ESC. IF OTHER INSURANCE DOCUMENTATION IS NOT SUFFICIENT TO OVERRIDE, DENY THE CLAIM WITH EOB 277. IF NO OTHER INSURANCE DOCUMENTATION IS PRESENT, DENY THE CLAIM WITH EOB 0467. **NOTE: FOR PAPER AND ELECTRONIC CLAIMS FOR PROVIDER TYPE 34 WILL BYPASS THIS ESC IF THE CONDITION CODE OF 'Y1' HAS BEEN ENTERED (FORM LOCATORS #24 THROUGH 30 ON THE UB04), AND THE ONLY TPL ON THE MEMBER ELIGIBILITY FILE IS FOR COVERAGE CODES 06, OA, OB, OR OC.**
	THIS ESC IS SET TO AUTO-DENY FOR TYPE OF DOCUMENT - ELECTRONIC CLAIMS.

TPL COVERAGE CODES

CODE	DEFINITION
01	HOSPITAL
02	MEDICAL
03	DENTAL
04	VISION
05	PHARMACY
06	MEDICARE SUPPLEMENT
07	NURSING FACILITIES
08	CHAMPUS
09	HEARING

10	NURSE PRACTITIONER
11	NURSE MIDWIFE
12	PODIATRIST
13	EPSDT
14	BLACK LUNG RELATED
15	HOSPITAL INPATIENT
16	HOSPITAL OUTPATIENT
17	INTENSIVE CARE
18	MENTAL HEALTH
19	SURGERY
20	ACCIDENT
21	CANCER RELATED
22	WAIVER
23	MEDICARE SUPPLEMENT/PART A
24	MEDICARE SUPPLEMENT/PART B
25	MEDICARE PART A
26	MEDICARE PART B
27	MEDICARE PART A AND B
30	EMERGENCY ROOM
31	HOSPITAL ADMISSIONS
32	PHYSICIAN OFFICE VISITS
33	PHARMACY
34	VISION
35	OUTPATIENT SERVICES
36	EMERGENCY TRANSPORTATION
37	MENTAL - INPATIENT
38	MENTAL - OUTPATIENT
39	SPEECH
40	OCCUPATIONAL
41	DME
42	PRENATAL CARE
43	IMMUNIZATIONS
44	WELL CHILD CARE
45	WELL ADULT CARE

3.283 2506 (FORMER LEGACY EDIT N/A)

DMS Approved 06/2007

ERROR STATUS CODE:	2506 (FORMER LEGACY EDIT N/A)	**CLAIM TYPE:**	ALL
HEADER/DETAIL:	DETAIL	**PROVIDER TYPE:**	ALL
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	PAPER, NON-PAPER, ADJUSTMENTS
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	INSURANCE INDICATOR

ESC NAME:	INSURANCE DENIAL REQUIRED
ESC CRITERIA:	ALL CLAIM TYPES: IF THE CLAIM CARRIER DENIED INDICATOR INDICATES YES AND THE CLAIM IS PAPER OR ELECTRONIC, POST THE EDIT. PAPER CLAIMS ARE INDICATED BY THE CLAIM REGION IS 10, 11, 90-93. ELECTRONIC CLAIMS ARE INDICATED BY THE CLAIM REGION BEING IN THE 20'S.
LEGACY CRITERIA:	N/A
EOB CODES:	2506 - INSURANCE DENIAL REQUIRED
METHOD OF CORRECTION:	VERIFY THAT THE INFORMATION WAS KEYED CORRECTLY. IF NOT, CORRECT THE DATA.
	IF ENTERED CORRECTLY, DENY THE CLAIM

3.284 2508(FORMER LEGACY EDIT 465)

DMS Approved 06/30/2004

ERROR STATUS CODE:	2508 (FORMER LEGACY EDIT 465)	**CLAIM TYPE:**	P, Q
HEADER/DETAIL:	HEADER	**PROVIDER TYPE:**	54
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	ENCOUNTERS ONLY
DATA CORRECTABLE:	NO	**CLAIM FIELD LABEL:**	TPL

ESC NAME:	MEMBER COVERED BY PRIVATE INSURANCE (PHARMACY)
ESC CRITERIA: **LEGACY CRITERIA:**	IF THE MEMBER HAS THIRD PARTY INSURANCE AND AMOUNT IS NOT LISTED ON THE ENCOUNTER CLAIM, POST THE EDIT. **PROVIDER TYPE 54, CLAIM TYPE D** IF THE CLAIM INDICATES THE RECIPIENT IS PREGNANT, EDIT 465 IS BYPASSED AND EDIT 464 IS SET. POS CLAIMS THAT HAVE ‘4’ IN THE ‘OTHER COVERAGE CODE’ FIELD BYPASS EDIT 465. NOT APPLICABLE TO ENCOUNTERS
EOB CODES:	2233– INSURANCE DENIAL REQUIRED
METHOD OF CORRECTION:	**THIS ESC IS ACTIVE FOR REGIONS 25, 26, 59, 65 AND 71 ONLY. THIS EDIT IS ALSO SET AS INFORMATIONAL**

3.285 2509(FORMER LEGACY EDIT 283)

DMS Approved 11/19/2004

ERROR STATUS CODE:	2509 (FORMER LEGACY EDIT 283)	**CLAIM TYPE:**	P, Q
HEADER/DETAIL:	HEADER	**PROVIDER TYPE:**	54
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	ENCOUNTERS ONLY
DATA CORRECTABLE:	NO	**CLAIM FIELD LABEL:**	TPL

ESC NAME:	MEMBER COVERED BY MEDICARE B (PHARMACY)
ESC CRITERIA: **LEGACY CRITERIA:**	IF THE MEMBER HAS MEDICARE B AND AMOUNT IS NOT LISTED ON THE ENCOUNTER CLAIM, POST THE EDIT. FAILS IF THE RECIPIENT HAS A MEDICARE PART B SEGMENT FOR THE DATES OF SERVICE ON THE MEDICARE ENTITLEMENT SCREEN. NOTE: CLAIM TYPE D, PT. 54 PHARMACY CLAIMS WITH THE FOLLOWING GPPCS ARE MONITORED BY EDIT 283. PER DCR00698: GPPC's 051793, 051794 AND 051878 ADDED PER DCR 00789 NOT APPLICABLE FOR ENCOUNTERS
EOB CODES:	2502– FILE CLAIM WITH MEDICARE
METHOD OF CORRECTION:	**THIS ESC IS ACTIVE FOR REGIONS 25, 26, 59, 65 AND 71 ONLY. THIS EDIT IS ALSO SET AS INFORMATIONAL**

3.286 2514 (FORMER LEGACY EDIT 283)

DMS Approved 05/04/06

ERROR STATUS CODE:	2514 (FORMER LEGACY EDIT 283)	**CLAIM TYPE:**	H, M, O, P/Q
HEADER/DETAIL:	HEADER/DETAIL	**PROVIDER TYPE:**	01, 02, 21, 22, 30, 31, 34, 35, 36, 37, 39, 54, 55, 64, 70, 72, 74, 77, 78, 85, 90
OVERRIDEABLE:	YES	**CLAIM FIELD LABEL:**	MEMBER ID
DATA CORRECTABLE:	YES		

ESC NAME:	MEMBER COVERED BY MEDICARE(A and B), NO MCARE D
ESC CRITERIA:	FAILS IF THE MEMBER HAS A MEDICARE PART B SEGMENT FOR THE DATES OF SERVICE ON THE MEDICARE ENTITLEMENT SCREEN. THIS ESC IS SET TO AUTO-DENY ON ALL ELECTRONIC CLAIMS.
	EXCLUSIONS: FOR CLAIM TYPE "M" (P/T 21) PROCEDURE CODES A0160, X0081. AND X0082 ARE EXCLUDED. CLAIM TYPE “M” (P/T 23) CLAIMS ARE EXCLUDED. FOR PROVIDER TYPE 01, CLAIMS WITH A TYPE OF BILL OF 134 ARE EXCLUDED. FOR PROVIDER TYPE 01, CLAIMS WITH A TYPE OF BILL OF 134 ARE EXCLUDED. FOR PROVIDER TYPE 01, CLAIM TYPE “M” BILLING REVENUE CODE 360 WITH ACCOMPANYING DENTAL CODES ARE EXCLUDED FROM ESC 2514. FOR PROVIDER TYPE 36, CLAIM TYPES “M” BILING DENTAL CODES ARE EXCLUDED FROM ESC 2514. FOR PROVIDER TYPE 20, ONLY DETAILS BILLED WITH THE FOLLOWING MODIFIERS WILL FAIL ESC 2514: A1, A2, A3, A4, J1, J2, K1, K2, K3, K4, K5, K6, AM FOR PROVIDER TYPE 20, ONLY THE FOLLOWING PROCEDURES WILL FAIL ESC 2514: (EXCEPT FOR EPSDT NEW PROCEDURE CODE (CPT 4) SHOULD FAIL) WP120, WP121, WP122, WP123, WP124, WP140, WP141, WP142, WP143, WP172, WP341, WP342, WP343, WP375, WP379, WP510, WP511, S9140, WP513, 92002, WP514, WP516, WP517, WP530, WP531, WP550, WP551, WP560, WP561, WP562, WP565, WP571, WP572, WP574, WP575, WP700, WP702, WP703, WP705, WP706, WP708, WP900
	FOR PROVIDER TYPE 22, THE FOLLOWING PROCEDURE CODES ARE EXCLUDED FROM ESC 2514: V2020, V2100 THRU V2118, V2121, V2199 THRU V2221, V2299, V2410, V2430, V2499, V5030, V5040, V5050, V5060, V5090, V5170, V5180, V5210, V5220, W0073 THRU W0075, V5264, W0080, W0090, W0091 THRU W0094, W0716, W0718, W0725, W0726, W0351, W3052, WP101, WP102, WP106, WP111 THRU WP113, V5299, V5266, V5299, V5267, V5264, V5014, V2799,

	92499, 99381-99385, 99391-99397
	FOR PROVIDER TYPE 22 ADA PROCEDURE CODES ARE EXCLUDED FROM ESC 2514.
	FOR PROVIDER TYPE 30, ONLY DETAILS BILLED WITH THE FOLLOWING PROCEDURE CODES WILL FAIL ESC 2514: X0110, X0111, X0130, X0140, X0150, X0151, X0152, X0153, X0155, X0156, X0157, 90816, 99221, H0046, H2011, 90804, 90853, 90801, 99201, H0012, 90862, 90847 FOR PROVIDER TYPE 30, EFFECTIVE FOR DATES OF SERVICE BEGINNING 12/15/2000, PROCEDURE CODES X0110, X0111, X0130, X0140, X0150, X0151, X0152, X0153, X0155, X0156 AND X0157, 90816, 99221, H0046, H2011, 90804, 90853, 90801, 99201, H0012, 90862, 90847, WHEN BILLED WITH MODIFIER “X”, “GC”, “F” OR ‘SA’WILL BYPASS THIS ESC .
	FOR PROVIDER TYPES 31 AND 35, DETAILS WITH DENTAL/DRUG ARE EXCLUDED FROM ESC 2514.
	FOR PROVIDER TYPES 31 AND 35, PROCEDURE CODE “Y6000” IS EXCLUDED FROM ESC 2514.
	FOR PROVIDER TYPES 22, 31, 35, 64, AND 78, THE FOLLOWING PROCEDURE CODES ARE EXCLUDED FROM ESC 2514: 92002, 92004, 92012, 92014, 92015, 92018, 92019, 92020, 92060, 92065, 92070, 92081, 92082, 92083, 92100, 92120, 92130, 92140, 92225, 92226, 92230, 92235, 92250, 92260, 92265, 92270, 92280, 92283, 92284, 92285, 92286, 92287, 92310, 92311, 92312, 92313, Y5411, 92275
	FOR PROVIDER TYPES 22, 64, AND 78, DETAILS RELATING TO ANY OF THE FOLLOWING DIAGNOSIS CODES ARE EXCLUDED FROM ESC 2514: 0542, 101, 2130, 2131, 3068, 520, 5200, 5201, 5202, 5203, 5204, 5205, 5206, 5207, 5208, 5209, 521, 5210, 5211, 5212, 5213, 5214, 5215, 5216, 5217, 5218, 5219, 522, 5220, 5221, 5222, 5223, 5224, 5225, 5226, 5227, 5228, 5229, 523, 5230, 5231, 5232, 5233, 5234, 5235, 5236, 5237, 5238, 5239, 524, 5240, 5241, 5242, 5243, 5244, 5245, 5246, 5247, 5248, 5249, 525, 5250, 5251, 5252, 5253, 5258, 5259, 526, 5260, 5261, 5262, 5263, 5264, 5265, 5268, 52681, 52689, 5269, 527, 5270, 5271, 5272, 5273, 5274, 5275, 5276, 5277, 5278, 5279, 528, 5280, 5281, 5282, 5283, 5284, 5285, 5286, 5287, 5288, 5289, 529, 5290, 5291, 5292, 5293, 5294, 5295, 5296, 5298, 5299, V700, V722
	FOR PROVIDER TYPE 34 CLAIMS BILLED ON A UB04, IF A CONDITION CODE OF “Y1” IS ENTERED (FORM LOCATORS 24-30), THE CLAIM WILL BYPASS ESC 2514.
	FOR PROVIDER TYPE 77, THE FOLLOWING PROCEDURE CODES ARE EXCLUDED FROM ESC 2514: 76515, 76517, 92015, 92230, 92235, 92283, 92284, 92310, 92313

	ENCOUNTER CLAIMS WITH A TPL INDICATOR OF 13 BYPASS THIS ESC. VOIDED ENCOUNTER CLAIMS ARE EXCLUDED		
	FOR PROVIDER TYPE 78, DETAILS WITH A PLACE OF SERVICE CODE OF “31”, “32”, “54” OR “56” ARE EXCLUDED FROM ESC 2514. NOTE: ESC 2514 HAS BEEN MODIFIED SO THAT CLAIM DETAILS PROCESSED EFFECTIVE MAY 11, 2004 AND AFTER UNDER PROVIDER TYPE 78 WITH A PLACE OF SERVICE 31, 32, 54, OR 56 ARE ESCED FOR E283. DCR01114 REMOVED THE EXCLUSION CRITERIA FROM ESC 2514 AND APPLIED TO PROVIDER TYPE 78.		
	FOR PROVIDER TYPE 90, THE FOLLOWING PROCEDURE CODES ARE EXCLUDED FROM ESC 2514:		
	L3000-L3039	L3321-L3329	E0625
	L3041-L3049	L3331	A4206
	L3051-L3059	L3333	A4250
	L3061-L3069	L3335-L3379	A4215
	L3071-L3079	L3381-L3389	A4627
	L3081-L3089	L3391-L3649	
	L3091-L3299	XZ883	
	L3301-L3309	XZ884	
	L3311-L3319	E0972	
	DETAILS WITH A PROCEDURE CODE OF Y2870 ARE EXCLUDED FROM ESC 2514.		
EOB CODES:	0283 – OUR RECORDS INDICATE MEMBER HAS MEDICARE PART B COVERAGE. PLEASE BILL MEDICARE.		
METHOD OF CORRECTION:	SCAN THE CLAIM AND VERIFY THAT THE MEMBER NUMBER, PROCEDURE CODE, AND THE DATES OF SERVICE WERE KEYED CORRECTLY. IF NOT, CORRECT THE ERRORED FIELDS.		
	IF THE CLAIM TYPE IS TYPE “M” AND THE PROVIDER TYPE IS 34, HOME HEALTH, AND A MAP-34 IS ATTACHED, OVERRIDE THE ESC. IF THE MAP-34 IS INCOMPLETE, DENY THE CLAIM. **NOTE: A MAP-34 MUST BE SIGNED AND DATED WITHIN A YEAR OF THE DATES OF SERVICE, AND HAVE APPROPRATE BOX MARKED, WITH AN EXPLANATION.** FOR PROVIDER TYPE 34 CLAIMS BILLED ON THE UB04, VERIFY THAT A CONDITION CODE OF “Y1” HAS NOT BEEN ENTERED (FORM LOCATORS #24 THROUGH 30 ON THE UB04). IF A Y1 HAS BEEN ENTERED, BUT WAS NOT KEYED CORRECTLY, DATA CORRECT THE MAP-34 INDICATOR FIELD.		
	IF THE CLAIM TYPE IS TYPE “M” AND THE PROVIDER IS A NON-CONFORMING AMBUALNCE SERVICE, REVIEW THE DOCUMENTATION ATTACHED. IF DOCUMENTATION		

	INDICATES THE SERVICE WAS NOT APPROVED FOR MEDICARE PARTICIPATION, OVERRIDE THE ESC. THIS SHOULD ONLY APPLY TO MEDICARE COVERAGE.
	EXAMINE THE CLAIM FOR ATTACHMENTS OF DOCUMENTATION. THE ONLY ACCEPTABLE FORMS OF DOCUMENTATION ARE: C. PROOF OF DENIAL FROM MEDICARE OR PROOF OF NON-PAYMENT FROM MEDICARE (EOMB). 5. A BLUE CROSS/BLUE SHIELD EOMB WITH AN "AC" (ACTION CODE) OF 43 OR HK IS NOT ACCEPTABLE PROOF OF DENIAL. 6. FOR PROVIDER TYPES 31 AND 35 THE BILLED AMOUNT ON THE EOMB DOES NOT HAVE TO MATCH THE CLAIM. J. PROOF OF DENIAL FOR THE SAME MEMBER FOR THE SAME OR RELATED SERVICES FROM MEDICARE. THE DENIAL CANNOT BE MORE THAN 6 MONTHS OLD. K. A LETTER FROM THE PROVIDER INDICATING THAT HE/SHE CONTACTED MEDICARE (BLUE CROSS/BLUE SHIELD) AND SPOKE WITH AN AGENT TO VERIFY THAT THE MEMBER WAS NOT COVERED. L. CONFIRMATION OF DENIAL IF MEDICARE COVERAGE FOR PERSONS UNDER 65 FROM THE PROVIDER. M. IF THERE IS A MEDICARE HEATH INSURANCE CARD PRESENT AND IT SHOWS THAT THE MEMBER IS ELIGIBLE FOR HOSPITAL OR MEDICAL INSURANCE, CHECK THE EFFECTIVE DATES AGAINST THE DATES OF SERVICE TO VERIFY ELIGIBILITY. IF NOT ELIGIBLE FOR THE DATES OF SERVICE, OVERRIDE THE ESC. IF ELIGIBLE, DENY THE CLAIM WITH EOB 283. IF ANY OF THE ABOVE DOCUMENTATION IS PRESENT, OVERRIDE THE ESC. IF CLAIM AND/OR DOCUMENTATION INDICATES THAT MEDICARE PAYMENT WAS RECEIVED BY THE MEMBER, DENY THE ESC WITH EOB 278.
	• COMPLETE A CLAIM RETRIEVAL FORM FROM THE WAREHOUSE, REQUESTING THE CLAIM TO BE PULLED IN ORDER TO REBATCH. • REBATCH CLAIM AS A CROSSOVER AND REPROCESS. DELETE OLD TCN FROM THE SYSTEM.
	IF THE CLAIM WAS KEYED CORRECTLY AND NONE OF THE ABOVE SITUATIONS APPLY, DENY THE LINE WITH EOB 283.

3.287 2602 (FORMER LEGACY EDIT 107)

DMS Approved 01/26/96

ERROR STATUS CODE:	2602 (FORMER LEGACY EDIT 107)	**CLAIM TYPE:**	H
HEADER/DETAIL:	DETAIL	**PROVIDER TYPE:**	44
OVERRIDEABLE:	YES	**TYPE OF DOCUMENT:**	PAPER CLAIM, PAPER ADJUSTMENT, AND ELECTRONIC ADJUSTMENT
DATA CORRECTABLE	YES	**CLAIM FIELD LABEL:**	MEMBER ID, DOS

ESC NAME:	MEMBER LOCKED-IN TO SPECIFIC PROVIDER
ESC CRITERIA:	IF A ROW IS FOUND ON THE MEMBER LOCKIN TABLE AND PROVIDER SPECIALTY IS "ZZZ" OR THE PROVIDER SPECIALTY MATCHES THE LOCKIN SPECIALTY AND IF THE RESTRICTION INDICATOR EQUALS 'O', POST THE ESC. IF A ROW IS FOUND THE MEMBER LOCKIN TABLE AND PROVIDER SPECIALTY IS "ZZZ" OR THE PROVIDER SPECIALTY DOES NOT MATCH THE LOCKIN SPECIALTY AND IF THE RESTRICTION INDICATOR EQUALS 'I', POST THE ESC. IF A ROW IS NOT FOUND ON THE MEMBER LOCKIN TABLE AND THE RESTRICTION INDICATOR IS EQUAL TO 'I' AND A ROW IS FOUND ON THE MEMBER LOCKIN TABLE. POST THE ESC. FOR A PHYSICIAN CLAIM, IF A MEMBER IS LOCKED IN TO A PERFORMING PROVIDER, POST THE ESC. BYPASS THE ESC FOR A PHYSICIAN CLAIM IF ANY OF THE EIGHT HEADER DIAGNOSES ARE AN EMERGENCY DIAGNOSIS (DIAGNOSIS GROUP 21). FOR A DENTAL CLAIM, IF A MEMBER IS LOCKED IN TO A PERFORMING PROVIDER, POST THE ESC. FOR A PHARMACY CLAIM, IF A MEMBER IS LOCKED IN TO A PERFORMING/BILLING PROVIDER, POST THE ESC.
LEGACY CRITERIA:	FOR A PHYSICIAN CLAIM, IF A MEMBER IS LOCKED OUT OF A PERFORMING PROVIDER, POST THE ESC. BYPASS THE ESC FOR A PHYSICIAN CLAIM IF ANY OF THE EIGHT HEADER DIAGNOSES ARE AN EMERGENCY DIAGNOSIS (DIAGNOSIS GROUP 21). FOR A DENTAL CLAIM, IF A MEMBER IS LOCKED OUT OF A PERFORMING PROVIDER, POST THE ESC.

	BILLING PROVIDER IS NOT MEMBER'S DESIGNATED HOSPICE PROVIDER FOR DATES OF SERVICE.
EOB CODES:	0307: HOSPICE MEMBER. OUR FILES SHOW MEMBER IS COVERED BY ANOTHER HOSPICE PROVI DER FOR BILLED DATE(S) OF SERVICE.
METHOD OF CORRECTION:	1. VERIFY THAT THE BILLING PROVIDER, MEMBER ID NUMBER, AND DATES OF SERVICE WERE KEYED CORRECTLY. IF NOT DATA CORRECT BY CHANGING THE APPROPRIATE FIELDS.
	2. IF ALL INFORMATION IS KEYED CORRECTLY, DO NOTHING. THE CLAIM WILL RECYCLE IN THE SYSTEM FOR 15 DAYS.
	NOTE: IF SYSTEM AGE IS OVER 15 DAYS, CLAIM WILL AUTO-DENY FOR ESC 801.

3.288 2603 (FORMER LEGACY EDIT 640)

Last Approved by DMS 04/06/2011

ERROR STATUS CODE:	2603 (FORMER LEGACY EDIT 640)	**CLAIM TYPE:**	M, O
HEADER/DETAIL:	DETAIL	**PROVIDER TYPE:**	01, 31,35,64, 65, 74, 78, 90
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	PAPER, NON-PAPER , ADJUSTMENTS
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	MEMBER ID, PROC CODE

ESC NAME:	PROCEDURE CODE LOCK-IN VIOLATION
ESC CRITERIA:	FAILS IF THE MEMBER HAS A MEDICAL LOCK-IN SEGMENT FOR THE DATE OF SERVICE AND THE MEMBER'S MEDICAL LOCK-IN PROVIDER NUMBER IS NOT ENTERED IN EITHER THE BILLING, RENDERING, OR REFERRING PROVIDER NUMBER FIELD ON THE CLAIM. NOTE - FOR OUTPATIENT HOSPITAL CLAIMS (PT 01), IF EITHER THE MEDICAL LOCK-IN PROVIDER OR THE HOSPITAL LOCK-IN PROVIDER IS SUBMITTED ON THE CLAIM, THE EDIT DOES NOT FAIL. **EXCLUSIONS:** • PROVIDER TYPE 90 DETAILS WITH A PLACE OF SERVICE OF 12 ARE EXCLUDED FROM EDIT 2603 • PROVIDER TYPE 31, 35, 64, 65, 74, 78 DETAILS WITH A PLACE OF SERVICE OF 03, 04, 05, 06, 07, 08, 12, 13, 14, 15, 21, 23, 24, 25, 26, 31, 32, 33, 34, 41, 42, 51, 53, 54, 55, 56, 57, 60, 61, 62, 65, 71, 81 ARE EXCLUDED FROM EDIT 2603 • PROVIDER TYPE 01 DETAILS WITH REVENUE CODE 451 ARE EXCLUDED FROM EDIT 2603. • PROVIDER TYPE 01 CLAIMS THAT INCLUDE ER REVENUE CODE 450 SUBMITTED IN CONJUNCTION WITH LEVEL II OR III PROCEDURE CODES 99282, 99283, 99284 OR 99285 ARE EXCLUDED FROM EDIT 2603. NOTE - IN THESE CASES THE ENTIRE CLAIM WILL BYPASS EDIT 2603. NOTE – THIS EDIT WAS MODIFIED AS PART OF CO 15585.
EOB CODES:	2603 - PROCEDURE CODE LOCK-IN VIOLATION
METHOD OF CORRECTION:	VERIFY THAT THE INFORMATION WAS KEYED CORRECTLY. IF NOT, CORRECT THE DATA.
	IF ENTERED CORRECTLY, DENY THE CLAIM

3.289 2999 (FORMER LEGACY EDIT N/A)

DMS Approved 06/2007

ERROR STATUS CODE:	2999 (FORMER LEGACY EDIT N/A)	**CLAIM TYPE:**	ALL
HEADER/DETAIL:	DETAIL	**PROVIDER TYPE:**	ALL
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	PAPER, NON-PAPER, ADJUSTMENTS
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	MEMBER ID

ESC NAME:	CLAIM BILLED WITH AN INACTIVE MID
ESC CRITERIA: **LEGACY CRITERIA:**	ALL CLAIM TYPES. IF THE MEMBER'S ID NUMBER HAS BEEN SET TO INACTIVE ON THE MEMBER BASE INFORMATION PANEL, POST THE EDIT N/A
EOB CODES:	2999 - CLAIM BILLED WITH AN INACTIVE MID
METHOD OF CORRECTION:	VERIFY THAT THE INFORMATION WAS KEYED CORRECTLY. IF NOT, CORRECT THE DATA.
	NOTE – THIS EDIT CURRENTLY SET TO PAY AND LIST

3.290 2800 (FORMER LEGACY EDIT 245)

DMS Approved 11/18/2010

ERROR STATUS CODE:	2800 (FORMER LEGACY EDIT 245)	**CLAIM TYPES:**	A (01, 02, 11, 12), B (PT 31, 35), C (PT 01), H (PT 34, 42), I, L, M (22, 24, 30, 31, 33, 35, 37, 43, 90), O (01, 41), P, Q
HEADER/DETAIL:	HEADER/DETAIL	**PROVIDER TYPES:**	01, 02, 11, 12, 22, 24, 30, 31, 33, 34, 35, 37, 41, 42, 43, 54, 90
OVERRIDEABLE:	YES	**TYPE OF DOCUMENT:**	PAPER, NON-PAPER, ADJUSTMENTS
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	MEMBER ID, RPROV, FDOS, TDOS
ESC NAME:	SERVICE COVERED UNDER HOSPICE		
ESC CRITERIA:	IF THE MEMBER IS ELIGIBLE FOR HOSPICE DURING THE CLAIM DATES OF SERVICE, AND CATEGORY OF SERVICE IS 02, 03, 05, 07, 12, 24, 25, 26, 27, 30, 33, 40, 41, 42, 43, 46, 47, 50, 52, 53, OR 64 APPLY THE ESC. HOSPICE ELIGIBILITY SEGMENTS ARE LOCATED ON THE MEMBER PANEL UNDER MEMBER HOSPICE DETAILS. **EXCLUSIONS:** • FOR CLAIM TYPE A AND I, IF THE END DATE ON THE HOSPICE ELIGIBILITY SEGMENT IS THE SAME AS THE ADMISSION DATE OF THE HOSPITAL CLAIM, THE CLAIM WILL NOT FAIL. • FOR CLAIM TYPES A, I OR L, IF THE DATE OF DISCHARGE IS THE SAME AS THE BEGIN DATE OF HOSPICE ELIGIBILITY, THE CLAIM WILL NOT FAIL. • FOR PT 42 DETAILS WITH REVENUE CODE 580 ARE EXCLUDED. • FOR PT 33 DETAILS WITH PROCEDURE CODE H0043, S5126, S5140, OR T2016 ARE EXCLUDED EFFECTIVE WITH DOS 06/01/2007 PER CO 12502. • FOR PT 22 PROCEDURE CODES V5010, 90465, 90466, 90669, 90698, 90716, 90744, 92567, 92585, 92588, 92593, 97803, 99203, 99204, 99205, 99212, 99213, 99214, 99391, and 99392 ARE EXCLUDED EFFECTIVE WITH DOS 01/01/2008 PER CO 14680. • EFFECTIVE 03/23/2010 MEMBERS UNDER THE AGE OF 21 BYPASS EDIT 2800 PER CO 14843.		
EOB CODES:	0245 – THESE SERVICES MAY BE BILLED ONLY BY A		

	MEMBER'S HOSPICE PROVIDER. 0113 - CLAIM DENIED. REQUIRED DOCUMENTATION MISSING/INCOMPLETE
METHOD OF CORRECTION:	1. VERIFY THAT THE MEMBER ID NUMBER, PROVIDER NUMBER, AND DATES OF SERVICE WERE KEYED CORRECTLY. IF NOT, CORRECT THE DATA. 2. IF CERTIFICATION OF UNRELATED CONDITION (MAP-383 OR MAP-397) APPROVED AND SIGNED BY MEDICAID STAFF, IS ATTACHED, OVERRIDE THE ESC. 3. IF THE PROVIDER TYPE IS 31 OR 35 AND THE PROCEDURE IS **NOT** NDC OR LAB (LAB PROCEDURE CODES BEGIN WITH AN “8”), OVERRIDE THE ESC. 4. IF THE PROVIDER INDICATES THAT THE SERVICE IS FOR A CONDITION UNRELATED TO THE TERMINAL ILLNESS, BUT DOES NOT ATTACH THE MEDICAID APPROVED AND SIGNED MAP-383 OR MAP-397 DENY THE CLAIM WITH EOB 0113. 5. IF NONE OF THE ABOVE APPLY, DENY THE CLAIM WITH EOB 0245.

3.291 2808

DMS Approved 9/24/2009

ERROR STATUS CODE:	2808	**CLAIM TYPES:**	H
HEADER/DETAIL:	DETAIL	**PROVIDER TYPES:**	44
OVERRIDEABLE:	YES	**TYPE OF DOCUMENT:**	ALL
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	MEMBER ID, RPROV, FDOS, TDOS
ESC NAME:	PARTIAL COVERAGE FOR HOSPICE		
ESC CRITERIA:	IF THE MEMBER IS ELIGIBLE FOR HOSPICE FOR A PORTION OF THE CLAIM'S DETAIL DATES OF SERVICE RANGE BILLED, FAIL ESC 2808. HOSPICE ELIGIBILITY SEGMENTS ARE LOCATED ON THE MEMBER PANEL UNDER MEMBER HOSPICE DETAILS.		
EOB CODES:	2808 - MEMBER IS ELIGIBLE FOR HOSPICE FOR A PORTION OF THE DATES OF SERVICE BILLED. PLEASE CORRECT AND RESUBMIT.		
METHOD OF CORRECTION:	1. VERIFY THAT THE MEMBER ID NUMBER, PROVIDER NUMBER, AND DATES OF SERVICE WERE KEYED CORRECTLY. IF NOT, CORRECT THE DATA. 2. IF THE ABOVE DOES NOT APPLY, DENY THE CLAIM WITH EOB 2808.		

3.292 3000

3.292.1 3000 (FORMER LEGACY EDIT 113)

DMS Approved 10/15/01

ERROR STATUS CODE:	3000 (FORMER LEGACY EDIT 113)	**CLAIM TYPE:**	I
HEADER/DETAIL:	HEADER	**PROVIDER TYPE:**	01, 02, 04, 92, 93
OVERRIDEABLE:	YES	**TYPE OF DOCUMENT:**	PAPER, NON-PAPER, ADJUSTMENTS
DATA CORRECTABLE:		**CLAIM FIELD LABEL:**	PA-NUM

ESC NAME:	UNITS EXCEED AUTHORIZED UNITS ON PA MASTER FILE
ESC CRITERIA: **LEGACY CRITERIA:**	IF THE PROCEDURE CODE ON THE CLAIM REQUIRES PA AS INDICATED ON THE COVERED BENEFIT TABLE, AND THERE IS AN APPROVED PA ON FILE BUT THE APPROVED UNITS HAVE ALREADY BEEN USED ON PREVIOUS CLAIMS, PERFORM CUTBACK LOGIC AND POST THE ESC. FAILS IF NO PA#NUMBER IS PRESENT OR THE PA#NUMBER, MEMBER NUMBER AND PROVIDER TYPE ON THE CLAIM DO NOT MATCH THE DATA ON THE PA#FILE. NOTE – PT 02 AND 04 CLAIMS WITH A FDOS PRIOR TO 10/01/01 DO NOT FAIL THIS ESC. **EXCLUSIONS:** • TYPE OF BILL 110 IS EXCLUDED. • CLAIMS WITH AN FDOS AFTER 06/30/97 SUBMITTED BY PROVIDERS IN STATES OTHER THAN KY, IN, IL, MO, TN, WV, VA, AND OH ARE EXCLUDED. • CLAIMS WITH AN FDOS PRIOR TO 07/01/97 SUBMITTED BY OUT-OF-STATE PROVIDERS ARE EXCLUDED. • CLAIMS WITH DOS PRIOR TO 6/1/94 WILL BYPASS THE ESC.
EOB CODES:	3000 - UNITS EXCEED AUTHORIZED UNITS ON PRIOR AUTHORIZATION MASTER.
METHOD OF CORRECTION:	1. VERIFY THAT THE MEMBER ID NUMBER, DATES OF SERVICE, AND TREATMENT AUTHORIZATION NUMBER IS ENTERED CORRECTLY. IF NOT, CORRECT.
	2. IF AN AUTHORIZATION NUMBER IS NOT PRESENT ON THE CLAIM, DENY WITH EOB 0275.
	3. IF AN AUTHORIZATION NUMBER IS PRESENT, ALLOW THE CLAIM TO RECYCLE.
	4. THIS ESC RECYCLES FOR 15 DAYS AND AUTO-DENIES UNDER ESC 3000.

3.292.2 3000 (FORMER LEGACY EDIT 114)

DMS Approved 08/19/03

ERROR STATUS CODE:	3000 (FORMER LEGACY EDIT 114)	**CLAIM TYPE:**	L
HEADER/DETAIL:	HEADER	**PROVIDER TYPE:**	11, 12
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	PAPER, NON-PAPER, ADJUSTMENTS
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	PA-NUM
ESC NAME:	UNITS EXCEED AUTHORIZED UNITS ON PA MASTER FILE		
ESC CRITERIA: **LEGACY CRITERIA:**	IF THE PROCEDURE CODE OR REVENUE CODE ON THE CLAIM REQUIRES PA AS INDICATED ON THE COVERED BENEFIT TABLE, AND THERE IS AN APPROVED PA ON FILE BUT THE APPROVED UNITS HAVE ALREADY BEEN USED ON PREVIOUS CLAIMS, PERFORM CUTBACK LOGIC AND POST THE ESC. EFFECTIVE WITH DOS 7/1/2011 ACCOMMODATION REVENUE CODES BILLED BY PROVIDER TYPE 11 REQUIRE PA PER CO 16253. FAILS IF A NURSING FACILITY CLAIM IS LESS THAN 15 DAYS OLD AND A MATCHING PA CERTIFICATION NUMBER IS NOT ON FILE. MATCH CRITERIA IS SAME PA CERTFICATION NUMBER, SAME PA NUMBER INDICATOR (TYPE OF SERVICE ON THE PA # FILE), AND DATE OF SERVICE EQUAL TO OR WITHIN THE PA NUMBER EFFECTIVE DATES.		
EOB CODES:	3000 - UNITS EXCEED AUTHORIZED UNITS ON PRIOR AUTHORIZATION MASTER.		
METHOD OF CORRECTION:	1. VERIFY THE MEMBER ID, PROVIDER NUMBER, DATES OF SERVICE AND PA#NUMBER ARE KEYED CORRECTLY. IF NOT, CORRECT THE DATA.		
	2. IF DATA IS KEYED CORRECTLY ALLOW TO RECYCLE. CLAIM WILL FAIL ESC 910 AND AUTO-DENY AFTER 15 DAYS.		

3.292.3 3000 (FORMER LEGACY EDIT 115)

DMS Approved 08/19/03

ERROR STATUS CODE:	3000 (FORMER LEGACY EDIT 115)	**CLAIM TYPE:**	I
HEADER/DETAIL:	HEADER	**PROVIDER TYPE:**	01, 02, 04, 92, 93
OVERRIDEABLE:	YES	**TYPE OF DOCUMENT:**	PAPER, NON-PAPER, ADJUSTMENTS
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	MEMBER ID, REFERENCE NUMBER, DAYS
ESC NAME:	UNITS EXCEED AUTHORIZED UNITS ON PA MASTER FILE		

ESC CRITERIA: **LEGACY CRITERIA:**	IF THE PROCEDURE CODE ON THE CLAIM REQUIRES PA AS INDICATED ON THE COVERED BENEFIT TABLE, AND THERE IS AN APPROVED PA ON FILE BUT THE APPROVED UNITS HAVE ALREADY BEEN USED ON PREVIOUS CLAIMS, PERFORM CUTBACK LOGIC AND POST THE ESC. SAME MEMBER SAME REFERENCE NUMBER THE NUMBER OF STAY DAYS EXCEEDS THE NUMBER OF STAY DAYS AUTHORIZED TOB 110 IS EXCLUDED NOTE: FOR PROVIDER TYPES 02 AND 04 CLAIMS EFFECTIVE 10/01/01 THE ESC APPLIES <u>EXCLUSIONS:</u> TOB 110 IS EXCLUDED NOTE: FOR PROVIDER TYPES 02 AND 04 CLAIMS EFFECTIVE 10/01/01 THE ESC APPLIES CLAIMS WITH AN ADMIT DATE OF SERVICE ON OR AFTER 04/01/03, WITH THE EXCEPTION OF CRITICAL ACCESS, VENTILATOR, AND REHAB FACILITES OR CLAIMS THAT HAVE THE DRG 424-433 OR 521 THRU 523 BYPASS AUDIT 552. CLAIMS THAT HAVE THE DRG 424-433 OR 521 THRU 523 BYPASS AUDIT 552 IF THE NUMBER OF DAYS ON THE PA#CERTIFICATION RECORD IS (1) ONE. PER DCR871
EOB CODES:	3000 - UNITS EXCEED AUTHORIZED UNITS ON PRIOR AUTHORIZATION MASTER.
METHOD OF CORRECTION:	1. VERIFY THE MEMBER ID, REFERENCE NUMBER, AND COVERED DAYS WERE KEYED CORRECTLY. IF NOT, CORRECT THE FIELDS IN ERROR.
	2. IF CLAIM WAS KEYED CORRECTLY, MAKE NO CHANGES. PAPER CLAIMS WILL RECYCLE FOR 15 DAYS. ELECTRONIC CLAIMS WILL RECYCLE FOR 21 DAYS. THEN THE CLAIMS WILL AUTO-DENY FOR AUDIT 552..

3.292.4 3000 (FORMER LEGACY EDIT 330)

DMS Approved 12/04/06

ERROR STATUS CODE:	3000 (FORMER LEGACY EDIT 330)	**CLAIM TYPE:**	D, H, M, O
HEADER/DETAIL:	DETAIL	**PROVIDER TYPE:**	01 (CT O), 34, 39, 41, 42, 46, 47, 60, 61, CT M (ALL EXCEPT 15, 20, 21, 27, 28, 40, 55, 56, 57)
OVERRIDEABLE:	YES	**TYPE OF DOCUMENT:**	PAPER, NON-PAPER, ADJUSTMENTS
DATA CORRECTABLE	YES	**CLAIM FIELD LABEL:**	PA#, UNITS, PROC

ESC NAME:	UNITS EXCEED AUTHORIZED UNITS ON PA MASTER FILE
ESC CRITERIA: **LEGACY CRITERIA:**	IF THE PROCEDURE CODE ON THE CLAIM REQUIRES PA AS INDICATED ON THE COVERED BENEFIT TABLE, AND THERE IS AN APPROVED PA ON FILE BUT THE APPROVED UNITS HAVE ALREADY BEEN USED ON PREVIOUS CLAIMS, PERFORM CUTBACK LOGIC AND POST THE ESC. FAILS IF THE 'USED' FIELDS OF THE PRIOR AUTHORIZATION FILE CANNOT BE UPDATED BECAUSE THE AUTHORIZED AMOUNT IS EXCEEDED OR A MATCHING PA RECORD IS NOT FOUND. NOTE: PT 34 BYPASSED THIS ESC IF THE CLAIM DOS WAS 11/01/2003 THROUGH 12/31/2003. DCR 01071 NOTE: FOR PT 29, THE MATCHING PA RECORD USES THE FIRST 9 BYTES OF THE SUB CON TAX ID AS THE MATCH CRITERIA. PER DCR00179.
EOB CODES:	3000 - UNITS EXCEED AUTHORIZED UNITS ON PRIOR AUTHORIZATION MASTER.
METHOD OF CORRECTION:	1. VERIFY THE PROCEDURE CODE, UNITS, AND PRIOR AUTHORIZATION NUMBER WERE KEYED CORRECTLY.
	2. IF KEYED CORRECTLY, DENY.

3.292.5 3000 (FORMER LEGACY EDIT 533)

DMS Approved 02/13/97

ERROR STATUS CODE:	3000 (FORMER LEGACY EDIT 533)	**CLAIM TYPE:**	O
HEADER/DETAIL:	DETAIL	**PROVIDER TYPE:**	41
OVERRIDEABLE:	YES	**TYPE OF DOCUMENT:**	PAPER, NON-PAPER, ADJUSTMENTS
DATA CORRECTABLE	YES	**CLAIM FIELD LABEL:**	REVENUE CODE/PA#
ESC NAME:	UNITS EXCEED AUTHORIZED UNITS ON PA MASTER FILE		
ESC CRITERIA: **LEGACY CRITERIA:**	IF THE PROCEDURE CODE ON THE CLAIM REQUIRES PA AS INDICATED ON THE COVERED BENEFIT TABLE, AND THERE IS AN APPROVED PA ON FILE BUT THE APPROVED UNITS HAVE ALREADY BEEN USED ON PREVIOUS CLAIMS, PERFORM CUTBACK LOGIC AND POST THE ESC. FAILS IF THE REVENUE CODE DOES NOT HAVE A MATCHING PRIOR AUTHORIZATION SEGMENT ON FILE FOR THE PRIOR AUTHORIZATION NUMBER ENTERED ON THE CLAIM. THE FOLLOWING DATA ON THE CLAIM MUST MATCH THE DATA ON THE CORRESPONDING PA SEGMENT: • SAME PA# • SAME MEMBER MEMBER ID# • SAME PROVIDER# • SAME REVENUE CODE • CLAIM DATES OF SERVICE EQUAL TO OR WITHIN PA		

	SEGMENT DATES • THE PA SEGMENT MUST HAVE A PA STATUS OF "A" **EXCLUSIONS** FOR DATES OF SERVICE PRIOR TO 12/1/95, REVENUE CODES ARE NOT LISTED ON THE PA FILE AND 'SAME REVENUE CODE' IS NOT PART OF THE CRITERIA USED TO DETERMINE IF A MATCHING PA EXISTS.
EOB CODES:	3000 - UNITS EXCEED AUTHORIZED UNITS ON PRIOR AUTHORIZATION MASTER.
METHOD OF CORRECTION:	VERIFY THE MEMBER ID, PA NUMBER, REVENUE CODE AND DATES OF SERVICE WERE KEYED CORRECTLY. IF NOT, DATA CORRECT EACH FIELD IN ERROR.
	1. IF THE APPROPRIATE PRIOR AUTHORIZATION FORM IS ATTACHED VERIFYING THE REVENUE CODE HAS BEEN APPROVED, AND ALL DATA ON THE CLAIM MATCHES THE INFORMATION ON THE FORM, ROUTE TO THE PRIOR AUTHORIZATION TEAM.
	2. IF ALL DATA IS KEYED CORRECTLY AND ITEM #2 DOES NOT APPLY, DENY THE DETAIL.
PRIOR AUTHORIZATION	WHEN A DETAIL/CLAIM FAILS ESC 3000, BUT THE ATTACHED PRIOR AUTHORIZATION FORM VERIFIES THE REVENUE CODE HAS BEEN AUTHORIZED AND THE DATA ON THE FORM MATCHES THE DATA ON THE CLAIM, ADD THE INFORMATION FROM THE PRIOR AUTHORIZATION FORM TO THE PRIOR AUTHORIZATION FILE.

3.292.6 3000 (FORMER LEGACY EDIT 641)

DMS Approved 03/26/2012

	3000 (FORMER LEGACY EDIT 641)	**CLAIM TYPE:**	D, H, M, O, P/Q
OVERRIDEABLE:	YES	**PROVIDERTYPE:**	PAPER, NON-PAPER, ADJUSTMENTS
OVERRIDEABLE:	YES	**TYPE OF DOCUMENT:**	PROCEDURE, PA#
DATA CORRECTABLE	YES	**CLAIM FIELD LABEL:**	PROCEDURE, PA#
	IF THE PROCEDURE CODE ON THE CLAIM REQUIRES PA AS INDICATED ON THE COVERED BENEFIT TABLE, AND THERE IS AN APPROVED PA ON FILE BUT THE APPROVED UNITS HAVE ALREADY BEEN USED ON PREVIOUS CLAIMS, PERFORM CUTBACK LOGIC AND POST THE ESC. CLAIM TYPE P/Q AND M (PT 31/35) FAILS IF A NDC REQUIRES PRIOR AUTHORIZATION (PA) AND A MATCHING TYPE "R"(REGULAR) PA SEGMENT IS		

NOT CONTAINED ON THE PRIOR AUTHORIZATION FILE.

NOTE: IF THE LEGEND INDICATOR IS AN R OR S THE LEVEL OF SERVICE IS 03 AND THE POS CLAIM IS SUBMITTED OUTSIDE PA BUSINESS HOURS ESC 3000 IS NOT APPLIED.

CLAIMS WITH DOS ON OR AFTER 4/6/04 SUBMITTED WITH A LOCATION CODE '03' AND A LEVEL OF SERVICE 03 WILL BYPASS 641 AFTER 5:00 PM EST. DCR01101

NDCS WITH THE FOLLOWING PA INDICATOR/INNOVATOR COMBINATIONS REQUIRE PRIOR AUTHORIZATION AND ARE MONITORED BY ESC 3000. PLEASE NOTE THAT BRAND NECESSARY PRIOR AUTHORIZATIONS ARE MONITORED BY ESC 633.

PA INDICATOR	INNOVATOR
Y	ANY
B	ANY
H	OTHER THAN 1
I	OTHER THAN 1

ALSO, THE FOLLOWING GPPCS REQUIRE PA ALTHOUGH THEY DO NOT HAVE PA INDICATOR/INNOVATOR COMINATIONS LISTED ABOVE:

039345, 027462, 045155, 045154, 004116, 004147, 004158. DCR 00448 AND DCR 00451

THE FOLLOWING NDC'S REQUIRE PA ALTHOUGH THEY DO NOT HAVE A PA INDICATOR ABOVE LISTED ABOVE: 00002-8715-01, 00002-8415-01, 00002-8315-01 OR 00002-8215-01.DCR01135

IF NO PA NUMBER IS ENTERED ON THE CLAIM OR THE PA NUMBER ENTERED HAS A JULIAN DATE GREATER THAN 1337, ESC 3000 SEARCHES FOR A MATCHING APPROVED REGULAR PA BASED ON MEMBER NUMBER, GPPC, AND DATE OF SERVICE ON THE CLAIM (MUST BE WITHIN PA EFFECTIVE DATES).

IF THE CLAIM HAS A PA NUMBER WITH A JULIAN DATE LESS THAN 1338, THE FOLLOWING MATCH CRITERIA IS APPLIED – SAME PROVIDER NUMBER, SAME MEMBER NUMBER, SAME NDC, DOS WITHIN PA EFFECTIVE DATES, AND CLAIM UNITS EQUAL TO OR LESS THAN APPROVED QUANTITY.

CLAIM TYPE P/Q AND M (PT 31/35) EXCLUSIONS

IF DOS ON OR AFTER 08/31/04 AND THE GPPC IS:

042922,	042923,	021154,	021155,	021156,	021157,	026177,
013648,	013649,	029077,	027961,	027959,	050836,	041026,
041027,	045190,	045191,	047285,	047286,	034187,	034188,
034189,	047198,	052049,	051799,	051800,	050102,	047564,
047567,	047568,	052898,	051333,	051334,	051335,	051336,
053400,	053402,	053401,	053403			

ESC 3000 WILL BE BYPASSED IF THE MEMBER IS LESS THAN 18 YEARS OF AGE. DCR 01194 THE LOGIC FOR DCR 01194 WAS NEVER APPLIED PER DMS ON 10/28/04.

IF DOS IS ON OR AFTER 08/31/04 AND GPPC IS 029077, 027961, 027959, 050836, 041026, 041027, 045190, 045191, 047285 OR 047286 AND THERE IS A PAID CLAIM WITHIN THE PAST 60 DAYS HISTORY FOR GPPC 029077, 027961, 027959, 050836, 041026, 041027, 045190, 045191, 047285 OR 047286 THE CLAIM WILL BYPASS 641. DCR 01195

IF DOS IS ON OR AFTER 08/31/04 AND GPPC IS 052898, 051333, 051334, 051335 OR 051336 AND THERE IS A PAID CLAIM WITHIN THE PAST 60 DAYS HISTORY FOR GPPC 052898, 051333, 051334, 051335 OR 051336 THE CLAIM WILL BYPASS 641.DCR01195 THE LOGIC FOR DCR 01195 WAS NEVER APPLIED PER DMS ON 10/28/04.

IF DOS IS ON OR AFTER 08/31/04 AND GPPC IS 053400, 053402, 053401 OR 053403 AND THERE IS A PAID CLAIM WITHIN THE PAST 60 DAYS HISTORY FOR GPPC 053400, 053402, 053401 OR 053403 THE CLAIM WILL BYPASS 641. DCR 01195 THE LOGIC FOR DCR 01195 WAS NEVER APPLIED PER DMS ON 10/28/04.

IF THE DOS IS AFTER 08/10/04 AND THE GPPC IS 031027, 037036, 044662 or 048643 AND THERE IS A PAID CLAIM WITH DATES OF SERVICE IN THE PAST 90 DAYS HISTORY FOR GPPC 031027, 037036, 044662 or 048643 THE CLAIM WILL BYPASS 641.DCR 01158

IF THE DOS IS AFTER 08/10/04 AND THE GPPC IS 051639 AND THERE IS A PAID CLAIM WITH DATES OF SERVICE IN THE PAST 90 DAYS HISTORY FOR GPPC 051639 THE CLAIM WILL BYPASS 641.DCR 01158

IF THE DOS IS AFTER 08/10/04 AND THE GPPC IS 038275 OR 031492 AND THERE IS A PAID CLAIM WITH DATES OF SERVICE IN THE PAST 90 DAYS HISTORY FOR GPPC 038275

OR 031492 THE CLAIM WILL BYPASS 641.DCR 01158

IF THE DOS IS AFTER 08/10/04 AND THE GPPC IS 048986 AND THERE IS A PAID CLAIM WITH DATES OF SERVICE IN THE PAST 90 DAYS HISTORY FOR GPPC 048986 THE CLAIM WILL BYPASS 641.DCR 01158

IF THE DOS IS AFTER 08/10/04 AND THE GPPC IS 049605 OR 049606 AND THERE IS A PAID CLAIM WITH DATES OF SERVICE IN THE PAST 90 DAYS HISTORY FOR GPPC 049605 OR 049606 THE CLAIM WILL BYPASS 641.DCR 01158

IF DOS ON OR AFTER 6/1/04 AND THE GPPC IS 042943, 042944 OR 042945 ESC 3000 IS BYPASSED IF THE MEMBER IS 65 YEARS OR OLDER. DCR01115.

IF THE DOS IS ON OR AFTER 6/10/04 AND THE GPPC IS 053974, ESC 3000 IS BYPASSED FOR MEMBERS UNDER AGE 19. DCR01130

IF THE DOS IS PRIOR TO 9/7/04 AND THE GPPC IS:

001770,	001771,	001772,	001764,	001765,	009768,	001769,
038906,	038907,	038908,	045929,	022735,	045930,	051194,
051196,	051195,	025179,	025180,	025181,	042943,	042944,
042945,	027414,	034731,	027413,	042076,	047172,	016832,
019179,	016311,	001750,	051292,	001740,	001723,	029916,
001757,	017179,	051292,	051291,	049833,	023657,	044341,
050134,	051784,	051785,	051786,	052944,		

OR NDC IS 00002-8715-01, 00002-8415-01, 00002-8315-01 OR 00002-8215-01 THE REFILL INDICATOR IS 01 THRU 05 AND THE ORIGINAL FILL DATE IS PRIOR TO 6/1/04, ESC 3000 IS BYPASSED. DCR01120 AND DCR 01135

IF THE DOS IS ON OR AFTER 6/10/04 AND THE GPPC IS 053974, ESC 3000 IS BYPASSED FOR MEMBERS UNDER AGE 19. DCR01130

IF PRIOR AUTHORIZATION TYPE IS ‘J’ OR ‘N’ PA ESCING IS BYPASSED. DCR 00569

IF THE DOS IS BETWEEN 07/29/02 AND 10/31/02 AND THE GPPC LISTED BELOW HAS A REFILL INDICATOR OF 1 THROUGH 5, PA ESCING IS BYPASED (DCR 00535)

008340	020175	011740	015164
011741	011742	025708	041394
048579	048580	048578	048581

	048528	049795	049798	041285
	041286	042637	042638	042636
	042635	044758	029156	029157
	004285	008346	008348	008349
	008350	013556	022528	022529
	022530	012080	023855	021380
	008372	008373	008374	011933
	016574	008351	008352	008353
	008354	008356	008355	016404
	039499	023190	024157	020279
	035737	022518	039500	024158
	024166	031613	024412	008378
	008378	008379	008380	018455
	016405	016406	008364	008364
	008363	008341	008335	008337
	008338	015960	015961	027368
	024966	038259	021373	008370
	008371	017204	008365	008366
	004438	004439	004437	008368
	008367	008359	008360	008361
	008362	018435	018436	008357
	008358	021980	018438	

	IF DOS IS EQUAL TO OR BETWEEN 02/19/02 AND 04/30/02 AND GPPC IS 027151, 011679, 011680, 021688, 025721, 047134, 011677, 011678, 031055, 031056, 040941, 047525, 047526, 030106, 030107, 043136, 033530, 040887, 049296, 011676 AND 043137 AND THE REFILL INDICATOR IS 01THROUGH 05, THE ESC IS NOT SET. DCR00430 IF DOS IS BETWEEN 4/30/98 AND 08/16/01 AND GPPC IS 017037, 017181, 018697, 018698, 024484, 027475, 027622, 028136, 029893, 030476, OR 036868, THE ESC IS NOT SET. INSTEAD A "Y" IS SET IN THE AUDIT 553 INDICATOR FIELD AND AUDIT 553 IS APPLIED TO THE CLAIM. IF THE DATES OF SERVICES ARE 08/16/01THROUGH 06/03/02 AND THE GPPC IS 030476, 018698, 018697, 017181, 027622, AND 036868, THE ESC IS NOT SET. INSTEAD A "Y" IS SET IN THE AUDIT 553 INDICATOR FIELD AND AUDIT 553 IS APPLIED TO THE CLAIM. DCR00470 CLAIMS WITH GPPCS 018697, 018698, AND 030476 BYPASS ESC 3000 IF THE DATE OF SERVICE IS AFTER 06/27/02 AND THE MEMBER IS UNDER AGE 6. FOR DATES OF SERVICE 08/16/01 THROUGH 06/27/02 CLAIMS FOR MEMBERS UNDER AGE 18 BYPASS ESC 3000. DCR 00474 THIS LOGIC WAS REMOVED PER DMS FOR DOS AFTER 3/17/03 PER PDD PA EFFECTIVE DATE. DCR 00733
	DRUGS WITH GPPCS 034359, 048702, 004028, 005006, 047131, 048703, 004029, 005007, 047132, 048982, 044072, 005009, 047133, 048983, 047782, 005011, 045981, 048984, 004999, 005014, 045982, 004026, 005000, 005015, 047318, 004027, 005001, 005016, 048701, 005005, AND 005017, 050428, 050429, 050430, BYPASS ESC 3000 FOR MEMBERS UNDER AGE 19. DCR 00433. DCR 00554 ADDED GPPCS 050428, 050429, 050430. DCR 585 ADDED GPPCS 050566 AND 050567. IF DOS ARE ON OR AFTER 4/1/02 AND THE GPPC IS 003753, 003754, 003755, 003756, 003757, 003758, 003759 OR 016363 THE CLAIM WILL BYPASS ESC 3000 IF 60 CUMMULATIVE DAYS (BASED ON DAYS SUPPLY) PER 3 YEARS HAS NOT BEEN REACHED. THIS APPLIES TO ANY COMBINATION OF
	THESE GPPCS. PLEASE NOTE THAT THE DAYS SUPPLY ON THE 'CURRENT' CLAIM ARE NOT CONSIDERED. ONLY THE DAYS SUPPLY ON 'HISTORY' CLAIMS ARE CONSIDERED. DCR 00434
	IF DOS ARE ON OR AFTER 4/29/02 AND THE GPPC IS 019187, 019788, 042993 OR 042994, THE CLAIM WILL BYPASS ESC 3000 IF THE MEMBER IS 65 YEARS OR OLDER AND HAS NOT HAD 60 CUMULATIVE DAYS (BASED ON DAYS SUPPLY) OF ANY COMBINATION OF THE FOLLOWING GPPCS: 019197, 019188, 042993, 042994, 015603, 015604, 003689, 003690, 003691, 003692, 003693, 003694, 003696, 013074 OR 019182. PLEASE NOTE THAT THE DAYS SUPPLY ON THE 'CURRENT' CLAIM ARE NOT CONSIDERED. ONLY THE DAYS SUPPLY ON

	THE 'HISTORY' CLAIMS ARE CONSIDERED. DCR00439 IF PRICING ACTION INDICATOR ON THE DRUG FILE IS A "Q" AND THE MEMBER IS YOUNGER THAN 12, ESC 3000 IS NOT APPLIED. PERSONAL CARE DRUGS (PRICING ACTION OF "P" ON THE DRUG FILE) ARE EXCLUDED FROM ESC 3000 IF THE MEMBER HAS A "P1" INDICATOR FOR THE DOS. THE P1 INDICATOR IS LISTED ON THE MEMBER ELIGIBILITY FILE. NSAID DRUGS (PRICING ACTION CODE OF "N" OR "Z") ARE EXCLUDED FROM ESC 3000. FOR DATES OF SERVICE 7/01/00 THROUGH 7/31/00 PHARMACY CLAIMS BYPASS ESC 3000 IF THE MEMBER HAS A REGION 5 MANAGED CARE SEGMENT WITH AN END DATE OF 6/30/00. PHARMACY CLAIMS WITH MAC INDICATORS OF "L", "U", "M", AND "B", UNLESS BILLED FOR ONE OF THE GPPCS LISTED BELOW, BYPASS ESC 3000. MAC INDICATORS ARE SYSTEMATICALLY SET BASED ON CRITERIA OUTLINED IN SECTION 'D' OF THE PRICING MANUAL.

	018697	040941	005006	047131	048703	049758
	018698	041026	005007	047132	050172	016576
	030476	041027	005009	047133	049598	016577
	027462	043137	005011	047318	049599	016578
	039545	043136	005014	047782	049600	016579
	011677	045190	005015	048701	021694	040238
	011678	045191	005016	048702	021695	047763
	011679	047134	005017	048703	046757	024484
	011680	047285	034359	048982	029967	004999
	021688	047286	044072	048983	029968	005000
	025721	047525	045981	048984	029969	005001
	027151	047526	045982	050172	045772	034359
	027959	040887	047131	045981	016310	047131
	027960	049296	047132	045982	006460	047132
	027961	011676	047133	047318	016366	047133
	029077	004026	047318	048701	016367	
	030106	004027	047782	048702	020741	
	030107	004028				

	031055 031056 033530	004029 004999 005000 005001 005005				

FOR DATES OF SERVICE AFTER 04/01/02, CLAIMS FOR GPPCS 039545 AND 027462 BYPASS ESC 3000 IF 84 CUMMULATIVE DAYS(BASED ON DAYS SUPPLY) OF ANY COMBINATION OF THE FOLLOWING GPPCS HAS NOT BEEN REACHED

040941	030106	033530	040887
047525	030107	043137	049296
047526	043136	039545	027462

DCR 00879 ADDED GPPC'S 051653 & 051654.

PLEASE NOTE THAT THE DAYS SUPPLY ON THE 'CURRENT' CLAIM ARE NOT CONSIDERED. ONLY THE DAYS SUPPLY ON THE 'HISTORY' CLAIMS ARE CONSIDERED. DCR00448

EFFECTIVE FOR CLAIMS WITH THE GPPC'S LISTED ABOVE FOR DCR 00448 & 00879, THIS LOGIC WAS REMOVED EFFECTIVE WITH DOS GREATER THAN 3/15/2004 . DCR 01022

IF DOS IS EQUAL TO OR BETWEEN 06/28/02 AND 08/31/02 AND GPPC IS 036868, 018698, 030476, 017181, 027622, 018697 OR 048415 AND THE REFILL INDICATOR IS 01 THROUGH 05, THE ESC IS NOT SET. DCR00471

IF DOS IS BETWEEN 06/04/02 AND 08/31/02 AND GPPC IS 049598, 049599, 049600, 006429, 003102, 021429, 003101, 022344, 016310, 006460, 040238, 006461, 016366, 016367, 020741, 049758, 046172,016576, 016577, 016578, 016579 OR 040238 AND THE REFILL INDICATOR IS 01 THROUGH 05, THE ESC IS NOT SET. DCR00475

IF DOS IS EQUAL TO OR BETWEEN 09/10/02 AND 11/30/02 AND GPPC IS 019192, 019193, 019239, 015917, 046004 OR 049872 AND THE REFILL INDICATOR IS 01 THROUGH 05, THE ESC IS NOT SET. DCR 00576.

IF THE DOS IS 11/14/02 THROUGH 08/30/04 AND THE GPPC IS 027959, 027960, 027961, 029077, 041026, 041027, 045190, 045191, 047285, OR 047286 AND THERE IS NOT A PAID CLAIM IN THE PAST 24 MONTHS HISTORY FOR THE ONE OF THE GPPC'S LISTED BELOW OR NO PRIOR AUTHORIZATION ON FILE, THE CLAIM WILL FAIL 641. IF THERE HAS BEEN A PAID CLAIM WITH ONE OF THE GPPC'S LIST BELOW WITHIN THE PAST 24 MONTHS OR THERE IS A PA ON FILE, ESC 3000 IS BYPASSED. DCR00631

THIS LOGIC WAS REMOVED PER DCR 01199 THE LOGIC FOR DCR 01199 WAS NEVER APPLIED PER DMS ON 10/28/04.

004000	013649	034189	047564
004001	021154	041026	047567
004002	021155	041027	047568
004003	021156	042922	050102
004004	021157	042923	
004005	026177	045190	
004006	027959	045191	
004537	027960	046315	
004538	027961	047198	
004539	029077	047285	
004540	034187	047286	
013648	034188	047563	

NOTE: HISTORY CLAIMS THAT HAVE BYPASSED PA ESCING BECAUSE THEY WERE '72 HOUR EMERGENCY CLAIMS, ARE NOT CONSIDERED.

FOR DATES OF SERVICE AFTER 02/03/03 CLAIMS FOR GPPCS 024536, 024537, 024538, 024539, 024478 AND 040966 BYPASS ESC 3000 IF 30 CUMMULATIVE DAYS(BASED ON DAYS SUPPLY) OF ANY COMBINATION OF THE FOLLOWING GPPCS HAS NOT BEEN REACHED WITHIN THE PAST 180 DAYS (DCR 00683)

021282	016570	016571	016572
032600	000571	000572	000570
017205	016849	016850	

FOR DATES OF SERVICE AFTER 02/03/03 CLAIMS FOR GPPCS 005115, 005116, 005113 AND 005114 BYPASS ESC 3000 IF 30 CUMMULATIVE DAYS(BASED ON DAYS SUPPLY) OF ANY COMBINATION OF THE FOLLOWING GPPCS HAS NOT BEEN REACHED WITHIN THE PAST 180 DAYS(DCR 00684)

015864	005139	005138	005132
005131	005123	005124	005125
005126	005127	005128	005120
005121	005122		

FOR DATES OF SERVICE AFTER 6/17/03 CLAIMS FOR GPPCS 033370 OR 051907 BYPASS ESC 3000 IF 30 CUMMULATIVE DAYS(BASED ON DAYS SUPPLY) OF ANY COMBINATION OF THE FOLLOWING GPPCS HAS NOT BEEN REACHED WITHIN THE PAST 180 DAYS(DCR 00778)

015864	005139	005138	005132
005131	005123	005124	005125
005126	005127	005128	005120
005121	005122		

FOR DATES OF SERVICE AFTER 02/03/03, CLAIMS FOR GPPCS 023770, 023768, 023769, 050519, 029252, 029251, 029253, 029254, 041200, 030497, AND 036867 BYPASS ESC 3000 IF 30 CUMMULATIVE DAYS (BASED ON DAYS SUPPLY) OF ANY COMBINATION OF THE FOLLOWING GPPCS HAS NOT BEEN REACHED WITHIN THE PAST 180 DAYS. (DCR 00685)

000374	015939	020616	025698
000375	015940	020617	026377
000376	015941	020618	026378
000377	015959	021277	029258
000378	016017	021282	029259
000379	016018	021723	032600
000380	016031	021724	033722
000381	016039	021725	034062
000382	016040	021726	034063
000384	016041	021743	040966
000385	016042	023591	041337
000386	016295	023592	041651

000387	016296	023768	041652
000388	016418	023769	041653
000389	016419	023770	042783
000390	016420	024190	044395
000391	016421	024469	044935
000392	016570	024478	048245
000393	016571	024498	048246
000567	016572	024499	048247
000570	016811	024500	049942
000571	016812	024501	050519
000572	016813	024536	016925
012059	016849	024537	016926
012060	016850	024538	016927
012061	017205	024539	
013670	017266	025697	

FOR DATES OF SERVICE AFTER 02/03/03 CLAIMS FOR GPPCS 041651, 041652, 041653, 025697 AND 025698 BYPASS ESC 3000 IF 30 CUMMULATIVE DAYS(BASED ON DAYS SUPPLY) OF ANY COMBINATION OF THE FOLLOWING GPPCS HAS NOT BEEN REACHED WITHIN THE PAST 180 DAYS(DCR 00686)

015959	015066	013670	016605
000567	015067	026486	

IF THE DOS IS AFTER 02/03/03 AND THE GPPC IS 037015, 037016, 037017, OR 040659 AND THERE IS A PAID CLAIM WITH DATES OF SERVICE IN THE PAST 90 DAYS HISTORY FOR GPPC 037015, 037016, 037017, OR 040659 THE CLAIM WILL BYPASS 641(DCR00691)

IF THE DOS IS AFTER 02/03/03 AND THE GPPC IS 045425 OR 046624 AND THERE IS A PAID CLAIM WITH DATES OF SERVICE IN THE PAST 90 DAYS HISTORY FOR GPPC 045425 OR 046624 THE CLAIM WILL BYPASS 641(DCR00691)

IF THE DOS IS AFTER 02/03/03 AND THE GPPC IS 037029, 043063,051562 OR 051563 AND THERE IS A PAID CLAIM WITH DATES OF SERVICE IN THE PAST 90 DAYS HISTORY FOR GPPC 037029,043063, 051562 OR 051563 THE CLAIM WILL BYPASS 641(DCR00691)

IF THE DOS IS AFTER 02/03/03 AND THE GPPC IS

	050289,050290, OR 050288 AND THERE IS A PAID CLAIM WITH DATES OF SERVICE IN THE PAST 90 DAYS HISTORY FOR GPPC 050289,050290, OR 050288 THE CLAIM WILL BYPASS 641(DCR00691) IF THE DOS IS AFTER 02/03/03 AND THE GPPC IS 048399, 048400 OR 048401, 029209, 050805 OR 029208 AND THERE IS A PAID CLAIM WITH DATES OF SERVICE IN THE PAST 90 DAYS HISTORY FOR GPPC 048399,048400, 048401, 029209, 050805 OR 029208 THE CLAIM WILL BYPASS 641(DCR00691)
	IF THE DOS IS AFTER 02/03/03 AND THE GPPC IS 024536, 024537,024538, 024539,024478 OR 040966 AND THERE IS A PAID CLAIM WITH DATES OF SERVICE IN THE PAST 90 DAYS HISTORY FOR GPPC 024536, 024537, 024538, 024539, 024478 OR 040966 THE CLAIM WILL BYPASS 641(DCR00691) IF THE DOS IS AFTER 02/03/03 AND THE GPPC IS 012059, 012060 OR 012061 AND THERE IS A PAID CLAIM WITH DATES OF SERVICE IN THE PAST 90 DAYS HISTORY FOR GPPC 012059, 012060 OR 012061 THE CLAIM WILL BYPASS 641(DCR00691) IF THE DOS IS AFTER 02/03/03 AND THE GPPC IS 020616, 020617 OR 020618 AND THERE IS A PAID CLAIM WITH DATES OF SERVICE IN THE PAST 90 DAYS HISTORY FOR GPPC 020616, 020617 OR 020618 THE CLAIM WILL BYPASS 641(DCR00691) IF THE DOS IS AFTER 02/03/03 AND THE GPPC IS 016925, 016926 OR 016927 AND THERE IS A PAID CLAIM WITH DATES OF SERVICE IN THE PAST 90 DAYS HISTORY FOR GPPC 016925, 016926 OR 016927 THE CLAIM WILL BYPASS 641(DCR00691) IF THE DOS IS AFTER 02/03/03 AND THE GPPC IS 021743, 016295 OR 016296 AND THERE IS A PAID CLAIM WITH DATES OF SERVICE IN THE PAST 90 DAYS HISTORY FOR GPPC 021743, 016295, OR 016296 THE CLAIM WILL BYPASS 641(DCR00691) IF THE DOS IS AFTER 02/03/03 AND THE GPPC IS 041651, 041652, OR 041653 AND THERE IS A PAID CLAIM WITH DATES OF SERVICE IN THE PAST 90 DAYS HISTORY FOR GPPC 041651, 041652 OR 041653 THE CLAIM WILL BYPASS 641(DCR00691)
	IF THE DOS IS AFTER 02/03/03 AND THE GPPC IS 025697 OR 025698 AND THERE IS A PAID CLAIM WITH DATES OF SERVICE IN THE PAST 90 DAYS HISTORY FOR GPPC 025697 OR 025698 THE CLAIM WILL BYPASS 641(DCR00691) IF THE DOS IS AFTER 02/03/03 AND THE GPPC IS 023770,023769,023768,OR 050519 AND THERE IS A PAID CLAIM WITH DATES OF SERVICE IN THE PAST 90 DAYS HISTORY FOR GPPC 023770,023769,023768 OR 050519 THE CLAIM WILL BYPASS 641(DCR00691)

	IF THE DOS IS AFTER 02/03/03 AND THE GPPC IS 029252,029251,029253, OR 029254 AND THERE IS A PAID CLAIM WITH DATES OF SERVICE IN THE PAST 90 DAYS HISTORY FOR GPPC 029252,029251,029253, OR 029254 THE CLAIM WILL BYPASS 641(DCR00691)
	IF THE DOS IS AFTER 02/03/03 AND THE GPPC IS 041200 OR 030497 AND THERE IS A PAID CLAIM WITH DATES OF SERVICE IN THE PAST 90 DAYS HISTORY FOR GPPC 041200 OR 030497 THE CLAIM WILL BYPASS 641(DCR00691) IF THE DOS IS AFTER 02/03/03 AND THE GPPC IS 036867 AND THERE IS A PAID CLAIM WITH DATES OF SERVICE IN THE PAST 90 DAYS HISTORY FOR GPPC 036867 THE CLAIM WILL BYPASS 641(DCR00691) IF THE DOS IS AFTER 02/03/03 AND THE GPPC IS 047586, 016599, 016600 OR 016601 AND THERE IS A PAID CLAIM WITH DATES OF SERVICE IN THE PAST 90 DAYS HISTORY FOR GPPC 047586, 016599, 016600 OR 016601 THE CLAIM WILL BYPASS 641(DCR00691) IF THE DOS IS AFTER 02/03/03 AND THE GPPC IS 005145 OR 005146 AND THERE IS A PAID CLAIM WITH DATES OF SERVICE IN THE PAST 90 DAYS HISTORY FOR GPPC 005145 OR 005146 THE CLAIM WILL BYPASS 641(DCR00691) IF THE DOS IS AFTER 02/03/03 AND THE GPPC IS 014188 OR 014189 AND THERE IS A PAID CLAIM WITH DATES OF SERVICE IN THE PAST 90 DAYS HISTORY FOR GPPC 014188 OR 014189 THE CLAIM WILL BYPASS 641(DCR00691) IF THE DOS IS AFTER 02/03/03 AND THE GPPC IS 017956 OR 017955 AND THERE IS A PAID CLAIM WITH DATES OF SERVICE IN THE PAST 90 DAYS HISTORY FOR GPPC 017956 OR 017955 THE CLAIM WILL BYPASS 641(DCR00691) IF THE DOS IS AFTER 02/03/03 AND THE GPPC IS 005150 OR 005151 AND THERE IS A PAID CLAIM WITH DATES OF SERVICE IN THE PAST 90 DAYS HISTORY FOR GPPC 005150 OR 005151 THE CLAIM WILL BYPASS 641(DCR00691) IF THE DOS IS AFTER 02/03/03 AND THE GPPC IS 005135, 005136, 005137, 005133 OR 005134 AND THERE IS A PAID CLAIM WITH DATES OF SERVICE IN THE PAST 90 DAYS HISTORY FOR GPPC 005135, 005136, 005137, 005133, OR 005134 THE CLAIM WILL BYPASS 641(DCR00691)
	IF THE DOS IS AFTER 02/03/03 AND THE GPPC IS 005149 AND THERE IS A PAID CLAIM WITH DATES OF SERVICE IN THE PAST 90 DAYS HISTORY FOR GPPC 005149 THE CLAIM WILL BYPASS 641(DCR00691) IF THE DOS IS AFTER 02/03/03 AND THE GPPC IS 005144 OR 005143 AND THERE IS A PAID CLAIM WITH DATES OF SERVICE IN THE PAST 90 DAYS HISTORY FOR GPPC 005144 OR 005143 THE CLAIM WILL BYPASS 641(DCR00691)

	IF THE DOS IS AFTER 02/03/03 AND THE GPPC IS 005115, 005116, 005113 OR 005114 AND THERE IS A PAID CLAIM WITH DATES OF SERVICE IN THE PAST 90 DAYS HISTORY FOR GPPC 005115, 005116, 005113 OR 005114 THE CLAIM WILL BYPASS 641(DCR00691)
	IF THE DOS IS AFTER 02/03/03 AND THE GPPC IS 005142, 005140 OR 005141 AND THERE IS A PAID CLAIM WITH DATES OF SERVICE IN THE PAST 90 DAYS HISTORY FOR GPPC 005142, 005140 OR 005141 THE CLAIM WILL BYPASS 641(DCR00691) IF THE DOS IS AFTER 02/03/03 AND THE GPPC IS 028108, 028109, 022233 OR 019293 AND THERE IS A PAID CLAIM WITH DATES OF SERVICE IN THE PAST 90 DAYS HISTORY FOR GPPC 028108, 028109, 022233 OR 019293 THE CLAIM WILL BYPASS 641(DCR00691) IF THE DOS IS AFTER 02/03/03 AND THE GPPC IS 005098, 005099 OR 005100 AND THERE IS A PAID CLAIM WITH DATES OF SERVICE IN THE PAST 90 DAYS HISTORY FOR GPPC 005098, 005099 OR 005100 THE CLAIM WILL BYPASS 641(DCR00691)
	IF THE DOS IS AFTER 02/03/03 AND THE GPPC IS 021406, 021407, 021408 OR 021409 AND THERE IS A PAID CLAIM WITH DATES OF SERVICE IN THE PAST 90 DAYS HISTORY FOR GPPC 021406, 021407, 021408 OR 021409 THE CLAIM WILL BYPASS 641(DCR00691) IF THE DOS IS AFTER 02/03/03 AND THE GPPC IS 000343, 000344 OR 000345 AND THERE IS A PAID CLAIM WITH DATES OF SERVICE IN THE PAST 90 DAYS HISTORY FOR GPPC 000343, 000344 OR 000345 THE CLAIM WILL BYPASS 641(DCR00691)
	IF THE DOS IS AFTER 2/27/03 AND THE GPPC IS 000277, 000278 OR 000276 AND THERE IS A PAID CLAIM WITH DATES OF SERVICE IN THE PAST 90 DAYS FOR GPPC 000277, 000278 OR 000276 THE CLAIM WILL BYPASS 641(DCR00719) IF THE DOS IS AFTER 2/27/03 AND THE GPPC IS 000273 AND THERE IS A PAID CLAIM WITH DATES OF SERVICE IN THE PAST 90 DAYS FOR GPPC 000273 THE CLAIM WILL BYPASS 641(DCR00719) IF THE DOS IS AFTER 2/27/03 AND THE GPPC IS 000416 OR 000417 AND THERE IS A PAID CLAIM WITH DATES OF SERVICE IN THE PAST 90 DAYS FOR GPPC 000416 OR 000417 THE CLAIM WILL BYPASS 641(DCR00719) IF THE DOS IS AFTER 2/27/03 AND THE GPPC IS 021139, 021140 OR 021141 AND THERE IS A PAID CLAIM WITH DATES OF SERVICE IN THE PAST 90 DAYS FOR GPPC 021139, 021140 OR 021141 THE CLAIM WILL BYPASS 641(DCR00719) IF THE DOS IS AFTER 2/27/03 AND THE GPPC IS 000415 AND THERE IS A PAID CLAIM WITH DATES OF SERVICE IN THE

PAST 90 DAYS FOR GPPC 000415 THE CLAIM WILL BYPASS 641(DCR00719)

IF THE DOS IS AFTER 2/27/03 AND THE GPPC IS 000354 OR 000355 AND THERE IS A PAID CLAIM WITH DATES OF SERVICE IN THE PAST 90 DAYS FOR GPPC 000354 OR 000355 THE CLAIM WILL BYPASS 641(DCR00719)

IF THE DOS IS AFTER 2/27/03 AND THE GPPC IS 000353 AND THERE IS A PAID CLAIM WITH DATES OF SERVICE IN THE PAST 90 DAYS FOR GPPC 000353 THE CLAIM WILL BYPASS 641(DCR00719)

IF THE DOS IS AFTER 2/27/03 AND THE GPPC IS 046998, 046999 OR 047000 AND THERE IS A PAID CLAIM WITH DATES OF SERVICE IN THE PAST 90 DAYS FOR GPPC 046998, 046999 OR 047000 THE CLAIM WILL BYPASS 641(DCR00719)

IF DOS ARE ON OR AFTER 4/17/03 AND THE GPPC IS 024484, 017037, 027475, 045261, 031689, 033716 or 047763 THE CLAIM WILL BYPASS ESC 3000 IF THERE HAS BEEN 30 CUMULATIVE DAYS (BASED ON DAYS SUPPLY) IN THE PAST 365 DAYS OF ANY COMBINATION OF THE FOLLOWING GPPCS: 030476, 018698 OR 018697. DCR 00731

IF DOS ARE ON OR AFTER 8/12/03 AND THE GPPC IS 052159 THE CLAIM WILL BYPASS ESC 3000 IF THERE HAS BEEN 30 CUMULATIVE DAYS (BASED ON DAYS SUPPLY) IN THE PAST 365 DAYS OF ANY COMBINATION OF THE FOLLOWING GPPCS: 030476, 018698 OR 018697. DCR 00848

IF DOS ARE ON OR AFTER 4/17/03 AND THE GPPC IS 041285, 041286, 042637, 042638, 042636, 042635, 044758, 049795, 050832 OR 049798 THE CLAIM WILL BYPASS ESC 3000 IF THERE IS A PAID CLAIM WITHIN THE PAST 90 DAYS CLAIMS HISTORY OF ANY OF THE FOLLOWING GPPCS:

006763,	006762,	025750,	006685,	006783,	006784,	006785,	006787,
006786,	006788,	006789,	006790,	006780,	006781,	006705,	006703,
006704,	006693,	045311,	006737,	006738,	006742,	006739,	006740,
040118,	006719,	038375,	006748,	006750,	006753,	006749,	006751,
006754	,006746,	006745,	006805,	014198,	006561,	006560,	018080,
019486,	006562,	030475,	006563,	006559,	040869,	048899,	051599,
040650,	008388,	008381,	008387,		011682,	011964,	023881,
011684,		023882,	023881,	023883,	009580,	040549,	040550,
045266,	008798,	002541,	002542,	or	009403.		(DCR00732)

IF DOS ARE ON OR AFTER 4/17/03 AND THE GPPC IS 041285, 041286, 042637, 042638, 042636, 042635, 044758, 049795,

	050832 OR 049798 THE CLAIM WILL BYPASS ESC 3000 IF THE MEMBER IS AGE 60 YEARS OR OLDER. DCR00736
	IF THE DOS IS AFTER 6/13/03 AND THE GPPC IS 000312, 000313, 000326 OR 000327 AND THERE IS A PAID CLAIM WITH DATES OF SERVICE IN THE PAST 90 DAYS FOR GPPC 000312, 000313, 000326 OR 000327 THE CLAIM WILL BYPASS 641(DCR00777) IF THE DOS IS AFTER 6/13/03 AND THE GPPC IS 048399, 048400, 048401, 029209 OR 029208 AND THERE IS A PAID CLAIM WITH DATES OF SERVICE IN THE PAST 90 DAYS FOR GPPC 048399, 048400,048401, 029209 OR 029208 THE CLAIM WILL BYPASS 641(DCR00798) IF THE DOS IS AFTER 6/13/03 AND THE GPPC IS 024097, 013497, 017195 OR 017196 AND THERE IS A PAID CLAIM WITH DATES OF SERVICE IN THE PAST 90 DAYS FOR 024097, 013497, 017195 OR 017196 THE CLAIM WILL BYPASS 641(DCR00810)

IF THE DOS IS ON OR AFTER 08/12/03 AND THE GPPC IS 051214

THE CLAIM WILL BYPASS ESC 3000 IF THERE IS A PAID CLAIM WITHIN THE PAST 365 DAYS CLAIMS HISTORY WITH ANY OF THE FOLLOWING GPPCS:

016310	006460	006461	050557	050558	016576	016577
016578	016579	040238	016366	016367	020741	049758
021694	021695	046757	029967	029968	029969	045772
049600	049598	OR 049599.	(DCR 00847)			

IF THE DOS IS ON OR AFTER 09/02/03 AND THE GPPC IS 016223 OR 016224 THE CLAIM WILL BYPASS ESC 3000 IF THE MEMBER IS AGE 10 YEARS OR YOUNGER. (DCR 00851)

IF THE DOS IS ON OR AFTER 8/12/03 AND THE GPPC IS 043557, 027962, 038451, 044803, 037003, 051512 OR 029803 THE CLAIM WILL BYPASS ESC 3000 IF THERE IS A PAID CLAIM WITHIN THE PAST 180 DAYS CLAIMS HISTORY WITH ANY OF THE FOLLOWING GPPCS:

046698,	046699,	046525,	046526,	022232,	000213,	017184
021253,	021251,	021483,	019319,	019317,	019318,	000212,
005025,	005026,	005033,	005034,	005035,	027388,	016394,
005040,	011688,	011686,	025061,	044694,	019343,	021700,
000175,	029123,	048018,	000122,	000121,	000123,	000132,
000133,	000130,	043366,	043367,	043368,	041848,	048849,
049871,	021604,	031417,	005037,	005038,	005039,	011773,
022213,	028090,	048698,	048699,	016033,	022230,	025621,
000059,	000061,	000062,	000063,	000064,	000065,	000066,
000068,	000069,	000072,	000076,	000077,	000078,	000084,
000087,	000088,	000090,	000091,	000093,	000095,	011810,
020990,	021608,	021609,	021610,	024535,	017941,	OR
027036.	(DCR	00853)				

DCR 00911 ADDED GPPC 041849

DCR 00968 ADDED GPPC'S 005032, 051197, 051198, 044965, 004963, 004964, 004967, 004968 AND 004958.

IF THE DOS IS ON OR AFTER 12/10/03 AND THE GPPC IS 048814, 048815, 045877, 051151, 051601, 045878 OR 053612 THE CLAIM WILL BYPASS ESC 3000 IF THERE HAS NOT BEEN

	112 CUMULATIVE DAYS (BASED ON DAYS SUPPLY) OF ANY COMBINATION OF THESE GPPC'S WITHIN THE PAST 180 DAYS CLAIMS HISTORY.(DCR00900) (DCR 01043 added 053612)
	IF THE DOS IS ON OR AFTER 12/10/03 AND THE GPPC IS 048664 OR 051637 THE CLAIM WILL BYPASS ESC 3000 IF THERE HAS NOT BEEN 112 CUMULATIVE DAYS (BASED ON DAYS SUPPLY) OF ANY COMBINATION OF THESE GPPC'S WITHIN THE PAST 180 DAYS CLAIMS HISTORY.(DCR00900) (DCR 01043 added 053429)
	IF THE DOS IS ON OR AFTER 12/29/03 AND THE GPPC IS 053056, 053057, 053058, 053059, 053060 OR 053061, THE CLAIM WILL BYPASS ESC 3000 OF THE MEMBER IS AGE 18 YEARS OR YOUNGER. DCR 00963
	CLAIM TYPES OTHER THAN P/Q AND M (PT 31/35) FAILS IF A PROCEDURE CODE REQUIRES PRIOR AUTHORIZATION (**EXPLAINED BELOW) AND NO MATCHING APPROVED PA IS ON THE PA FILE. THE FOLLOWING DATA ON THE CLAIM MUST MATCH THE DATA ON THE CORRESPONDING PA FILE RECORD: • SAME PA # • SAME MEMBER MEMBER ID # • SAME PROVIDER # (**NOTE: for provider type 64/65, the billing provider # or clinic provider # is considered for the match) DCR01124** • SAME PROCEDURE/REVENUE • CLAIM FROM DATE OF SERVICE EQUAL TO OR WITHIN PA SEGMENT DATES (FOR EPSDT CLAIMS, BOTH FROM AND TO DATES MUST BE WITHIN THE PA DATE RANGE) THE PA SEGMENT MUST HAVE A PA STATUS OF "A". NOTE: FOR LOCAL PROCEDURE CODES END-DATED AS A RESULT OF HIPPA, A 'BACKWARD CROSSWALK' OF THE REPLACEMENT CODE TO OLD LOCAL CODE IS USED TO DETERMINE IF THE PROCEDURE CODE ON THE CLAIM MATCHES THE PROCEDURE CODE ON THE PA. SEE ATTACHMENT 'A' FOR THIS CROSSWALK. FOR PROVIDER TYPE 60/61, 31 & 35, IF PROCEDURE CODE D4341, D8210 OR D8220 AND THE JULIAN DATE OF THE PA NUMBER ON THE CLAIM IS EQUAL TO OR GREATER THAN 6/1/05 THE TOOTH NUMBER ON THE CLAIM(ALPHA VALUE) MUST MATCH TO THE 1ST MODIFIER ON THE PA RECORD(NUMERIC VALUE). THE COMPARE OF CLAIM TOOTH

	NUMBER TO 1ST MODIFIER ON MATCHING PA INCLUDES THE FOLLOWING CONVERSION OF ALPHA VALUE TO NUMERIC.DCR 01309 01 – UA 02 – LA 10 – UR 20 – UL 30 – LL 40 – LR FOR PROVIDER TYPES 60/61, 31 AND 35, PROCEDURE CODE D0330, ESC 3000 IS BYPASSED IF THE MEMBER IS AGE 5 AND UNDER. DCR 01309
	FOR PROVIDER TYPE 64/65, PROCEDURE CODES WITH AN ACTION REASON CODE 'R' ON THE PDD FILE, REQUIRE PRIOR AUTHORIZATION. NOTE: THERE WILL NOT BE A 'Y' PA INDICATOR ON THE PDD FILE FOR THESE PROCEDURE CODES. (DCR 00951) FOR PROVIDER TYPE 34, ESC 3000 WILL ONLY BE SET IF THE LINE ITEM FIRST DATE OF SERVICE IS GREATER THAN OR EQUAL TO 01/01/2004. DCR 00967 FOR PROVIDER TYPE 23, PROCEDURE CODES 90804, 90853, H2021, H2019 AND T1023, ESC 3000 IS APPLIED. FOR PROVIDER TYPE 23, THE TWO 2-BYTE MODIFIERS WILL BE A PART OF THE MATCH CRITERIA. FOR PROVIDER TYPE 45, MODIFIERS ONE AND TWO WILL BE A PART OF THE MATCH CRITERIA IF PRESENT ON THE PA. FOR PROVIDER TYPE 60/61, IF THE DATES IF SERVICE ARE AFTER 10/15/03 AND THE PROCEDURE CODE IS D0330 AND THE MEMBER AGE IS UNDER (6) SIX, THE ESC IS APPLIED. FOR PROVIDER TYPE 90, MODIFIER IS ALSO PART OF THE MATCH CRITERIA. FOR PROVIDER TYPE 90, THE PROCEDURE CODES LISTED ON ATTACHMENT 'B', REQUIRE PRIOR AUTHORIZATON IF THE CLAIM DATE OF SERVICE IS ON OR AFTER 1/8/2003.
	PLEASE NOTE THAT THE PDD FILE DOES NOT REFLECT THESE PROCEDURE CODES REQUIRE PA, THEY ARE FORCED THRU THE ESC.(DCR 00690) FOR PROVIDER TYPE 23 AND PT 29, THE FIRST NINE DIGITS

	OF THE TAX ID# (LOCATED IN PATIENT ACCOUNT NUMBER FIELD) AND 5 - BYTE MODIFIER ARE A PART OF THE MATCH CRITERIA
	**PROCEDURE CODES WHICH HAVE A PA INDICATOR OF "Y" ON THE PDD FILE REQUIRE PRIOR AUTHORIZATION. FOR PROVIDER TYPES 17, 29, 33, 42, 43, 45, 46, 47, AND 85, ALL PROCEDURES, WITH THE EXCEPTION OF THOSE LISTED AS EXCLUSIONS, REQUIRE PRIOR AUTHORIZATION. FOR PROVIDER TYPE 90 PROCEDURES WITH A PA INDICTOR OF "Y" AND ALL RENTALS (MODIFIER OF "RR") REQUIRE PRIOR AUTHORIZATON. FOR PROVIDER TYPE 34 REVENUE CODES 270, 279, 420, 430, 440, 550, 560 AND 570 REQUIRE PRIOR AUTHORIZATION IF DOS GREATER THAN 2/1/2002.
	PLEASE NOTE-FOR PROVIDER TYPES 33, 34, 42, 43, 46 AND 47, IF THE PRIOR AUTHORIZATION NUMBER IS NOT ENTERED BY THE PROVIDER, IT IS SYSTEMATICALLY ENTERED IF A MATCHING PA RECORD IS FOUND. EXCLUSIONS FOR CLAIM TYPES OTHER THAN D AND Q FOR PROVIDER TYPES 33, 42, AND 43, ESC 3000 IS NOT APPLIED TO DETAILS WITH DOS PRIOR TO 9/1/96. FOR PROVIDER TYPE 42 ESC 3000 IS NOT APPLIED TO DETAILS WITH REVENUE CODES 551 AND 552. DETAILS WITH PROCEDURE CODE X0099/E1399 ARE EXCLUDED FROM ESC 3000. FOR PROVIDER TYPE 33, X0099 AND E1399 DO NOT FAIL ESC 3000 THEY ARE MONITORED BY ESC 355- MANUAL PRICING. FOR PROVIDER TYPES 42 AND 43, ESC 3000 REFERENCES A CHANGE OF OWNERSHIP' PROVIDER CROSS-REFERENCE TABLE. IF A MATCHING PA IS NOT FOUND FOR THE BILLING PROVIDER, ESC 3000 USES EACH OF THE OTHER PROVIDER NUMBERS IN THE TABLE TO SEARCH FOR A MATCHING PA. IF NO MATCHING PA IS FOUND FOR THE OTHER NUMBERS IN THE TABLE, ESC 3000 IS SET.
	DME (PROV TYPE 90) DETAILS WITH A PROCEDURE CODE OF E1340 AND E1350, A BILLED AMOUNT OF $300.00 OR LESS, AND DATES OF SERVICE PRIOR TO 1/8/2003 ARE EXCLUDED FROM ESC 3000. DME (PROV TYPE 90) DETAILS WITH A PROCEDURE CODE OF E1340 and E1350, A BILLED AMOUNT OF $150.00 OR LESS, AND DATES OF SERVICE AFTER 1/7/2003 ARE EXCLUDED FROM ESC 3000.(DCR00679) DME (PROV TYPE 90) DETAILS WITH PROCEDURE CODE E1399, BILLED CHARGES DIVIDED BY UNITS IS $300.00 OR LESS PER UNIT, AND DATES OF SERVICE PRIOR TO 1/8/2003 ARE EXCLUDED FROM ESC 3000(DCR00679)
	FOR DATES OF SERVICE ON OR AFTER 07/01/01, PROVIDER TYPES- 64/65, 31, 35, 22, 78, 52, 77, THE FOLLOWING VISION

	CODES DO NOT REQUIRE PRIOR AUTHORIZATION:
	92341 V2100-V2118 V2199
	92352 V2200-V2220 V2410
	92353 V2430 V2499
	W0094 W0093 W0092 V2121 V2221
	FOR DATES OF SERVICE 01/01/2011 AND AFTER PT 78 MUST SUBMIT PA FOR PROCEDURE CODES REQUIRING PRIOR AUTHORIZATION AS NOTED ON THE PHYSICIAN FEE SCHEDULE PER CO 15899.
EOB CODES:	3000 - UNITS EXCEED AUTHORIZED UNITS ON PRIOR AUTHORIZATION MASTER.
METHOD OF CORRECTION:	VERIFY THE MEMBER ID, PA NUMBER, PROCEDURE/REVENUE CODE OR NDC, AND DATES OF SERVICE WERE KEYED CORRECTLY. IF NOT, DATA CORRECT EACH FIELD IN ERROR.
	FOR DME CLAIMS (PT 90), ALSO VERIFY THE 2-DIGIT MODIFIER WAS KEYED CORRECTLY. IF NOT, CORRECT.
	FOR IMPACT PLUS CLAIMS (PT 29), ALSO VERIFY THE 5-DIGIT MODIFIER AND THE PATIENT ACCOUNT NUMBER WERE KEYED CORRECTLY. IF NOT, CORRECT.
	IF THE APPROPRIATE PRIOR AUTHORIZATION FORM IS ATTACHED VERIFYING THE PROCEDURE/NDC HAS BEEN APPROVED AND ALL DATA ON THE CLAIM MATCHES THE INFORMATION ON THE FORM, ROUTE TO THE PRIOR AUTHORIZATION TEAM. LOCATION 19.
	IF ALL DATA IS KEYED CORRECTLY AND ITEM #4 DOES NOT APPLY, DENY THE DETAIL/CLAIM.
PRIOR AUTHORIZATION	WHEN A DETAIL/CLAIM FAILS ESC 3000, BUT THE ATTACHED PRIOR AUTHORIZATION FORM VERIFIES THE PROCEDURE/NDC HAS BEEN AUTHORIZED AND THE DATA ON THE FORM MATCHES THE DATA ON THE CLAIM, ADD THE INFORMATION FROM THE PRIOR AUTHORIZATION FORM TO THE PRIOR AUTHORIZATION FILE.

ATTACHMENT 'A'

PT	LOCAL CODE	NEW CODE
15	XH100	T1023
15	99347	S9444

PT	LOCAL CODE	NEW CODE
15	99348	S9445
17	XL307	97535
17	X0063	T1005
17	X0076	T2022
17	X0079	H0039
17	X0080	H0004
17	X0082	97530
17	X0083	92507
17	X0095	S5165
17	X0096	S5135
17	X0097	H2017
17	X0098	97537
17	X0099	E1399
17	X0100	H0043
17	X0101	T2016
22	A5701	A4391
22	E1036	E1035
22	L2400	L2102
22	V5000	92557
22	V5016	V5299
22	W0030	V5011
22	W0073	V5264
22	W0074	V5266
22	W0075	V5299
22	W0080	V5267
22	W0090	V5014
22	W0091	V2799
22	W0093	92499

PT	LOCAL CODE	NEW CODE
22	W0094	92499
22	WP101	99381 - 99385
22	WP102	99391 - 99395
22	WP103	99391-99395
22	X0064	T2022
22	XH100	T1023
22	XZ001	B4150
22	XZ002	B4150
22	XZ004	B4150
22	XZ006	B4152
22	XZ007	B4156
22	XZ010	B4150
22	XZ011	B4150
22	XZ012	B4154
22	XZ013	B4150
22	XZ016	B4152
22	XZ017	B4150
22	XZ021	B4150
22	XZ024	B4150
22	XZ027	B4154
22	XZ028	B4150
22	XZ030	B4150
22	XZ031	B4150
22	XZ033	B4151
22	XZ034	B4151
22	XZ035	B4151
22	XZ036	B4153
22	XZ037	B4155

PT	LOCAL CODE	NEW CODE
22	XZ038	B4150
22	XZ039	B4150
22	XZ040	B4155
22	XZ042	B4155
22	XZ043	B4150
22	XZ046	B4150
22	XZ047	B4154
22	XZ048	B4154
22	XZ049	B4150
22	XZ051	B4150
22	XZ055	B4150
22	XZ057	B4156
22	XZ058	B4155
22	XZ299	E1399
22	XZ691	E0441
22	XZ697	E0441
22	XZ698	E0441
22	XZ699	E0442
22	XZ701	A9900
22	XZ702	E1031
22	XZ703	E1399
22	XZ859	E0600
22	XZ860	E0950
22	XZ861	E1100
22	XZ872	E0145
22	XZ874	E0700

PT	LOCAL CODE	NEW CODE
22	XZ877	A4375-A4383 AND A4387-A4393
22	XZ878	B4086
22	XZ879	E1399
22	XZ880	A5119
22	XZ881	A4370
22	XZ885	A5102
22	XZ886	A4367
22	XZ887	A4399
22	XZ888	A4399
22	XZ889	E1340
22	Y0226	11719
22	Y1154	28270
23	X0050	90804
23	X0051	90853
23	X0058	90887
23	X0060	H2021
23	X0064	T2023
23	X0073	H2012
23	X0086	H2019
23	X0088	H0043
23	XH100	T1023
24	X0011	96110
24	X0012	96111
24	X0014	G9001
24	X0015	G9007
24	X0050	97139

PT	LOCAL CODE	NEW CODE
24	X0051	97150
24	X0058	90887
24	X0060	97110
24	X0064	T1016
24	X0076	T2022
24	X0099	E1399
25	X0064	T2022
27	X0064	T2022
29	X0050	90804
29	X0051	90853
29	X0058	90887
29	X0060	H2021
29	X0064	T2023
29	X0072	90816
29	X0073	H2012
29	X0080	90899
29	X0081	S9458
29	X0086	H2019
29	X0089	S5145
29	XH100	T1023
31	V5000	92557
31	W0030	V5011
31	W0073	V5264
31	W0074	V5266
31	W0075	V5299
31	W0080	V5267
31	W0090	V5014
31	W0091	V2799

PT	LOCAL CODE	NEW CODE
31	W0093	92499
31	W0094	92499
31	WP101	99381-99385
31	WP102	99391-99395
31	X0024	99429
31	X0025	99429
31	X0029	99429
31	X1100	99201-99205
31	X1110	99201-99205
31	X1120	99201-99205
31	X1130	99201-99205
31	X1140	99201-99205
31	X1170	99201-99205
31	X1180	99201-99205
31	X1190	99201-99205
31	X1200	99211-99215
31	X1210	99211-99215
31	X1220	99211-99215
31	X1230	99211-99215
31	X1240	99211-99215
31	X1280	99211-99215
31	X1290	99211-99215
31	X1300	99211-99215
31	X1310	99211-99215
31	X1320	99211-99215
31	X1330	99211-99215
31	X1340	99211-99215
31	X1360	99211-99215

PT	LOCAL CODE	NEW CODE
31	X1370	99211-99215
31	X1380	99211-99215
31	X1400	99199
31	X1410	99199
31	X1420	99199
31	X1430	99199
31	X1440	99199
31	X1470	99199
31	X1480	99199
31	X1490	99199
31	X1495	99199
31	X1499	99199
31	X1500	S0612
31	X1510	S0612
31	X1520	S0612
31	X1530	S0612
31	X1540	S0612
31	X1560	S0612
31	X1570	S0612
31	X1580	S0612
31	X1590	S0612
31	X4495	99199
31	X4499	99199
31	Y0226	11719
31	Y1154	28270
32	X0024	99429
32	X0025	99429
32	X0029	99429

PT	LOCAL CODE	NEW CODE
32	X1100	99202
32	X1110	99202
32	X1120	99202
32	X1130	99202
32	X1140	99202
32	X1170	99202
32	X1180	99202
32	X1190	99202
32	X1200	99212
32	X1210	99212
32	X1220	99212
32	X1230	99212
32	X1240	99212
32	X1280	99212
32	X1290	99212
32	X1300	99212
32	X1310	99212
32	X1320	99212
32	X1330	99212
32	X1340	99212
32	X1360	99212
32	X1370	99212
32	X1380	99212
32	X1400	99199
32	X1410	99199
32	X1420	99199
32	X1430	99199
32	X1440	99199

PT	LOCAL CODE	NEW CODE
32	X1470	99199
32	X1480	99199
32	X1490	99199
32	X1495	99199
32	X1499	99199
32	X1500	S0612
32	X1510	S0612
32	X1520	S0612
32	X1530	S0612
32	X1540	S0612
32	X1560	S0612
32	X1570	S0612
32	X1580	S0612
32	X1590	S0612
32	X4110	99201
32	X4120	99201
32	X4130	99201
32	X4140	99201
32	X4150	99201
32	X4170	99201
32	X4180	99201
32	X4200	99211
32	X4210	99211
32	X4220	99211
32	X4230	99211
32	X4240	99211
32	X4270	99211
32	X4290	99211

PT	LOCAL CODE	NEW CODE
32	X4300	99211
32	X4310	99211
32	X4320	99211
32	X4330	99211
32	X4340	99211
32	X4370	99211
32	X4390	99211
32	X4495	99199
32	X4499	99199
32	X4500	S0610
32	X4510	S0610
32	X4530	S0612
32	X4540	S0612
32	X4570	S0612
32	X4590	S0612
33	X0061	T2016
33	X0063	T1005
33	X0076	T2022
33	X0078	H0038
33	X0079	H0039
33	X0080	H0004
33	X0081	90804
33	X0082	97530
33	X0083	92507
33	X0084	97110
33	X0088	S5126
33	X0089	H0043
33	X0090	97537

PT	LOCAL CODE	NEW CODE
33	X0091	97535
33	X0099	E1399
33	X0103	S5140
35	V5000	92557
35	W0030	V5011
35	W0073	V5264
35	W0074	V5266
35	W0075	V5299
35	W0080	V5267
35	W0090	V5014
35	W0091	V2799
35	W0093	92499
35	W0094	92499
35	WP101	99381-99385
35	WP102	99391-99395
35	X0024	99429
35	X0025	99429
35	X0029	99429
35	X1100	99201-99205
35	X1110	99201-99205
35	X1120	99201-99205
35	X1130	99201-99205
35	X1140	99201-99205
35	X1170	99201-99205
35	X1180	99201-99205
35	X1190	99201-99205
35	X1200	99211-99215
35	X1210	99211-99215

PT	LOCAL CODE	NEW CODE
35	X1220	99211-99215
35	X1230	99211-99215
35	X1240	99211-99215
35	X1280	99211-99215
35	X1290	99211-99215
35	X1300	99211-99215
35	X1310	99211-99215
35	X1320	99211-99215
35	X1330	99211-99215
35	X1340	99211-99215
35	X1360	99211-99215
35	X1370	99211-99215
35	X1380	99211-99215
35	X1400	99199
35	X1410	99199
35	X1420	99199
35	X1430	99199
35	X1440	99199
35	X1470	99199
35	X1480	99199
35	X1490	99199
35	X1495	99199
35	X1499	99199
35	X1500	S0612
35	X1510	S0612
35	X1520	S0612
35	X1530	S0612
35	X1540	S0612

PT	LOCAL CODE	NEW CODE
35	X1560	S0612
35	X1570	S0612
35	X1580	S0612
35	X1590	S0612
35	X4495	99199
35	X4499	99199
35	Y0226	11719
35	Y1154	28270
43	XR000	S5101
43	XR400	97001
43	XR403	97002
43	XR410	97110
43	XR500	97003-97004
43	XR600	92506
43	XR660	T1005
45	92507	S9128
45	97530	S9131
45	99301	T1026
45	99302	T1026
45	99303	T1026
45	E1036	E1035
45	E1354	A4617
45	H5050	H0017&H0018
45	H5170	H0015
45	H5300	S9129
45	J7000	95144
45	J7020	95115
45	J7340	95165

PT	LOCAL CODE	NEW CODE
45	M0019	S9124
45	M0049	S9123
45	V5016	V5299
45	W0073	V5264
45	W0074	V5266
45	WP511	S9140
45	X0050	90804
45	XA122	T1030
45	XG702	S9122
45	XH100	T1023
45	XZ001	B4150
45	XZ002	B4150
45	XZ004	B4150
45	XZ006	B4152
45	XZ007	B4153
45	XZ010	B4150
45	XZ011	B4150
45	XZ012	B4154
45	XZ013	B4150
45	XZ016	B4150
45	XZ017	B4150
45	XZ021	B4154
45	XZ024	B4150
45	XZ027	B4154
45	XZ028	B4150
45	XZ030	B4150
45	XZ031	B4150
45	XZ033	B4154

PT	LOCAL CODE	NEW CODE
45	XZ034	B4151
45	XZ035	B4151
45	XZ036	B4153
45	XZ037	B4155
45	XZ038	B4150
45	XZ039	B4150
45	XZ040	B4155
45	XZ042	B4150
45	XZ043	B4150
45	XZ046	B4150
45	XZ047	B4154
45	XZ048	B4154
45	XZ049	B4150
45	XZ051	B4150
45	XZ055	B4150
45	XZ057	B4156
45	XZ058	B4155
45	XZ060	B4150
45	XZ061	B4150
45	XZ066	B4150
45	XZ067	B4152
45	XZ702	E1031
45	XZ703	E1399
45	XZ860	E0950
45	XZ993	E1340
45	ZR124	H0017
45	ZR128	H0017
45	ZR158	H0017

PT	LOCAL CODE	NEW CODE
50	W0073	V5264
50	W0074	V5266
50	W0075	V5299
50	W0080	V5267
50	W0090	V5014
52/77	W0091	V2799
52/77	W0093	92499
52/77	W0094	92499
55	A0342	A0429
55	A0348	A0427
55	A0380	A0425
55	A0382	A0382
55	A0390	A0425
55	A0398	A0398
55	A0420	A0425
55	A0422	A0422
55	A0426	A0427
55	A0427	A0427
55	A0429	A0429
55	A0429/MA	A0429
55	A0430	A0430
55	A0431	A0431
55	A0433	A0427
55	A0434	A0427
55	A0435	A0435
55	A0436	A0436
64/65	W0093	92499
64/65	W0094	92499

PT	LOCAL CODE	NEW CODE
64/65	WP101	99381-99385
64/65	WP102	99391-99395
64/65	WP115	99391-99395
64/65	Y1154	28270
70	V5000	92557
70	W0030	V5011

ATTACHMENT 'B'

A6023	K0085	L0190	L0340	L0410	L0540	L0710	L0930	L1210
E0149	K0088	L0200	L0350	L0420	L0550	L0810	L0950	L1220
E1800	K0089	L0310	L0360	L0430	L0560	E1380	L0974	L1230
E1805	L0130	L0315	L0370	L0440	L0565	L0830	L0976	L1300
E1810	E1815	L0170	L0317	L0380	L0510	L0610	L1000	L1310
E1815	L0174	L0320	L0390	L0520	L0620	L0910	L1110	L1499
E1825	L0180	L0330	L0400	L0530	L0700	L0920	L1200	L1500
L1640	L1650	L1680	L1685	L1686	L1690	L1700	L1710	L1720
L1730	L1755	L1832	L1834	L1840	L1843	L1844	L1845	L1846
L1847	L1850	L1855	L1858	L1870	L1880	L1885		
L1900	L2500	L4010	L5620	L5699	L5970	L6588	L6807	L1510
L1904	L2510	L4020	L5622	L5700	L5972	L6590	L6808	L1520
L1910	L2520	L4030	L5624	L5701	L5974	L5722	L6809	L7260
L1920	L2525	L4040	L5626	L5702	L5975	L6825	L7266	L7261
L1930	L2526	L4045	L5628	L5704	L5976	L6620	L6830	L7272
L1940	L2530	L4050	L5629	L5705	L5978	L6623	L6835	L7274
L1945	L2540	L4055	L5630	L5706	L5979	L6625	L6840	L7360
L1950	L2550	L4060	L5631	L5707	L5980	L6628	L6845	L7362
L1960	L2570	L4070	L5632	L5710	L5981	L6630	L6850	L7364
L1970	L2580	L4130	L5634	L5711	L5982	L6637	L6855	L7366
L1980	L2610	L4360	L5636	L5712	L5984	L6640	L6860	L7499
L1990	L2620	L5000	L5637	L5714	L5985	L6642	L6865	L8020
L2000	L2622	L5010	L5638	L5716	L5986	L6645	L6867	L8030
L2010	L2624	L5020	L5639	L5718	L5987	L6650	L6868	L8035
L2020	L2627	L5050	L5640	L5724	L5988	L6672	L6870	L8040
L2030	L2628	L5060	L5642	L5726	L5999	L6680	L6872	L8041
L2036	L2630	L5100	L5643	L5728	L6000	L6682	L6873	L8042
L2037	L2640	L5105	L5644	L5780	L6010	L6684	L6875	L8043
L2038	L3720	L5150	L5645	L5785	L6020	L6686	L6880	L8044
L2050	L3730	L5160	L5646	L5790	L6050	L6687	L6900	L8046
L2060	L3740	L5200	L5647	L5795	L6055	L6688	L6905	L8047

L2080	L3760	L5210	L5648	L5810	L6100	L6689	L6910	L1510
L2090	L3805	L5220	L5649	L5811	L6110	L6690	L6915	L8500
L2102	L3807	L5230	L5650	L5812	L6120	L6691	L6920	L8600
L2104	L3900	L5250	L5651	L5814	L6130	L6692	L6925	L8610
L2106	L3901	L5270	L5652	L5816	L6200	L6693	L6930	L8612
L2108	L3902	L5280	L5653	L5818	L6205	L6700	L6935	L8613
L2112	L3904	L5505	L5654	L5822	L6250	L6705	L6940	L8614
L2114	L3906	L5510	L5655	L5824	L6300	L6710	L6945	L8619
L2116	L3907	L5520	L5656	L5826	L6310	L6715	L6950	L8630
L2122	L3910	L5530	L5658	L5828	L6320	L6720	L6955	L8641
L2124	L3960	L5535	L5660	L5830	L6350	L6725	L6960	L8642
L2126	L3962	L5540	L5661	L5840	L6360	L6730	L6965	L8670
L2128	L3963	L5560	L5662	L5845	L6370	L6735	L6970	
L2132	L3964	L5570	L5663	L5846	L6380	L6740	L6975	L9900
L2134	L3965	L5580	L5664	L5855	L6382	L6745	L7010	
L2136	L3966	L5585	L5665	L5910	L6384	L6750	L7015	
L2188	L3968	L5590	L5920	L6386	L6755	L7020		
L2192	L3969	L5595	L5925	L6388	L6765	L7025		
L2250	L3970	L5600	L5670	L5930	L6400	L6770	L7030	
L2280	3972	L5610	L5672	L5940	L6450	L6775	L7035	
L2300	L3980	L5611	L5950	L6550	L6780	L7040		
L2330	L3982	L5613	L5960	L6570	L6790	L7045		
L2335	L3984	L5614	L5676	L5962	L6580	L6795	L7170	
L2340	L3985	L5616	L5677	L5964	L6582	L6800	L7185	
L2350	L3986	L5680	L5966	L6584	L6805	L7186		
L2370	L4000	L5618	L5682	L5968	L6586	L6806	L7190	

3.293 3000 (FORMER LEGACY EDIT 893)

DMS Approved 12/04/06

ERROR STATUS CODE:	3000 (FORMER LEGACY EDIT 893)	**CLAIM TYPE:**	D, H, M
HEADER/DETAIL:	DETAIL	**PROVIDER TYPE:**	34, 42, 60, 61, CT M (ALL EXCEPT 15, 20, 21, 23, 27, 28, 37, 40, 55, 56, 57)
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	PAPER, NON-PAPER, ADJUSTMENTS
DATA CORRECTABLE	YES	**CLAIM FIELD LABEL:**	UNITS OF SERVICE

ESC NAME:	UNITS OF SERVICE GREATER THAN THE REMAINING PRIOR AUTHORIZED AMOUNT.
ESC CRITERIA: **LEGACY CRITERIA:**	IF THE PROCEDURE CODE ON THE CLAIM REQUIRES PA AS INDICATED ON THE COVERED BENEFIT TABLE, AND THERE IS AN APPROVED PA ON FILE BUT THE APPROVED UNITS HAVE ALREADY BEEN USED ON PREVIOUS CLAIMS, PERFORM CUTBACK LOGIC AND POST THE ESC. FAILS IF THE DETAIL UNITS OF SERVICE ARE GREATER THAN THE DIFFERENCE BETWEEN THE PRIOR AUTHORIZED "APPROVED" AND "USED" QUANTITIES FOR THE PROCEDURE CODE. NOTE: PT 34 BYPASSED THIS ESC IF THE CLAIM DOS WAS 11/01/2003 THROUGH 12/31/2003. DCR 01071
EOB CODES:	3000 - CLAIM/SERVICE REQUIRES PRIOR AUTHORIZATION.
METHOD OF CORRECTION:	1. VERIFY THE UNITS OF SERVICE WAS KEYED CORRECTLY. IF NOT, DATA CORRECT.
	2. IF ALL DATA IS KEYED CORRECTLY, DENY THE DETAIL.

3.294 3001

3.294.1 3001 (FORMER LEGACY EDIT 113)

DMS Approved 04/02/2008

ERROR STATUS CODE:	3001 (FORMER LEGACY EDIT 113)	**CLAIM TYPE:**	I
HEADER/DETAIL:	HEADER	**PROVIDER TYPE:**	01, 02, 04, 92, 93
OVERRIDEABLE:	YES	**TYPE OF DOCUMENT:**	PAPER, NON-PAPER, ADJUSTMENTS
DATA CORRECTABLE:		**CLAIM FIELD LABEL:**	PA-NUM

ESC NAME:	PRIOR AUTHORIZATION NOT FOUND ON DATABASE
ESC CRITERIA:	IF A SERVICE REQUIRES PRIOR AUTHORIZATION AS INDICATED ON THE COVERED BENEFIT TABLE, AND A MATCHING PRIOR AUTHORIZATION IS NOT FOUND FOR THE MEMBER AND DATE OF SERVICE, POST THE ESC. NOTE – FOR PER DIEM CLAIMS WITH A PATIENT STATUS CODE OTHER THAN 30, ONE DAY IS SUBTRACTED FROM THE TO DATE OF SERVICE WHEN THE CLAIM DATES OF SERVICE ARE COMPARED TO THE PA EFFECTIVE DATES. CO 9688 NOTE – FOR CLAIMS WITH A DRG OF 424-433 OR 521-523 AND A PATIENT STATUS CODE OTHER THAN 30, ONE DAY IS SUBTRACTED FROM THE TO DATE OF SERVICE WHEN THE CLAIM DATES OF SERVICE ARE COMPARED TO THE PA EFFECTIVE DATES. CO 9688 NOTE – FOR DRG CLAIMS WITH AN ADMIT DATE OF 07/01/2007 THIS EDIT IS BYPASSED IF THE MEMBER'S BIRTHDATE IS EQUAL TO THE ADMIT DATE. CO 8639
LEGACY CRITERIA:	FAILS IF NO PA#NUMBER IS PRESENT OR THE PA#NUMBER, MEMBER NUMBER AND PROVIDER TYPE ON THE CLAIM DO NOT MATCH THE DATA ON THE PA#FILE. NOTE – PT 02 AND 04 CLAIMS WITH A FDOS PRIOR TO 10/01/01 DO NOT FAIL THIS ESC. **EXCLUSIONS:** • TYPE OF BILL 110 IS EXCLUDED. • CLAIMS WITH AN FDOS AFTER 06/30/97 SUBMITTED BY PROVIDERS IN STATES OTHER THAN KY, IN, IL, MO, TN, WV, VA, AND OH ARE EXCLUDED. • CLAIMS WITH AN FDOS PRIOR TO 07/01/97 SUBMITTED BY OUT-OF-STATE PROVIDERS ARE EXCLUDED. • CLAIMS WITH DOS PRIOR TO 6/1/94 WILL BYPASS THE ESC.
EOB CODES:	3001 – PRIOR AUTHORIZATION DOES NOT MATCH FOR THIS

	CLAIM DETAIL.
METHOD OF CORRECTION:	1. VERIFY THAT THE MEMBER ID NUMBER, DATES OF SERVICE, AND TREATMENT AUTHORIZATION NUMBER IS ENTERED CORRECTLY. IF NOT, CORRECT.
	2. IF AN AUTHORIZATION NUMBER IS NOT PRESENT ON THE CLAIM, DENY WITH EOB 3001.
	3. IF AN AUTHORIZATION NUMBER IS PRESENT, ALLOW THE CLAIM TO RECYCLE.
	4. THIS ESC RECYCLES FOR 15 DAYS AND AUTO-DENIES UNDER ESC 807.

3.294.2 3001 (FORMER LEGACY EDIT 114)

DMS Approved 08/19/03

ERROR STATUS CODE:	3001 (FORMER LEGACY EDIT 114)	**CLAIM TYPE:**	L
HEADER/DETAIL:	HEADER	**PROVIDER TYPE:**	11, 12
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	PAPER, NON-PAPER, ADJUSTMENTS
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	PA
ESC NAME:	PRIOR AUTHORIZATION NOT FOUND ON DATABASE		
ESC CRITERIA: **LEGACY CRITERIA:**	IF A SERVICE REQUIRES PRIOR AUTHORIZATION AS INDICATED ON THE COVERED BENEFIT TABLE, AND PRIOR AUTHORIZATION IS NOT FOUND FOR THE MEMBER AND DATE OF SERVICE, POST THE ESC. EFFECTIVE WITH DOS 7/1/2011 ACCOMMODATION REVENUE CODES BILLED BY PROVIDER TYPE 11 REQUIRE PA PER CO 16253. FAILS IF A NURSING FACILITY CLAIM IS LESS THAN 15 DAYS OLD AND A MATCHING PA CERTIFICATION NUMBER IS NOT ON FILE. MATCH CRITERIA IS SAME PA CERTFICATION NUMBER, SAME PA NUMBER INDICATOR (TYPE OF SERVICE ON THE PA # FILE), AND DATE OF SERVICE EQUAL TO OR WITHIN THE PA # EFFECTIVE DATES.		
EOB CODES:	3001 – PRIOR AUTHORIZATION DOES NOT MATCH FOR THIS CLAIM DETAIL.		
METHOD OF CORRECTION:	1. VERIFY THE MEMBER ID, PROVIDER NUMBER, DATES OF SERVICE AND PA#NUMBER ARE KEYED CORRECTLY. IF NOT, CORRECT THE DATA.		
	2. IF DATA IS KEYED CORRECTLY ALLOW TO RECYCLE. CLAIM WILL FAIL ESC 910 AND AUTO-DENY AFTER 15 DAYS.		

3.294.3 3001 (FORMER LEGACY EDIT 533)

DMS Approved 02/13/97

ERROR STATUS CODE:	3001 (FORMER LEGACY EDIT 533)	**CLAIM TYPE:**	O
HEADER/DETAIL:	DETAIL	**PROVIDER TYPE:**	41
OVERRIDEABLE:	YES	**TYPE OF DOCUMENT:**	PAPER, NON-PAPER, ADJUSTMENTS

DATA CORRECTABLE	YES	**CLAIM FIELD LABEL:**	REVENUE CODE/PA#
ESC NAME:	PRIOR AUTHORIZATION NOT FOUND ON DATABASE		
ESC CRITERIA: **LEGACY CRITERIA:**	IF A SERVICE REQUIRES PRIOR AUTHORIZATION AS INDICATED ON THE COVERED BENEFIT TABLE, AND PRIOR AUTHORIZATION IS NOT FOUND FOR THE MEMBER AND DATE OF SERVICE, POST THE ESC. FAILS IF THE REVENUE CODE DOES NOT HAVE A MATCHING PRIOR AUTHORIZATION SEGMENT ON FILE FOR THE PRIOR AUTHORIZATION NUMBER ENTERED ON THE CLAIM. THE FOLLOWING DATA ON THE CLAIM MUST MATCH THE DATA ON THE CORRESPONDING PA SEGMENT: • SAME PA# • SAME MEMBER MEMBER ID# • SAME PROVIDER# • SAME REVENUE CODE • CLAIM DATES OF SERVICE EQUAL TO OR WITHIN PA SEGMENT DATES THE PA SEGMENT MUST HAVE A PA STATUS OF “A” **EXCLUSIONS** FOR DATES OF SERVICE PRIOR TO 12/1/95, REVENUE CODES ARE NOT LISTED ON THE PA FILE AND ‘SAME REVENUE CODE’ IS NOT PART OF THE CRITERIA USED TO DETERMINE IF A MATCHING PA EXISTS.		
EOB CODES:	3001 – PRIOR AUTHORIZATION DOES NOT MATCH FOR THIS CLAIM DETAIL.		
METHOD OF CORRECTION:	VERIFY THE MEMBER ID, PA NUMBER, REVENUE CODE AND DATES OF SERVICE WERE KEYED CORRECTLY. IF NOT, DATA CORRECT EACH FIELD IN ERROR.		
	1. IF THE APPROPRIATE PRIOR AUTHORIZATION FORM IS ATTACHED VERIFYING THE REVENUE CODE HAS BEEN APPROVED, AND ALL DATA ON THE CLAIM MATCHES THE INFORMATION ON THE FORM, ROUTE TO THE PRIOR AUTHORIZATION TEAM.		
	2. IF ALL DATA IS KEYED CORRECTLY AND ITEM #2 DOES NOT APPLY, DENY THE DETAIL.		
PRIOR AUTHORIZATION	WHEN A DETAIL/CLAIM FAILS ESC 3001, BUT THE ATTACHED PRIOR AUTHORIZATION FORM VERIFIES THE REVENUE CODE HAS BEEN AUTHORIZED AND THE DATA ON THE FORM MATCHES THE DATA ON THE CLAIM, ADD THE INFORMATION FROM THE PRIOR AUTHORIZATION FORM TO THE PRIOR AUTHORIZATION FILE.		

3.294.4 3001 (FORMER LEGACY EDIT 538)

DMS Approved 01/29/2012

ERROR STATUS CODE:	3001 (FORMER LEGACY EDIT 538)	**CLAIM TYPE:**	M, O
HEADER/DETAIL:	DETAIL	**PROVIDER TYPE:**	01, 30, 31, 32, 35, 36, 37, 39, 50, 52, 64, 65, 70, 74, 77, 78, 80, 86, 90
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	PAPER, NON-PAPER, ADJUSTMENTS
DATA CORRECTABLE	YES	**CLAIM FIELD LABEL:**	DIAGNOSIS; PROC CODE
ESC NAME:	PRIOR AUTHORIZATION NOT FOUND ON DATABASE		
ESC CRITERIA: **LEGACY CRITERIA:**	IF A SERVICE REQUIRES PRIOR AUTHORIZATION AS INDICATED ON THE COVERED BENEFIT TABLE, AND PRIOR AUTHORIZATION IS NOT FOUND FOR THE MEMBER AND DATE OF SERVICE, POST THE ESC. FAILS IF SELECTED RADIOLOGY OR OCCUPATIONAL THERAPY PROCEDURE CODES ARE SUBMITTED AND A MATCHING PRIOR AUTHORIZATION IS NOT ON FILE. MATCH CRITERIA IS SAME MEMBER, SAME BILLING OR CLINIC PROVIDER, SAME PROCEDURE CODE, AND DETAIL FROM DATE OF SERVICE WITHIN PA EFFECTIVE DATES. PLEASE NOTE THAT IF A PA NUMBER IS ENTERED ON THE CLAIM THAT NUMBER IS USED TO FIND THE MATCHING PA. IF A PA NUMBER IS NOT ENTERED ON THE CLAIM THE MATCH CRITERIA WILL BE USED TO FIND A MATCHING PA RECORD AND, IF A MATCH IS FOUND, THE PA NUMBER WILL BE SYSTEMATICALLY ENTERED ON THE CLAIM RECORD. RADIOLOGY PROCEDURE CODES MONITORED BY ESC 3001: SEE ESC 3001/ATTACHMENT A. EFFECTIVE WITH DATE OF SERVICE 03/01/2007, AND AFTER, PROCEDURE CODES 70544, 70545, AND 70546 WILL BE MOITORED BY EDIT 3001, PER CO 1491. OCCUPATIONAL THERAPY PROCEDURE CODES MONITORED BY ESC 3001: 97003, 97004, 97532, 97533, 97535, 97537, 97542, 97545, 97546, G0129, G0152, S9129 EFFECTIVE WITH DATE OF SERVICE 01/05/2007, AND AFTER, THERAPY CODES 97003, 97004, 97532, 97533, 97535, 97537, 97545, AND 97546 WILL NO LONGER BYPASS PA BASED ON THE EXCLUSION CRITERIA LISTED BELOW, PER CO 8360.		

	EXCLUSIONS • CLAIMS WITH DATES OF SERVICE PRIOR TO 09/15/2006 BYPASS THIS EDIT. • RADIOLOGY PROCEDURE CODES WITH A MODIFER OF 26 BYPASS THIS EDIT. • FOR THE RADIOLOGY PROCEDURE CODES IF ONE OF THE FOLLOWING DIAGNOSIS CODES IS PRESENT ON THE CLAIM, ESC 3001 IS **NOT** APPLIED: V420, V421, V422, V423, V424, V425, V426, V427, V4281, V4282, V4283, V4284, V4289, V429, V66.1, V66.2, V67.1, V67.2, V71.1, 140 THROUGH 2399, V10 THROUGH V10.9, V58 THROUGH V58.44, V76 THROUGH V76.89 EFFECTIVE 1/4/07 FOR RADIOLOGY PROCEDURE CODES IF ONE OF THE FOLLOWING DIAGNOSIS IS PRESENT ON THE CLAIM ESC 3001 IS NOT APPLIED: V42.0 THROUGH V42.9. PER CO 8487 EFFECTIVE 09/15/2006 RADIOLOGY PROCEDURE CODES LISTED ON ATTACHMENT A WILL NOT FAIL ESC 3001 WHEN BILLED WITH ONE OF THE FOLLOWING DIAGNOSIS CODES: 140 – 2399, V10 – V109, V420 – V429, V58 – V5844, V661 – V662, V671, V672, V711, V76 – V7689. PER CO9967 EFFECTIVE WITH DOS 2/1/2008 PA WILL BE REQUIRED FOR PTS 64, 65, 74, AND 78 FOR THE FOLLOWING PROCEDURE CODES ADDED TO THE LIST OF CODES ON ATTACHMENT A: 77058, 77059, AND 77084. PER CO10872 EFFECTIVE WITH DOS 01/01/2007 THE FOLLOWING PROCEDURE CODES 77058, 77059, AND 77084, LISTED ON ATTACHMENT A, WILL REQUIRE PA FOR PT 01. PER CO 13200 AND 13461 THE FOLLOWING 2010 CPT PROCEDURE CODES WILL REQUIRE PA: 78451, 78452, 78453, AND 78454 PER CO 13415 THE FOLLOWING 2010 ICS-9 DIAGNOSIS CODES WILL NOT FAIL ESC 3001 WHEN BILLED WITH PROCEDURE CODES LISTED ON ATTACHMENT A: V1090, V1091 PROCEDURE CODES 78451, 78453, 78454, 78456, 78459, 78491, 78492, AND 79494 BYPASS ESC 3001 FOR PROVIDER TYPE 86 PER CO 14908. PROCEDURE CODES 78451, 78453, 78454, 78459, 78491, 78492, AND 78494 WILL FAIL ESC 3001 FOR PT 86 IF NOT BILLED WITH ONE OF THE CANCER OR TRANSPLANT DIAGNOSIS CODES LISTED ABOVE PER CO 14982. EFFECTIVE WITH DOS 11/01/2010 ESC 3001 WILL NOT FAIL FOR CLAIM TYPE O IF THE HEADER **PRIMARY** DIAGNOSIS CODE IS 140 – 2399, V10 – V109, V420 – V429, V58 – V5844, V661 – V662, V671, V672, V711, V76 – V7689 OR APPROVED PA IS ON FILE PER CO 13776. EFFECTIVE WITH DOS 11/01/2010 ESC 3001 WILL NOT FAIL FOR CLAIM TYPE M IF THE DETAIL **PRIMARY** DIAGNOSIS CODE IS 140 – 2399, V10 – V109, V420 – V429, V58 – V5844, V661 – V662, V671, V672, V711, V76 – V7689 OR APPROVED PA IS ON FILE PER CO 13776. PER CO15385 EFFECTIVE WITH DOS 01/01/2007 THE FOLLOWING PROCEDURE CODES 77058, 77059, AND 77084, LISTED ON ATTACHMENT A, WILL REQUIRE PA FOR PT 31, 35, and 86. EFFECTIVE WITH DOS 11/01/2010 PROCEDURE CODE 78494 WILL BYPASS ESC 3001 IF **PRIMARY** DIAGNOSIS CODE IS 140 – 2399, V10 – V109, V420 – V429, V58 – V5844, V661 – V662, V671, V672, V711, V76 – V7689 OR APPROVED PA IS ON FILE PER CO 15049. EFFECTIVE WITH DOS 11/01/2011 PROCEDURE CODES LISTED ON ATTACHMENT WILL BYPASS PA EDITING FOR PT 01 IF THE HEADER **PRIMARY** DIAGNOSIS CODE IS 140 – 2399, 996.81 – 996.89, V10 – V109, V420 – V429, V58 – V5844, V661 – V662, V671, V672, V711, OR V76 – V7689 PER CO 16916.

EOB CODES:	3001 – PRIOR AUTHORIZATION DOES NOT MATCH FOR THIS CLAIM DETAIL.
METHOD OF CORRECTION:	1. VERIFY THE PROVIDER NUMBER, MEMBER NUMBER, DATES OF SERVICE, PROCEDURE CODE, AND PRIOR AUTHORIZATION NUMBER WERE KEYED CORRECTLY. 2. IF NOT KEYED CORRECTLY, CORRECT THE INCORRECT DATA. 3. IF KEYED CORRECTLY, DENY WITH EOB 3001.

3.294.5 ESC 3001 (FORMER LEGACY EDIT 538) – ATTACHMENT A RADIOLOGY PROCEDURE CODE REQUIRING PA

Last Approved by DMS on 12/22/2010

Code	Description
70540	Magnetic resonance (eg, proton) imaging, orbit, face, and neck; without contrast material(s)
70542	Magnetic resonance (eg, proton) imaging, orbit, face, and neck; with contrast material(s)
70543	Magnetic resonance (eg, proton) imaging, orbit, face, and neck; without contrast material(s), followed by contrast material(s) and further sequences
70544	Magnetic resonance angiography, head, without contrast material(s)
70545	Magnetic resonance angiography, head, with contrast material(s)
70546	Magnetic resonance angiography, head; without contrast materials(s) and further sequences
70547	Magnetic resonance angiography, neck; without contract material(s)
70548	Magnetic resonance angiography, neck; with contrast material(s)
70549	Magnetic resonance angiography, neck; without contrast material(s), followed by contrast material(s) and further sequences
70551	Magnetic resonance (eg. Proton) imaging, brain (including brain stem); without contrast material
70552	Magnetic resonance (eg. Proton) imaging, brain (including brain stem); with contrast material
70553	Magnetic resonance (eg. Proton) imaging, brain (including brain stem); without contrast material followed by contrast material and further sequences
70557	Magnetic resonance (eg. Proton) imaging, brain (including brain stem and skull base), during open intracranial procedures (eg. To assess for residual tumor or residual vascular malformation; without contrast material
70558	Magnetic resonance (eg. Proton) imaging, brain (including brain stem and skull base), during open intracranial procedures (eg. To assess for residual tumor or residual vascular malformation; with contrast material
70559	Magnetic resonance (eg. Proton) imaging, brain (including brain stem and skull base), during open intracranial procedures (eg. To assess for residual tumor or residual vascular malformation; without contrast material, followed by contrast material and further sequences
71550	Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mediastinal lymphadenopathy); without contrast material(s)
71551	Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mediastinal lymphadenopathy); with contrast material(s)

Code	Description
71552	Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mediastinal lymphadenopathy); without contrast material(s), followed by contrast material(s) and further sequences
71555	Magnetic resonance angiography, chest (excluding myocardium), with or without contrast material(s) contrast material(s) and further sections
72141	Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material
72142	Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; with contrast material(s)
72146	Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material
72147	Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; with contrast material(s)
72148	Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material
72149	Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; with contrast material(s)
72156	Magnetic resonance (eg, proton) imaging, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences; Cervical
72157	Magnetic resonance (eg, proton) imaging, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences; Thoracic
72158	Magnetic resonance (eg, proton) imaging, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences; Lumbar
72159	Magnetic resonance angiography, spinal canal and contents, with or without contrast material(s)
72195	Magnetic resonance (eg, proton) imaging, pelvis; without contrast material(s)
72196	Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)
72197	Magnetic resonance (eg, proton) imaging, pelvis; without contrast material(s) followed by contrast material(s) and further sequences
72198	Magnetic resonance angiography, pelvis, with or without contrast material(s)
73218	Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s)
73219	Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; with contrast material(s)
73220	Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences
73221	Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)
73222	Magnetic resonance (eg, proton) imaging, any joint of upper extremity; with contrast material(s)
73223	Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s), followed by contrast material(s) and further sequences
73225	Magnetic resonance angiography, upper extremity, with or without contrast material(s) by contrast material(s) and further sections
73718	Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s)
73719	Magnetic resonance (eg, proton) imaging, lower extremity other than joint; with contrast material(s)
73720	Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences

Code	Description
73721	Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material
73722	Magnetic resonance (eg, proton) imaging, any joint of lower extremity; with contrast material(s)
73723	Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material(s), followed by contrast material(s) and further sequences
73725	Magnetic resonance angiography, lower extremity, with or without contrast material(s)
74181	Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)
74182	Magnetic resonance (eg, proton) imaging, abdomen; with contrast material(s)
74183	Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s), followed by with contrast material(s) and further sequences
74185	Magnetic resonance angiography, abdomen, with or without contrast material(s)
76093	Magnetic resonance imaging, breast, without and/or with contrast material(s);unilateral
76094	Magnetic resonance imaging, breast, without and/or with contrast material(s);bilateral
76120	Cineradiography/videoradiography, except where specifically included
76150	Xeroradiography
76390	Magnetic resonance spectroscopy
76400	Magnetic resonance (eg, proton) imaging, bone marrow blood supply
76498	Unlisted magnetic resonance procedure (eg, diagnostic, interventional)
76499	Unlisted diagnostic radiographic procedure
76999	Unlisted ultrasound procedure (eg, diagnostic, interventional)
77058	Magnetic resonance imaging, breast, without and/or with contrast material(s); unilateral
77059	Magnetic resonance imaging, breast, without and/or with contrast material(s); bilateral
77084	Magnetic resonance (eg, proton) imaging, bone marrow blood supply
78451	Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed): single study, at rest or stress (exercise or pharmacologic)
78452	Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed): multiple studies, at rest and/or stress (exercise or pharmacologic) and/or redistribution and/or rest reinjection
78453	Myocardial perfusion imaging, planar (including qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed): single study, at rest or stress (exercise or pharmacologic)
78454	Myocardial perfusion imaging, planar (including qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed): multiple studies, at rest and/or stress (exercise or pharmacologic) and/or redistribution and/or rest reinjection

Code	Description
78459	Myocardial imaging, positron emission tomography (PET), metabolic evaluation
78460	Myocardial perfusion imaging; (planar) single study, at rest or stress (exercise and/or pharmacologic), with or without quantification
78461	Myocardial perfusion imaging; (planar) single study, at rest or stress (exercise and/or pharmacologic), with or without quantification; multiple studies, (planar) at rest and/or stress (exercise and/or pharmacologic), and redistribution and/or rest injection, with or without quantification
78464	Myocardial perfusion imaging; tomographic (SPECT), single study (including attenuation correction when performed), at rest or stress (exercise and/or pharmacologic), with or without quantification
78465	Myocardial perfusion imaging; tomographic (SPECT), multiple studies(including attenuation correction when performed), at rest and/or stress (exercise and/or pharmacologic) and redistribution and/or rest injection, with or without quantification
78469	Myocardial imaging, infarct avid, planar; tomographic SPECT with or without quantification
78491	Myocardial imaging, positron emission tomography (PET), perfusion; single study at rest or stress
78492	Myocardial imaging, positron emission tomography (PET), perfusion; multiple studies at rest and/or stress
78494	Cardiac blood pool imaging, gated equilibrium, SPECT, at rest, wall motion study plus ejection fraction, with or without quantitative processing
78496	Cardiac blood pool imaging, gated equilibrium, single study, at rest, with right ventricular ejection fraction by first pass technique (List separately in addition to code for primary procedure)
78499	Unlisted cardiovascular procedure, diagnostic nuclear medicine
78599	Unlisted respiratory procedure, diagnostic nuclear medicine
78608	Brain imaging, positron emission tomography (PET); metabolic evaluation
78609	Brain imaging, positron emission tomography (PET); perfusion evaluation
78647	Cerebrospinal fluid flow, imaging (not including introduction of material); tomographic (SPECT)
78699	Unlisted nervous system procedure, diagnostic nuclear medicine
78710	Kidney imaging, tomographic (SPECT)
78799	Unlisted genitourinary procedure, diagnostic nuclear medicine
78803	Radiopharmaceutical localization of tumor or distribution of radiopharmaceutical agent(s); tomographic (SPECT)
78807	Radiopharmaceutical localization of inflammatory process; tomographic (SPECT)
78811	Tumor imaging, positron emission tomography (PET); limited area (eg, chest, head/neck)
78812	Tumor imaging, positron emission tomography (PET); skull base to mid-thigh
78813	Tumor imaging, positron emission tomography (PET); whole body
78814	Tumor imaging, positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization; limited area (eg, chest, head/neck)
78815	Tumor imaging, positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization; skull base to mid-thigh

Code	Description
78816	Tumor imaging, positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization; whole body
78999	Unlisted miscellaneous procedure, diagnostic nuclear medicine
79999	Radiopharmaceutical therapy, unlisted procedure
91299	Unlisted diagnostic gastroenterology procedure

The following codes are non-covered by KY Medicaid. If they become covered in the future, then PA will be required.

Code	Description
G0219	PET imaging whole body; melanoma for non-covered indications
G0235	PET imaging, any site, not otherwise specified
G0252	PET imaging, full and partial-ring PET scanners only, for initial diagnosis of breast cancer and/or surgical planning for breast cancer (e.g., initial staging of axillary lymph nodes)
G0255	Current perception threshold/sensory nerve conduction test, (SNCT) per limb, any nerve
S8035	Magnetic source imaging
S8037	Magnetic resonance cholangiopancreatography (MRCP)
S8040	Topographic brain mapping
S8042	Magnetic resonance imaging (MRI), low-field
S8055	Ultrasound guidance for multi fetal pregnancy reduction(s), technical component (only to be used when the physician doing the reduction procedure does not perform the ultrasound. Guidance is included in the CPT code for multi fetal pregnancy reduction – 598
S8085	Fluorine-18 fluorodeoxyglucose (F-18 FDG) imaging using dual-head coincidence detection system (non-dedicated PET scan)
S8092	Electron beam computed tomography (also known as Ultrafast CT, Cine CT)

3.294.6 3001 (FORMER LEGACY EDIT 641)

DMS Approved 03/26/2012

	3001 (FORMER LEGACY EDIT 641)	**CLAIM TYPE:**	D, H, M, O, P/Q
HEADER/DETAIL:	DETAIL	**PROVIDERTYPE:**	13, 17, 22, 23, 29, 31, 33, 34, 35, 42, 43, 45, 46, 47, 50, 52, 54, 60, 61, 64, 65, 70, 77, 85, 90
OVERRIDEABLE:	YES	**TYPE OF DOCUMENT:**	PAPER, NON-PAPER, ADJUSTMENTS
DATA CORRECTABLE	YES	**CLAIM FIELD LABEL:**	PROCEDURE, PA#

ESC CRITERIA:	FAILS IF THE REVENUE/PROCEDURE CODE ON THE CLAIM REQUIRES PA AS INDICATED ON THE COVERED BENEFIT TABLE, AND THERE IS NOT A MATCHING APPROVED PA ON FILE OR THERE IS A MATCHING PA BUT THE APPROVED UNITS HAVE ALREADY BEEN USED ON PREVIOUS CLAIMS. NOTE – FOR PROVIDER TYPE 34 PA EDIT MATCHING IS BASED ON REVENUE CODES. HOWEVER, IF THE REVENUE CODE IS 270 OR 279 AND THERE IS NOT A MATCHING PA ON FILE WITH THE SAME REVENUE CODE, PA EDITING LOOKS FOR A MATCHING PA WITH THE SAME PROCEDURE CODE FOR THAT CLAIM LINE (CO 9033).
LEGACY CRITERIA:	CLAIM TYPE P/Q AND M (PT 31/35) FAILS IF A NDC REQUIRES PRIOR AUTHORIZATION (PA) AND A MATCHING TYPE “R”(REGULAR) PA SEGMENT IS NOT CONTAINED ON THE PRIOR AUTHORIZATION FILE. NOTE: IF THE LEGEND INDICATOR IS AN R OR S THE LEVEL OF SERVICE IS 03 AND THE POS CLAIM IS SUBMITTED OUTSIDE PA BUSINESS HOURS ESC 3000 IS NOT APPLIED. CLAIMS WITH DOS ON OR AFTER 4/6/04 SUBMITTED WITH A LOCATION CODE ‘03’ AND A LEVEL OF SERVICE 03 WILL BYPASS 641 AFTER 5:00 PM EST. DCR01101 NDCS WITH THE FOLLOWING PA INDICATOR/INNOVATOR COMBINATIONS REQUIRE PRIOR AUTHORIZATION AND ARE MONITORED BY ESC 3000. PLEASE NOTE THAT BRAND NECESSARY PRIOR AUTHORIZATIONS ARE

	MONITORED BY ESC 633. PA INDICATOR INNOVATOR Y ANY B ANY H OTHER THAN 1 I OTHER THAN 1 ALSO, THE FOLLOWING GPPCS REQUIRE PA ALTHOUGH THEY DO NOT HAVE PA INDICATOR/INNOVATOR COMINATIONS LISTED ABOVE: 039345, 027462, 045155, 045154, 004116, 004147, 004158. DCR 00448 AND DCR 00451 THE FOLLOWING NDC'S REQUIRE PA ALTHOUGH THEY DO NOT HAVE A PA INDICATOR ABOVE LISTED ABOVE: 00002-8715-01, 00002-8415-01, 00002-8315-01 OR 00002-8215-01.DCR01135 IF NO PA NUMBER IS ENTERED ON THE CLAIM OR THE PA NUMBER ENTERED HAS A JULIAN DATE GREATER THAN 1337, ESC 3000 SEARCHES FOR A MATCHING APPROVED REGULAR PA BASED ON MEMBER NUMBER, GPPC, AND DATE OF SERVICE ON THE CLAIM (MUST BE WITHIN PA EFFECTIVE DATES). IF THE CLAIM HAS A PA NUMBER WITH A JULIAN DATE LESS THAN 1338, THE FOLLOWING MATCH CRITERIA IS APPLIED – SAME PROVIDER NUMBER, SAME MEMBER NUMBER, SAME NDC, DOS WITHIN PA EFFECTIVE DATES, AND CLAIM UNITS EQUAL TO OR LESS THAN APPROVED QUANTITY.
	CLAIM TYPE P/Q AND M (PT 31/35) EXCLUSIONS IF DOS ON OR AFTER 08/31/04 AND THE GPPC IS 042922, 042923, 021154, 021155, 021156, 021157, 026177, 013648, 013649, 029077, 027961, 027959, 050836, 041026, 041027, 045190, 045191, 047285, 047286, 034187, 034188, 034189, 047198, 052049, 051799, 051800, 050102, 047564, 047567, 047568, 052898, 051333, 051334, 051335, 051336, 053400, 053402, 053401, 053403 ESC 3000 WILL BE BYPASSED IF THE MEMBER IS LESS THAN 18 YEARS OF AGE. DCR 01194 THE LOGIC FOR DCR 01194 WAS NEVER APPLIED PER DMS ON 10/28/04. IF DOS IS ON OR AFTER 08/31/04 AND GPPC IS 029077, 027961, 027959, 050836, 041026, 041027, 045190, 045191, 047285 OR 047286 AND THERE IS A PAID CLAIM WITHIN

	THE PAST 60 DAYS HISTORY FOR GPPC 029077, 027961, 027959, 050836, 041026, 041027, 045190, 045191, 047285 OR 047286 THE CLAIM WILL BYPASS 641. DCR 01195 IF DOS IS ON OR AFTER 08/31/04 AND GPPC IS 052898, 051333, 051334, 051335 OR 051336 AND THERE IS A PAID CLAIM WITHIN THE PAST 60 DAYS HISTORY FOR GPPC 052898, 051333, 051334, 051335 OR 051336 THE CLAIM WILL BYPASS 641.DCR01195 THE LOGIC FOR DCR 01195 WAS NEVER APPLIED PER DMS ON 10/28/04. IF DOS IS ON OR AFTER 08/31/04 AND GPPC IS 053400, 053402, 053401 OR 053403 AND THERE IS A PAID CLAIM WITHIN THE PAST 60 DAYS HISTORY FOR GPPC 053400, 053402, 053401 OR 053403 THE CLAIM WILL BYPASS 641. DCR 01195 THE LOGIC FOR DCR 01195 WAS NEVER APPLIED PER DMS ON 10/28/04.
	IF THE DOS IS AFTER 08/10/04 AND THE GPPC IS 031027, 037036, 044662 or 048643 AND THERE IS A PAID CLAIM WITH DATES OF SERVICE IN THE PAST 90 DAYS HISTORY FOR GPPC 031027, 037036, 044662 or 048643 THE CLAIM WILL BYPASS 641.DCR 01158 IF THE DOS IS AFTER 08/10/04 AND THE GPPC IS 051639 AND THERE IS A PAID CLAIM WITH DATES OF SERVICE IN THE PAST 90 DAYS HISTORY FOR GPPC 051639 THE CLAIM WILL BYPASS 641.DCR 01158 IF THE DOS IS AFTER 08/10/04 AND THE GPPC IS 038275 OR 031492 AND THERE IS A PAID CLAIM WITH DATES OF SERVICE IN THE PAST 90 DAYS HISTORY FOR GPPC 038275 OR 031492 THE CLAIM WILL BYPASS 641.DCR 01158 IF THE DOS IS AFTER 08/10/04 AND THE GPPC IS 048986 AND THERE IS A PAID CLAIM WITH DATES OF SERVICE IN THE PAST 90 DAYS HISTORY FOR GPPC 048986 THE CLAIM WILL BYPASS 641.DCR 01158 IF THE DOS IS AFTER 08/10/04 AND THE GPPC IS 049605 OR 049606 AND THERE IS A PAID CLAIM WITH DATES OF SERVICE IN THE PAST 90 DAYS HISTORY FOR GPPC 049605 OR 049606 THE CLAIM WILL BYPASS 641.DCR 01158
	IF DOS ON OR AFTER 6/1/04 AND THE GPPC IS 042943, 042944 OR 042945 ESC 3000 IS BYPASSED IF THE MEMBER IS 65 YEARS OR OLDER. DCR01115. IF THE DOS IS ON OR AFTER 6/10/04 AND THE GPPC IS 053974, ESC 3000 IS BYPASSED FOR MEMBERS UNDER

	AGE 19. DCR01130 IF THE DOS IS PRIOR TO 9/7/04 AND THE GPPC IS 001770, 001771, 001772, 001764, 001765, 009768, 001769, 038906, 038907, 038908, 045929, 022735, 045930, 051194, 051196, 051195, 025179, 025180, 025181, 042943, 042944, 042945, 027414, 034731, 027413, 042076, 047172, 016832, 019179, 016311, 001750, 051292, 001740, 001723, 029916, 001757, 017179, 051292, 051291, 049833, 023657, 044341, 050134, 051784, 051785, 051786, 052944, OR NDC IS 00002-8715-01, 00002-8415-01, 00002-8315-01 OR 00002-8215-01 THE REFILL INDICATOR IS 01 THRU 05 AND THE ORIGINAL FILL DATE IS PRIOR TO 6/1/04, ESC 3000 IS BYPASSED. DCR01120 AND DCR 01135 IF THE DOS IS ON OR AFTER 6/10/04 AND THE GPPC IS 053974, ESC 3000 IS BYPASSED FOR MEMBERS UNDER AGE 19. DCR01130 IF PRIOR AUTHORIZATION TYPE IS ‘J’ OR ‘N’ PA ESCING IS BYPASSED. DCR 00569 IF THE DOS IS BETWEEN 07/29/02 AND 10/31/02 AND THE GPPC LISTED BELOW HAS A REFILL INDICATOR OF 1 THROUGH 5, PA ESCING IS BYPASED (DCR 00535)

	008340	020175	011740	015164
	011741	011742	025708	041394
	048579	048580	048578	048581
	048528	049795	049798	041285
	041286	042637	042638	042636
	042635	044758	029156	029157
	004285	008346	008348	008349
	008350	013556	022528	022529
	022530	012080	023855	021380
	008372	008373	008374	011933
	016574	008351	008352	008353
	008354	008356	008355	016404
	039499	023190	024157	020279
	035737	022518	039500	024158
	024166	031613	024412	008378

	008378	008379	008380	018455
	016405	016406	008364	008364
	008363	008341	008335	008337
	008338	015960	015961	027368
	024966	038259	021373	008370
	008371	017204	008365	008366
	004438	004439	004437	008368
	008367	008359	008360	008361
	008362	018435	018436	008357
	008358	021980	018438	
	IF DOS IS EQUAL TO OR BETWEEN 02/19/02 AND 04/30/02 AND GPPC IS 027151, 011679, 011680, 021688, 025721, 047134, 011677, 011678, 031055, 031056, 040941, 047525, 047526, 030106, 030107, 043136, 033530, 040887, 049296, 011676 AND 043137 AND THE REFILL INDICATOR IS 01THROUGH 05, THE ESC IS NOT SET. DCR00430 IF DOS IS BETWEEN 4/30/98 AND 08/16/01 AND GPPC IS 017037, 017181, 018697, 018698, 024484, 027475, 027622, 028136, 029893, 030476, OR 036868, THE ESC IS NOT SET. INSTEAD A “Y” IS SET IN THE AUDIT 553 INDICATOR FIELD AND AUDIT 553 IS APPLIED TO THE CLAIM. IF THE DATES OF SERVICES ARE 08/16/01THROUGH 06/03/02 AND THE GPPC IS 030476, 018698, 018697, 017181, 027622, AND 036868, THE ESC IS NOT SET. INSTEAD A “Y” IS SET IN THE AUDIT 553 INDICATOR FIELD AND AUDIT 553 IS APPLIED TO THE CLAIM. DCR00470 CLAIMS WITH GPPCS 018697, 018698, AND 030476 BYPASS ESC 3000 IF THE DATE OF SERVICE IS AFTER 06/27/02 AND THE MEMBER IS UNDER AGE 6. FOR DATES OF SERVICE 08/16/01 THROUGH 06/27/02 CLAIMS FOR MEMBERS UNDER AGE 18 BYPASS ESC 3000. DCR 00474 THIS LOGIC WAS REMOVED PER DMS FOR DOS AFTER 3/17/03 PER PDD PA EFFECTIVE DATE. DCR 00733			
	DRUGS WITH GPPCS 034359, 048702, 004028, 005006, 047131, 048703, 004029, 005007, 047132, 048982, 044072, 005009, 047133, 048983, 047782, 005011, 045981, 048984, 004999, 005014, 045982, 004026, 005000, 005015, 047318, 004027, 005001, 005016, 048701, 005005, AND 005017,			

	050428, 050429, 050430, BYPASS ESC 3000 FOR MEMBERS UNDER AGE 19. DCR 00433. DCR 00554 ADDED GPPCS 050428, 050429, 050430. DCR 585 ADDED GPPCS 050566 AND 050567. IF DOS ARE ON OR AFTER 4/1/02 AND THE GPPC IS 003753, 003754, 003755, 003756, 003757, 003758, 003759 OR 016363 THE CLAIM WILL BYPASS ESC 3000 IF 60 CUMMULATIVE DAYS (BASED ON DAYS SUPPLY) PER 3 YEARS HAS NOT BEEN REACHED. THIS APPLIES TO ANY COMBINATION OF
	THESE GPPCS. PLEASE NOTE THAT THE DAYS SUPPLY ON THE 'CURRENT' CLAIM ARE NOT CONSIDERED. ONLY THE DAYS SUPPLY ON 'HISTORY' CLAIMS ARE CONSIDERED. DCR 00434
	IF DOS ARE ON OR AFTER 4/29/02 AND THE GPPC IS 019187, 019788, 042993 OR 042994, THE CLAIM WILL BYPASS ESC 3000 IF THE MEMBER IS 65 YEARS OR OLDER AND HAS NOT HAD 60 CUMULATIVE DAYS (BASED ON DAYS SUPPLY) OF ANY COMBINATION OF THE FOLLOWING GPPCS: 019197, 019188, 042993, 042994, 015603, 015604, 003689, 003690, 003691, 003692, 003693, 003694, 003696, 013074 OR 019182. PLEASE NOTE THAT THE DAYS SUPPLY ON THE 'CURRENT' CLAIM ARE NOT CONSIDERED. ONLY THE DAYS SUPPLY ON THE 'HISTORY' CLAIMS ARE CONSIDERED. DCR00439 IF PRICING ACTION INDICATOR ON THE DRUG FILE IS A "Q" AND THE MEMBER IS YOUNGER THAN 12, ESC 3000 IS NOT APPLIED. PERSONAL CARE DRUGS (PRICING ACTION OF "P" ON THE DRUG FILE) ARE EXCLUDED FROM ESC 3000 IF THE MEMBER HAS A "P1" INDICATOR FOR THE DOS. THE P1 INDICATOR IS LISTED ON THE MEMBER ELIGIBILITY FILE. NSAID DRUGS (PRICING ACTION CODE OF "N" OR "Z") ARE EXCLUDED FROM ESC 3000. FOR DATES OF SERVICE 7/01/00 THROUGH 7/31/00 PHARMACY CLAIMS BYPASS ESC 3000 IF THE MEMBER HAS A REGION 5 MANAGED CARE SEGMENT WITH AN END DATE OF 6/30/00. PHARMACY CLAIMS WITH MAC INDICATORS OF "L", "U", "M", AND "B", UNLESS BILLED FOR ONE OF THE GPPCS LISTED BELOW, BYPASS ESC 3000. MAC INDICATORS ARE SYSTEMATICALLY SET BASED ON CRITERIA OUTLINED IN SECTION 'D' OF THE PRICING MANUAL.

	018697	040941	005006	047131	048703	049758
	018698	041026	005007	047132	050172	016576
	030476	041027	005009	047133	049598	016577
	027462	043137	005011	047318	049599	016578
	039545	043136	005014	047782	049600	016579
	011677	045190	005015	048701	021694	040238
	011678	045191	005016	048702	021695	047763
	011679	047134	005017	048703	046757	024484
	011680	047285	034359	048982	029967	004999
	021688	047286	044072	048983	029968	005000
	025721	047525	045981	048984	029969	005001
	027151	047526	045982	050172	045772	034359
	027959	040887	047131	045981	016310	047131
	027960	049296	047132	045982	006460	047132
	027961	011676	047133	047318	016366	047133
	029077	004026	047318	048701	016367	
	030106	004027	047782	048702	020741	
	030107	004028				
	031055	004029				
	031056	004999				
	033530	005000				
		005001				
		005005				
	FOR DATES OF SERVICE AFTER 04/01/02, CLAIMS FOR GPPCS 039545 AND 027462 BYPASS ESC 3000 IF 84 CUMMULATIVE DAYS(BASED ON DAYS SUPPLY) OF ANY COMBINATION OF THE FOLLOWING GPPCS HAS <u>NOT</u> BEEN REACHED 040941 030106 033530 040887 047525 030107 043137 049296 047526 043136 039545 027462					

	DCR 00879 ADDED GPPC'S 051653 & 051654. PLEASE NOTE THAT THE DAYS SUPPLY ON THE 'CURRENT' CLAIM ARE NOT CONSIDERED. ONLY THE DAYS SUPPLY ON THE 'HISTORY' CLAIMS ARE CONSIDERED. DCR00448 EFFECTIVE FOR CLAIMS WITH THE GPPC'S LISTED ABOVE FOR DCR 00448 & 00879, THIS LOGIC WAS REMOVED EFFECTIVE WITH DOS GREATER THAN 3/15/2004 . DCR 01022 IF DOS IS EQUAL TO OR BETWEEN 06/28/02 AND 08/31/02 AND GPPC IS 036868, 018698, 030476, 017181, 027622, 018697 OR 048415 AND THE REFILL INDICATOR IS 01 THROUGH 05, THE ESC IS NOT SET. DCR00471 IF DOS IS BETWEEN 06/04/02 AND 08/31/02 AND GPPC IS 049598, 049599, 049600, 006429, 003102, 021429, 003101, 022344, 016310, 006460, 040238, 006461, 016366, 016367, 020741, 049758, 046172,016576, 016577, 016578, 016579 OR 040238 AND THE REFILL INDICATOR IS 01 THROUGH 05, THE ESC IS NOT SET. DCR00475			
	IF DOS IS EQUAL TO OR BETWEEN 09/10/02 AND 11/30/02 AND GPPC IS 019192, 019193, 019239, 015917, 046004 OR 049872 AND THE REFILL INDICATOR IS 01 THROUGH 05, THE ESC IS NOT SET. DCR 00576. IF THE DOS IS 11/14/02 THROUGH 08/30/04 AND THE GPPC IS 027959, 027960, 027961, 029077, 041026, 041027, 045190, 045191, 047285, OR 047286 AND THERE IS NOT A PAID CLAIM IN THE PAST 24 MONTHS HISTORY FOR THE ONE OF THE GPPC'S LISTED BELOW OR NO PRIOR AUTHORIZATION ON FILE, THE CLAIM WILL FAIL 641. IF THERE HAS BEEN A PAID CLAIM WITH ONE OF THE GPPC'S LIST BELOW WITHIN THE PAST 24 MONTHS OR THERE IS A PA ON FILE, ESC 3000 IS BYPASSED. DCR00631 THIS LOGIC WAS REMOVED PER DCR 01199 THE LOGIC FOR DCR 01199 WAS NEVER APPLIED PER DMS ON 10/28/04.			
	004000	013649	034189	047564
	004001	021154	041026	047567
	004002	021155	041027	047568
	004003	021156	042922	050102
	004004	021157	042923	

	004005	026177	045190	
	004006	027959	045191	
	004537	027960	046315	
	004538	027961	047198	
	004539	029077	047285	
	004540	034187	047286	
	013648	034188	047563	
	NOTE: HISTORY CLAIMS THAT HAVE BYPASSED PA ESCING BECAUSE THEY WERE '72 HOUR EMERGENCY CLAIMS, ARE NOT CONSIDERED. FOR DATES OF SERVICE AFTER 02/03/03 CLAIMS FOR GPPCS 024536, 024537, 024538, 024539, 024478 AND 040966 BYPASS ESC 3000 IF 30 CUMMULATIVE DAYS(BASED ON DAYS SUPPLY) OF ANY COMBINATION OF THE FOLLOWING GPPCS HAS NOT BEEN REACHED WITHIN THE PAST 180 DAYS (DCR 00683) 021282 016570 016571 016572 032600 000571 000572 000570 017205 016849 016850 FOR DATES OF SERVICE AFTER 02/03/03 CLAIMS FOR GPPCS 005115, 005116, 005113 AND 005114 BYPASS ESC 3000 IF 30 CUMMULATIVE DAYS(BASED ON DAYS SUPPLY) OF ANY COMBINATION OF THE FOLLOWING GPPCS HAS NOT BEEN REACHED WITHIN THE PAST 180 DAYS(DCR 00684) 015864 005139 005138 005132 005131 005123 005124 005125 005126 005127 005128 005120 005121 005122			
	FOR DATES OF SERVICE AFTER 6/17/03 CLAIMS FOR GPPCS 033370 OR 051907 BYPASS ESC 3000 IF 30 CUMMULATIVE DAYS(BASED ON DAYS SUPPLY) OF ANY COMBINATION OF THE FOLLOWING GPPCS HAS NOT BEEN REACHED WITHIN THE PAST 180 DAYS(DCR 00778) 015864 005139 005138 005132 005131 005123 005124 005125			

	005126 005127 005128 005120 005121 005122
	FOR DATES OF SERVICE AFTER 02/03/03, CLAIMS FOR GPPCS 023770, 023768, 023769, 050519, 029252, 029251, 029253, 029254, 041200, 030497, AND 036867 BYPASS ESC 3000 IF 30 CUMMULATIVE DAYS (BASED ON DAYS SUPPLY) OF ANY COMBINATION OF THE FOLLOWING GPPCS HAS NOT BEEN REACHED WITHIN THE PAST 180 DAYS. (DCR 00685) 000374 015939 020616 025698 000375 015940 020617 026377 000376 015941 020618 026378 000377 015959 021277 029258 000378 016017 021282 029259 000379 016018 021723 032600 000380 016031 021724 033722 000381 016039 021725 034062 000382 016040 021726 034063 000384 016041 021743 040966 000385 016042 023591 041337 000386 016295 023592 041651 000387 016296 023768 041652 000388 016418 023769 041653 000389 016419 023770 042783 000390 016420 024190 044395 000391 016421 024469 044935
	000392 016570 024478 048245 000393 016571 024498 048246 000567 016572 024499 048247 000570 016811 024500 049942 000571 016812 024501 050519 000572 016813 024536 016925

	012059 016849 024537 016926 012060 016850 024538 016927 012061 017205 024539 013670 017266 025697
	FOR DATES OF SERVICE AFTER 02/03/03 CLAIMS FOR GPPCS 041651, 041652, 041653, 025697 AND 025698 BYPASS ESC 3000 IF 30 CUMMULATIVE DAYS(BASED ON DAYS SUPPLY) OF ANY COMBINATION OF THE FOLLOWING GPPCS HAS NOT BEEN REACHED WITHIN THE PAST 180 DAYS(DCR 00686) 015959 015066 013670 016605 000567 015067 026486 IF THE DOS IS AFTER 02/03/03 AND THE GPPC IS 037015, 037016, 037017, OR 040659 AND THERE IS A PAID CLAIM WITH DATES OF SERVICE IN THE PAST 90 DAYS HISTORY FOR GPPC 037015, 037016, 037017, OR 040659 THE CLAIM WILL BYPASS 641(DCR00691) IF THE DOS IS AFTER 02/03/03 AND THE GPPC IS 045425 OR 046624 AND THERE IS A PAID CLAIM WITH DATES OF SERVICE IN THE PAST 90 DAYS HISTORY FOR GPPC 045425 OR 046624 THE CLAIM WILL BYPASS 641(DCR00691) IF THE DOS IS AFTER 02/03/03 AND THE GPPC IS 037029, 043063,051562 OR 051563 AND THERE IS A PAID CLAIM WITH DATES OF SERVICE IN THE PAST 90 DAYS HISTORY FOR GPPC 037029,043063, 051562 OR 051563 THE CLAIM WILL BYPASS 641(DCR00691) IF THE DOS IS AFTER 02/03/03 AND THE GPPC IS 050289,050290, OR 050288 AND THERE IS A PAID CLAIM WITH DATES OF SERVICE IN THE PAST 90 DAYS HISTORY FOR GPPC 050289,050290, OR 050288 THE CLAIM WILL BYPASS 641(DCR00691) IF THE DOS IS AFTER 02/03/03 AND THE GPPC IS 048399, 048400 OR 048401, 029209, 050805 OR 029208 AND THERE IS A PAID CLAIM WITH DATES OF SERVICE IN THE PAST 90 DAYS HISTORY FOR GPPC 048399,048400, 048401, 029209, 050805 OR 029208 THE CLAIM WILL BYPASS 641(DCR00691)
	IF THE DOS IS AFTER 02/03/03 AND THE GPPC IS 024536, 024537,024538, 024539,024478 OR 040966 AND THERE IS A PAID CLAIM WITH DATES OF SERVICE IN THE PAST 90 DAYS HISTORY FOR GPPC 024536, 024537, 024538,

	024539, 024478 OR 040966 THE CLAIM WILL BYPASS 641(DCR00691) IF THE DOS IS AFTER 02/03/03 AND THE GPPC IS 012059, 012060 OR 012061 AND THERE IS A PAID CLAIM WITH DATES OF SERVICE IN THE PAST 90 DAYS HISTORY FOR GPPC 012059, 012060 OR 012061 THE CLAIM WILL BYPASS 641(DCR00691) IF THE DOS IS AFTER 02/03/03 AND THE GPPC IS 020616, 020617 OR 020618 AND THERE IS A PAID CLAIM WITH DATES OF SERVICE IN THE PAST 90 DAYS HISTORY FOR GPPC 020616, 020617 OR 020618 THE CLAIM WILL BYPASS 641(DCR00691) IF THE DOS IS AFTER 02/03/03 AND THE GPPC IS 016925, 016926 OR 016927 AND THERE IS A PAID CLAIM WITH DATES OF SERVICE IN THE PAST 90 DAYS HISTORY FOR GPPC 016925, 016926 OR 016927 THE CLAIM WILL BYPASS 641(DCR00691) IF THE DOS IS AFTER 02/03/03 AND THE GPPC IS 021743, 016295 OR 016296 AND THERE IS A PAID CLAIM WITH DATES OF SERVICE IN THE PAST 90 DAYS HISTORY FOR GPPC 021743, 016295, OR 016296 THE CLAIM WILL BYPASS 641(DCR00691) IF THE DOS IS AFTER 02/03/03 AND THE GPPC IS 041651, 041652, OR 041653 AND THERE IS A PAID CLAIM WITH DATES OF SERVICE IN THE PAST 90 DAYS HISTORY FOR GPPC 041651, 041652 OR 041653 THE CLAIM WILL BYPASS 641(DCR00691)
	IF THE DOS IS AFTER 02/03/03 AND THE GPPC IS 025697 OR 025698 AND THERE IS A PAID CLAIM WITH DATES OF SERVICE IN THE PAST 90 DAYS HISTORY FOR GPPC 025697 OR 025698 THE CLAIM WILL BYPASS 641(DCR00691) IF THE DOS IS AFTER 02/03/03 AND THE GPPC IS 023770,023769,023768,OR 050519 AND THERE IS A PAID CLAIM WITH DATES OF SERVICE IN THE PAST 90 DAYS HISTORY FOR GPPC 023770,023769,023768 OR 050519 THE CLAIM WILL BYPASS 641(DCR00691) IF THE DOS IS AFTER 02/03/03 AND THE GPPC IS 029252,029251,029253, OR 029254 AND THERE IS A PAID CLAIM WITH DATES OF SERVICE IN THE PAST 90 DAYS HISTORY FOR GPPC 029252,029251,029253, OR 029254 THE CLAIM WILL BYPASS 641(DCR00691)
	IF THE DOS IS AFTER 02/03/03 AND THE GPPC IS 041200 OR 030497 AND THERE IS A PAID CLAIM WITH DATES OF

	SERVICE IN THE PAST 90 DAYS HISTORY FOR GPPC 041200 OR 030497 THE CLAIM WILL BYPASS 641(DCR00691) IF THE DOS IS AFTER 02/03/03 AND THE GPPC IS 036867 AND THERE IS A PAID CLAIM WITH DATES OF SERVICE IN THE PAST 90 DAYS HISTORY FOR GPPC 036867 THE CLAIM WILL BYPASS 641(DCR00691) IF THE DOS IS AFTER 02/03/03 AND THE GPPC IS 047586, 016599, 016600 OR 016601 AND THERE IS A PAID CLAIM WITH DATES OF SERVICE IN THE PAST 90 DAYS HISTORY FOR GPPC 047586, 016599, 016600 OR 016601 THE CLAIM WILL BYPASS 641(DCR00691) IF THE DOS IS AFTER 02/03/03 AND THE GPPC IS 005145 OR 005146 AND THERE IS A PAID CLAIM WITH DATES OF SERVICE IN THE PAST 90 DAYS HISTORY FOR GPPC 005145 OR 005146 THE CLAIM WILL BYPASS 641(DCR00691) IF THE DOS IS AFTER 02/03/03 AND THE GPPC IS 014188 OR 014189 AND THERE IS A PAID CLAIM WITH DATES OF SERVICE IN THE PAST 90 DAYS HISTORY FOR GPPC 014188 OR 014189 THE CLAIM WILL BYPASS 641(DCR00691) IF THE DOS IS AFTER 02/03/03 AND THE GPPC IS 017956 OR 017955 AND THERE IS A PAID CLAIM WITH DATES OF SERVICE IN THE PAST 90 DAYS HISTORY FOR GPPC 017956 OR 017955 THE CLAIM WILL BYPASS 641(DCR00691) IF THE DOS IS AFTER 02/03/03 AND THE GPPC IS 005150 OR 005151 AND THERE IS A PAID CLAIM WITH DATES OF SERVICE IN THE PAST 90 DAYS HISTORY FOR GPPC 005150 OR 005151 THE CLAIM WILL BYPASS 641(DCR00691) IF THE DOS IS AFTER 02/03/03 AND THE GPPC IS 005135, 005136, 005137, 005133 OR 005134 AND THERE IS A PAID CLAIM WITH DATES OF SERVICE IN THE PAST 90 DAYS HISTORY FOR GPPC 005135, 005136, 005137, 005133, OR 005134 THE CLAIM WILL BYPASS 641(DCR00691)
	IF THE DOS IS AFTER 02/03/03 AND THE GPPC IS 005149 AND THERE IS A PAID CLAIM WITH DATES OF SERVICE IN THE PAST 90 DAYS HISTORY FOR GPPC 005149 THE CLAIM WILL BYPASS 641(DCR00691) IF THE DOS IS AFTER 02/03/03 AND THE GPPC IS 005144 OR 005143 AND THERE IS A PAID CLAIM WITH DATES OF SERVICE IN THE PAST 90 DAYS HISTORY FOR GPPC

	005144 OR 005143 THE CLAIM WILL BYPASS 641(DCR00691)
	IF THE DOS IS AFTER 02/03/03 AND THE GPPC IS 005115, 005116, 005113 OR 005114 AND THERE IS A PAID CLAIM WITH DATES OF SERVICE IN THE PAST 90 DAYS HISTORY FOR GPPC 005115, 005116, 005113 OR 005114 THE CLAIM WILL BYPASS 641(DCR00691)
	IF THE DOS IS AFTER 02/03/03 AND THE GPPC IS 005142, 005140 OR 005141 AND THERE IS A PAID CLAIM WITH DATES OF SERVICE IN THE PAST 90 DAYS HISTORY FOR GPPC 005142, 005140 OR 005141 THE CLAIM WILL BYPASS 641(DCR00691) IF THE DOS IS AFTER 02/03/03 AND THE GPPC IS 028108, 028109, 022233 OR 019293 AND THERE IS A PAID CLAIM WITH DATES OF SERVICE IN THE PAST 90 DAYS HISTORY FOR GPPC 028108, 028109, 022233 OR 019293 THE CLAIM WILL BYPASS 641(DCR00691) IF THE DOS IS AFTER 02/03/03 AND THE GPPC IS 005098, 005099 OR 005100 AND THERE IS A PAID CLAIM WITH DATES OF SERVICE IN THE PAST 90 DAYS HISTORY FOR GPPC 005098, 005099 OR 005100 THE CLAIM WILL BYPASS 641(DCR00691)
	IF THE DOS IS AFTER 02/03/03 AND THE GPPC IS 021406, 021407, 021408 OR 021409 AND THERE IS A PAID CLAIM WITH DATES OF SERVICE IN THE PAST 90 DAYS HISTORY FOR GPPC 021406, 021407, 021408 OR 021409 THE CLAIM WILL BYPASS 641(DCR00691) IF THE DOS IS AFTER 02/03/03 AND THE GPPC IS 000343, 000344 OR 000345 AND THERE IS A PAID CLAIM WITH DATES OF SERVICE IN THE PAST 90 DAYS HISTORY FOR GPPC 000343, 000344 OR 000345 THE CLAIM WILL BYPASS 641(DCR00691)
	IF THE DOS IS AFTER 2/27/03 AND THE GPPC IS 000277, 000278 OR 000276 AND THERE IS A PAID CLAIM WITH DATES OF SERVICE IN THE PAST 90 DAYS FOR GPPC 000277, 000278 OR 000276 THE CLAIM WILL BYPASS 641(DCR00719) IF THE DOS IS AFTER 2/27/03 AND THE GPPC IS 000273 AND THERE IS A PAID CLAIM WITH DATES OF SERVICE IN THE PAST 90 DAYS FOR GPPC 000273 THE CLAIM WILL BYPASS 641(DCR00719) IF THE DOS IS AFTER 2/27/03 AND THE GPPC IS 000416 OR 000417 AND THERE IS A PAID CLAIM WITH DATES OF SERVICE IN THE PAST 90 DAYS FOR GPPC 000416 OR

	000417 THE CLAIM WILL BYPASS 641(DCR00719) IF THE DOS IS AFTER 2/27/03 AND THE GPPC IS 021139, 021140 OR 021141 AND THERE IS A PAID CLAIM WITH DATES OF SERVICE IN THE PAST 90 DAYS FOR GPPC 021139, 021140 OR 021141 THE CLAIM WILL BYPASS 641(DCR00719) IF THE DOS IS AFTER 2/27/03 AND THE GPPC IS 000415 AND THERE IS A PAID CLAIM WITH DATES OF SERVICE IN THE PAST 90 DAYS FOR GPPC 000415 THE CLAIM WILL BYPASS 641(DCR00719) IF THE DOS IS AFTER 2/27/03 AND THE GPPC IS 000354 OR 000355 AND THERE IS A PAID CLAIM WITH DATES OF SERVICE IN THE PAST 90 DAYS FOR GPPC 000354 OR 000355 THE CLAIM WILL BYPASS 641(DCR00719) IF THE DOS IS AFTER 2/27/03 AND THE GPPC IS 000353 AND THERE IS A PAID CLAIM WITH DATES OF SERVICE IN THE PAST 90 DAYS FOR GPPC 000353 THE CLAIM WILL BYPASS 641(DCR00719) IF THE DOS IS AFTER 2/27/03 AND THE GPPC IS 046998, 046999 OR 047000 AND THERE IS A PAID CLAIM WITH DATES OF SERVICE IN THE PAST 90 DAYS FOR GPPC 046998, 046999 OR 047000 THE CLAIM WILL BYPASS 641(DCR00719)
	IF DOS ARE ON OR AFTER 4/17/03 AND THE GPPC IS 024484, 017037, 027475, 045261, 031689, 033716 or 047763 THE CLAIM WILL BYPASS ESC 3000 IF THERE HAS BEEN 30 CUMULATIVE DAYS (BASED ON DAYS SUPPLY) IN THE PAST 365 DAYS OF ANY COMBINATION OF THE FOLLOWING GPPCS: 030476, 018698 OR 018697. DCR 00731 IF DOS ARE ON OR AFTER 8/12/03 AND THE GPPC IS 052159 THE CLAIM WILL BYPASS ESC 3000 IF THERE HAS BEEN 30 CUMULATIVE DAYS (BASED ON DAYS SUPPLY) IN THE PAST 365 DAYS OF ANY COMBINATION OF THE FOLLOWING GPPCS: 030476, 018698 OR 018697. DCR 00848 IF DOS ARE ON OR AFTER 4/17/03 AND THE GPPC IS 041285, 041286, 042637, 042638, 042636, 042635, 044758, 049795, 050832 OR 049798 THE CLAIM WILL BYPASS ESC 3000 IF THERE IS A PAID CLAIM WITHIN THE PAST 90 DAYS CLAIMS HISTORY OF ANY OF THE FOLLOWING GPPCS: 006763, 006762, 025750, 006685, 006783, 006784, 006785, 006787, 006786, 006788, 006789, 006790, 006780, 006781, 006705, 006703, 006704, 006693, 045311, 006737, 006738, 006742, 006739, 006740, 040118, 006719, 038375,

	006748, 006750, 006753, 006749, 006751, 006754 ,006746, 006745, 006805, 014198, 006561, 006560, 018080, 019486, 006562, 030475, 006563, 006559, 040869, 048899, 051599, 040650, 008388, 008381, 008387, 011682, 011964, 023881, 011684, 023882, 023881, 023883, 009580, 040549, 040550, 045266, 008798, 002541, 002542, or 009403. (DCR00732) IF DOS ARE ON OR AFTER 4/17/03 AND THE GPPC IS 041285, 041286, 042637, 042638, 042636, 042635, 044758, 049795, 050832 OR 049798 THE CLAIM WILL BYPASS ESC 3000 IF THE MEMBER IS AGE 60 YEARS OR OLDER. DCR00736
	IF THE DOS IS AFTER 6/13/03 AND THE GPPC IS 000312, 000313, 000326 OR 000327 AND THERE IS A PAID CLAIM WITH DATES OF SERVICE IN THE PAST 90 DAYS FOR GPPC 000312, 000313, 000326 OR 000327 THE CLAIM WILL BYPASS 641(DCR00777) IF THE DOS IS AFTER 6/13/03 AND THE GPPC IS 048399, 048400, 048401, 029209 OR 029208 AND THERE IS A PAID CLAIM WITH DATES OF SERVICE IN THE PAST 90 DAYS FOR GPPC 048399, 048400,048401, 029209 OR 029208 THE CLAIM WILL BYPASS 641(DCR00798) IF THE DOS IS AFTER 6/13/03 AND THE GPPC IS 024097, 013497, 017195 OR 017196 AND THERE IS A PAID CLAIM WITH DATES OF SERVICE IN THE PAST 90 DAYS FOR 024097, 013497, 017195 OR 017196 THE CLAIM WILL BYPASS 641(DCR00810)

	IF THE DOS IS ON OR AFTER 08/12/03 AND THE GPPC IS 051214 THE CLAIM WILL BYPASS ESC 3000 IF THERE IS A PAID CLAIM WITHIN THE PAST 365 DAYS CLAIMS HISTORY WITH ANY OF THE FOLLOWING GPPCS: 016310, 006460, 006461, 050557, 050558, 016576, 016577, 016578, 016579, 040238, 016366, 016367, 020741, 049758, 021694, 021695, 046757, 029967, 029968, 029969, 045772, 049600, 049598, OR 049599. (DCR 00847) IF THE DOS IS ON OR AFTER 09/02/03 AND THE GPPC IS 016223 OR 016224 THE CLAIM WILL BYPASS ESC 3000 IF THE MEMBER IS AGE 10 YEARS OR YOUNGER. (DCR 00851) IF THE DOS IS ON OR AFTER 8/12/03 AND THE GPPC IS 043557, 027962, 038451, 044803, 037003, 051512 OR 029803 THE CLAIM WILL BYPASS ESC 3000 IF THERE IS A PAID CLAIM WITHIN THE PAST 180 DAYS CLAIMS HISTORY WITH ANY OF THE FOLLOWING GPPCS: 046698, 046699, 046525, 046526, 022232, 000213, 017184 021253, 021251, 021483, 019319, 019317, 019318, 000212, 005025, 005026, 005033, 005034, 005035, 027388, 016394, 005040, 011688, 011686, 025061, 044694, 019343, 021700, 000175, 029123, 048018, 000122, 000121, 000123, 000132, 000133, 000130, 043366, 043367, 043368, 041848, 048849, 049871, 021604, 031417, 005037, 005038, 005039, 011773, 022213, 028090, 048698, 048699, 016033, 022230, 025621, 000059, 000061, 000062, 000063, 000064, 000065, 000066, 000068, 000069, 000072, 000076, 000077, 000078, 000084, 000087, 000088, 000090, 000091, 000093, 000095, 011810, 020990, 021608, 021609, 021610, 024535, 017941, OR 027036. (DCR 00853) DCR 00911 ADDED GPPC 041849 DCR 00968 ADDED GPPC'S 005032, 051197, 051198, 044965, 004963, 004964, 004967, 004968 AND 004958.
	IF THE DOS IS ON OR AFTER 12/10/03 AND THE GPPC IS 048814, 048815, 045877, 051151, 051601, 045878 OR 053612 THE CLAIM WILL BYPASS ESC 3000 IF THERE HAS NOT BEEN 112 CUMULATIVE DAYS (BASED ON DAYS SUPPLY) OF ANY COMBINATION OF THESE GPPC'S WITHIN THE PAST 180 DAYS CLAIMS HISTORY.(DCR00900) (DCR 01043 added 053612)
	IF THE DOS IS ON OR AFTER 12/10/03 AND THE GPPC IS 048664 OR 051637 THE CLAIM WILL BYPASS ESC 3000 IF THERE HAS NOT BEEN 112 CUMULATIVE DAYS (BASED ON DAYS SUPPLY) OF ANY COMBINATION OF THESE GPPC'S WITHIN THE PAST 180 DAYS CLAIMS

	HISTORY.(DCR00900) (DCR 01043 added 053429)
	IF THE DOS IS ON OR AFTER 12/29/03 AND THE GPPC IS 053056, 053057, 053058, 053059, 053060 OR 053061, THE CLAIM WILL BYPASS ESC 3000 OF THE MEMBER IS AGE 18 YEARS OR YOUNGER. DCR 00963
	CLAIM TYPES OTHER THAN P/Q AND M (PT 31/35) FAILS IF A PROCEDURE CODE REQUIRES PRIOR AUTHORIZATION (**EXPLAINED BELOW) AND NO MATCHING APPROVED PA IS ON THE PA FILE. THE FOLLOWING DATA ON THE CLAIM MUST MATCH THE DATA ON THE CORRESPONDING PA FILE RECORD: • SAME PA # • SAME MEMBER MEMBER ID # • SAME PROVIDER # (**NOTE: for provider type 64/65, the billing provider # or clinic provider # is considered for the match) DCR01124** • SAME PROCEDURE/REVENUE • CLAIM FROM DATE OF SERVICE EQUAL TO OR WITHIN PA SEGMENT DATES (FOR EPSDT CLAIMS, BOTH FROM AND TO DATES MUST BE WITHIN THE PA DATE RANGE) THE PA SEGMENT MUST HAVE A PA STATUS OF “A”. NOTE: FOR LOCAL PROCEDURE CODES END-DATED AS A RESULT OF HIPPA, A ‘BACKWARD CROSSWALK’ OF THE REPLACEMENT CODE TO OLD LOCAL CODE IS USED TO DETERMINE IF THE PROCEDURE CODE ON THE CLAIM MATCHES THE PROCEDURE CODE ON THE PA. SEE ATTACHMENT ‘A’ FOR THIS CROSSWALK. FOR PROVIDER TYPE 60/61, 31 & 35, IF PROCEDURE CODE D4341, D8210 OR D8220 AND THE JULIAN DATE OF THE PA NUMBER ON THE CLAIM IS EQUAL TO OR GREATER THAN 6/1/05 THE TOOTH NUMBER ON THE CLAIM(ALPHA VALUE) MUST MATCH TO THE 1ST MODIFIER ON THE PA RECORD(NUMERIC VALUE). THE COMPARE OF CLAIM TOOTH NUMBER TO 1ST MODIFIER ON MATCHING PA INCLUDES THE FOLLOWING CONVERSION OF ALPHA VALUE TO NUMERIC.DCR 01309

	01 – UA 02 – LA 10 – UR 20 – UL 30 – LL 40 – LR FOR PROVIDER TYPES 60/61, 31 AND 35, PROCEDURE CODE D0330, ESC 3000 IS BYPASSED IF THE MEMBER IS AGE 5 AND UNDER. DCR 01309
	FOR PROVIDER TYPE 64/65, PROCEDURE CODES WITH AN ACTION REASON CODE 'R' ON THE PDD FILE, REQUIRE PRIOR AUTHORIZATION. NOTE: THERE WILL NOT BE A 'Y' PA INDICATOR ON THE PDD FILE FOR THESE PROCEDURE CODES. (DCR 00951) FOR PROVIDER TYPE 34, ESC 3000 WILL ONLY BE SET IF THE LINE ITEM FIRST DATE OF SERVICE IS GREATER THAN OR EQUAL TO 01/01/2004. DCR 00967 FOR PROVIDER TYPE 23, PROCEDURE CODES 90804, 90853, H2021, H2019 AND T1023, ESC 3000 IS APPLIED. FOR PROVIDER TYPE 23, THE TWO 2-BYTE MODIFIERS WILL BE A PART OF THE MATCH CRITERIA. FOR PROVIDER TYPE 45, MODIFIERS ONE AND TWO WILL BE A PART OF THE MATCH CRITERIA IF PRESENT ON THE PA. FOR PROVIDER TYPE 60/61, IF THE DATES IF SERVICE ARE AFTER 10/15/03 AND THE PROCEDURE CODE IS D0330 AND THE MEMBER AGE IS UNDER (6) SIX, THE ESC IS APPLIED. FOR PROVIDER TYPE 90, MODIFIER IS ALSO PART OF THE MATCH CRITERIA. FOR PROVIDER TYPE 90, THE PROCEDURE CODES LISTED ON ATTACHMENT 'B', REQUIRE PRIOR AUTHORIZATON IF THE CLAIM DATE OF SERVICE IS ON OR AFTER 1/8/2003.
	PLEASE NOTE THAT THE PDD FILE DOES NOT REFLECT THESE PROCEDURE CODES REQUIRE PA, THEY ARE FORCED THRU THE ESC.(DCR 00690)

	FOR PROVIDER TYPE 23 AND PT 29, THE FIRST NINE DIGITS OF THE TAX ID# (LOCATED IN PATIENT ACCOUNT NUMBER FIELD) AND 5 - BYTE MODIFIER ARE A PART OF THE MATCH CRITERIA
	**PROCEDURE CODES WHICH HAVE A PA INDICATOR OF "Y" ON THE PDD FILE REQUIRE PRIOR AUTHORIZATION. FOR PROVIDER TYPES 17, 29, 33, 42, 43, 45, 46, 47, AND 85, ALL PROCEDURES, WITH THE EXCEPTION OF THOSE LISTED AS EXCLUSIONS, REQUIRE PRIOR AUTHORIZATION. FOR PROVIDER TYPE 90 PROCEDURES WITH A PA INDICTOR OF "Y" AND ALL RENTALS (MODIFIER OF "RR") REQUIRE PRIOR AUTHORIZATON. FOR PROVIDER TYPE 34 REVENUE CODES 270, 279, 420, 430, 440, 550, 560 AND 570 REQUIRE PRIOR AUTHORIZATION IF DOS GREATER THAN 2/1/2002.
	PLEASE NOTE-FOR PROVIDER TYPES 33, 34, 42, 43, 46 AND 47, IF THE PRIOR AUTHORIZATION NUMBER IS NOT ENTERED BY THE PROVIDER, IT IS SYSTEMATICALLY ENTERED IF A MATCHING PA RECORD IS FOUND. EXCLUSIONS FOR CLAIM TYPES OTHER THAN D AND Q FOR PROVIDER TYPES 33, 42, AND 43, ESC 3000 IS NOT APPLIED TO DETAILS WITH DOS PRIOR TO 9/1/96. FOR PROVIDER TYPE 42 ESC 3000 IS NOT APPLIED TO DETAILS WITH REVENUE CODES 551 AND 552. DETAILS WITH PROCEDURE CODE X0099/E1399 ARE EXCLUDED FROM ESC 3000. FOR PROVIDER TYPE 33, X0099 AND E1399 DO NOT FAIL ESC 3000 THEY ARE MONITORED BY ESC 355- MANUAL PRICING. FOR PROVIDER TYPES 42 AND 43, ESC 3000 REFERENCES A CHANGE OF OWNERSHIP' PROVIDER CROSS-REFERENCE TABLE. IF A MATCHING PA IS NOT FOUND FOR THE BILLING PROVIDER, ESC 3000 USES EACH OF THE OTHER PROVIDER NUMBERS IN THE TABLE TO SEARCH FOR A MATCHING PA. IF NO MATCHING PA IS FOUND FOR THE OTHER NUMBERS IN THE TABLE, ESC 3000 IS SET.
	DME (PROV TYPE 90) DETAILS WITH A PROCEDURE CODE OF E1340 AND E1350, A BILLED AMOUNT OF $300.00 OR LESS, AND DATES OF SERVICE PRIOR TO 1/8/2003 ARE EXCLUDED FROM ESC 3000. DME (PROV TYPE 90) DETAILS WITH A PROCEDURE CODE OF E1340 and E1350, A BILLED AMOUNT OF $150.00 OR LESS, AND DATES OF SERVICE AFTER

	1/7/2003 ARE EXCLUDED FROM ESC 3000.(DCR00679) DME (PROV TYPE 90) DETAILS WITH PROCEDURE CODE E1399, BILLED CHARGES DIVIDED BY UNITS IS $300.00 OR LESS PER UNIT, AND DATES OF SERVICE PRIOR TO 1/8/2003 ARE EXCLUDED FROM ESC 3000(DCR00679)
	FOR DATES OF SERVICE ON OR AFTER 07/01/01, PROVIDER TYPES- 64/65, 31, 35, 22, 78, 52, 77, THE FOLLOWING VISION CODES DO NOT REQUIRE PRIOR AUTHORIZATION:
	92341 V2100-V2118 V2199
	92352 V2200-V2220 V2410
	92353 V2430 V2499
	W0094 W0093 W0092 V2121 V2221
	FOR DATES OF SERVICE 01/01/2011 AND AFTER PT 78 MUST SUBMIT PA FOR PROCEDURE CODES REQUIRING PRIOR AUTHORIZATION AS NOTED ON THE PHYSICIAN FEE SCHEDULE PER CO 15899.
EOB CODES:	3001 – PRIOR AUTHORIZATION DOES NOT MATCH FOR THIS CLAIM DETAIL.
METHOD OF CORRECTION:	VERIFY THE MEMBER ID, PA NUMBER, PROCEDURE/REVENUE CODE OR NDC, AND DATES OF SERVICE WERE KEYED CORRECTLY. IF NOT, DATA CORRECT EACH FIELD IN ERROR.
	FOR DME CLAIMS (PT 90), ALSO VERIFY THE 2-DIGIT MODIFIER WAS KEYED CORRECTLY. IF NOT, CORRECT.
	FOR IMPACT PLUS CLAIMS (PT 29), ALSO VERIFY THE 5-DIGIT MODIFIER AND THE PATIENT ACCOUNT NUMBER WERE KEYED CORRECTLY. IF NOT, CORRECT.
	IF THE APPROPRIATE PRIOR AUTHORIZATION FORM IS ATTACHED VERIFYING THE PROCEDURE/NDC HAS BEEN APPROVED AND ALL DATA ON THE CLAIM MATCHES THE INFORMATION ON THE FORM, ROUTE TO THE PRIOR AUTHORIZATION TEAM. LOCATION 19.
	IF ALL DATA IS KEYED CORRECTLY AND ITEM #4 DOES NOT APPLY, DENY THE DETAIL/CLAIM.
PRIOR AUTHORIZATION	WHEN A DETAIL/CLAIM FAILS ESC 3000, BUT THE ATTACHED PRIOR AUTHORIZATION FORM VERIFIES THE PROCEDURE/NDC HAS BEEN AUTHORIZED AND THE DATA ON THE FORM MATCHES THE DATA ON THE CLAIM, ADD THE INFORMATION FROM THE PRIOR

	AUTHORIZATION FORM TO THE PRIOR AUTHORIZATION FILE.

ATTACHMENT 'A'

PT	LOCAL CODE	NEW CODE
15	XH100	T1023
15	99347	S9444
15	99348	S9445
17	XL307	97535
17	X0063	T1005
17	X0076	T2022
17	X0079	H0039
17	X0080	H0004
17	X0082	97530
17	X0083	92507
17	X0095	S5165
17	X0096	S5135
17	X0097	H2017
17	X0098	97537
17	X0099	E1399
17	X0100	H0043
17	X0101	T2016
22	A5701	A4391
22	E1036	E1035
22	L2400	L2102
22	V5000	92557

PT	LOCAL CODE	NEW CODE
22	V5016	V5299
22	W0030	V5011
22	W0073	V5264
22	W0074	V5266
22	W0075	V5299
22	W0080	V5267
22	W0090	V5014
22	W0091	V2799
22	W0093	92499
22	W0094	92499
22	WP101	99381 - 99385
22	WP102	99391 - 99395
22	WP103	99391-99395
22	X0064	T2022
22	XH100	T1023
22	XZ001	B4150
22	XZ002	B4150
22	XZ004	B4150
22	XZ006	B4152
22	XZ007	B4156
22	XZ010	B4150
22	XZ011	B4150

PT	LOCAL CODE	NEW CODE
22	XZ012	B4154
22	XZ013	B4150
22	XZ016	B4152
22	XZ017	B4150
22	XZ021	B4150
22	XZ024	B4150
22	XZ027	B4154
22	XZ028	B4150
22	XZ030	B4150
22	XZ031	B4150
22	XZ033	B4151
22	XZ034	B4151
22	XZ035	B4151
22	XZ036	B4153
22	XZ037	B4155
22	XZ038	B4150
22	XZ039	B4150
22	XZ040	B4155
22	XZ042	B4155
22	XZ043	B4150
22	XZ046	B4150
22	XZ047	B4154

PT	LOCAL CODE	NEW CODE
22	XZ048	B4154
22	XZ049	B4150
22	XZ051	B4150
22	XZ055	B4150
22	XZ057	B4156
22	XZ058	B4155
22	XZ299	E1399
22	XZ691	E0441
22	XZ697	E0441
22	XZ698	E0441
22	XZ699	E0442
22	XZ701	A9900
22	XZ702	E1031
22	XZ703	E1399
22	XZ859	E0600
22	XZ860	E0950
22	XZ861	E1100
22	XZ872	E0145
22	XZ874	E0700
22	XZ877	A4375-A4383 AND A4387-A4393
22	XZ878	B4086

PT	LOCAL CODE	NEW CODE
22	XZ879	E1399
22	XZ880	A5119
22	XZ881	A4370
22	XZ885	A5102
22	XZ886	A4367
22	XZ887	A4399
22	XZ888	A4399
22	XZ889	E1340
22	Y0226	11719
22	Y1154	28270
23	X0050	90804
23	X0051	90853
23	X0058	90887
23	X0060	H2021
23	X0064	T2023
23	X0073	H2012
23	X0086	H2019
23	X0088	H0043
23	XH100	T1023
24	X0011	96110
24	X0012	96111
24	X0014	G9001

PT	LOCAL CODE	NEW CODE
24	X0015	G9007
24	X0050	97139
24	X0051	97150
24	X0058	90887
24	X0060	97110
24	X0064	T1016
24	X0076	T2022
24	X0099	E1399
25	X0064	T2022
27	X0064	T2022
29	X0050	90804
29	X0051	90853
29	X0058	90887
29	X0060	H2021
29	X0064	T2023
29	X0072	90816
29	X0073	H2012
29	X0080	90899
29	X0081	S9458
29	X0086	H2019
29	X0089	S5145
29	XH100	T1023

PT	LOCAL CODE	NEW CODE
31	V5000	92557
31	W0030	V5011
31	W0073	V5264
31	W0074	V5266
31	W0075	V5299
31	W0080	V5267
31	W0090	V5014
31	W0091	V2799
31	W0093	92499
31	W0094	92499
31	WP101	99381-99385
31	WP102	99391-99395
31	X0024	99429
31	X0025	99429
31	X0029	99429
31	X1100	99201-99205
31	X1110	99201-99205
31	X1120	99201-99205
31	X1130	99201-99205
31	X1140	99201-99205
31	X1170	99201-99205
31	X1180	99201-99205

PT	LOCAL CODE	NEW CODE
31	X1190	99201-99205
31	X1200	99211-99215
31	X1210	99211-99215
31	X1220	99211-99215
31	X1230	99211-99215
31	X1240	99211-99215
31	X1280	99211-99215
31	X1290	99211-99215
31	X1300	99211-99215
31	X1310	99211-99215
31	X1320	99211-99215
31	X1330	99211-99215
31	X1340	99211-99215
31	X1360	99211-99215
31	X1370	99211-99215
31	X1380	99211-99215
31	X1400	99199
31	X1410	99199
31	X1420	99199
31	X1430	99199
31	X1440	99199
31	X1470	99199

PT	LOCAL CODE	NEW CODE
31	X1480	99199
31	X1490	99199
31	X1495	99199
31	X1499	99199
31	X1500	S0612
31	X1510	S0612
31	X1520	S0612
31	X1530	S0612
31	X1540	S0612
31	X1560	S0612
31	X1570	S0612
31	X1580	S0612
31	X1590	S0612
31	X4495	99199
31	X4499	99199
31	Y0226	11719
31	Y1154	28270
32	X0024	99429
32	X0025	99429
32	X0029	99429
32	X1100	99202
32	X1110	99202

PT	LOCAL CODE	NEW CODE
32	X1120	99202
32	X1130	99202
32	X1140	99202
32	X1170	99202
32	X1180	99202
32	X1190	99202
32	X1200	99212
32	X1210	99212
32	X1220	99212
32	X1230	99212
32	X1240	99212
32	X1280	99212
32	X1290	99212
32	X1300	99212
32	X1310	99212
32	X1320	99212
32	X1330	99212
32	X1340	99212
32	X1360	99212
32	X1370	99212
32	X1380	99212
32	X1400	99199

PT	LOCAL CODE	NEW CODE
32	X1410	99199
32	X1420	99199
32	X1430	99199
32	X1440	99199
32	X1470	99199
32	X1480	99199
32	X1490	99199
32	X1495	99199
32	X1499	99199
32	X1500	S0612
32	X1510	S0612
32	X1520	S0612
32	X1530	S0612
32	X1540	S0612
32	X1560	S0612
32	X1570	S0612
32	X1580	S0612
32	X1590	S0612
32	X4110	99201
32	X4120	99201
32	X4130	99201
32	X4140	99201

PT	LOCAL CODE	NEW CODE
32	X4150	99201
32	X4170	99201
32	X4180	99201
32	X4200	99211
32	X4210	99211
32	X4220	99211
32	X4230	99211
32	X4240	99211
32	X4270	99211
32	X4290	99211
32	X4300	99211
32	X4310	99211
32	X4320	99211
32	X4330	99211
32	X4340	99211
32	X4370	99211
32	X4390	99211
32	X4495	99199
32	X4499	99199
32	X4500	S0610
32	X4510	S0610
32	X4530	S0612

PT	LOCAL CODE	NEW CODE
32	X4540	S0612
32	X4570	S0612
32	X4590	S0612
33	X0061	T2016
33	X0063	T1005
33	X0076	T2022
33	X0078	H0038
33	X0079	H0039
33	X0080	H0004
33	X0081	90804
33	X0082	97530
33	X0083	92507
33	X0084	97110
33	X0088	S5126
33	X0089	H0043
33	X0090	97537
33	X0091	97535
33	X0099	E1399
33	X0103	S5140
35	V5000	92557
35	W0030	V5011
35	W0073	V5264

PT	LOCAL CODE	NEW CODE
35	W0074	V5266
35	W0075	V5299
35	W0080	V5267
35	W0090	V5014
35	W0091	V2799
35	W0093	92499
35	W0094	92499
35	WP101	99381-99385
35	WP102	99391-99395
35	X0024	99429
35	X0025	99429
35	X0029	99429
35	X1100	99201-99205
35	X1110	99201-99205
35	X1120	99201-99205
35	X1130	99201-99205
35	X1140	99201-99205
35	X1170	99201-99205
35	X1180	99201-99205
35	X1190	99201-99205
35	X1200	99211-99215
35	X1210	99211-99215

PT	LOCAL CODE	NEW CODE
35	X1220	99211-99215
35	X1230	99211-99215
35	X1240	99211-99215
35	X1280	99211-99215
35	X1290	99211-99215
35	X1300	99211-99215
35	X1310	99211-99215
35	X1320	99211-99215
35	X1330	99211-99215
35	X1340	99211-99215
35	X1360	99211-99215
35	X1370	99211-99215
35	X1380	99211-99215
35	X1400	99199
35	X1410	99199
35	X1420	99199
35	X1430	99199
35	X1440	99199
35	X1470	99199
35	X1480	99199
35	X1490	99199
35	X1495	99199

PT	LOCAL CODE	NEW CODE
35	X1499	99199
35	X1500	S0612
35	X1510	S0612
35	X1520	S0612
35	X1530	S0612
35	X1540	S0612
35	X1560	S0612
35	X1570	S0612
35	X1580	S0612
35	X1590	S0612
35	X4495	99199
35	X4499	99199
35	Y0226	11719
35	Y1154	28270
43	XR000	S5101
43	XR400	97001
43	XR403	97002
43	XR410	97110
43	XR500	97003-97004
43	XR600	92506
43	XR660	T1005
45	92507	S9128

PT	LOCAL CODE	NEW CODE
45	97530	S9131
45	99301	T1026
45	99302	T1026
45	99303	T1026
45	E1036	E1035
45	E1354	A4617
45	H5050	H0017&H0018
45	H5170	H0015
45	H5300	S9129
45	J7000	95144
45	J7020	95115
45	J7340	95165
45	M0019	S9124
45	M0049	S9123
45	V5016	V5299
45	W0073	V5264
45	W0074	V5266
45	WP511	S9140
45	X0050	90804
45	XA122	T1030
45	XG702	S9122
45	XH100	T1023

PT	LOCAL CODE	NEW CODE
45	XZ001	B4150
45	XZ002	B4150
45	XZ004	B4150
45	XZ006	B4152
45	XZ007	B4153
45	XZ010	B4150
45	XZ011	B4150
45	XZ012	B4154
45	XZ013	B4150
45	XZ016	B4150
45	XZ017	B4150
45	XZ021	B4154
45	XZ024	B4150
45	XZ027	B4154
45	XZ028	B4150
45	XZ030	B4150
45	XZ031	B4150
45	XZ033	B4154
45	XZ034	B4151
45	XZ035	B4151
45	XZ036	B4153
45	XZ037	B4155

PT	LOCAL CODE	NEW CODE
45	XZ038	B4150
45	XZ039	B4150
45	XZ040	B4155
45	XZ042	B4150
45	XZ043	B4150
45	XZ046	B4150
45	XZ047	B4154
45	XZ048	B4154
45	XZ049	B4150
45	XZ051	B4150
45	XZ055	B4150
45	XZ057	B4156
45	XZ058	B4155
45	XZ060	B4150
45	XZ061	B4150
45	XZ066	B4150
45	XZ067	B4152
45	XZ702	E1031
45	XZ703	E1399
45	XZ860	E0950
45	XZ993	E1340
45	ZR124	H0017

PT	LOCAL CODE	NEW CODE
45	ZR128	H0017
45	ZR158	H0017
50	W0073	V5264
50	W0074	V5266
50	W0075	V5299
50	W0080	V5267
50	W0090	V5014
52/77	W0091	V2799
52/77	W0093	92499
52/77	W0094	92499
55	A0342	A0429
55	A0348	A0427
55	A0380	A0425
55	A0382	A0382
55	A0390	A0425
55	A0398	A0398
55	A0420	A0425
55	A0422	A0422
55	A0426	A0427
55	A0427	A0427
55	A0429	A0429
55	A0429/MA	A0429

PT	LOCAL CODE	NEW CODE
55	A0430	A0430
55	A0431	A0431
55	A0433	A0427
55	A0434	A0427
55	A0435	A0435
55	A0436	A0436
64/65	W0093	92499
64/65	W0094	92499
64/65	WP101	99381-99385
64/65	WP102	99391-99395
64/65	WP115	99391-99395
64/65	Y1154	28270
70	V5000	92557
70	W0030	V5011

ATTACHMENT 'B'

A6023	K0085	L0190	L0340	L0410	L0540	L0710	L0930	L1210
E0149	K0088	L0200	L0350	L0420	L0550	L0810	L0950	L1220
E1800	K0089	L0310	L0360	L0430	L0560	E1380	L0974	L1230
E1805	L0130	L0315	L0370	L0440	L0565	L0830	L0976	L1300
E1810	E1815	L0170	L0317	L0380	L0510	L0610	L1000	L1310
E1815	L0174	L0320	L0390	L0520	L0620	L0910	L1110	L1499
E1825	L0180	L0330	L0400	L0530	L0700	L0920	L1200	L1500
L1640	L1650	L1680	L1685	L1686	L1690	L1700	L1710	L1720
L1730	L1755	L1832	L1834	L1840	L1843	L1844	L1845	L1846
L1847	L1850	L1855	L1858	L1870	L1880	L1885		
L1900	L2500	L4010	L5620	L5699	L5970	L6588	L6807	L1510
L1904	L2510	L4020	L5622	L5700	L5972	L6590	L6808	L1520
L1910	L2520	L4030	L5624	L5701	L5974	L5722	L6809	L7260
L1920	L2525	L4040	L5626	L5702	L5975	L6825	L7266	L7261
L1930	L2526	L4045	L5628	L5704	L5976	L6620	L6830	L7272
L1940	L2530	L4050	L5629	L5705	L5978	L6623	L6835	L7274
L1945	L2540	L4055	L5630	L5706	L5979	L6625	L6840	L7360
L1950	L2550	L4060	L5631	L5707	L5980	L6628	L6845	L7362
L1960	L2570	L4070	L5632	L5710	L5981	L6630	L6850	L7364
L1970	L2580	L4130	L5634	L5711	L5982	L6637	L6855	L7366
L1980	L2610	L4360	L5636	L5712	L5984	L6640	L6860	L7499
L1990	L2620	L5000	L5637	L5714	L5985	L6642	L6865	L8020
L2000	L2622	L5010	L5638	L5716	L5986	L6645	L6867	L8030
L2010	L2624	L5020	L5639	L5718	L5987	L6650	L6868	L8035
L2020	L2627	L5050	L5640	L5724	L5988	L6672	L6870	L8040
L2030	L2628	L5060	L5642	L5726	L5999	L6680	L6872	L8041
L2036	L2630	L5100	L5643	L5728	L6000	L6682	L6873	L8042
L2037	L2640	L5105	L5644	L5780	L6010	L6684	L6875	L8043

L2038	L3720	L5150	L5645	L5785	L6020	L6686	L6880	L8044
L2050	L3730	L5160	L5646	L5790	L6050	L6687	L6900	L8046
L2060	L3740	L5200	L5647	L5795	L6055	L6688	L6905	L8047
L2080	L3760	L5210	L5648	L5810	L6100	L6689	L6910	L1510
L2090	L3805	L5220	L5649	L5811	L6110	L6690	L6915	L8500
L2102	L3807	L5230	L5650	L5812	L6120	L6691	L6920	L8600
L2104	L3900	L5250	L5651	L5814	L6130	L6692	L6925	L8610
L2106	L3901	L5270	L5652	L5816	L6200	L6693	L6930	L8612
L2108	L3902	L5280	L5653	L5818	L6205	L6700	L6935	L8613
L2112	L3904	L5505	L5654	L5822	L6250	L6705	L6940	L8614
L2114	L3906	L5510	L5655	L5824	L6300	L6710	L6945	L8619
L2116	L3907	L5520	L5656	L5826	L6310	L6715	L6950	L8630
L2122	L3910	L5530	L5658	L5828	L6320	L6720	L6955	L8641
L2124	L3960	L5535	L5660	L5830	L6350	L6725	L6960	L8642
L2126	L3962	L5540	L5661	L5840	L6360	L6730	L6965	L8670
L2128	L3963	L5560	L5662	L5845	L6370	L6735	L6970	
L2132	L3964	L5570	L5663	L5846	L6380	L6740	L6975	L9900
L2134	L3965	L5580	L5664	L5855	L6382	L6745	L7010	
L2136	L3966	L5585	L5665	L5910	L6384	L6750	L7015	
L2188	L3968	L5590	L5920	L6386	L6755	L7020		
L2192	L3969	L5595	L5925	L6388	L6765	L7025		
L2250	L3970	L5600	L5670	L5930	L6400	L6770	L7030	
L2280	3972	L5610	L5672	L5940	L6450	L6775	L7035	
L2300	L3980	L5611	L5950	L6550	L6780	L7040		
L2330	L3982	L5613	L5960	L6570	L6790	L7045		
L2335	L3984	L5614	L5676	L5962	L6580	L6795	L7170	
L2340	L3985	L5616	L5677	L5964	L6582	L6800	L7185	
L2350	L3986	L5680	L5966	L6584	L6805	L7186		
L2370	L4000	L5618	L5682	L5968	L6586	L6806	L7190	

3.294.7 3001 (FORMER LEGACY EDIT 828)

DMS Approved: 01/08/02

ERROR STATUS CODE:	3001 (FORMER LEGACY EDIT 828)	**CLAIM TYPE:**	O
HEADER/DETAIL:	DETAIL	**PROVIDER TYPE:**	46, 47
OVERRIDEABLE:	YES	**TYPE OF DOCUMENT:**	PAPER, NON-PAPER, ADJUSTMENTS
DATA CORRECTABLE	YES	**CLAIM FIELD LABEL:**	REVENUE CODE, PA#

ESC NAME:	PRIOR AUTHORIZATION NOT FOUND ON DATABASE	
ESC CRITERIA: **LEGACY CRITERIA:**	IF A SERVICE REQUIRES PRIOR AUTHORIZATION AS INDICATED ON THE COVERED BENEFIT TABLE, AND PRIOR AUTHORIZATION IS NOT FOUND FOR THE MEMBER AND DATE OF SERVICE, POST THE ESC. FAILS THE FOLLOWING REVENUE CODES IF BILLED BY PROVIDERS WITH SPECIALTIES **OTHER THAN** THOSE LISTED BELOW. EXCLUSIONS:	
	PROV TYPE 46	
	REV CODE	ALLOWABLE SPECIALTY
	290	91
	581	92, 94
	582	92, 94
	590	91
	PROV TYPE 47	
	REV CODE	ALLOWABLE SPECIALTY
	581	93, 94
	590	91
	942	92, 94
EOB CODES:	3001 – PRIOR AUTHORIZATION DOES NOT MATCH FOR THIS CLAIM DETAIL.	
METHOD OF CORRECTION:	1. VERIFY THE REVENUE CODE IS ENTERED CORRECTLY. IF NOT, CORRECT.	
	2. IF ENTERED CORRECTLY, DENY THE DETAIL WITH EOB 3001.	

3.295 3003

3.295.1 3003 (FORMER LEGACY EDIT 327)

DMS Approved 11/14/2003

ERROR STATUS CODE:	3003 (FORMER LEGACY EDIT 327)	**CLAIM TYPE:**	D, H, M, O
HEADER/DETAIL:	DETAIL	**PROVIDER TYPE:**	34, 41, 42 46, 47, 60, 61, CT M (ALL EXCEPT 15, 20, 21, 24, 27, 28, 390, 36, 40, 55, 56, 57, 80)
OVERRIDEABLE:	YES	**TYPE OF DOCUMENT:**	PAPER, NON-PAPER, ADJUSTMENTS
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	PROC, PA #, MEMBER ID
ESC NAME:	PROCEDURE CODE REQUIRES PA		
ESC CRITERIA:	IF A SERVICE REQUIRES PRIOR AUTHORIZATION AS INDICATED ON THE COVERED BENEFIT TABLE, AND PRIOR AUTHORIZATION IS NOT FOUND, POST THE ESC.		
LEGACY CRITERIA:	SET WHEN PA INDICATOR ON DRUG FILE OR PROCEDURE FILE IS “Y” OR “B” AND A 10-DIGIT, ALL-NUMERIC PA NUMBER IS NOT LISTED ON THE CLAIM. FOR COS 24, 40, THE EDIT IS SET WHEN PA INDICATOR ON PROCEDURE FILE IS “Y” OR AN “RR” MODIFIER (RENTAL) IS USED AND A 10-DIGIT, ALL-NUMERIC PA NUMBER IS NOT LISTED ON THE CLAIM FOR COS 05, 07, 16, 32, AND 35 THE EDIT IS SET IF A 10-DIGIT, ALL-NUMERIC PA NUMBER IS NOT LISTED ON THE CLAIM (THE “Y” PA INDICATOR IS NOT CONSIDERED). FOR PROVIDER TYPE 23 THE FOLLOWING PROCEDURE CODES REQUIRE PRIOR AUTHORIZATION: 90804, 90853, 90887, H2021, H2019, T1023. FOR PT 60/61 PROCEDURE CODE D0330 REQUIRES PRIOR AUTHORIZATION IF THE DOS IS AFTER 10/15/03 AND THE MEMBER IS UNDER AGE (6) SIX. FOR PROVIDER TYPE 23. THE FOLLOWING CODES REQUIRE PRIOR AUTHORIZATION: X0050, X0051, X0058, X0060, X0086, XH100 PER DCR00604 FOR PROVIDER TYPE 90, THE ESC IS SET IF A 10-DIGIT, ALL NUMERIC PA NUMBER IS NOT LISTED ON THE CLAIM, THE CLAIM DATE OF SERVICE IS ON OR AFTER 1/8/2003 AND THE PROCEDURE CODE IS ONE LISTED IN ATTACHMENT “A” (THE “Y” PA INDICATOR IS NOT CONSIDERED)(DCR00690). NOTE: AS OF DEC 4, 2001 THIS ESC IS NO LONGER		

	APPLIED TO CLAIM TYPE M (PT 31 and 35 only). PROVIDER TYPE 30 IS EXCLUDED FROM THIS ESC. EXCLUSIONS: FOR CLAIM TYPE M , P/T 33 AND 43 PROCEDURE CODE T1028 DOES NOT REQUIRE PRIOR AUTHORIZATION AND WILL BYPASS ESC 3003 PER CO 1246. CLAIM TYPE “M”/COS 24, IF THE DETAIL HAS PROCEDURE CODE E1340 OR E1350 AND A BILLED AMOUNT OF $300.00 OR LESS, THE DETAIL WILL BYPASS ESC 3003. FOR CLAIM TYPE “M”/COS 40, IF THE DETAIL HAS PROCEDURE CODE E1340 OR E1350, A BILLED AMOUNT OF $300.00 OR LESS AND A DATE OF SERVICE PRIOR TO 1/8/2003, THE DETAIL WILL BYPASS ESC 327.(DCR00679) FOR CLAIM TYPE “M”/COS 40, IF THE DETAIL HAS PROCEDURE CODE E1340 OR E1350, A BILLED AMOUNT OF $150.00 OR LESS AND A DATE OF SERVICE AFTER 1/7/2003. THE DETAIL WILL BYPASS ESC 3003.(DCR00679) FOR CLAIM TYPE “M”/COS 40, DETAILS WITH PROCEDURE CODE E1399, BILLED CHARGES DIVIDED BY UNITS IS $300.00 OR LESS PER UNIT, AND A DATE OF SERVICE PRIOR TO 1/8/2003 ARE EXCLUDED FROM ESC 3003.(DCR00679) FOR PT 85 (COS 35) THIS ESC IS NOT SET IF THE DOS IS AFTER 09/25/00. FOR DATES OF SERVICE 7/01/00 THROUGH 7/31/00 PHARMACY CLAIMS BYPASS ESC 327 IF THE MEMBER HAS A REGION 5 MANAGED CARE SEGMENT WITH AN END DATE OF 6/30/00. FOR DATES OF SERVICE ON OR AFTER 07/01/01, PROVIDER TYPES- 64/65, 31, 35, 22, 78, 52, 77, DO NOT REQUIRE PRIOR AUTHORIZATION FOR THE FOLLOWING VISION CODES:		
	92340	92370	V2020
	92341	V2100-V2118	V2199
	92352	V2200-V2220	V2410
	92353	V2430	V2499
	W0094	W0093	W0092
	FOR PT 60/61 CLAIMS WITH DOS PRIOR TO 10/16/03 PROCEDURE CODES D4341, D8210 AND D8220 BYPASS ESC 3003.		
EOB	3003 – SERVICE REQUIRES PRIOR AUTHORIZATION.		

METHOD OF CORRECTION:	1. VERIFY THAT THE PROCEDURE CODE/NDC WAS KEYED CORRECTLY. IF NOT, DATA CORRECT THE FIELD.
	2. VERIFY THAT THE PA NUMBER WAS KEYED CORRECTLY. IF NOT, DATA CORRECT THE FIELD.
	1. IF NONE OF THE ABOVE SITUATIONS APPLY AND A 10-DIGIT, ALL-NUMERIC PA NUMBER IS NOT LISTED ON THE CLAIM, DENY THE CLAIM.
	THIS ESC IS SET TO AUTO-DENY FOR TYPE OF DOCUMENT - ELECTRONIC CLAIMS.

ATTACHMENT 'A'

A6023	K0085	L0190	L0340	L0410	L0540	L0710	L0930	L1210
E0149	K0088	L0200	L0350	L0420	L0550	L0810	L0950	L1220
E1800	K0089	L0310	L0360	L0430	L0560	E1380	L0974	L1230
E1805	L0130	L0315	L0370	L0440	L0565	L0830	L0976	L1300
E1810	E1815	L0170	L0317	L0380	L0510	L0610	L1000	L1310
E1815	L0174	L0320	L0390	L0520	L0620	L0910	L1110	L1499
E1825	L0180	L0330	L0400	L0530	L0700	L0920	L1200	L1500
L1640	L1650	L1680	L1685	L1686	L1690	L1700	L1710	L1720
L1730	L1755	L1832	L1834	L1840	L1843	L1844	L1845	L1846
L1847	L1850	L1855	L1858	L1870	L1880	L1885		
L1900	L2500	L4010	L5620	L5699	L5970	L6588	L6807	L1510
L1904	L2510	L4020	L5622	L5700	L5972	L6590	L6808	L1520
L1910	L2520	L4030	L5624	L5701	L5974	L5722	L6809	L7260
L1920	L2525	L4040	L5626	L5702	L5975	L6825	L7266	L7261
L1930	L2526	L4045	L5628	L5704	L5976	L6620	L6830	L7272
L1940	L2530	L4050	L5629	L5705	L5978	L6623	L6835	L7274
L1945	L2540	L4055	L5630	L5706	L5979	L6625	L6840	L7360
L1950	L2550	L4060	L5631	L5707	L5980	L6628	L6845	L7362
L1960	L2570	L4070	L5632	L5710	L5981	L6630	L6850	L7364
L1970	L2580	L4130	L5634	L5711	L5982	L6637	L6855	L7366
L1980	L2610	L4360	L5636	L5712	L5984	L6640	L6860	L7499
L1990	L2620	L5000	L5637	L5714	L5985	L6642	L6865	L8020
L2000	L2622	L5010	L5638	L5716	L5986	L6645	L6867	L8030
L2010	L2624	L5020	L5639	L5718	L5987	L6650	L6868	L8035
L2020	L2627	L5050	L5640	L5724	L5988	L6672	L6870	L8040
L2030	L2628	L5060	L5642	L5726	L5999	L6680	L6872	L8041
L2036	L2630	L5100	L5643	L5728	L6000	L6682	L6873	L8042
L2037	L2640	L5105	L5644	L5780	L6010	L6684	L6875	L8043
L2038	L3720	L5150	L5645	L5785	L6020	L6686	L6880	L8044
L2050	L3730	L5160	L5646	L5790	L6050	L6687	L6900	L8046
L2060	L3740	L5200	L5647	L5795	L6055	L6688	L6905	L8047

L2080	L3760	L5210	L5648	L5810	L6100	L6689	L6910	L1510
L2090	L3805	L5220	L5649	L5811	L6110	L6690	L6915	L8500
L2102	L3807	L5230	L5650	L5812	L6120	L6691	L6920	L8600
L2104	L3900	L5250	L5651	L5814	L6130	L6692	L6925	L8610
L2106	L3901	L5270	L5652	L5816	L6200	L6693	L6930	L8612
L2108	L3902	L5280	L5653	L5818	L6205	L6700	L6935	L8613
L2112	L3904	L5505	L5654	L5822	L6250	L6705	L6940	L8614
L2114	L3906	L5510	L5655	L5824	L6300	L6710	L6945	L8619
L2116	L3907	L5520	L5656	L5826	L6310	L6715	L6950	L8630
L2122	L3910	L5530	L5658	L5828	L6320	L6720	L6955	L8641
L2124	L3960	L5535	L5660	L5830	L6350	L6725	L6960	L8642
L2126	L3962	L5540	L5661	L5840	L6360	L6730	L6965	L8670
L2128	L3963	L5560	L5662	L5845	L6370	L6735	L6970	
L2132	L3964	L5570	L5663	L5846	L6380	L6740	L6975	L9900
L2134	L3965	L5580	L5664	L5855	L6382	L6745	L7010	
L2136	L3966	L5585	L5665	L5910	L6384	L6750	L7015	
L2188	L3968	L5590	L5920	L6386	L6755	L7020		
L2192	L3969	L5595	L5925	L6388	L6765	L7025		
L2250	L3970	L5600	L5670	L5930	L6400	L6770	L7030	
L2280	3972	L5610	L5672	L5940	L6450	L6775	L7035	
L2300	L3980	L5611	L5950	L6550	L6780	L7040		
L2330	L3982	L5613	L5960	L6570	L6790	L7045		
L2335	L3984	L5614	L5676	L5962	L6580	L6795	L7170	
L2340	L3985	L5616	L5677	L5964	L6582	L6800	L7185	
L2350	L3986	L5680	L5966	L6584	L6805	L7186		
L2370	L4000	L5618	L5682	L5968	L6586	L6806	L7190	

3.295.2 3003 (FORMER LEGACY EDIT 533)

DMS Approved 02/13/97

ERROR STATUS CODE:	3003 (FORMER LEGACY EDIT 533)	**CLAIM TYPE:**	O (PT 41)
HEADER/DETAIL:	DETAIL	**PROVIDER TYPE:**	41
OVERRIDEABLE:	YES	**TYPE OF DOCUMENT:**	PAPER, NON-PAPER, ADJUSTMENTS

DATA CORRECTABLE	YES	**CLAIM FIELD LABEL:**	REVENUE CODE/PA#
ESC NAME:	PROCEDURE CODE REQUIRES PA		
ESC CRITERIA: **LEGACY CRITERIA:**	IF A SERVICE REQUIRES PRIOR AUTHORIZATION AS INDICATED ON THE COVERED BENEFIT TABLE, AND PRIOR AUTHORIZATION IS NOT FOUND, POST THE ESC. FAILS IF THE REVENUE CODE DOES NOT HAVE A MATCHING PRIOR AUTHORIZATION SEGMENT ON FILE FOR THE PRIOR AUTHORIZATION NUMBER ENTERED ON THE CLAIM. THE FOLLOWING DATA ON THE CLAIM MUST MATCH THE DATA ON THE CORRESPONDING PA SEGMENT: • SAME PA# • SAME MEMBER MEMBER ID# • SAME PROVIDER# • SAME REVENUE CODE • CLAIM DATES OF SERVICE EQUAL TO OR WITHIN PA SEGMENT DATES • THE PA SEGMENT MUST HAVE A PA STATUS OF “A” **EXCLUSIONS** FOR DATES OF SERVICE PRIOR TO 12/1/95, REVENUE CODES ARE NOT LISTED ON THE PA FILE AND ‘SAME REVENUE CODE’ IS NOT PART OF THE CRITERIA USED TO DETERMINE IF A MATCHING PA EXISTS.		
EOB CODES:	3003 - CLAIM REQUIRES PRIOR AUTHORIZATION		
METHOD OF CORRECTION:	VERIFY THE MEMBER ID, PA NUMBER, REVENUE CODE AND DATES OF SERVICE WERE KEYED CORRECTLY. IF NOT, DATA CORRECT EACH FIELD IN ERROR.		
	1. IF THE APPROPRIATE PRIOR AUTHORIZATION FORM IS ATTACHED VERIFYING THE REVENUE CODE HAS BEEN APPROVED, AND ALL DATA ON THE CLAIM MATCHES THE INFORMATION ON THE FORM, ROUTE TO THE PRIOR AUTHORIZATION TEAM.		
	2. IF ALL DATA IS KEYED CORRECTLY AND ITEM #2 DOES NOT APPLY, DENY THE DETAIL.		
PRIOR AUTHORIZATION	WHEN A DETAIL/CLAIM FAILS ESC 533, BUT THE ATTACHED PRIOR AUTHORIZATION FORM VERIFIES THE REVENUE CODE HAS BEEN AUTHORIZED AND THE DATA ON THE FORM MATCHES THE DATA ON THE CLAIM, ADD THE INFORMATION FROM THE PRIOR AUTHORIZATION FORM TO THE PRIOR AUTHORIZATION FILE.		

3.295.3 3003 (FORMER LEGACY EDIT 538)

DMS Approved 01/29/2012

ERROR STATUS CODE:	3003 (FORMER LEGACY EDIT 538)	**CLAIM TYPE:**	M, O
HEADER/DETAIL:	DETAIL	**PROVIDER TYPE:**	01, 30, 31, 32, 35, 36, 37, 39,50, 52, 64, 65, 70, 74, 77, 78, 80,86, 90
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	PAPER, NON-PAPER, ADJUSTMENTS
DATA CORRECTABLE	YES	**CLAIM FIELD LABEL:**	DIAGNOSIS; PROC CODE
ESC NAME:	PROCEDURE CODE REQUIRES PA		
ESC CRITERIA: **LEGACY CRITERIA:**	IF A SERVICE REQUIRES PRIOR AUTHORIZATION AS INDICATED ON THE COVERED BENEFIT TABLE, AND PRIOR AUTHORIZATION IS NOT FOUND, POST THE ESC. FAILS IF SELECTED RADIOLOGY OR OCCUPATIONAL THERAPY PROCEDURE CODES ARE SUBMITTED AND A MATCHING PRIOR AUTHORIZATION IS NOT ON FILE. MATCH CRITERIA IS SAME MEMBER, SAME BILLING OR CLINIC PROVIDER, SAME PROCEDURE CODE, AND DETAIL FROM DATE OF SERVICE WITHIN PA EFFECTIVE DATES. PLEASE NOTE THAT IF A PA NUMBER IS ENTERED ON THE CLAIM THAT NUMBER IS USED TO FIND THE MATCHING PA. IF A PA NUMBER IS NOT ENTERED ON THE CLAIM THE MATCH CRITERIA WILL BE USED TO FIND A MATCHING PA RECORD AND, IF A MATCH IS FOUND, THE PA NUMBER WILL BE SYSTEMATICALLY ENTERED ON THE CLAIM RECORD. RADIOLOGY PROCEDURE CODES MONITORED BY ESC 3003: SEE ESC 3003/ATTACHMENT A. EFFECTIVE WITH DATE OF SERVICE 03/01/2007, AND AFTER, PROCEDURE CODES 70544, 70545, AND 70546 WILL BE MONITORED BY EDIT 3003, PER CO 1491. OCCUPATIONAL THERAPY PROCEDURE CODES MONITORED BY ESC 3003: 97003, 97004, 97532, 97533, 97535, 97537, 97542, 97545, 97546, G0129, G0152, S9129 EFFECTIVE WITH DATE OF SERVICE 01/05/2007, AND AFTER, THERAPY CODES 97003, 97004, 97532, 97533, 97535, 97537, 97545, AND 97546 WILL NO LONGER BYPASS PA BASED ON THE EXCLUSION CRITERIA LISTED BELOW, PER CO 8360.		
	<u>EXCLUSIONS</u> • CLAIMS WITH DATES OF SERVICE PRIOR TO 09/15/2006 BYPASS THIS EDIT. • RADIOLOGY PROCEDURE CODES WITH A MODIFER OF 26 BYPASS THIS EDIT. • FOR THE RADIOLOGY PROCEDURE CODES IF ONE OF THE FOLLOWING DIAGNOSIS CODES IS PRESENT ON THE CLAIM, ESC 3003 IS **NOT** APPLIED: V420, V421, V422, V423, V424, V425, V426, V427, V4281, V4282, V4283, V4284, V4289, V429, V66.1, V66.2, V67.1, V67.2, V71.1, 140 THROUGH 2399, V10 THROUGH V10.9, V58 THROUGH V58.44, V76 THROUGH V76.89		

	EFFECTIVE 1/4/07 FOR RADIOLOGY PROCEDURE CODES OF ONE OF THE FOLLOWING DIAGNOSIS IS PRESENT ON THE CLAIM ESC 3001 IS NOT APPLIED: V42.0 THROUGH V42.9. PER CO 8487 EFFECTIVE 09/15/2006 RADIOLOGY PROCEDURE CODES LISTED ON ATTACHMENT A WILL NOT FAIL ESC 3003 WHEN BILLED WITH ONE OF THE FOLLOWING DIAGNOSIS CODES: 140 – 2399, V10 – V109, V420 – V429, V58 – V5844, V661 – V662, V671, V672, V711, V76 – V7689. PER CO9967 EFFECTIVE WITH DOS 2/1/2008 PA WILL BE REQUIRED FOR PTS 64, 65, 74, AND 78 FOR THE FOLLOWING PROCEDURE CODES ADDED TO THE LIST OF CODES ON ATTACHMENT A: 77058, 77059, AND 77084. PER CO10872 EFFECTIVE WITH DOS 01/01/2007 THE FOLLOWING PROCEDURE CODES 77058, 77059, AND 77084, LISTED ON ATTACHMENT A, WILL REQUIRE PA FOR PT 01. PER CO 13200 AND 13461 THE FOLLOWING 2010 CPT PROCEDURE CODES WILL REQUIRE PA: 78451, 78452, 78453, AND 78454 PER CO 13415 THE FOLLOWING 2010 ICD-9 DIAGNOSIS CODES WILL NOT FAIL ESC 3003 WHEN BILLED WITH PROCEDURE CODES LISTED ON ATTACHMENT A: V1090, V1091 PROCEDURE CODES 78451, 78453, 78454, 78456, 78459, 78491, 78492, AND 79494 BYPASS ESC 3001 FOR PROVIDER TYPE 86 PER CO 14908. PROCEDURE CODES 78451, 78453, 78454, 78459, 78491, 78492, AND 78494 WILL FAIL ESC 3001 FOR PT 86 IF NOT BILLED WITH ONE OF THE CANCER OR TRANSPLANT DIAGNOSIS CODES LISTED ABOVE PER CO 14982. EFFECTIVE WITH DOS 11/01/2010 ESC 3003 WILL NOT FAIL FOR CLAIM TYPE O IF THE HEADER **PRIMARY** DIAGNOSIS CODE IS 140 – 2399, V10 – V109, V420 – V429, V58 – V5844, V661 – V662, V671, V672, V711, V76 – V7689 OR APPROVED PA IS ON FILE PER CO 13776. EFFECTIVE WITH DOS 11/01/2010 ESC 3003 WILL NOT FAIL FOR CLAIM TYPE M IF THE DETAIL **PRIMARY** DIAGNOSIS CODE IS 140 – 2399, V10 – V109, V420 – V429, V58 – V5844, V661 – V662, V671, V672, V711, V76 – V7689 OR APPROVED PA IS ON FILE PER CO 13776. PER CO15385 EFFECTIVE WITH DOS 01/01/2007 THE FOLLOWING PROCEDURE CODES 77058, 77059, AND 77084, LISTED ON ATTACHMENT A, WILL REQUIRE PA FOR PT 31, 35, and 86. EFFECTIVE WITH DOS 11/01/2010 PROCEDURE CODE 78494 WILL BYPASS ESC 3003 IF **PRIMARY** DIAGNOSIS CODE IS 140 – 2399, V10 – V109, V420 – V429, V58 – V5844, V661 – V662, V671, V672, V711, V76 – V7689 OR APPROVED PA IS ON FILE PER CO 15049. EFFECTIVE WITH DOS 11/01/2011 PROCEDURE CODES LISTED ON ATTACHMENT WILL BYPASS PA EDITING FOR PT 01 IF THE HEADER **PRIMARY** DIAGNOSIS CODE IS 140 – 2399, 996.81 – 996.89, V10 – V109, V420 – V429, V58 – V5844, V661 – V662, V671, V672, V711, OR V76 – V7689 PER CO 16916.
EOB CODES:	3003 – SERVICE REQUIRES PRIOR AUTHORIZATION.
METHOD OF CORRECTION:	1. VERIFY THE PROVIDER NUMBER, MEMBER NUMBER, DATES OF SERVICE, PROCEDURE CODE, AND PRIOR AUTHORIZATION NUMBER WERE KEYED CORRECTLY. 2. IF NOT KEYED CORRECTLY, CORRECT THE INCORRECT DATA. 3. IF KEYED CORRECTLY, DENY WITH EOB 3003.

ESC 3003 (FORMER LEGACY EDIT 538) – ATTACHMENT A
RADIOLOGY PROCEDURE CODE REQUIRING PA

Last Approved by 12/22/2010

Code	Description
70540	Magnetic resonance (eg, proton) imaging, orbit, face, and neck; without contrast material(s)
70542	Magnetic resonance (eg, proton) imaging, orbit, face, and neck; with contrast material(s)
70543	Magnetic resonance (eg, proton) imaging, orbit, face, and neck; without contrast material(s), followed by contrast material(s) and further sequences
70544	Magnetic resonance angiography, head; without contrast material(s)
70545	Magnetic resonance angiography, head; with contrast material(s)
70546	Magnetic resonance angiography, head; without contrast material(s) and further sequences
70547	Magnetic resonance angiography, neck; without contrast material(s)
70548	Magnetic resonance angiography, neck; with contrast material(s)
70549	Magnetic resonance angiography, neck; without contrast material(s), followed by contrast material(s) and further sequences
70551	Magnetic resonance (eg. Proton) imaging, brain (including brain stem); without contrast material
70552	Magnetic resonance (eg. Proton) imaging, brain (including brain stem); with contrast material
70553	Magnetic resonance (eg. Proton) imaging, brain (including brain stem); without contrast material followed by contrast material and further sequences
70557	Magnetic resonance (eg. Proton) imaging, brain (including brain stem and skull base), during open intracranial procedures (eg. To assess for residual tumor or residual vascular malformation; without contrast material
70558	Magnetic resonance (eg. Proton) imaging, brain (including brain stem and skull base), during open intracranial procedures (eg. To assess for residual tumor or residual vascular malformation; with contrast material
70559	Magnetic resonance (eg. Proton) imaging, brain (including brain stem and skull base), during open intracranial procedures (eg. To assess for residual tumor or residual vascular malformation; without contrast material, followed by contrast material and further sequences
71550	Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mediastinal lymphadenopathy); without contrast material(s)
71551	Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mediastinal lymphadenopathy); with contrast material(s)
71552	Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mediastinal lymphadenopathy); without contrast material(s), followed by contrast material(s) and further sequences
71555	Magnetic resonance angiography, chest (excluding myocardium), with or without contrast material(s) contrast material(s) and further sections
72141	Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material
72142	Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; with contrast material(s)

Code	Description
72146	Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material
72147	Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; with contrast material(s)
72148	Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material
72149	Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; with contrast material(s)
72156	Magnetic resonance (eg, proton) imaging, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences; Cervical
72157	Magnetic resonance (eg, proton) imaging, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences; Thoracic
72158	Magnetic resonance (eg, proton) imaging, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences; Lumbar
72159	Magnetic resonance angiography, spinal canal and contents, with or without contrast material(s)
72195	Magnetic resonance (eg, proton) imaging, pelvis; without contrast material(s)
72196	Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)
72197	Magnetic resonance (eg, proton) imaging, pelvis; without contrast material(s) followed by contrast material(s) and further sequences
72198	Magnetic resonance angiography, pelvis, with or without contrast material(s)
73218	Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s)
73219	Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; with contrast material(s)
73220	Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences
73221	Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)
73222	Magnetic resonance (eg, proton) imaging, any joint of upper extremity; with contrast material(s)
73223	Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s), followed by contrast material(s) and further sequences
73225	Magnetic resonance angiography, upper extremity, with or without contrast material(s) by contrast material(s) and further sections
73718	Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s)
73719	Magnetic resonance (eg, proton) imaging, lower extremity other than joint; with contrast material(s)
73720	Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences
73721	Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material
73722	Magnetic resonance (eg, proton) imaging, any joint of lower extremity; with contrast material(s)
73723	Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material(s), followed by contrast material(s) and further sequences

Code	Description
73725	Magnetic resonance angiography, lower extremity, with or without contrast material(s)
74181	Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)
74182	Magnetic resonance (eg, proton) imaging, abdomen; with contrast material(s)
74183	Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s), followed by with contrast material(s) and further sequences
74185	Magnetic resonance angiography, abdomen, with or without contrast material(s)
76093	Magnetic resonance imaging, breast, without and/or with contrast material(s);unilateral
76094	Magnetic resonance imaging, breast, without and/or with contrast material(s);bilateral
76120	Cineradiography/videoradiography, except where specifically included
76150	Xeroradiography
76390	Magnetic resonance spectroscopy
76400	Magnetic resonance (eg, proton) imaging, bone marrow blood supply
76498	Unlisted magnetic resonance procedure (eg, diagnostic, interventional)
76499	Unlisted diagnostic radiographic procedure
76999	Unlisted ultrasound procedure (eg, diagnostic, interventional)
77058	Magnetic resonance imaging, breast, without and/or with contrast material(s); unilateral
77059	Magnetic resonance imaging, breast, without and/or with contrast material(s); bilateral
77084	Magnetic resonance (eg, proton) imaging, bone marrow blood supply
78451	Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed): single study, at rest or stress (exercise or pharmacologic)
78452	Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed): multiple studies, at rest and/or stress (exercise or pharmacologic) and/or redistribution and/or rest reinjection
78453	Myocardial perfusion imaging, planar (including qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed): single study, at rest or stress (exercise or pharmacologic)
78454	Myocardial perfusion imaging, planar (including qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed): multiple studies, at rest and/or stress (exercise or pharmacologic) and/or redistribution and/or rest reinjection
78459	Myocardial imaging, positron emission tomography (PET), metabolic evaluation
78460	Myocardial perfusion imaging; (planar) single study, at rest or stress (exercise and/or pharmacologic), with or without quantification
78461	Myocardial perfusion imaging; (planar) single study, at rest or stress (exercise and/or pharmacologic), with or without quantification; multiple studies, (planar) at rest and/or stress (exercise and/or pharmacologic), and redistribution and/or rest injection, with or without quantification

Code	Description
78464	Myocardial perfusion imaging; tomographic (SPECT), single study (including attenuation correction when performed), at rest or stress (exercise and/or pharmacologic), with or without quantification
78465	Myocardial perfusion imaging; tomographic (SPECT), multiple studies(including attenuation correction when performed), at rest and/or stress (exercise and/or pharmacologic) and redistribution and/or rest injection, with or without quantification
78469	Myocardial imaging, infarct avid, planar; tomographic SPECT with or without quantification
78491	Myocardial imaging, positron emission tomography (PET), perfusion; single study at rest or stress
78492	Myocardial imaging, positron emission tomography (PET), perfusion; multiple studies at rest and/or stress
78494	Cardiac blood pool imaging, gated equilibrium, SPECT, at rest, wall motion study plus ejection fraction, with or without quantitative processing
78496	Cardiac blood pool imaging, gated equilibrium, single study, at rest, with right ventricular ejection fraction by first pass technique (List separately in addition to code for primary procedure)
78499	Unlisted cardiovascular procedure, diagnostic nuclear medicine
78599	Unlisted respiratory procedure, diagnostic nuclear medicine
78608	Brain imaging, positron emission tomography (PET); metabolic evaluation
78609	Brain imaging, positron emission tomography (PET); perfusion evaluation
78647	Cerebrospinal fluid flow, imaging (not including introduction of material); tomographic (SPECT)
78699	Unlisted nervous system procedure, diagnostic nuclear medicine
78710	Kidney imaging, tomographic (SPECT)
78799	Unlisted genitourinary procedure, diagnostic nuclear medicine
78803	Radiopharmaceutical localization of tumor or distribution ofradiopharmaceutical agent(s); tomographic (SPECT)
78807	Radiopharmaceutical localization of inflammatory process; tomographic (SPECT)
78811	Tumor imaging, positron emission tomography (PET); limited area (eg, chest, head/neck)
78812	Tumor imaging, positron emission tomography (PET); skull base to mid-thigh
78813	Tumor imaging, positron emission tomography (PET); whole body
78814	Tumor imaging, positron emission tomography (PET) with concurrentlyacquired computed tomography (CT) for attenuation correction and anatomicallocalization; limited area (eg, chest, head/neck)
78815	Tumor imaging, positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization; skull base to mid-thigh
78816	Tumor imaging, positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization; whole body
78999	Unlisted miscellaneous procedure, diagnostic nuclear medicine
79999	Radiopharmaceutical therapy, unlisted procedure
91299	Unlisted diagnostic gastroenterology procedure

The following codes are non-covered by KY Medicaid. If they become covered in the future, then PA will be required.

Code	Description
G0219	PET imaging whole body; melanoma for noncovered indications
G0235	PET imaging, any site, not otherwise specified
G0252	PET imaging, full and partial-ring PET scanners only, for initial diagnosis of breast cancer and/or surgical planning for breast cancer (e.g., initial staging of axillary lymph nodes)
G0255	Current perception threshold/sensory nerve conduction test, (SNCT) per limb, any nerve
S8035	Magnetic source imaging
S8037	Magnetic resonance cholangiopancreatography (MRCP)
S8040	Topographic brain mapping
S8042	Magnetic resonance imaging (MRI), low-field
S8055	Ultrasound guidance for multifetal pregnancy reduction(s), technical component (only to be used when the physician doing the reduction procedure does not perform the ultrasound. Guidance is included in the CPT code for multifetal pregnancy reduction – 598
S8085	Fluorine-18 fluorodeoxyglucose (F-18 FDG) imaging using dual-head coincidence detection system (nondedicated PET scan)
S8092	Electron beam computed tomography (also known as Ultrafast CT, Cine CT)

3.295.4 3003 (FORMER LEGACY EDIT 641)

DMS Approve 03/26/2012

ERROR STATUS CODE:	3003 (FORMER LEGACY EDIT 641)	**CLAIM TYPE:**	D, H, M, O, P/Q
HEADER/DETAIL:	DETAIL	**PROVIDERTYPE:**	13, 17, 22, 23, 29, 31, 33, 34, 35, 42, 43, 45, 46, 47, 50, 52, 54, 60, 61, 64, 65, 70, 77, 85, 90
OVERRIDEABLE:	YES	**TYPE OF DOCUMENT:**	PAPER, NON-PAPER, ADJUSTMENTS
DATA CORRECTABLE	YES	**CLAIM FIELD LABEL:**	PROCEDURE, PA#

ESC CRITERIA:	IF THE PROCEDURE CODE ON THE CLAIM REQUIRES PA AS INDICATED ON THE COVERED BENEFIT TABLE, AND THERE IS AN APPROVED PA ON FILE BUT THE APPROVED UNITS HAVE ALREADY BEEN USED ON PREVIOUS CLAIMS, PERFORM CUTBACK LOGIC AND POST THE ESC. CLAIM TYPE P/Q AND M (PT 31/35)
LEGACY CRITERIA:	FAILS IF A NDC REQUIRES PRIOR AUTHORIZATION (PA) AND A MATCHING TYPE “R”(REGULAR) PA SEGMENT IS NOT CONTAINED ON THE PRIOR AUTHORIZATION FILE. NOTE: IF THE LEGEND INDICATOR IS AN R OR S THE LEVEL OF SERVICE IS 03 AND THE POS CLAIM IS SUBMITTED OUTSIDE PA BUSINESS HOURS ESC 3000 IS NOT APPLIED. CLAIMS WITH DOS ON OR AFTER 4/6/04 SUBMITTED WITH A LOCATION CODE ‘03’ AND A LEVEL OF SERVICE 03 WILL BYPASS 641 AFTER 5:00 PM EST. DCR01101 NDCS WITH THE FOLLOWING PA INDICATOR/INNOVATOR COMBINATIONS REQUIRE PRIOR AUTHORIZATION AND ARE MONITORED BY ESC 3000. PLEASE NOTE THAT BRAND NECESSARY PRIOR AUTHORIZATIONS ARE MONITORED BY ESC 633. PA INDICATOR INNOVATOR Y ANY

	B ANY H OTHER THAN 1 I OTHER THAN 1 ALSO, THE FOLLOWING GPPCS REQUIRE PA ALTHOUGH THEY DO NOT HAVE PA INDICATOR/INNOVATOR COMINATIONS LISTED ABOVE: 039345, 027462, 045155, 045154, 004116, 004147, 004158. DCR 00448 AND DCR 00451 THE FOLLOWING NDC'S REQUIRE PA ALTHOUGH THEY DO NOT HAVE A PA INDICATOR ABOVE LISTED ABOVE: 00002-8715-01, 00002-8415-01, 00002-8315-01 OR 00002-8215-01.DCR01135 IF NO PA NUMBER IS ENTERED ON THE CLAIM OR THE PA NUMBER ENTERED HAS A JULIAN DATE GREATER THAN 1337, ESC 3000 SEARCHES FOR A MATCHING APPROVED REGULAR PA BASED ON MEMBER NUMBER, GPPC, AND DATE OF SERVICE ON THE CLAIM (MUST BE WITHIN PA EFFECTIVE DATES). IF THE CLAIM HAS A PA NUMBER WITH A JULIAN DATE LESS THAN 1338, THE FOLLOWING MATCH CRITERIA IS APPLIED – SAME PROVIDER NUMBER, SAME MEMBER NUMBER, SAME NDC, DOS WITHIN PA EFFECTIVE DATES, AND CLAIM UNITS EQUAL TO OR LESS THAN APPROVED QUANTITY.
	CLAIM TYPE P/Q AND M (PT 31/35) EXCLUSIONS IF DOS ON OR AFTER 08/31/04 AND THE GPPC IS 042922, 042923, 021154, 021155, 021156, 021157, 026177, 013648, 013649, 029077, 027961, 027959, 050836, 041026, 041027, 045190, 045191, 047285, 047286, 034187, 034188, 034189, 047198, 052049, 051799, 051800, 050102, 047564, 047567, 047568, 052898, 051333, 051334, 051335, 051336, 053400, 053402, 053401, 053403 ESC 3000 WILL BE BYPASSED IF THE MEMBER IS LESS THAN 18 YEARS OF AGE. DCR 01194 THE LOGIC FOR DCR 01194 WAS NEVER APPLIED PER DMS ON 10/28/04. IF DOS IS ON OR AFTER 08/31/04 AND GPPC IS 029077, 027961, 027959, 050836, 041026, 041027, 045190, 045191, 047285 OR 047286 AND THERE IS A PAID CLAIM WITHIN THE PAST 60 DAYS HISTORY FOR GPPC 029077, 027961, 027959, 050836, 041026, 041027, 045190, 045191, 047285 OR 047286 THE CLAIM WILL BYPASS 641. DCR 01195

	IF DOS IS ON OR AFTER 08/31/04 AND GPPC IS 052898, 051333, 051334, 051335 OR 051336 AND THERE IS A PAID CLAIM WITHIN THE PAST 60 DAYS HISTORY FOR GPPC 052898, 051333, 051334, 051335 OR 051336 THE CLAIM WILL BYPASS 641.DCR01195 THE LOGIC FOR DCR 01195 WAS NEVER APPLIED PER DMS ON 10/28/04. IF DOS IS ON OR AFTER 08/31/04 AND GPPC IS 053400, 053402, 053401 OR 053403 AND THERE IS A PAID CLAIM WITHIN THE PAST 60 DAYS HISTORY FOR GPPC 053400, 053402, 053401 OR 053403 THE CLAIM WILL BYPASS 641. DCR 01195 THE LOGIC FOR DCR 01195 WAS NEVER APPLIED PER DMS ON 10/28/04.
	IF THE DOS IS AFTER 08/10/04 AND THE GPPC IS 031027, 037036, 044662 or 048643 AND THERE IS A PAID CLAIM WITH DATES OF SERVICE IN THE PAST 90 DAYS HISTORY FOR GPPC 031027, 037036, 044662 or 048643 THE CLAIM WILL BYPASS 641.DCR 01158 IF THE DOS IS AFTER 08/10/04 AND THE GPPC IS 051639 AND THERE IS A PAID CLAIM WITH DATES OF SERVICE IN THE PAST 90 DAYS HISTORY FOR GPPC 051639 THE CLAIM WILL BYPASS 641.DCR 01158 IF THE DOS IS AFTER 08/10/04 AND THE GPPC IS 038275 OR 031492 AND THERE IS A PAID CLAIM WITH DATES OF SERVICE IN THE PAST 90 DAYS HISTORY FOR GPPC 038275 OR 031492 THE CLAIM WILL BYPASS 641.DCR 01158 IF THE DOS IS AFTER 08/10/04 AND THE GPPC IS 048986 AND THERE IS A PAID CLAIM WITH DATES OF SERVICE IN THE PAST 90 DAYS HISTORY FOR GPPC 048986 THE CLAIM WILL BYPASS 641.DCR 01158 IF THE DOS IS AFTER 08/10/04 AND THE GPPC IS 049605 OR 049606 AND THERE IS A PAID CLAIM WITH DATES OF SERVICE IN THE PAST 90 DAYS HISTORY FOR GPPC 049605 OR 049606 THE CLAIM WILL BYPASS 641.DCR 01158
	IF DOS ON OR AFTER 6/1/04 AND THE GPPC IS 042943, 042944 OR 042945 ESC 3000 IS BYPASSED IF THE MEMBER IS 65 YEARS OR OLDER. DCR01115. IF THE DOS IS ON OR AFTER 6/10/04 AND THE GPPC IS 053974, ESC 3000 IS BYPASSED FOR MEMBERS UNDER AGE 19. DCR01130 IF THE DOS IS PRIOR TO 9/7/04 AND THE GPPC IS 001770, 001771, 001772, 001764, 001765, 009768,

	001769, 038906, 038907, 038908, 045929, 022735, 045930, 051194, 051196, 051195, 025179, 025180, 025181, 042943, 042944, 042945, 027414, 034731, 027413, 042076, 047172, 016832, 019179, 016311, 001750, 051292, 001740, 001723, 029916, 001757, 017179, 051292, 051291, 049833, 023657, 044341, 050134, 051784, 051785, 051786, 052944, OR NDC IS 00002-8715-01, 00002-8415-01, 00002-8315-01 OR 00002-8215-01 THE REFILL INDICATOR IS 01 THRU 05 AND THE ORIGINAL FILL DATE IS PRIOR TO 6/1/04, ESC 3000 IS BYPASSED. DCR01120 AND DCR 01135 IF THE DOS IS ON OR AFTER 6/10/04 AND THE GPPC IS 053974, ESC 3000 IS BYPASSED FOR MEMBERS UNDER AGE 19. DCR01130 IF PRIOR AUTHORIZATION TYPE IS ‘J’ OR ‘N’ PA ESCING IS BYPASSED. DCR 00569 IF THE DOS IS BETWEEN 07/29/02 AND 10/31/02 AND THE GPPC LISTED BELOW HAS A REFILL INDICATOR OF 1 THROUGH 5, PA ESCING IS BYPASED (DCR 00535)			
	008340	020175	011740	015164
	011741	011742	025708	041394
	048579	048580	048578	048581
	048528	049795	049798	041285
	041286	042637	042638	042636
	042635	044758	029156	029157
	004285	008346	008348	008349
	008350	013556	022528	022529
	022530	012080	023855	021380
	008372	008373	008374	011933
	016574	008351	008352	008353
	008354	008356	008355	016404
	039499	023190	024157	020279
	035737	022518	039500	024158
	024166	031613	024412	008378
	008378	008379	008380	018455

	016405	016406	008364	008364
	008363	008341	008335	008337
	008338	015960	015961	027368
	024966	038259	021373	008370
	008371	017204	008365	008366
	004438	004439	004437	008368
	008367	008359	008360	008361
	008362	018435	018436	008357
	008358	021980	018438	
	IF DOS IS EQUAL TO OR BETWEEN 02/19/02 AND 04/30/02 AND GPPC IS 027151, 011679, 011680, 021688, 025721, 047134, 011677, 011678, 031055, 031056, 040941, 047525, 047526, 030106, 030107, 043136, 033530, 040887, 049296, 011676 AND 043137 AND THE REFILL INDICATOR IS 01THROUGH 05, THE ESC IS NOT SET. DCR00430 IF DOS IS BETWEEN 4/30/98 AND 08/16/01 AND GPPC IS 017037, 017181, 018697, 018698, 024484, 027475, 027622, 028136, 029893, 030476, OR 036868, THE ESC IS NOT SET. INSTEAD A “Y” IS SET IN THE AUDIT 553 INDICATOR FIELD AND AUDIT 553 IS APPLIED TO THE CLAIM. IF THE DATES OF SERVICES ARE 08/16/01THROUGH 06/03/02 AND THE GPPC IS 030476, 018698, 018697, 017181, 027622, AND 036868, THE ESC IS NOT SET. INSTEAD A “Y” IS SET IN THE AUDIT 553 INDICATOR FIELD AND AUDIT 553 IS APPLIED TO THE CLAIM. DCR00470 CLAIMS WITH GPPCS 018697, 018698, AND 030476 BYPASS ESC 3000 IF THE DATE OF SERVICE IS AFTER 06/27/02 AND THE MEMBER IS UNDER AGE 6. FOR DATES OF SERVICE 08/16/01 THROUGH 06/27/02 CLAIMS FOR MEMBERS UNDER AGE 18 BYPASS ESC 3000. DCR 00474 THIS LOGIC WAS REMOVED PER DMS FOR DOS AFTER 3/17/03 PER PDD PA EFFECTIVE DATE. DCR 00733			
	DRUGS WITH GPPCS 034359, 048702, 004028, 005006, 047131, 048703, 004029, 005007, 047132, 048982, 044072, 005009, 047133, 048983, 047782, 005011, 045981, 048984, 004999, 005014, 045982, 004026,			

	005000, 005015, 047318, 004027, 005001, 005016, 048701, 005005, AND 005017, 050428, 050429, 050430, BYPASS ESC 3000 FOR MEMBERS UNDER AGE 19. DCR 00433. DCR 00554 ADDED GPPCS 050428, 050429, 050430. DCR 585 ADDED GPPCS 050566 AND 050567. IF DOS ARE ON OR AFTER 4/1/02 AND THE GPPC IS 003753, 003754, 003755, 003756, 003757, 003758, 003759 OR 016363 THE CLAIM WILL BYPASS ESC 3000 IF 60 CUMMULATIVE DAYS (BASED ON DAYS SUPPLY) PER 3 YEARS HAS NOT BEEN REACHED. THIS APPLIES TO ANY COMBINATION OF
	THESE GPPCS. PLEASE NOTE THAT THE DAYS SUPPLY ON THE 'CURRENT' CLAIM ARE NOT CONSIDERED. ONLY THE DAYS SUPPLY ON 'HISTORY' CLAIMS ARE CONSIDERED. DCR 00434
	IF DOS ARE ON OR AFTER 4/29/02 AND THE GPPC IS 019187, 019788, 042993 OR 042994, THE CLAIM WILL BYPASS ESC 3000 IF THE MEMBER IS 65 YEARS OR OLDER AND HAS NOT HAD 60 CUMULATIVE DAYS (BASED ON DAYS SUPPLY) OF ANY COMBINATION OF THE FOLLOWING GPPCS: 019197, 019188, 042993, 042994, 015603, 015604, 003689, 003690, 003691, 003692, 003693, 003694, 003696, 013074 OR 019182. PLEASE NOTE THAT THE DAYS SUPPLY ON THE 'CURRENT' CLAIM ARE NOT CONSIDERED. ONLY THE DAYS SUPPLY ON THE 'HISTORY' CLAIMS ARE CONSIDERED. DCR00439 IF PRICING ACTION INDICATOR ON THE DRUG FILE IS A "Q" AND THE MEMBER IS YOUNGER THAN 12, ESC 3000 IS NOT APPLIED. PERSONAL CARE DRUGS (PRICING ACTION OF "P" ON THE DRUG FILE) ARE EXCLUDED FROM ESC 3000 IF THE MEMBER HAS A "P1" INDICATOR FOR THE DOS. THE P1 INDICATOR IS LISTED ON THE MEMBER ELIGIBILITY FILE. NSAID DRUGS (PRICING ACTION CODE OF "N" OR "Z") ARE EXCLUDED FROM ESC 3000. FOR DATES OF SERVICE 7/01/00 THROUGH 7/31/00 PHARMACY CLAIMS BYPASS ESC 3000 IF THE MEMBER HAS A REGION 5 MANAGED CARE SEGMENT WITH AN END DATE OF 6/30/00. PHARMACY CLAIMS WITH MAC INDICATORS OF "L", "U", "M", AND "B", UNLESS BILLED FOR ONE OF THE GPPCS LISTED BELOW, BYPASS ESC 3000. MAC INDICATORS ARE SYSTEMATICALLY SET BASED ON CRITERIA

	OUTLINED IN SECTION 'D' OF THE PRICING MANUAL.					
	018697	040941	005006	047131	048703	049758
	018698	041026	005007	047132	050172	016576
	030476	041027	005009	047133	049598	016577
	027462	043137	005011	047318	049599	016578
	039545	043136	005014	047782	049600	016579
	011677	045190	005015	048701	021694	040238
	011678	045191	005016	048702	021695	047763
	011679	047134	005017	048703	046757	024484
	011680	047285	034359	048982	029967	004999
	021688	047286	044072	048983	029968	005000
	025721	047525	045981	048984	029969	005001
	027151	047526	045982	050172	045772	034359
	027959	040887	047131	045981	016310	047131
	027960	049296	047132	045982	006460	047132
	027961	011676	047133	047318	016366	047133
	029077	004026	047318	048701	016367	
	030106	004027	047782	048702	020741	
	030107	004028				
	031055	004029				
	031056	004999				
	033530	005000				
		005001				
		005005				
	FOR DATES OF SERVICE AFTER 04/01/02, CLAIMS FOR GPPCS 039545 AND 027462 BYPASS ESC 3000 IF 84 CUMMULATIVE DAYS(BASED ON DAYS SUPPLY) OF ANY COMBINATION OF THE FOLLOWING GPPCS HAS NOT BEEN REACHED 040941 030106 033530 040887 047525 030107 043137 049296					

	047526 043136 039545 027462 DCR 00879 ADDED GPPC'S 051653 & 051654. PLEASE NOTE THAT THE DAYS SUPPLY ON THE 'CURRENT' CLAIM ARE NOT CONSIDERED. ONLY THE DAYS SUPPLY ON THE 'HISTORY' CLAIMS ARE CONSIDERED. DCR00448 EFFECTIVE FOR CLAIMS WITH THE GPPC'S LISTED ABOVE FOR DCR 00448 & 00879, THIS LOGIC WAS REMOVED EFFECTIVE WITH DOS GREATER THAN 3/15/2004 . DCR 01022 IF DOS IS EQUAL TO OR BETWEEN 06/28/02 AND 08/31/02 AND GPPC IS 036868, 018698, 030476, 017181, 027622, 018697 OR 048415 AND THE REFILL INDICATOR IS 01 THROUGH 05, THE ESC IS NOT SET. DCR00471 IF DOS IS BETWEEN 06/04/02 AND 08/31/02 AND GPPC IS 049598, 049599, 049600, 006429, 003102, 021429, 003101, 022344, 016310, 006460, 040238, 006461, 016366, 016367, 020741, 049758, 046172,016576, 016577, 016578, 016579 OR 040238 AND THE REFILL INDICATOR IS 01 THROUGH 05, THE ESC IS NOT SET. DCR00475			
	IF DOS IS EQUAL TO OR BETWEEN 09/10/02 AND 11/30/02 AND GPPC IS 019192, 019193, 019239, 015917, 046004 OR 049872 AND THE REFILL INDICATOR IS 01 THROUGH 05, THE ESC IS NOT SET. DCR 00576. IF THE DOS IS 11/14/02 THROUGH 08/30/04 AND THE GPPC IS 027959, 027960, 027961, 029077, 041026, 041027, 045190, 045191, 047285, OR 047286 AND THERE IS NOT A PAID CLAIM IN THE PAST 24 MONTHS HISTORY FOR THE ONE OF THE GPPC'S LISTED BELOW OR NO PRIOR AUTHORIZATION ON FILE, THE CLAIM WILL FAIL 641. IF THERE HAS BEEN A PAID CLAIM WITH ONE OF THE GPPC'S LIST BELOW WITHIN THE PAST 24 MONTHS OR THERE IS A PA ON FILE, ESC 3000 IS BYPASSED. DCR00631 THIS LOGIC WAS REMOVED PER DCR 01199 THE LOGIC FOR DCR 01199 WAS NEVER APPLIED PER DMS ON 10/28/04.			
	004000	013649	034189	047564
	004001	021154	041026	047567
	004002	021155	041027	047568

	004003	021156	042922	050102
	004004	021157	042923	
	004005	026177	045190	
	004006	027959	045191	
	004537	027960	046315	
	004538	027961	047198	
	004539	029077	047285	
	004540	034187	047286	
	013648	034188	047563	
	NOTE: HISTORY CLAIMS THAT HAVE BYPASSED PA ESCING BECAUSE THEY WERE ’72 HOUR EMERGENCY CLAIMS, ARE NOT CONSIDERED. FOR DATES OF SERVICE AFTER 02/03/03 CLAIMS FOR GPPCS 024536, 024537, 024538, 024539, 024478 AND 040966 BYPASS ESC 3000 IF 30 CUMMULATIVE DAYS(BASED ON DAYS SUPPLY) OF ANY COMBINATION OF THE FOLLOWING GPPCS HAS NOT BEEN REACHED WITHIN THE PAST 180 DAYS (DCR 00683) 021282 016570 016571 016572 032600 000571 000572 000570 017205 016849 016850 FOR DATES OF SERVICE AFTER 02/03/03 CLAIMS FOR GPPCS 005115, 005116, 005113 AND 005114 BYPASS ESC 3000 IF 30 CUMMULATIVE DAYS(BASED ON DAYS SUPPLY) OF ANY COMBINATION OF THE FOLLOWING GPPCS HAS NOT BEEN REACHED WITHIN THE PAST 180 DAYS(DCR 00684) 015864 005139 005138 005132 005131 005123 005124 005125 005126 005127 005128 005120 005121 005122			
	FOR DATES OF SERVICE AFTER 6/17/03 CLAIMS FOR GPPCS 033370 OR 051907 BYPASS ESC 3000 IF 30 CUMMULATIVE DAYS(BASED ON DAYS SUPPLY) OF ANY COMBINATION OF THE FOLLOWING GPPCS HAS NOT BEEN REACHED WITHIN THE PAST 180 DAYS(DCR			

	00778) 015864 005139 005138 005132 005131 005123 005124 005125 005126 005127 005128 005120 005121 005122
	FOR DATES OF SERVICE AFTER 02/03/03, CLAIMS FOR GPPCS 023770, 023768, 023769, 050519, 029252, 029251, 029253, 029254, 041200, 030497, AND 036867 BYPASS ESC 3000 IF 30 CUMMULATIVE DAYS (BASED ON DAYS SUPPLY) OF ANY COMBINATION OF THE FOLLOWING GPPCS HAS NOT BEEN REACHED WITHIN THE PAST 180 DAYS. (DCR 00685) 000374 015939 020616 025698 000375 015940 020617 026377 000376 015941 020618 026378 000377 015959 021277 029258 000378 016017 021282 029259 000379 016018 021723 032600 000380 016031 021724 033722 000381 016039 021725 034062 000382 016040 021726 034063 000384 016041 021743 040966 000385 016042 023591 041337 000386 016295 023592 041651 000387 016296 023768 041652 000388 016418 023769 041653 000389 016419 023770 042783 000390 016420 024190 044395 000391 016421 024469 044935
	000392 016570 024478 048245 000393 016571 024498 048246 000567 016572 024499 048247

	000570 016811 024500 049942 000571 016812 024501 050519 000572 016813 024536 016925 012059 016849 024537 016926 012060 016850 024538 016927 012061 017205 024539 013670 017266 025697
	FOR DATES OF SERVICE AFTER 02/03/03 CLAIMS FOR GPPCS 041651, 041652, 041653, 025697 AND 025698 BYPASS ESC 3000 IF 30 CUMMULATIVE DAYS(BASED ON DAYS SUPPLY) OF ANY COMBINATION OF THE FOLLOWING GPPCS HAS NOT BEEN REACHED WITHIN THE PAST 180 DAYS(DCR 00686) 015959 015066 013670 016605 000567 015067 026486 IF THE DOS IS AFTER 02/03/03 AND THE GPPC IS 037015, 037016, 037017, OR 040659 AND THERE IS A PAID CLAIM WITH DATES OF SERVICE IN THE PAST 90 DAYS HISTORY FOR GPPC 037015, 037016, 037017, OR 040659 THE CLAIM WILL BYPASS 641(DCR00691) IF THE DOS IS AFTER 02/03/03 AND THE GPPC IS 045425 OR 046624 AND THERE IS A PAID CLAIM WITH DATES OF SERVICE IN THE PAST 90 DAYS HISTORY FOR GPPC 045425 OR 046624 THE CLAIM WILL BYPASS 641(DCR00691) IF THE DOS IS AFTER 02/03/03 AND THE GPPC IS 037029, 043063,051562 OR 051563 AND THERE IS A PAID CLAIM WITH DATES OF SERVICE IN THE PAST 90 DAYS HISTORY FOR GPPC 037029,043063, 051562 OR 051563 THE CLAIM WILL BYPASS 641(DCR00691) IF THE DOS IS AFTER 02/03/03 AND THE GPPC IS 050289,050290, OR 050288 AND THERE IS A PAID CLAIM WITH DATES OF SERVICE IN THE PAST 90 DAYS HISTORY FOR GPPC 050289,050290, OR 050288 THE CLAIM WILL BYPASS 641(DCR00691) IF THE DOS IS AFTER 02/03/03 AND THE GPPC IS 048399, 048400 OR 048401, 029209, 050805 OR 029208 AND THERE IS A PAID CLAIM WITH DATES OF SERVICE IN THE PAST 90 DAYS HISTORY FOR GPPC 048399,048400, 048401, 029209, 050805 OR 029208 THE

	CLAIM WILL BYPASS 641(DCR00691)
	IF THE DOS IS AFTER 02/03/03 AND THE GPPC IS 024536, 024537,024538, 024539,024478 OR 040966 AND THERE IS A PAID CLAIM WITH DATES OF SERVICE IN THE PAST 90 DAYS HISTORY FOR GPPC 024536, 024537, 024538, 024539, 024478 OR 040966 THE CLAIM WILL BYPASS 641(DCR00691) IF THE DOS IS AFTER 02/03/03 AND THE GPPC IS 012059, 012060 OR 012061 AND THERE IS A PAID CLAIM WITH DATES OF SERVICE IN THE PAST 90 DAYS HISTORY FOR GPPC 012059, 012060 OR 012061 THE CLAIM WILL BYPASS 641(DCR00691) IF THE DOS IS AFTER 02/03/03 AND THE GPPC IS 020616, 020617 OR 020618 AND THERE IS A PAID CLAIM WITH DATES OF SERVICE IN THE PAST 90 DAYS HISTORY FOR GPPC 020616, 020617 OR 020618 THE CLAIM WILL BYPASS 641(DCR00691) IF THE DOS IS AFTER 02/03/03 AND THE GPPC IS 016925, 016926 OR 016927 AND THERE IS A PAID CLAIM WITH DATES OF SERVICE IN THE PAST 90 DAYS HISTORY FOR GPPC 016925, 016926 OR 016927 THE CLAIM WILL BYPASS 641(DCR00691) IF THE DOS IS AFTER 02/03/03 AND THE GPPC IS 021743, 016295 OR 016296 AND THERE IS A PAID CLAIM WITH DATES OF SERVICE IN THE PAST 90 DAYS HISTORY FOR GPPC 021743, 016295, OR 016296 THE CLAIM WILL BYPASS 641(DCR00691) IF THE DOS IS AFTER 02/03/03 AND THE GPPC IS 041651, 041652, OR 041653 AND THERE IS A PAID CLAIM WITH DATES OF SERVICE IN THE PAST 90 DAYS HISTORY FOR GPPC 041651, 041652 OR 041653 THE CLAIM WILL BYPASS 641(DCR00691)
	IF THE DOS IS AFTER 02/03/03 AND THE GPPC IS 025697 OR 025698 AND THERE IS A PAID CLAIM WITH DATES OF SERVICE IN THE PAST 90 DAYS HISTORY FOR GPPC 025697 OR 025698 THE CLAIM WILL BYPASS 641(DCR00691) IF THE DOS IS AFTER 02/03/03 AND THE GPPC IS 023770,023769,023768,OR 050519 AND THERE IS A PAID CLAIM WITH DATES OF SERVICE IN THE PAST 90 DAYS HISTORY FOR GPPC 023770,023769,023768 OR 050519 THE CLAIM WILL BYPASS 641(DCR00691) IF THE DOS IS AFTER 02/03/03 AND THE GPPC IS 029252,029251,029253, OR 029254 AND THERE IS A

	PAID CLAIM WITH DATES OF SERVICE IN THE PAST 90 DAYS HISTORY FOR GPPC 029252,029251,029253, OR 029254 THE CLAIM WILL BYPASS 641(DCR00691)
	IF THE DOS IS AFTER 02/03/03 AND THE GPPC IS 041200 OR 030497 AND THERE IS A PAID CLAIM WITH DATES OF SERVICE IN THE PAST 90 DAYS HISTORY FOR GPPC 041200 OR 030497 THE CLAIM WILL BYPASS 641(DCR00691) IF THE DOS IS AFTER 02/03/03 AND THE GPPC IS 036867 AND THERE IS A PAID CLAIM WITH DATES OF SERVICE IN THE PAST 90 DAYS HISTORY FOR GPPC 036867 THE CLAIM WILL BYPASS 641(DCR00691) IF THE DOS IS AFTER 02/03/03 AND THE GPPC IS 047586, 016599, 016600 OR 016601 AND THERE IS A PAID CLAIM WITH DATES OF SERVICE IN THE PAST 90 DAYS HISTORY FOR GPPC 047586, 016599, 016600 OR 016601 THE CLAIM WILL BYPASS 641(DCR00691) IF THE DOS IS AFTER 02/03/03 AND THE GPPC IS 005145 OR 005146 AND THERE IS A PAID CLAIM WITH DATES OF SERVICE IN THE PAST 90 DAYS HISTORY FOR GPPC 005145 OR 005146 THE CLAIM WILL BYPASS 641(DCR00691) IF THE DOS IS AFTER 02/03/03 AND THE GPPC IS 014188 OR 014189 AND THERE IS A PAID CLAIM WITH DATES OF SERVICE IN THE PAST 90 DAYS HISTORY FOR GPPC 014188 OR 014189 THE CLAIM WILL BYPASS 641(DCR00691) IF THE DOS IS AFTER 02/03/03 AND THE GPPC IS 017956 OR 017955 AND THERE IS A PAID CLAIM WITH DATES OF SERVICE IN THE PAST 90 DAYS HISTORY FOR GPPC 017956 OR 017955 THE CLAIM WILL BYPASS 641(DCR00691) IF THE DOS IS AFTER 02/03/03 AND THE GPPC IS 005150 OR 005151 AND THERE IS A PAID CLAIM WITH DATES OF SERVICE IN THE PAST 90 DAYS HISTORY FOR GPPC 005150 OR 005151 THE CLAIM WILL BYPASS 641(DCR00691) IF THE DOS IS AFTER 02/03/03 AND THE GPPC IS 005135, 005136, 005137, 005133 OR 005134 AND THERE IS A PAID CLAIM WITH DATES OF SERVICE IN THE PAST 90 DAYS HISTORY FOR GPPC 005135, 005136, 005137, 005133, OR 005134 THE CLAIM WILL BYPASS 641(DCR00691)

	IF THE DOS IS AFTER 02/03/03 AND THE GPPC IS 005149 AND THERE IS A PAID CLAIM WITH DATES OF SERVICE IN THE PAST 90 DAYS HISTORY FOR GPPC 005149 THE CLAIM WILL BYPASS 641(DCR00691) IF THE DOS IS AFTER 02/03/03 AND THE GPPC IS 005144 OR 005143 AND THERE IS A PAID CLAIM WITH DATES OF SERVICE IN THE PAST 90 DAYS HISTORY FOR GPPC 005144 OR 005143 THE CLAIM WILL BYPASS 641(DCR00691)
	IF THE DOS IS AFTER 02/03/03 AND THE GPPC IS 005115, 005116, 005113 OR 005114 AND THERE IS A PAID CLAIM WITH DATES OF SERVICE IN THE PAST 90 DAYS HISTORY FOR GPPC 005115, 005116, 005113 OR 005114 THE CLAIM WILL BYPASS 641(DCR00691)
	IF THE DOS IS AFTER 02/03/03 AND THE GPPC IS 005142, 005140 OR 005141 AND THERE IS A PAID CLAIM WITH DATES OF SERVICE IN THE PAST 90 DAYS HISTORY FOR GPPC 005142, 005140 OR 005141 THE CLAIM WILL BYPASS 641(DCR00691) IF THE DOS IS AFTER 02/03/03 AND THE GPPC IS 028108, 028109, 022233 OR 019293 AND THERE IS A PAID CLAIM WITH DATES OF SERVICE IN THE PAST 90 DAYS HISTORY FOR GPPC 028108, 028109, 022233 OR 019293 THE CLAIM WILL BYPASS 641(DCR00691) IF THE DOS IS AFTER 02/03/03 AND THE GPPC IS 005098, 005099 OR 005100 AND THERE IS A PAID CLAIM WITH DATES OF SERVICE IN THE PAST 90 DAYS HISTORY FOR GPPC 005098, 005099 OR 005100 THE CLAIM WILL BYPASS 641(DCR00691)
	IF THE DOS IS AFTER 02/03/03 AND THE GPPC IS 021406, 021407, 021408 OR 021409 AND THERE IS A PAID CLAIM WITH DATES OF SERVICE IN THE PAST 90 DAYS HISTORY FOR GPPC 021406, 021407, 021408 OR 021409 THE CLAIM WILL BYPASS 641(DCR00691) IF THE DOS IS AFTER 02/03/03 AND THE GPPC IS 000343, 000344 OR 000345 AND THERE IS A PAID CLAIM WITH DATES OF SERVICE IN THE PAST 90 DAYS HISTORY FOR GPPC 000343, 000344 OR 000345 THE CLAIM WILL BYPASS 641(DCR00691)
	IF THE DOS IS AFTER 2/27/03 AND THE GPPC IS 000277, 000278 OR 000276 AND THERE IS A PAID CLAIM WITH DATES OF SERVICE IN THE PAST 90 DAYS FOR GPPC 000277, 000278 OR 000276 THE CLAIM WILL BYPASS 641(DCR00719)

	IF THE DOS IS AFTER 2/27/03 AND THE GPPC IS 000273 AND THERE IS A PAID CLAIM WITH DATES OF SERVICE IN THE PAST 90 DAYS FOR GPPC 000273 THE CLAIM WILL BYPASS 641(DCR00719) IF THE DOS IS AFTER 2/27/03 AND THE GPPC IS 000416 OR 000417 AND THERE IS A PAID CLAIM WITH DATES OF SERVICE IN THE PAST 90 DAYS FOR GPPC 000416 OR 000417 THE CLAIM WILL BYPASS 641(DCR00719) IF THE DOS IS AFTER 2/27/03 AND THE GPPC IS 021139, 021140 OR 021141 AND THERE IS A PAID CLAIM WITH DATES OF SERVICE IN THE PAST 90 DAYS FOR GPPC 021139, 021140 OR 021141 THE CLAIM WILL BYPASS 641(DCR00719) IF THE DOS IS AFTER 2/27/03 AND THE GPPC IS 000415 AND THERE IS A PAID CLAIM WITH DATES OF SERVICE IN THE PAST 90 DAYS FOR GPPC 000415 THE CLAIM WILL BYPASS 641(DCR00719) IF THE DOS IS AFTER 2/27/03 AND THE GPPC IS 000354 OR 000355 AND THERE IS A PAID CLAIM WITH DATES OF SERVICE IN THE PAST 90 DAYS FOR GPPC 000354 OR 000355 THE CLAIM WILL BYPASS 641(DCR00719) IF THE DOS IS AFTER 2/27/03 AND THE GPPC IS 000353 AND THERE IS A PAID CLAIM WITH DATES OF SERVICE IN THE PAST 90 DAYS FOR GPPC 000353 THE CLAIM WILL BYPASS 641(DCR00719) IF THE DOS IS AFTER 2/27/03 AND THE GPPC IS 046998, 046999 OR 047000 AND THERE IS A PAID CLAIM WITH DATES OF SERVICE IN THE PAST 90 DAYS FOR GPPC 046998, 046999 OR 047000 THE CLAIM WILL BYPASS 641(DCR00719)
	IF DOS ARE ON OR AFTER 4/17/03 AND THE GPPC IS 024484, 017037, 027475, 045261, 031689, 033716 or 047763 THE CLAIM WILL BYPASS ESC 3000 IF THERE HAS BEEN 30 CUMULATIVE DAYS (BASED ON DAYS SUPPLY) IN THE PAST 365 DAYS OF ANY COMBINATION OF THE FOLLOWING GPPCS: 030476, 018698 OR 018697. DCR 00731 IF DOS ARE ON OR AFTER 8/12/03 AND THE GPPC IS 052159 THE CLAIM WILL BYPASS ESC 3000 IF THERE HAS BEEN 30 CUMULATIVE DAYS (BASED ON DAYS SUPPLY) IN THE PAST 365 DAYS OF ANY COMBINATION OF THE FOLLOWING GPPCS: 030476, 018698 OR 018697. DCR 00848 IF DOS ARE ON OR AFTER 4/17/03 AND THE GPPC IS

	041285, 041286, 042637, 042638, 042636, 042635, 044758, 049795, 050832 OR 049798 THE CLAIM WILL BYPASS ESC 3000 IF THERE IS A PAID CLAIM WITHIN THE PAST 90 DAYS CLAIMS HISTORY OF ANY OF THE FOLLOWING GPPCS: 006763, 006762, 025750, 006685, 006783, 006784, 006785, 006787, 006786, 006788, 006789, 006790, 006780, 006781, 006705, 006703, 006704, 006693, 045311, 006737, 006738, 006742, 006739, 006740, 040118, 006719, 038375, 006748, 006750, 006753, 006749, 006751, 006754 ,006746, 006745, 006805, 014198, 006561, 006560, 018080, 019486, 006562, 030475, 006563, 006559, 040869, 048899, 051599, 040650, 008388, 008381, 008387, 011682, 011964, 023881, 011684, 023882, 023881, 023883, 009580, 040549, 040550, 045266, 008798, 002541, 002542, or 009403. (DCR00732) IF DOS ARE ON OR AFTER 4/17/03 AND THE GPPC IS 041285, 041286, 042637, 042638, 042636, 042635, 044758, 049795, 050832 OR 049798 THE CLAIM WILL BYPASS ESC 3000 IF THE MEMBER IS AGE 60 YEARS OR OLDER. DCR00736
	IF THE DOS IS AFTER 6/13/03 AND THE GPPC IS 000312, 000313, 000326 OR 000327 AND THERE IS A PAID CLAIM WITH DATES OF SERVICE IN THE PAST 90 DAYS FOR GPPC 000312, 000313, 000326 OR 000327 THE CLAIM WILL BYPASS 641(DCR00777) IF THE DOS IS AFTER 6/13/03 AND THE GPPC IS 048399, 048400, 048401, 029209 OR 029208 AND THERE IS A PAID CLAIM WITH DATES OF SERVICE IN THE PAST 90 DAYS FOR GPPC 048399, 048400,048401, 029209 OR 029208 THE CLAIM WILL BYPASS 641(DCR00798) IF THE DOS IS AFTER 6/13/03 AND THE GPPC IS 024097, 013497, 017195 OR 017196 AND THERE IS A PAID CLAIM WITH DATES OF SERVICE IN THE PAST 90 DAYS FOR 024097, 013497, 017195 OR 017196 THE CLAIM WILL BYPASS 641(DCR00810)

	IF THE DOS IS ON OR AFTER 08/12/03 AND THE GPPC IS 051214 THE CLAIM WILL BYPASS ESC 3000 IF THERE IS A PAID CLAIM WITHIN THE PAST 365 DAYS CLAIMS HISTORY WITH ANY OF THE FOLLOWING GPPCS: 016310, 006460, 006461, 050557, 050558, 016576, 016577, 016578, 016579, 040238, 016366, 016367, 020741, 049758, 021694, 021695, 046757, 029967, 029968, 029969, 045772, 049600, 049598, OR 049599. (DCR 00847) IF THE DOS IS ON OR AFTER 09/02/03 AND THE GPPC IS 016223 OR 016224 THE CLAIM WILL BYPASS ESC 3000 IF THE MEMBER IS AGE 10 YEARS OR YOUNGER. (DCR 00851) IF THE DOS IS ON OR AFTER 8/12/03 AND THE GPPC IS 043557, 027962, 038451, 044803, 037003, 051512 OR 029803 THE CLAIM WILL BYPASS ESC 3000 IF THERE IS A PAID CLAIM WITHIN THE PAST 180 DAYS CLAIMS HISTORY WITH ANY OF THE FOLLOWING GPPCS: 046698, 046699, 046525, 046526, 022232, 000213, 017184 021253, 021251, 021483, 019319, 019317, 019318, 000212, 005025, 005026, 005033, 005034, 005035, 027388, 016394, 005040, 011688, 011686, 025061, 044694, 019343, 021700, 000175, 029123, 048018, 000122, 000121, 000123, 000132, 000133, 000130, 043366, 043367, 043368, 041848, 048849, 049871, 021604, 031417, 005037, 005038, 005039, 011773, 022213, 028090, 048698, 048699, 016033, 022230, 025621, 000059, 000061, 000062, 000063, 000064, 000065, 000066, 000068, 000069, 000072, 000076, 000077, 000078, 000084, 000087, 000088, 000090, 000091, 000093, 000095, 011810, 020990, 021608, 021609, 021610, 024535, 017941, OR 027036. (DCR 00853) DCR 00911 ADDED GPPC 041849 DCR 00968 ADDED GPPC'S 005032, 051197, 051198, 044965, 004963, 004964, 004967, 004968 AND 004958.
	IF THE DOS IS ON OR AFTER 12/10/03 AND THE GPPC IS 048814, 048815, 045877, 051151, 051601, 045878 OR 053612 THE CLAIM WILL BYPASS ESC 3000 IF THERE HAS NOT BEEN 112 CUMULATIVE DAYS (BASED ON DAYS SUPPLY) OF ANY COMBINATION OF THESE GPPC'S WITHIN THE PAST 180 DAYS CLAIMS HISTORY.(DCR00900) (DCR 01043 added 053612)
	IF THE DOS IS ON OR AFTER 12/10/03 AND THE GPPC IS 048664 OR 051637 THE CLAIM WILL BYPASS ESC

	3000 IF THERE HAS NOT BEEN 112 CUMULATIVE DAYS (BASED ON DAYS SUPPLY) OF ANY COMBINATION OF THESE GPPC'S WITHIN THE PAST 180 DAYS CLAIMS HISTORY.(DCR00900) (DCR 01043 added 053429)
	IF THE DOS IS ON OR AFTER 12/29/03 AND THE GPPC IS 053056, 053057, 053058, 053059, 053060 OR 053061, THE CLAIM WILL BYPASS ESC 3000 OF THE MEMBER IS AGE 18 YEARS OR YOUNGER. DCR 00963
	CLAIM TYPES OTHER THAN P/Q AND M (PT 31/35) FAILS IF A PROCEDURE CODE REQUIRES PRIOR AUTHORIZATION (**EXPLAINED BELOW) AND NO MATCHING APPROVED PA IS ON THE PA FILE. THE FOLLOWING DATA ON THE CLAIM MUST MATCH THE DATA ON THE CORRESPONDING PA FILE RECORD: • SAME PA # • SAME MEMBER MEMBER ID # • SAME PROVIDER # (**NOTE: for provider type 64/65, the billing provider # or clinic provider # is considered for the match) DCR01124** • SAME PROCEDURE/REVENUE • CLAIM FROM DATE OF SERVICE EQUAL TO OR WITHIN PA SEGMENT DATES (FOR EPSDT CLAIMS, BOTH FROM AND TO DATES MUST BE WITHIN THE PA DATE RANGE) THE PA SEGMENT MUST HAVE A PA STATUS OF "A". NOTE: FOR LOCAL PROCEDURE CODES END-DATED AS A RESULT OF HIPPA, A 'BACKWARD CROSSWALK' OF THE REPLACEMENT CODE TO OLD LOCAL CODE IS USED TO DETERMINE IF THE PROCEDURE CODE ON THE CLAIM MATCHES THE PROCEDURE CODE ON THE PA. SEE ATTACHMENT 'A' FOR THIS CROSSWALK. FOR PROVIDER TYPE 60/61, 31 & 35, IF PROCEDURE CODE D4341, D8210 OR D7220 AND THE JULIAN DATE OF THE PA NUMBER ON THE CLAIM IS EQUAL TO OR GREATER THAN 6/1/05 THE TOOTH NUMBER ON THE CLAIM(ALPHA VALUE) MUST MATCH TO THE 1ST MODIFIER ON THE PA RECORD(NUMERIC VALUE). THE

	COMPARE OF CLAIM TOOTH NUMBER TO 1ST MODIFIER ON MATCHING PA INCLUDES THE FOLLOWING CONVERSION OF ALPHA VALUE TO NUMERIC.DCR 01309 01 – UA 02 – LA 10 – UR 20 – UL 30 – LL 40 – LR FOR PROVIDER TYPES 60/61, 31 AND 35, PROCEDURE CODE D0330, ESC 3000 IS BYPASSED IF THE MEMBER IS AGE 5 AND UNDER. DCR 01309
	FOR PROVIDER TYPE 64/65, PROCEDURE CODES WITH AN ACTION REASON CODE 'R' ON THE PDD FILE, REQUIRE PRIOR AUTHORIZATION. NOTE: THERE WILL NOT BE A 'Y' PA INDICATOR ON THE PDD FILE FOR THESE PROCEDURE CODES. (DCR 00951) FOR PROVIDER TYPE 34, ESC 3000 WILL ONLY BE SET IF THE LINE ITEM FIRST DATE OF SERVICE IS GREATER THAN OR EQUAL TO 01/01/2004. DCR 00967 FOR PROVIDER TYPE 23, PROCEDURE CODES 90804, 90853, H2021, H2019 AND T1023, ESC 3000 IS APPLIED. FOR PROVIDER TYPE 23, THE TWO 2-BYTE MODIFIERS WILL BE A PART OF THE MATCH CRITERIA. FOR PROVIDER TYPE 45, MODIFIERS ONE AND TWO WILL BE A PART OF THE MATCH CRITERIA IF PRESENT ON THE PA. FOR PROVIDER TYPE 60/61, IF THE DATES IF SERVICE ARE AFTER 10/15/03 AND THE PROCEDURE CODE IS D0330 AND THE MEMBER AGE IS UNDER (6) SIX, THE ESC IS APPLIED. FOR PROVIDER TYPE 90, MODIFIER IS ALSO PART OF THE MATCH CRITERIA. FOR PROVIDER TYPE 90, THE PROCEDURE CODES LISTED ON ATTACHMENT 'B', REQUIRE PRIOR AUTHORIZATON IF THE CLAIM DATE OF SERVICE IS ON OR AFTER 1/8/2003.
	PLEASE NOTE THAT THE PDD FILE DOES NOT REFLECT THESE PROCEDURE CODES REQUIRE PA,

	THEY ARE FORCED THRU THE ESC.(DCR 00690) FOR PROVIDER TYPE 23 AND PT 29, THE FIRST NINE DIGITS OF THE TAX ID# (LOCATED IN PATIENT ACCOUNT NUMBER FIELD) AND 5 - BYTE MODIFIER ARE A PART OF THE MATCH CRITERIA
	**PROCEDURE CODES WHICH HAVE A PA INDICATOR OF "Y" ON THE PDD FILE REQUIRE PRIOR AUTHORIZATION. FOR PROVIDER TYPES 17, 29, 33, 42, 43, 45, 46, 47, AND 85, ALL PROCEDURES, WITH THE EXCEPTION OF THOSE LISTED AS EXCLUSIONS, REQUIRE PRIOR AUTHORIZATION. FOR PROVIDER TYPE 90 PROCEDURES WITH A PA INDICTOR OF "Y" AND ALL RENTALS (MODIFIER OF "RR") REQUIRE PRIOR AUTHORIZATON. FOR PROVIDER TYPE 34 REVENUE CODES 270, 279, 420, 430, 440, 550, 560 AND 570 REQUIRE PRIOR AUTHORIZATION IF DOS GREATER THAN 2/1/2002.
	PLEASE NOTE-FOR PROVIDER TYPES 33, 34, 42, 43, 46 AND 47, IF THE PRIOR AUTHORIZATION NUMBER IS NOT ENTERED BY THE PROVIDER, IT IS SYSTEMATICALLY ENTERED IF A MATCHING PA RECORD IS FOUND. EXCLUSIONS FOR CLAIM TYPES OTHER THAN D AND Q FOR PROVIDER TYPES 33, 42, AND 43, ESC 3000 IS NOT APPLIED TO DETAILS WITH DOS PRIOR TO 9/1/96. FOR PROVIDER TYPE 42 ESC 3000 IS NOT APPLIED TO DETAILS WITH REVENUE CODES 551 AND 552. DETAILS WITH PROCEDURE CODE X0099/E1399 ARE EXCLUDED FROM ESC 3000. FOR PROVIDER TYPE 33, X0099 AND E1399 DO NOT FAIL ESC 3000 THEY ARE MONITORED BY ESC 355- MANUAL PRICING. FOR PROVIDER TYPES 42 AND 43, ESC 3000 REFERENCES A CHANGE OF OWNERSHIP' PROVIDER CROSS-REFERENCE TABLE. IF A MATCHING PA IS NOT FOUND FOR THE BILLING PROVIDER, ESC 3000 USES EACH OF THE OTHER PROVIDER NUMBERS IN THE TABLE TO SEARCH FOR A MATCHING PA. IF NO MATCHING PA IS FOUND FOR THE OTHER NUMBERS IN THE TABLE, ESC 3000 IS SET.
	DME (PROV TYPE 90) DETAILS WITH A PROCEDURE CODE OF E1340 AND E1350, A BILLED AMOUNT OF $300.00 OR LESS, AND DATES OF SERVICE PRIOR TO

	1/8/2003 ARE EXCLUDED FROM ESC 3000. DME (PROV TYPE 90) DETAILS WITH A PROCEDURE CODE OF E1340 and E1350, A BILLED AMOUNT OF $150.00 OR LESS, AND DATES OF SERVICE AFTER 1/7/2003 ARE EXCLUDED FROM ESC 3000.(DCR00679) DME (PROV TYPE 90) DETAILS WITH PROCEDURE CODE E1399, BILLED CHARGES DIVIDED BY UNITS IS $300.00 OR LESS PER UNIT, AND DATES OF SERVICE PRIOR TO 1/8/2003 ARE EXCLUDED FROM ESC 3000(DCR00679)
	FOR DATES OF SERVICE ON OR AFTER 07/01/01, PROVIDER TYPES- 64/65, 31, 35, 22, 78, 52, 77, THE FOLLOWING VISION CODES DO NOT REQUIRE PRIOR AUTHORIZATION:
	92341 V2100-V2118 V2199
	92352 V2200-V2220 V2410
	92353 V2430 V2499
	W0094 W0093 W0092 V2121 V2221
	FOR DATES OF SERVICE 01/01/2011 AND AFTER PT 78 MUST SUBMIT PA FOR PROCEDURE CODES REQUIRING PRIOR AUTHORIZATION AS NOTED ON THE PHYSICIAN FEE SCHEDULE PER CO 15899.
EOB CODES:	3003 - CLAIM REQUIRES PRIOR AUTHORIZATION
METHOD OF CORRECTION:	VERIFY THE MEMBER ID, PA NUMBER, PROCEDURE/REVENUE CODE OR NDC, AND DATES OF SERVICE WERE KEYED CORRECTLY. IF NOT, DATA CORRECT EACH FIELD IN ERROR.
	FOR DME CLAIMS (PT 90), ALSO VERIFY THE 2-DIGIT MODIFIER WAS KEYED CORRECTLY. IF NOT, CORRECT.
	FOR IMPACT PLUS CLAIMS (PT 29), ALSO VERIFY THE 5-DIGIT MODIFIER AND THE PATIENT ACCOUNT NUMBER WERE KEYED CORRECTLY. IF NOT, CORRECT.
	IF THE APPROPRIATE PRIOR AUTHORIZATION FORM IS ATTACHED VERIFYING THE PROCEDURE/NDC HAS BEEN APPROVED AND ALL DATA ON THE CLAIM MATCHES THE INFORMATION ON THE FORM, ROUTE TO THE PRIOR AUTHORIZATION TEAM. LOCATION 19.

	IF ALL DATA IS KEYED CORRECTLY AND ITEM #4 DOES NOT APPLY, DENY THE DETAIL/CLAIM.
PRIOR AUTHORIZATION	WHEN A DETAIL/CLAIM FAILS ESC 3000, BUT THE ATTACHED PRIOR AUTHORIZATION FORM VERIFIES THE PROCEDURE/NDC HAS BEEN AUTHORIZED AND THE DATA ON THE FORM MATCHES THE DATA ON THE CLAIM, ADD THE INFORMATION FROM THE PRIOR AUTHORIZATION FORM TO THE PRIOR AUTHORIZATION FILE.

ATTACHMENT 'A'

PT	LOCAL CODE	NEW CODE
15	XH100	T1023
15	99347	S9444
15	99348	S9445
17	XL307	97535
17	X0063	T1005
17	X0076	T2022
17	X0079	H0039
17	X0080	H0004
17	X0082	97530
17	X0083	92507
17	X0095	S5165
17	X0096	S5135
17	X0097	H2017
17	X0098	97537
17	X0099	E1399
17	X0100	H0043

PT	LOCAL CODE	NEW CODE
17	X0101	T2016
22	A5701	A4391
22	E1036	E1035
22	L2400	L2102
22	V5000	92557
22	V5016	V5299
22	W0030	V5011
22	W0073	V5264
22	W0074	V5266
22	W0075	V5299
22	W0080	V5267
22	W0090	V5014
22	W0091	V2799
22	W0093	92499
22	W0094	92499
22	WP101	99381 - 99385
22	WP102	99391 - 99395
22	WP103	99391-99395
22	X0064	T2022
22	XH100	T1023
22	XZ001	B4150

PT	LOCAL CODE	NEW CODE
22	XZ002	B4150
22	XZ004	B4150
22	XZ006	B4152
22	XZ007	B4156
22	XZ010	B4150
22	XZ011	B4150
22	XZ012	B4154
22	XZ013	B4150
22	XZ016	B4152
22	XZ017	B4150
22	XZ021	B4150
22	XZ024	B4150
22	XZ027	B4154
22	XZ028	B4150
22	XZ030	B4150
22	XZ031	B4150
22	XZ033	B4151
22	XZ034	B4151
22	XZ035	B4151
22	XZ036	B4153
22	XZ037	B4155

PT	LOCAL CODE	NEW CODE
22	XZ038	B4150
22	XZ039	B4150
22	XZ040	B4155
22	XZ042	B4155
22	XZ043	B4150
22	XZ046	B4150
22	XZ047	B4154
22	XZ048	B4154
22	XZ049	B4150
22	XZ051	B4150
22	XZ055	B4150
22	XZ057	B4156
22	XZ058	B4155
22	XZ299	E1399
22	XZ691	E0441
22	XZ697	E0441
22	XZ698	E0441
22	XZ699	E0442
22	XZ701	A9900
22	XZ702	E1031
22	XZ703	E1399

PT	LOCAL CODE	NEW CODE
22	XZ859	E0600
22	XZ860	E0950
22	XZ861	E1100
22	XZ872	E0145
22	XZ874	E0700
22	XZ877	A4375-A4383 AND A4387-A4393
22	XZ878	B4086
22	XZ879	E1399
22	XZ880	A5119
22	XZ881	A4370
22	XZ885	A5102
22	XZ886	A4367
22	XZ887	A4399
22	XZ888	A4399
22	XZ889	E1340
22	Y0226	11719
22	Y1154	28270
23	X0050	90804
23	X0051	90853
23	X0058	90887

PT	LOCAL CODE	NEW CODE
23	X0060	H2021
23	X0064	T2023
23	X0073	H2012
23	X0086	H2019
23	X0088	H0043
23	XH100	T1023
24	X0011	96110
24	X0012	96111
24	X0014	G9001
24	X0015	G9007
24	X0050	97139
24	X0051	97150
24	X0058	90887
24	X0060	97110
24	X0064	T1016
24	X0076	T2022
24	X0099	E1399
25	X0064	T2022
27	X0064	T2022
29	X0050	90804
29	X0051	90853

PT	LOCAL CODE	NEW CODE
29	X0058	90887
29	X0060	H2021
29	X0064	T2023
29	X0072	90816
29	X0073	H2012
29	X0080	90899
29	X0081	S9458
29	X0086	H2019
29	X0089	S5145
29	XH100	T1023
31	V5000	92557
31	W0030	V5011
31	W0073	V5264
31	W0074	V5266
31	W0075	V5299
31	W0080	V5267
31	W0090	V5014
31	W0091	V2799
31	W0093	92499
31	W0094	92499
31	WP101	99381-99385

PT	LOCAL CODE	NEW CODE
31	WP102	99391-99395
31	X0024	99429
31	X0025	99429
31	X0029	99429
31	X1100	99201-99205
31	X1110	99201-99205
31	X1120	99201-99205
31	X1130	99201-99205
31	X1140	99201-99205
31	X1170	99201-99205
31	X1180	99201-99205
31	X1190	99201-99205
31	X1200	99211-99215
31	X1210	99211-99215
31	X1220	99211-99215
31	X1230	99211-99215
31	X1240	99211-99215
31	X1280	99211-99215
31	X1290	99211-99215
31	X1300	99211-99215
31	X1310	99211-99215

PT	LOCAL CODE	NEW CODE
31	X1320	99211-99215
31	X1330	99211-99215
31	X1340	99211-99215
31	X1360	99211-99215
31	X1370	99211-99215
31	X1380	99211-99215
31	X1400	99199
31	X1410	99199
31	X1420	99199
31	X1430	99199
31	X1440	99199
31	X1470	99199
31	X1480	99199
31	X1490	99199
31	X1495	99199
31	X1499	99199
31	X1500	S0612
31	X1510	S0612
31	X1520	S0612
31	X1530	S0612
31	X1540	S0612

PT	LOCAL CODE	NEW CODE
31	X1560	S0612
31	X1570	S0612
31	X1580	S0612
31	X1590	S0612
31	X4495	99199
31	X4499	99199
31	Y0226	11719
31	Y1154	28270
32	X0024	99429
32	X0025	99429
32	X0029	99429
32	X1100	99202
32	X1110	99202
32	X1120	99202
32	X1130	99202
32	X1140	99202
32	X1170	99202
32	X1180	99202
32	X1190	99202
32	X1200	99212
32	X1210	99212

PT	LOCAL CODE	NEW CODE
32	X1220	99212
32	X1230	99212
32	X1240	99212
32	X1280	99212
32	X1290	99212
32	X1300	99212
32	X1310	99212
32	X1320	99212
32	X1330	99212
32	X1340	99212
32	X1360	99212
32	X1370	99212
32	X1380	99212
32	X1400	99199
32	X1410	99199
32	X1420	99199
32	X1430	99199
32	X1440	99199
32	X1470	99199
32	X1480	99199
32	X1490	99199

PT	LOCAL CODE	NEW CODE
32	X1495	99199
32	X1499	99199
32	X1500	S0612
32	X1510	S0612
32	X1520	S0612
32	X1530	S0612
32	X1540	S0612
32	X1560	S0612
32	X1570	S0612
32	X1580	S0612
32	X1590	S0612
32	X4110	99201
32	X4120	99201
32	X4130	99201
32	X4140	99201
32	X4150	99201
32	X4170	99201
32	X4180	99201
32	X4200	99211
32	X4210	99211
32	X4220	99211

PT	LOCAL CODE	NEW CODE
32	X4230	99211
32	X4240	99211
32	X4270	99211
32	X4290	99211
32	X4300	99211
32	X4310	99211
32	X4320	99211
32	X4330	99211
32	X4340	99211
32	X4370	99211
32	X4390	99211
32	X4495	99199
32	X4499	99199
32	X4500	S0610
32	X4510	S0610
32	X4530	S0612
32	X4540	S0612
32	X4570	S0612
32	X4590	S0612
33	X0061	T2016
33	X0063	T1005

PT	LOCAL CODE	NEW CODE
33	X0076	T2022
33	X0078	H0038
33	X0079	H0039
33	X0080	H0004
33	X0081	90804
33	X0082	97530
33	X0083	92507
33	X0084	97110
33	X0088	S5126
33	X0089	H0043
33	X0090	97537
33	X0091	97535
33	X0099	E1399
33	X0103	S5140
35	V5000	92557
35	W0030	V5011
35	W0073	V5264
35	W0074	V5266
35	W0075	V5299
35	W0080	V5267
35	W0090	V5014

PT	LOCAL CODE	NEW CODE
35	W0091	V2799
35	W0093	92499
35	W0094	92499
35	WP101	99381-99385
35	WP102	99391-99395
35	X0024	99429
35	X0025	99429
35	X0029	99429
35	X1100	99201-99205
35	X1110	99201-99205
35	X1120	99201-99205
35	X1130	99201-99205
35	X1140	99201-99205
35	X1170	99201-99205
35	X1180	99201-99205
35	X1190	99201-99205
35	X1200	99211-99215
35	X1210	99211-99215
35	X1220	99211-99215
35	X1230	99211-99215
35	X1240	99211-99215

PT	LOCAL CODE	NEW CODE
35	X1280	99211-99215
35	X1290	99211-99215
35	X1300	99211-99215
35	X1310	99211-99215
35	X1320	99211-99215
35	X1330	99211-99215
35	X1340	99211-99215
35	X1360	99211-99215
35	X1370	99211-99215
35	X1380	99211-99215
35	X1400	99199
35	X1410	99199
35	X1420	99199
35	X1430	99199
35	X1440	99199
35	X1470	99199
35	X1480	99199
35	X1490	99199
35	X1495	99199
35	X1499	99199
35	X1500	S0612

PT	LOCAL CODE	NEW CODE
35	X1510	S0612
35	X1520	S0612
35	X1530	S0612
35	X1540	S0612
35	X1560	S0612
35	X1570	S0612
35	X1580	S0612
35	X1590	S0612
35	X4495	99199
35	X4499	99199
35	Y0226	11719
35	Y1154	28270
43	XR000	S5101
43	XR400	97001
43	XR403	97002
43	XR410	97110
43	XR500	97003-97004
43	XR600	92506
43	XR660	T1005
45	92507	S9128
45	97530	S9131

PT	LOCAL CODE	NEW CODE
45	99301	T1026
45	99302	T1026
45	99303	T1026
45	E1036	E1035
45	E1354	A4617
45	H5050	H0017&H0018
45	H5170	H0015
45	H5300	S9129
45	J7000	95144
45	J7020	95115
45	J7340	95165
45	M0019	S9124
45	M0049	S9123
45	V5016	V5299
45	W0073	V5264
45	W0074	V5266
45	WP511	S9140
45	X0050	90804
45	XA122	T1030
45	XG702	S9122
45	XH100	T1023

PT	LOCAL CODE	NEW CODE
45	XZ001	B4150
45	XZ002	B4150
45	XZ004	B4150
45	XZ006	B4152
45	XZ007	B4153
45	XZ010	B4150
45	XZ011	B4150
45	XZ012	B4154
45	XZ013	B4150
45	XZ016	B4150
45	XZ017	B4150
45	XZ021	B4154
45	XZ024	B4150
45	XZ027	B4154
45	XZ028	B4150
45	XZ030	B4150
45	XZ031	B4150
45	XZ033	B4154
45	XZ034	B4151
45	XZ035	B4151
45	XZ036	B4153

PT	LOCAL CODE	NEW CODE
45	XZ037	B4155
45	XZ038	B4150
45	XZ039	B4150
45	XZ040	B4155
45	XZ042	B4150
45	XZ043	B4150
45	XZ046	B4150
45	XZ047	B4154
45	XZ048	B4154
45	XZ049	B4150
45	XZ051	B4150
45	XZ055	B4150
45	XZ057	B4156
45	XZ058	B4155
45	XZ060	B4150
45	XZ061	B4150
45	XZ066	B4150
45	XZ067	B4152
45	XZ702	E1031
45	XZ703	E1399
45	XZ860	E0950

PT	LOCAL CODE	NEW CODE
45	XZ993	E1340
45	ZR124	H0017
45	ZR128	H0017
45	ZR158	H0017
50	W0073	V5264
50	W0074	V5266
50	W0075	V5299
50	W0080	V5267
50	W0090	V5014
52/77	W0091	V2799
52/77	W0093	92499
52/77	W0094	92499
55	A0342	A0429
55	A0348	A0427
55	A0380	A0425
55	A0382	A0382
55	A0390	A0425
55	A0398	A0398
55	A0420	A0425
55	A0422	A0422
55	A0426	A0427

PT	LOCAL CODE	NEW CODE
55	A0427	A0427
55	A0429	A0429
55	A0429/MA	A0429
55	A0430	A0430
55	A0431	A0431
55	A0433	A0427
55	A0434	A0427
55	A0435	A0435
55	A0436	A0436
64/65	W0093	92499
64/65	W0094	92499
64/65	WP101	99381-99385
64/65	WP102	99391-99395
64/65	WP115	99391-99395
64/65	Y1154	28270
70	V5000	92557
70	W0030	V5011

ATTACHMENT 'B'

A6023	K0085	L0190	L0340	L0410	L0540	L0710	L0930	L1210
E0149	K0088	L0200	L0350	L0420	L0550	L0810	L0950	L1220
E1800	K0089	L0310	L0360	L0430	L0560	E1380	L0974	L1230
E1805	L0130	L0315	L0370	L0440	L0565	L0830	L0976	L1300
E1810	E1815	L0170	L0317	L0380	L0510	L0610	L1000	L1310
E1815	L0174	L0320	L0390	L0520	L0620	L0910	L1110	L1499
E1825	L0180	L0330	L0400	L0530	L0700	L0920	L1200	L1500
L1640	L1650	L1680	L1685	L1686	L1690	L1700	L1710	L1720
L1730	L1755	L1832	L1834	L1840	L1843	L1844	L1845	L1846
L1847	L1850	L1855	L1858	L1870	L1880	L1885		
L1900	L2500	L4010	L5620	L5699	L5970	L6588	L6807	L1510
L1904	L2510	L4020	L5622	L5700	L5972	L6590	L6808	L1520
L1910	L2520	L4030	L5624	L5701	L5974	L5722	L6809	L7260
L1920	L2525	L4040	L5626	L5702	L5975	L6825	L7266	L7261
L1930	L2526	L4045	L5628	L5704	L5976	L6620	L6830	L7272
L1940	L2530	L4050	L5629	L5705	L5978	L6623	L6835	L7274
L1945	L2540	L4055	L5630	L5706	L5979	L6625	L6840	L7360
L1950	L2550	L4060	L5631	L5707	L5980	L6628	L6845	L7362
L1960	L2570	L4070	L5632	L5710	L5981	L6630	L6850	L7364
L1970	L2580	L4130	L5634	L5711	L5982	L6637	L6855	L7366
L1980	L2610	L4360	L5636	L5712	L5984	L6640	L6860	L7499
L1990	L2620	L5000	L5637	L5714	L5985	L6642	L6865	L8020
L2000	L2622	L5010	L5638	L5716	L5986	L6645	L6867	L8030
L2010	L2624	L5020	L5639	L5718	L5987	L6650	L6868	L8035
L2020	L2627	L5050	L5640	L5724	L5988	L6672	L6870	L8040
L2030	L2628	L5060	L5642	L5726	L5999	L6680	L6872	L8041
L2036	L2630	L5100	L5643	L5728	L6000	L6682	L6873	L8042
L2037	L2640	L5105	L5644	L5780	L6010	L6684	L6875	L8043
L2038	L3720	L5150	L5645	L5785	L6020	L6686	L6880	L8044
L2050	L3730	L5160	L5646	L5790	L6050	L6687	L6900	L8046
L2060	L3740	L5200	L5647	L5795	L6055	L6688	L6905	L8047

L2080	L3760	L5210	L5648	L5810	L6100	L6689	L6910	L1510
L2090	L3805	L5220	L5649	L5811	L6110	L6690	L6915	L8500
L2102	L3807	L5230	L5650	L5812	L6120	L6691	L6920	L8600
L2104	L3900	L5250	L5651	L5814	L6130	L6692	L6925	L8610
L2106	L3901	L5270	L5652	L5816	L6200	L6693	L6930	L8612
L2108	L3902	L5280	L5653	L5818	L6205	L6700	L6935	L8613
L2112	L3904	L5505	L5654	L5822	L6250	L6705	L6940	L8614
L2114	L3906	L5510	L5655	L5824	L6300	L6710	L6945	L8619
L2116	L3907	L5520	L5656	L5826	L6310	L6715	L6950	L8630
L2122	L3910	L5530	L5658	L5828	L6320	L6720	L6955	L8641
L2124	L3960	L5535	L5660	L5830	L6350	L6725	L6960	L8642
L2126	L3962	L5540	L5661	L5840	L6360	L6730	L6965	L8670
L2128	L3963	L5560	L5662	L5845	L6370	L6735	L6970	
L2132	L3964	L5570	L5663	L5846	L6380	L6740	L6975	L9900
L2134	L3965	L5580	L5664	L5855	L6382	L6745	L7010	
L2136	L3966	L5585	L5665	L5910	L6384	L6750	L7015	
L2188	L3968	L5590	L5920	L6386	L6755	L7020		
L2192	L3969	L5595	L5925	L6388	L6765	L7025		
L2250	L3970	L5600	L5670	L5930	L6400	L6770	L7030	
L2280	3972	L5610	L5672	L5940	L6450	L6775	L7035	
L2300	L3980	L5611	L5950	L6550	L6780	L7040		
L2330	L3982	L5613	L5960	L6570	L6790	L7045		
L2335	L3984	L5614	L5676	L5962	L6580	L6795	L7170	
L2340	L3985	L5616	L5677	L5964	L6582	L6800	L7185	
L2350	L3986	L5680	L5966	L6584	L6805	L7186		
L2370	L4000	L5618	L5682	L5968	L6586	L6806	L7190	

3.296 3006

3.296.1 3006 (FORMER LEGACY EDIT 533)

DMS Approved 02/13/97

ERROR STATUS CODE:	3006 (FORMER LEGACY EDIT 533)	**CLAIM TYPE:**	ALL EXCEPT CROSSOVERS (A, B, C)
HEADER/DETAIL:	DETAIL	**PROVIDER TYPE:**	ALL EXCEPT CROSSOVERS
OVERRIDEABLE:	YES	**TYPE OF DOCUMENT:**	PAPER, NON-PAPER, ADJUSTMENTS
DATA CORRECTABLE	YES	**CLAIM FIELD LABEL:**	REVENUE CODE/PA#

ESC NAME:	PA DOLLARS EXCEEDED
ESC CRITERIA: **LEGACY CRITERIA:**	IF THE PROCEDURE CODE ON THE CLAIM REQUIRES PA AS INDICATED ON THE COVERED BENEFIT TABLE, AND THERE IS AN APPROVED PA ON FILE BUT THE APPROVED DOLLARS HAVE ALREADY BEEN USED ON PREVIOUS CLAIMS, PERFORM CUTBACK LOGIC AND POST THE ESC. FAILS IF THE REVENUE CODE DOES NOT HAVE A MATCHING PRIOR AUTHORIZATION SEGMENT ON FILE FOR THE PRIOR AUTHORIZATION NUMBER ENTERED ON THE CLAIM. THE FOLLOWING DATA ON THE CLAIM MUST MATCH THE DATA ON THE CORRESPONDING PA SEGMENT: • SAME PA# • SAME MEMBER ID# • SAME PROVIDER# • SAME REVENUE CODE • CLAIM DATES OF SERVICE EQUAL TO OR WITHIN PA SEGMENT DATES • THE PA SEGMENT MUST HAVE A PA STATUS OF “A” **EXCLUSIONS** FOR DATES OF SERVICE PRIOR TO 12/1/95, REVENUE CODES ARE NOT LISTED ON THE PA FILE AND ‘SAME REVENUE CODE’ IS NOT PART OF THE CRITERIA USED TO DETERMINE IF A MATCHING PA EXISTS.
EOB CODES:	3006- DOLLARS EXCEED AUTHORIZED DOLLARS ON AUTHORIZATION MASTER.
METHOD OF CORRECTION:	VERIFY THE MEMBER ID, PA NUMBER, REVENUE CODE AND DATES OF SERVICE WERE KEYED CORRECTLY. IF NOT, DATA CORRECT EACH FIELD IN ERROR.
	1. IF THE APPROPRIATE PRIOR AUTHORIZATION FORM IS ATTACHED VERIFYING THE REVENUE CODE HAS BEEN APPROVED, AND ALL DATA ON THE CLAIM MATCHES THE INFORMATION ON THE FORM, ROUTE TO THE PRIOR AUTHORIZATION TEAM.
	2. IF ALL DATA IS KEYED CORRECTLY AND ITEM #2 DOES NOT APPLY, DENY THE DETAIL.

PRIOR AUTHORIZATION	WHEN A DETAIL/CLAIM FAILS ESC 533, BUT THE ATTACHED PRIOR AUTHORIZATION FORM VERIFIES THE REVENUE CODE HAS BEEN AUTHORIZED AND THE DATA ON THE FORM MATCHES THE DATA ON THE CLAIM, ADD THE INFORMATION FROM THE PRIOR AUTHORIZATION FORM TO THE PRIOR AUTHORIZATION FILE.

3.296.2 3006 (FORMER LEGACY EDIT 641)

DMS Approve 03/26/2012

ERROR STATUS CODE:	3003 (FORMER LEGACY EDIT 641)	**CLAIM TYPE:**	D, H, M, O, P/Q
HEADER/DETAIL:	DETAIL	**PROVIDERTYPE:**	13, 17, 22, 23, 29, 31, 33, 34, 35, 42, 43, 45, 46, 47, 50, 52, 54, 60, 61, 64, 65, 70, 77, 85, 90
OVERRIDEABLE:	YES	**TYPE OF DOCUMENT:**	PAPER, NON-PAPER, ADJUSTMENTS
DATA CORRECTABLE	YES	**CLAIM FIELD LABEL:**	PROCEDURE, PA#

ESC CRITERIA:	IF THE PROCEDURE CODE ON THE CLAIM REQUIRES PA AS INDICATED ON THE COVERED BENEFIT TABLE, AND THERE IS AN APPROVED PA ON FILE BUT THE APPROVED UNITS HAVE ALREADY BEEN USED ON PREVIOUS CLAIMS, PERFORM CUTBACK LOGIC AND POST THE ESC. CLAIM TYPE P/Q AND M (PT 31/35)
LEGACY CRITERIA:	FAILS IF A NDC REQUIRES PRIOR AUTHORIZATION (PA) AND A MATCHING TYPE “R”(REGULAR) PA SEGMENT IS NOT CONTAINED ON THE PRIOR AUTHORIZATION FILE. NOTE: IF THE LEGEND INDICATOR IS AN R OR S THE LEVEL OF SERVICE IS 03 AND THE POS CLAIM IS SUBMITTED OUTSIDE PA BUSINESS HOURS ESC 3000 IS NOT APPLIED. CLAIMS WITH DOS ON OR AFTER 4/6/04 SUBMITTED WITH A LOCATION CODE ‘03’ AND A LEVEL OF SERVICE 03 WILL BYPASS 641 AFTER 5:00 PM EST. DCR01101 NDCS WITH THE FOLLOWING PA INDICATOR/INNOVATOR COMBINATIONS REQUIRE PRIOR AUTHORIZATION AND ARE MONITORED BY ESC 3000. PLEASE NOTE THAT BRAND NECESSARY PRIOR

	AUTHORIZATIONS ARE MONITORED BY ESC 633. PA INDICATOR INNOVATOR Y ANY B ANY H OTHER THAN 1 I OTHER THAN 1 ALSO, THE FOLLOWING GPPCS REQUIRE PA ALTHOUGH THEY DO NOT HAVE PA INDICATOR/INNOVATOR COMINATIONS LISTED ABOVE: 039345, 027462, 045155, 045154, 004116, 004147, 004158. DCR 00448 AND DCR 00451 THE FOLLOWING NDC'S REQUIRE PA ALTHOUGH THEY DO NOT HAVE A PA INDICATOR ABOVE LISTED ABOVE: 00002-8715-01, 00002-8415-01, 00002-8315-01 OR 00002-8215-01.DCR01135 IF NO PA NUMBER IS ENTERED ON THE CLAIM OR THE PA NUMBER ENTERED HAS A JULIAN DATE GREATER THAN 1337, ESC 3000 SEARCHES FOR A MATCHING APPROVED REGULAR PA BASED ON MEMBER NUMBER, GPPC, AND DATE OF SERVICE ON THE CLAIM (MUST BE WITHIN PA EFFECTIVE DATES). IF THE CLAIM HAS A PA NUMBER WITH A JULIAN DATE LESS THAN 1338, THE FOLLOWING MATCH CRITERIA IS APPLIED – SAME PROVIDER NUMBER, SAME MEMBER NUMBER, SAME NDC, DOS WITHIN PA EFFECTIVE DATES, AND CLAIM UNITS EQUAL TO OR LESS THAN APPROVED QUANTITY.
	CLAIM TYPE P/Q AND M (PT 31/35) EXCLUSIONS IF DOS ON OR AFTER 08/31/04 AND THE GPPC IS 042922, 042923, 021154, 021155, 021156, 021157, 026177, 013648, 013649, 029077, 027961, 027959, 050836, 041026, 041027, 045190, 045191, 047285, 047286, 034187, 034188, 034189, 047198, 052049, 051799, 051800, 050102, 047564, 047567, 047568, 052898, 051333, 051334, 051335, 051336, 053400, 053402, 053401, 053403 ESC 3000 WILL BE BYPASSED IF THE MEMBER IS LESS THAN 18 YEARS OF AGE. DCR 01194 THE LOGIC FOR DCR 01194 WAS NEVER APPLIED PER DMS ON 10/28/04. IF DOS IS ON OR AFTER 08/31/04 AND GPPC IS 029077,

	027961, 027959, 050836, 041026, 041027, 045190, 045191, 047285 OR 047286 AND THERE IS A PAID CLAIM WITHIN THE PAST 60 DAYS HISTORY FOR GPPC 029077, 027961, 027959, 050836, 041026, 041027, 045190, 045191, 047285 OR 047286 THE CLAIM WILL BYPASS 641. DCR 01195 IF DOS IS ON OR AFTER 08/31/04 AND GPPC IS 052898, 051333, 051334, 051335 OR 051336 AND THERE IS A PAID CLAIM WITHIN THE PAST 60 DAYS HISTORY FOR GPPC 052898, 051333, 051334, 051335 OR 051336 THE CLAIM WILL BYPASS 641.DCR01195 THE LOGIC FOR DCR 01195 WAS NEVER APPLIED PER DMS ON 10/28/04. IF DOS IS ON OR AFTER 08/31/04 AND GPPC IS 053400, 053402, 053401 OR 053403 AND THERE IS A PAID CLAIM WITHIN THE PAST 60 DAYS HISTORY FOR GPPC 053400, 053402, 053401 OR 053403 THE CLAIM WILL BYPASS 641. DCR 01195 THE LOGIC FOR DCR 01195 WAS NEVER APPLIED PER DMS ON 10/28/04.
	IF THE DOS IS AFTER 08/10/04 AND THE GPPC IS 031027, 037036, 044662 or 048643 AND THERE IS A PAID CLAIM WITH DATES OF SERVICE IN THE PAST 90 DAYS HISTORY FOR GPPC 031027, 037036, 044662 or 048643 THE CLAIM WILL BYPASS 641.DCR 01158 IF THE DOS IS AFTER 08/10/04 AND THE GPPC IS 051639 AND THERE IS A PAID CLAIM WITH DATES OF SERVICE IN THE PAST 90 DAYS HISTORY FOR GPPC 051639 THE CLAIM WILL BYPASS 641.DCR 01158 IF THE DOS IS AFTER 08/10/04 AND THE GPPC IS 038275 OR 031492 AND THERE IS A PAID CLAIM WITH DATES OF SERVICE IN THE PAST 90 DAYS HISTORY FOR GPPC 038275 OR 031492 THE CLAIM WILL BYPASS 641.DCR 01158 IF THE DOS IS AFTER 08/10/04 AND THE GPPC IS 048986 AND THERE IS A PAID CLAIM WITH DATES OF SERVICE IN THE PAST 90 DAYS HISTORY FOR GPPC 048986 THE CLAIM WILL BYPASS 641.DCR 01158 IF THE DOS IS AFTER 08/10/04 AND THE GPPC IS 049605 OR 049606 AND THERE IS A PAID CLAIM WITH DATES OF SERVICE IN THE PAST 90 DAYS HISTORY FOR GPPC 049605 OR 049606 THE CLAIM WILL BYPASS 641.DCR 01158
	IF DOS ON OR AFTER 6/1/04 AND THE GPPC IS 042943, 042944 OR 042945 ESC 3000 IS BYPASSED IF THE

	MEMBER IS 65 YEARS OR OLDER. DCR01115. IF THE DOS IS ON OR AFTER 6/10/04 AND THE GPPC IS 053974, ESC 3000 IS BYPASSED FOR MEMBERS UNDER AGE 19. DCR01130 IF THE DOS IS PRIOR TO 9/7/04 AND THE GPPC IS 001770, 001771, 001772, 001764, 001765, 009768, 001769, 038906, 038907, 038908, 045929, 022735, 045930, 051194, 051196, 051195, 025179, 025180, 025181, 042943, 042944, 042945, 027414, 034731, 027413, 042076, 047172, 016832, 019179, 016311, 001750, 051292, 001740, 001723, 029916, 001757, 017179, 051292, 051291, 049833, 023657, 044341, 050134, 051784, 051785, 051786, 052944, OR NDC IS 00002-8715-01, 00002-8415-01, 00002-8315-01 OR 00002-8215-01 THE REFILL INDICATOR IS 01 THRU 05 AND THE ORIGINAL FILL DATE IS PRIOR TO 6/1/04, ESC 3000 IS BYPASSED. DCR01120 AND DCR 01135 IF THE DOS IS ON OR AFTER 6/10/04 AND THE GPPC IS 053974, ESC 3000 IS BYPASSED FOR MEMBERS UNDER AGE 19. DCR01130 IF PRIOR AUTHORIZATION TYPE IS ‘J’ OR ‘N’ PA ESCING IS BYPASSED. DCR 00569 IF THE DOS IS BETWEEN 07/29/02 AND 10/31/02 AND THE GPPC LISTED BELOW HAS A REFILL INDICATOR OF 1 THROUGH 5, PA ESCING IS BYPASED (DCR 00535)

	008340	020175	011740	015164
	011741	011742	025708	041394
	048579	048580	048578	048581
	048528	049795	049798	041285
	041286	042637	042638	042636
	042635	044758	029156	029157
	004285	008346	008348	008349
	008350	013556	022528	022529
	022530	012080	023855	021380
	008372	008373	008374	011933
	016574	008351	008352	008353
	008354	008356	008355	016404

	039499	023190	024157	020279
	035737	022518	039500	024158
	024166	031613	024412	008378
	008378	008379	008380	018455
	016405	016406	008364	008364
	008363	008341	008335	008337
	008338	015960	015961	027368
	024966	038259	021373	008370
	008371	017204	008365	008366
	004438	004439	004437	008368
	008367	008359	008360	008361
	008362	018435	018436	008357
	008358	021980	018438	
	IF DOS IS EQUAL TO OR BETWEEN 02/19/02 AND 04/30/02 AND GPPC IS 027151, 011679, 011680, 021688, 025721, 047134, 011677, 011678, 031055, 031056, 040941, 047525, 047526, 030106, 030107, 043136, 033530, 040887, 049296, 011676 AND 043137 AND THE REFILL INDICATOR IS 01THROUGH 05, THE ESC IS NOT SET. DCR00430 IF DOS IS BETWEEN 4/30/98 AND 08/16/01 AND GPPC IS 017037, 017181, 018697, 018698, 024484, 027475, 027622, 028136, 029893, 030476, OR 036868, THE ESC IS NOT SET. INSTEAD A “Y” IS SET IN THE AUDIT 553 INDICATOR FIELD AND AUDIT 553 IS APPLIED TO THE CLAIM. IF THE DATES OF SERVICES ARE 08/16/01THROUGH 06/03/02 AND THE GPPC IS 030476, 018698, 018697, 017181, 027622, AND 036868, THE ESC IS NOT SET. INSTEAD A “Y” IS SET IN THE AUDIT 553 INDICATOR FIELD AND AUDIT 553 IS APPLIED TO THE CLAIM. DCR00470 CLAIMS WITH GPPCS 018697, 018698, AND 030476 BYPASS ESC 3000 IF THE DATE OF SERVICE IS <u>AFTER</u> 06/27/02 AND THE MEMBER IS UNDER AGE 6. FOR DATES OF SERVICE 08/16/01 THROUGH 06/27/02 CLAIMS FOR MEMBERS UNDER AGE 18 BYPASS ESC 3000. DCR 00474			

	THIS LOGIC WAS REMOVED PER DMS FOR DOS AFTER 3/17/03 PER PDD PA EFFECTIVE DATE. DCR 00733
	DRUGS WITH GPPCS 034359, 048702, 004028, 005006, 047131, 048703, 004029, 005007, 047132, 048982, 044072, 005009, 047133, 048983, 047782, 005011, 045981, 048984, 004999, 005014, 045982, 004026, 005000, 005015, 047318, 004027, 005001, 005016, 048701, 005005, AND 005017, 050428, 050429, 050430, BYPASS ESC 3000 FOR MEMBERS UNDER AGE 19. DCR 00433. DCR 00554 ADDED GPPCS 050428, 050429, 050430. DCR 585 ADDED GPPCS 050566 AND 050567. IF DOS ARE ON OR AFTER 4/1/02 AND THE GPPC IS 003753, 003754, 003755, 003756, 003757, 003758, 003759 OR 016363 THE CLAIM WILL BYPASS ESC 3000 IF 60 CUMMULATIVE DAYS (BASED ON DAYS SUPPLY) PER 3 YEARS HAS NOT BEEN REACHED. THIS APPLIES TO ANY COMBINATION OF
	THESE GPPCS. PLEASE NOTE THAT THE DAYS SUPPLY ON THE 'CURRENT' CLAIM ARE NOT CONSIDERED. ONLY THE DAYS SUPPLY ON 'HISTORY' CLAIMS ARE CONSIDERED. DCR 00434
	IF DOS ARE ON OR AFTER 4/29/02 AND THE GPPC IS 019187, 019788, 042993 OR 042994, THE CLAIM WILL BYPASS ESC 3000 IF THE MEMBER IS 65 YEARS OR OLDER AND HAS NOT HAD 60 CUMULATIVE DAYS (BASED ON DAYS SUPPLY) OF ANY COMBINATION OF THE FOLLOWING GPPCS: 019197, 019188, 042993, 042994, 015603, 015604, 003689, 003690, 003691, 003692, 003693, 003694, 003696, 013074 OR 019182. PLEASE NOTE THAT THE DAYS SUPPLY ON THE 'CURRENT' CLAIM ARE NOT CONSIDERED. ONLY THE DAYS SUPPLY ON THE 'HISTORY' CLAIMS ARE CONSIDERED. DCR00439 IF PRICING ACTION INDICATOR ON THE DRUG FILE IS A "Q" AND THE MEMBER IS YOUNGER THAN 12, ESC 3000 IS NOT APPLIED. PERSONAL CARE DRUGS (PRICING ACTION OF "P" ON THE DRUG FILE) ARE EXCLUDED FROM ESC 3000 IF THE MEMBER HAS A "P1" INDICATOR FOR THE DOS. THE P1 INDICATOR IS LISTED ON THE MEMBER ELIGIBILITY FILE. NSAID DRUGS (PRICING ACTION CODE OF "N" OR "Z") ARE EXCLUDED FROM ESC 3000. FOR DATES OF SERVICE 7/01/00 THROUGH 7/31/00 PHARMACY CLAIMS BYPASS ESC 3000 IF THE MEMBER

	HAS A REGION 5 MANAGED CARE SEGMENT WITH AN END DATE OF 6/30/00. PHARMACY CLAIMS WITH MAC INDICATORS OF “L”, “U”, “M”, AND “B”, UNLESS BILLED FOR ONE OF THE GPPCS LISTED BELOW, BYPASS ESC 3000. MAC INDICATORS ARE SYSTEMATICALLY SET BASED ON CRITERIA OUTLINED IN SECTION ‘D’ OF THE PRICING MANUAL.					
	018697	040941	005006	047131	048703	049758
	018698	041026	005007	047132	050172	016576
	030476	041027	005009	047133	049598	016577
	027462	043137	005011	047318	049599	016578
	039545	043136	005014	047782	049600	016579
	011677	045190	005015	048701	021694	040238
	011678	045191	005016	048702	021695	047763
	011679	047134	005017	048703	046757	024484
	011680	047285	034359	048982	029967	004999
	021688	047286	044072	048983	029968	005000
	025721	047525	045981	048984	029969	005001
	027151	047526	045982	050172	045772	034359
	027959	040887	047131	045981	016310	047131
	027960	049296	047132	045982	006460	047132
	027961	011676	047133	047318	016366	047133
	029077	004026	047318	048701	016367	
	030106	004027	047782	048702	020741	
	030107	004028				
	031055	004029				
	031056	004999				
	033530	005000				
		005001				
		005005				
	FOR DATES OF SERVICE AFTER 04/01/02, CLAIMS FOR GPPCS 039545 AND 027462 BYPASS ESC 3000 IF 84 CUMMULATIVE DAYS(BASED ON DAYS SUPPLY) OF					

	ANY COMBINATION OF THE FOLLOWING GPPCS HAS NOT BEEN REACHED 040941 030106 033530 040887 047525 030107 043137 049296 047526 043136 039545 027462 DCR 00879 ADDED GPPC'S 051653 & 051654. PLEASE NOTE THAT THE DAYS SUPPLY ON THE 'CURRENT' CLAIM ARE NOT CONSIDERED. ONLY THE DAYS SUPPLY ON THE 'HISTORY' CLAIMS ARE CONSIDERED. DCR00448 EFFECTIVE FOR CLAIMS WITH THE GPPC'S LISTED ABOVE FOR DCR 00448 & 00879, THIS LOGIC WAS REMOVED EFFECTIVE WITH DOS GREATER THAN 3/15/2004 . DCR 01022 IF DOS IS EQUAL TO OR BETWEEN 06/28/02 AND 08/31/02 AND GPPC IS 036868, 018698, 030476, 017181, 027622, 018697 OR 048415 AND THE REFILL INDICATOR IS 01 THROUGH 05, THE ESC IS NOT SET. DCR00471 IF DOS IS BETWEEN 06/04/02 AND 08/31/02 AND GPPC IS 049598, 049599, 049600, 006429, 003102, 021429, 003101, 022344, 016310, 006460, 040238, 006461, 016366, 016367, 020741, 049758, 046172,016576, 016577, 016578, 016579 OR 040238 AND THE REFILL INDICATOR IS 01 THROUGH 05, THE ESC IS NOT SET. DCR00475
	IF DOS IS EQUAL TO OR BETWEEN 09/10/02 AND 11/30/02 AND GPPC IS 019192, 019193, 019239, 015917, 046004 OR 049872 AND THE REFILL INDICATOR IS 01 THROUGH 05, THE ESC IS NOT SET. DCR 00576. IF THE DOS IS 11/14/02 THROUGH 08/30/04 AND THE GPPC IS 027959, 027960, 027961, 029077, 041026, 041027, 045190, 045191, 047285, OR 047286 AND THERE IS NOT A PAID CLAIM IN THE PAST 24 MONTHS HISTORY FOR THE ONE OF THE GPPC'S LISTED BELOW OR NO PRIOR AUTHORIZATION ON FILE, THE CLAIM WILL FAIL 641. IF THERE HAS BEEN A PAID CLAIM WITH ONE OF THE GPPC'S LIST BELOW WITHIN THE PAST 24 MONTHS OR THERE IS A PA ON FILE, ESC 3000 IS BYPASSED. DCR00631 THIS LOGIC WAS REMOVED PER DCR 01199 THE LOGIC FOR DCR 01199 WAS NEVER APPLIED PER DMS

	ON 10/28/04.			
	004000	013649	034189	047564
	004001	021154	041026	047567
	004002	021155	041027	047568
	004003	021156	042922	050102
	004004	021157	042923	
	004005	026177	045190	
	004006	027959	045191	
	004537	027960	046315	
	004538	027961	047198	
	004539	029077	047285	
	004540	034187	047286	
	013648	034188	047563	
	NOTE: HISTORY CLAIMS THAT HAVE BYPASSED PA ESCING BECAUSE THEY WERE ’72 HOUR EMERGENCY CLAIMS, ARE NOT CONSIDERED. FOR DATES OF SERVICE AFTER 02/03/03 CLAIMS FOR GPPCS 024536, 024537, 024538, 024539, 024478 AND 040966 BYPASS ESC 3000 IF 30 CUMMULATIVE DAYS(BASED ON DAYS SUPPLY) OF ANY COMBINATION OF THE FOLLOWING GPPCS HAS NOT BEEN REACHED WITHIN THE PAST 180 DAYS (DCR 00683) 021282 016570 016571 016572 032600 000571 000572 000570 017205 016849 016850 FOR DATES OF SERVICE AFTER 02/03/03 CLAIMS FOR GPPCS 005115, 005116, 005113 AND 005114 BYPASS ESC 3000 IF 30 CUMMULATIVE DAYS(BASED ON DAYS SUPPLY) OF ANY COMBINATION OF THE FOLLOWING GPPCS HAS NOT BEEN REACHED WITHIN THE PAST 180 DAYS(DCR 00684) 015864 005139 005138 005132 005131 005123 005124 005125			

	005126 005127 005128 005120 005121 005122
	FOR DATES OF SERVICE AFTER 6/17/03 CLAIMS FOR GPPCS 033370 OR 051907 BYPASS ESC 3000 IF 30 CUMMULATIVE DAYS(BASED ON DAYS SUPPLY) OF ANY COMBINATION OF THE FOLLOWING GPPCS HAS NOT BEEN REACHED WITHIN THE PAST 180 DAYS(DCR 00778) 015864 005139 005138 005132 005131 005123 005124 005125 005126 005127 005128 005120 005121 005122
	FOR DATES OF SERVICE AFTER 02/03/03, CLAIMS FOR GPPCS 023770, 023768, 023769, 050519, 029252, 029251, 029253, 029254, 041200, 030497, AND 036867 BYPASS ESC 3000 IF 30 CUMMULATIVE DAYS (BASED ON DAYS SUPPLY) OF ANY COMBINATION OF THE FOLLOWING GPPCS HAS NOT BEEN REACHED WITHIN THE PAST 180 DAYS. (DCR 00685) 000374 015939 020616 025698 000375 015940 020617 026377 000376 015941 020618 026378 000377 015959 021277 029258 000378 016017 021282 029259 000379 016018 021723 032600 000380 016031 021724 033722 000381 016039 021725 034062 000382 016040 021726 034063 000384 016041 021743 040966 000385 016042 023591 041337 000386 016295 023592 041651 000387 016296 023768 041652 000388 016418 023769 041653 000389 016419 023770 042783

	000390 016420 024190 044395 000391 016421 024469 044935
	000392 016570 024478 048245 000393 016571 024498 048246 000567 016572 024499 048247 000570 016811 024500 049942 000571 016812 024501 050519 000572 016813 024536 016925 012059 016849 024537 016926 012060 016850 024538 016927 012061 017205 024539 013670 017266 025697
	FOR DATES OF SERVICE AFTER 02/03/03 CLAIMS FOR GPPCS 041651, 041652, 041653, 025697 AND 025698 BYPASS ESC 3000 IF 30 CUMMULATIVE DAYS(BASED ON DAYS SUPPLY) OF ANY COMBINATION OF THE FOLLOWING GPPCS HAS NOT BEEN REACHED WITHIN THE PAST 180 DAYS(DCR 00686) 015959 015066 013670 016605 000567 015067 026486 IF THE DOS IS AFTER 02/03/03 AND THE GPPC IS 037015, 037016, 037017, OR 040659 AND THERE IS A PAID CLAIM WITH DATES OF SERVICE IN THE PAST 90 DAYS HISTORY FOR GPPC 037015, 037016, 037017, OR 040659 THE CLAIM WILL BYPASS 641(DCR00691) IF THE DOS IS AFTER 02/03/03 AND THE GPPC IS 045425 OR 046624 AND THERE IS A PAID CLAIM WITH DATES OF SERVICE IN THE PAST 90 DAYS HISTORY FOR GPPC 045425 OR 046624 THE CLAIM WILL BYPASS 641(DCR00691) IF THE DOS IS AFTER 02/03/03 AND THE GPPC IS 037029, 043063,051562 OR 051563 AND THERE IS A PAID CLAIM WITH DATES OF SERVICE IN THE PAST 90 DAYS HISTORY FOR GPPC 037029,043063, 051562 OR 051563 THE CLAIM WILL BYPASS 641(DCR00691) IF THE DOS IS AFTER 02/03/03 AND THE GPPC IS 050289,050290, OR 050288 AND THERE IS A PAID CLAIM WITH DATES OF SERVICE IN THE PAST 90 DAYS

	HISTORY FOR GPPC 050289,050290, OR 050288 THE CLAIM WILL BYPASS 641(DCR00691) IF THE DOS IS AFTER 02/03/03 AND THE GPPC IS 048399, 048400 OR 048401, 029209, 050805 OR 029208 AND THERE IS A PAID CLAIM WITH DATES OF SERVICE IN THE PAST 90 DAYS HISTORY FOR GPPC 048399,048400, 048401, 029209, 050805 OR 029208 THE CLAIM WILL BYPASS 641(DCR00691)
	IF THE DOS IS AFTER 02/03/03 AND THE GPPC IS 024536, 024537,024538, 024539,024478 OR 040966 AND THERE IS A PAID CLAIM WITH DATES OF SERVICE IN THE PAST 90 DAYS HISTORY FOR GPPC 024536, 024537, 024538, 024539, 024478 OR 040966 THE CLAIM WILL BYPASS 641(DCR00691) IF THE DOS IS AFTER 02/03/03 AND THE GPPC IS 012059, 012060 OR 012061 AND THERE IS A PAID CLAIM WITH DATES OF SERVICE IN THE PAST 90 DAYS HISTORY FOR GPPC 012059, 012060 OR 012061 THE CLAIM WILL BYPASS 641(DCR00691) IF THE DOS IS AFTER 02/03/03 AND THE GPPC IS 020616, 020617 OR 020618 AND THERE IS A PAID CLAIM WITH DATES OF SERVICE IN THE PAST 90 DAYS HISTORY FOR GPPC 020616, 020617 OR 020618 THE CLAIM WILL BYPASS 641(DCR00691) IF THE DOS IS AFTER 02/03/03 AND THE GPPC IS 016925, 016926 OR 016927 AND THERE IS A PAID CLAIM WITH DATES OF SERVICE IN THE PAST 90 DAYS HISTORY FOR GPPC 016925, 016926 OR 016927 THE CLAIM WILL BYPASS 641(DCR00691) IF THE DOS IS AFTER 02/03/03 AND THE GPPC IS 021743, 016295 OR 016296 AND THERE IS A PAID CLAIM WITH DATES OF SERVICE IN THE PAST 90 DAYS HISTORY FOR GPPC 021743, 016295, OR 016296 THE CLAIM WILL BYPASS 641(DCR00691) IF THE DOS IS AFTER 02/03/03 AND THE GPPC IS 041651, 041652, OR 041653 AND THERE IS A PAID CLAIM WITH DATES OF SERVICE IN THE PAST 90 DAYS HISTORY FOR GPPC 041651, 041652 OR 041653 THE CLAIM WILL BYPASS 641(DCR00691)
	IF THE DOS IS AFTER 02/03/03 AND THE GPPC IS 025697 OR 025698 AND THERE IS A PAID CLAIM WITH DATES OF SERVICE IN THE PAST 90 DAYS HISTORY FOR GPPC 025697 OR 025698 THE CLAIM WILL BYPASS 641(DCR00691)

	IF THE DOS IS AFTER 02/03/03 AND THE GPPC IS 023770,023769,023768,OR 050519 AND THERE IS A PAID CLAIM WITH DATES OF SERVICE IN THE PAST 90 DAYS HISTORY FOR GPPC 023770,023769,023768 OR 050519 THE CLAIM WILL BYPASS 641(DCR00691) IF THE DOS IS AFTER 02/03/03 AND THE GPPC IS 029252,029251,029253, OR 029254 AND THERE IS A PAID CLAIM WITH DATES OF SERVICE IN THE PAST 90 DAYS HISTORY FOR GPPC 029252,029251,029253, OR 029254 THE CLAIM WILL BYPASS 641(DCR00691)
	IF THE DOS IS AFTER 02/03/03 AND THE GPPC IS 041200 OR 030497 AND THERE IS A PAID CLAIM WITH DATES OF SERVICE IN THE PAST 90 DAYS HISTORY FOR GPPC 041200 OR 030497 THE CLAIM WILL BYPASS 641(DCR00691) IF THE DOS IS AFTER 02/03/03 AND THE GPPC IS 036867 AND THERE IS A PAID CLAIM WITH DATES OF SERVICE IN THE PAST 90 DAYS HISTORY FOR GPPC 036867 THE CLAIM WILL BYPASS 641(DCR00691) IF THE DOS IS AFTER 02/03/03 AND THE GPPC IS 047586, 016599, 016600 OR 016601 AND THERE IS A PAID CLAIM WITH DATES OF SERVICE IN THE PAST 90 DAYS HISTORY FOR GPPC 047586, 016599, 016600 OR 016601 THE CLAIM WILL BYPASS 641(DCR00691) IF THE DOS IS AFTER 02/03/03 AND THE GPPC IS 005145 OR 005146 AND THERE IS A PAID CLAIM WITH DATES OF SERVICE IN THE PAST 90 DAYS HISTORY FOR GPPC 005145 OR 005146 THE CLAIM WILL BYPASS 641(DCR00691) IF THE DOS IS AFTER 02/03/03 AND THE GPPC IS 014188 OR 014189 AND THERE IS A PAID CLAIM WITH DATES OF SERVICE IN THE PAST 90 DAYS HISTORY FOR GPPC 014188 OR 014189 THE CLAIM WILL BYPASS 641(DCR00691) IF THE DOS IS AFTER 02/03/03 AND THE GPPC IS 017956 OR 017955 AND THERE IS A PAID CLAIM WITH DATES OF SERVICE IN THE PAST 90 DAYS HISTORY FOR GPPC 017956 OR 017955 THE CLAIM WILL BYPASS 641(DCR00691) IF THE DOS IS AFTER 02/03/03 AND THE GPPC IS 005150 OR 005151 AND THERE IS A PAID CLAIM WITH DATES OF SERVICE IN THE PAST 90 DAYS HISTORY FOR GPPC 005150 OR 005151 THE CLAIM WILL BYPASS 641(DCR00691)

	IF THE DOS IS AFTER 02/03/03 AND THE GPPC IS 005135, 005136, 005137, 005133 OR 005134 AND THERE IS A PAID CLAIM WITH DATES OF SERVICE IN THE PAST 90 DAYS HISTORY FOR GPPC 005135, 005136, 005137, 005133, OR 005134 THE CLAIM WILL BYPASS 641(DCR00691)
	IF THE DOS IS AFTER 02/03/03 AND THE GPPC IS 005149 AND THERE IS A PAID CLAIM WITH DATES OF SERVICE IN THE PAST 90 DAYS HISTORY FOR GPPC 005149 THE CLAIM WILL BYPASS 641(DCR00691) IF THE DOS IS AFTER 02/03/03 AND THE GPPC IS 005144 OR 005143 AND THERE IS A PAID CLAIM WITH DATES OF SERVICE IN THE PAST 90 DAYS HISTORY FOR GPPC 005144 OR 005143 THE CLAIM WILL BYPASS 641(DCR00691)
	IF THE DOS IS AFTER 02/03/03 AND THE GPPC IS 005115, 005116, 005113 OR 005114 AND THERE IS A PAID CLAIM WITH DATES OF SERVICE IN THE PAST 90 DAYS HISTORY FOR GPPC 005115, 005116, 005113 OR 005114 THE CLAIM WILL BYPASS 641(DCR00691)
	IF THE DOS IS AFTER 02/03/03 AND THE GPPC IS 005142, 005140 OR 005141 AND THERE IS A PAID CLAIM WITH DATES OF SERVICE IN THE PAST 90 DAYS HISTORY FOR GPPC 005142, 005140 OR 005141 THE CLAIM WILL BYPASS 641(DCR00691) IF THE DOS IS AFTER 02/03/03 AND THE GPPC IS 028108, 028109, 022233 OR 019293 AND THERE IS A PAID CLAIM WITH DATES OF SERVICE IN THE PAST 90 DAYS HISTORY FOR GPPC 028108, 028109, 022233 OR 019293 THE CLAIM WILL BYPASS 641(DCR00691) IF THE DOS IS AFTER 02/03/03 AND THE GPPC IS 005098, 005099 OR 005100 AND THERE IS A PAID CLAIM WITH DATES OF SERVICE IN THE PAST 90 DAYS HISTORY FOR GPPC 005098, 005099 OR 005100 THE CLAIM WILL BYPASS 641(DCR00691)
	IF THE DOS IS AFTER 02/03/03 AND THE GPPC IS 021406, 021407, 021408 OR 021409 AND THERE IS A PAID CLAIM WITH DATES OF SERVICE IN THE PAST 90 DAYS HISTORY FOR GPPC 021406, 021407, 021408 OR 021409 THE CLAIM WILL BYPASS 641(DCR00691) IF THE DOS IS AFTER 02/03/03 AND THE GPPC IS 000343, 000344 OR 000345 AND THERE IS A PAID CLAIM WITH DATES OF SERVICE IN THE PAST 90 DAYS HISTORY FOR GPPC 000343, 000344 OR 000345 THE

	CLAIM WILL BYPASS 641(DCR00691)
	IF THE DOS IS AFTER 2/27/03 AND THE GPPC IS 000277, 000278 OR 000276 AND THERE IS A PAID CLAIM WITH DATES OF SERVICE IN THE PAST 90 DAYS FOR GPPC 000277, 000278 OR 000276 THE CLAIM WILL BYPASS 641(DCR00719) IF THE DOS IS AFTER 2/27/03 AND THE GPPC IS 000273 AND THERE IS A PAID CLAIM WITH DATES OF SERVICE IN THE PAST 90 DAYS FOR GPPC 000273 THE CLAIM WILL BYPASS 641(DCR00719) IF THE DOS IS AFTER 2/27/03 AND THE GPPC IS 000416 OR 000417 AND THERE IS A PAID CLAIM WITH DATES OF SERVICE IN THE PAST 90 DAYS FOR GPPC 000416 OR 000417 THE CLAIM WILL BYPASS 641(DCR00719) IF THE DOS IS AFTER 2/27/03 AND THE GPPC IS 021139, 021140 OR 021141 AND THERE IS A PAID CLAIM WITH DATES OF SERVICE IN THE PAST 90 DAYS FOR GPPC 021139, 021140 OR 021141 THE CLAIM WILL BYPASS 641(DCR00719) IF THE DOS IS AFTER 2/27/03 AND THE GPPC IS 000415 AND THERE IS A PAID CLAIM WITH DATES OF SERVICE IN THE PAST 90 DAYS FOR GPPC 000415 THE CLAIM WILL BYPASS 641(DCR00719) IF THE DOS IS AFTER 2/27/03 AND THE GPPC IS 000354 OR 000355 AND THERE IS A PAID CLAIM WITH DATES OF SERVICE IN THE PAST 90 DAYS FOR GPPC 000354 OR 000355 THE CLAIM WILL BYPASS 641(DCR00719) IF THE DOS IS AFTER 2/27/03 AND THE GPPC IS 000353 AND THERE IS A PAID CLAIM WITH DATES OF SERVICE IN THE PAST 90 DAYS FOR GPPC 000353 THE CLAIM WILL BYPASS 641(DCR00719) IF THE DOS IS AFTER 2/27/03 AND THE GPPC IS 046998, 046999 OR 047000 AND THERE IS A PAID CLAIM WITH DATES OF SERVICE IN THE PAST 90 DAYS FOR GPPC 046998, 046999 OR 047000 THE CLAIM WILL BYPASS 641(DCR00719)
	IF DOS ARE ON OR AFTER 4/17/03 AND THE GPPC IS 024484, 017037, 027475, 045261, 031689, 033716 or 047763 THE CLAIM WILL BYPASS ESC 3000 IF THERE HAS BEEN 30 CUMULATIVE DAYS (BASED ON DAYS SUPPLY) IN THE PAST 365 DAYS OF ANY COMBINATION OF THE FOLLOWING GPPCS: 030476, 018698 OR 018697. DCR 00731

	IF DOS ARE ON OR AFTER 8/12/03 AND THE GPPC IS 052159 THE CLAIM WILL BYPASS ESC 3000 IF THERE HAS BEEN 30 CUMULATIVE DAYS (BASED ON DAYS SUPPLY) IN THE PAST 365 DAYS OF ANY COMBINATION OF THE FOLLOWING GPPCS: 030476, 018698 OR 018697. DCR 00848 IF DOS ARE ON OR AFTER 4/17/03 AND THE GPPC IS 041285, 041286, 042637, 042638, 042636, 042635, 044758, 049795, 050832 OR 049798 THE CLAIM WILL BYPASS ESC 3000 IF THERE IS A PAID CLAIM WITHIN THE PAST 90 DAYS CLAIMS HISTORY OF ANY OF THE FOLLOWING GPPCS: 006763, 006762, 025750, 006685, 006783, 006784, 006785, 006787, 006786, 006788, 006789, 006790, 006780, 006781, 006705, 006703, 006704, 006693, 045311, 006737, 006738, 006742, 006739, 006740, 040118, 006719, 038375, 006748, 006750, 006753, 006749, 006751, 006754 ,006746, 006745, 006805, 014198, 006561, 006560, 018080, 019486, 006562, 030475, 006563, 006559, 040869, 048899, 051599, 040650, 008388, 008381, 008387, 011682, 011964, 023881, 011684, 023882, 023881, 023883, 009580, 040549, 040550, 045266, 008798, 002541, 002542, or 009403. (DCR00732) IF DOS ARE ON OR AFTER 4/17/03 AND THE GPPC IS 041285, 041286, 042637, 042638, 042636, 042635, 044758, 049795, 050832 OR 049798 THE CLAIM WILL BYPASS ESC 3000 IF THE MEMBER IS AGE 60 YEARS OR OLDER. DCR00736
	IF THE DOS IS AFTER 6/13/03 AND THE GPPC IS 000312, 000313, 000326 OR 000327 AND THERE IS A PAID CLAIM WITH DATES OF SERVICE IN THE PAST 90 DAYS FOR GPPC 000312, 000313, 000326 OR 000327 THE CLAIM WILL BYPASS 641(DCR00777) IF THE DOS IS AFTER 6/13/03 AND THE GPPC IS 048399, 048400, 048401, 029209 OR 029208 AND THERE IS A PAID CLAIM WITH DATES OF SERVICE IN THE PAST 90 DAYS FOR GPPC 048399, 048400,048401, 029209 OR 029208 THE CLAIM WILL BYPASS 641(DCR00798) IF THE DOS IS AFTER 6/13/03 AND THE GPPC IS 024097, 013497, 017195 OR 017196 AND THERE IS A PAID CLAIM WITH DATES OF SERVICE IN THE PAST 90 DAYS FOR 024097, 013497, 017195 OR 017196 THE CLAIM WILL BYPASS 641(DCR00810)

	IF THE DOS IS ON OR AFTER 08/12/03 AND THE GPPC IS 051214 THE CLAIM WILL BYPASS ESC 3000 IF THERE IS A PAID CLAIM WITHIN THE PAST 365 DAYS CLAIMS HISTORY WITH ANY OF THE FOLLOWING GPPCS: 016310, 006460, 006461, 050557, 050558, 016576, 016577, 016578, 016579, 040238, 016366, 016367, 020741, 049758, 021694, 021695, 046757, 029967, 029968, 029969, 045772, 049600, 049598, OR 049599. (DCR 00847) IF THE DOS IS ON OR AFTER 09/02/03 AND THE GPPC IS 016223 OR 016224 THE CLAIM WILL BYPASS ESC 3000 IF THE MEMBER IS AGE 10 YEARS OR YOUNGER. (DCR 00851) IF THE DOS IS ON OR AFTER 8/12/03 AND THE GPPC IS 043557, 027962, 038451, 044803, 037003, 051512 OR 029803 THE CLAIM WILL BYPASS ESC 3000 IF THERE IS A PAID CLAIM WITHIN THE PAST 180 DAYS CLAIMS HISTORY WITH ANY OF THE FOLLOWING GPPCS: 046698, 046699, 046525, 046526, 022232, 000213, 017184 021253, 021251, 021483, 019319, 019317, 019318, 000212, 005025, 005026, 005033, 005034, 005035, 027388, 016394, 005040, 011688, 011686, 025061, 044694, 019343, 021700, 000175, 029123, 048018, 000122, 000121, 000123, 000132, 000133, 000130, 043366, 043367, 043368, 041848, 048849, 049871, 021604, 031417, 005037, 005038, 005039, 011773, 022213, 028090, 048698, 048699, 016033, 022230, 025621, 000059, 000061, 000062, 000063, 000064, 000065, 000066, 000068, 000069, 000072, 000076, 000077, 000078, 000084, 000087, 000088, 000090, 000091, 000093, 000095, 011810, 020990, 021608, 021609, 021610, 024535, 017941, OR 027036. (DCR 00853) DCR 00911 ADDED GPPC 041849 DCR 00968 ADDED GPPC'S 005032, 051197, 051198, 044965, 004963, 004964, 004967, 004968 AND 004958.
	IF THE DOS IS ON OR AFTER 12/10/03 AND THE GPPC IS 048814, 048815, 045877, 051151, 051601, 045878 OR 053612 THE CLAIM WILL BYPASS ESC 3000 IF THERE HAS NOT BEEN 112 CUMULATIVE DAYS (BASED ON DAYS SUPPLY) OF ANY COMBINATION OF THESE GPPC'S WITHIN THE PAST 180 DAYS CLAIMS HISTORY.(DCR00900) (DCR 01043 added 053612)
	IF THE DOS IS ON OR AFTER 12/10/03 AND THE GPPC IS 048664 OR 051637 THE CLAIM WILL BYPASS ESC

	3000 IF THERE HAS NOT BEEN 112 CUMULATIVE DAYS (BASED ON DAYS SUPPLY) OF ANY COMBINATION OF THESE GPPC'S WITHIN THE PAST 180 DAYS CLAIMS HISTORY.(DCR00900) (DCR 01043 added 053429)
	IF THE DOS IS ON OR AFTER 12/29/03 AND THE GPPC IS 053056, 053057, 053058, 053059, 053060 OR 053061, THE CLAIM WILL BYPASS ESC 3000 OF THE MEMBER IS AGE 18 YEARS OR YOUNGER. DCR 00963
	CLAIM TYPES OTHER THAN P/Q AND M (PT 31/35) FAILS IF A PROCEDURE CODE REQUIRES PRIOR AUTHORIZATION (**EXPLAINED BELOW) AND NO MATCHING APPROVED PA IS ON THE PA FILE. THE FOLLOWING DATA ON THE CLAIM MUST MATCH THE DATA ON THE CORRESPONDING PA FILE RECORD: • SAME PA # • SAME MEMBER ID # • SAME PROVIDER # (**NOTE: for provider type 64/65, the billing provider # or clinic provider # is considered for the match) DCR01124** • SAME PROCEDURE/REVENUE • CLAIM FROM DATE OF SERVICE EQUAL TO OR WITHIN PA SEGMENT DATES (FOR EPSDT CLAIMS, BOTH FROM AND TO DATES MUST BE WITHIN THE PA DATE RANGE) THE PA SEGMENT MUST HAVE A PA STATUS OF "A". NOTE: FOR LOCAL PROCEDURE CODES END-DATED AS A RESULT OF HIPPA, A 'BACKWARD CROSSWALK' OF THE REPLACEMENT CODE TO OLD LOCAL CODE IS USED TO DETERMINE IF THE PROCEDURE CODE ON THE CLAIM MATCHES THE PROCEDURE CODE ON THE PA. SEE ATTACHMENT 'A' FOR THIS CROSSWALK. FOR PROVIDER TYPE 60/61, 31 & 35, IF PROCEDURE CODE D4341, D8210 OR D7220 AND THE JULIAN DATE OF THE PA NUMBER ON THE CLAIM IS EQUAL TO OR GREATER THAN 6/1/05 THE TOOTH NUMBER ON THE CLAIM(ALPHA VALUE) MUST MATCH TO THE 1ST MODIFIER ON THE PA RECORD(NUMERIC VALUE). THE

	COMPARE OF CLAIM TOOTH NUMBER TO 1ST MODIFIER ON MATCHING PA INCLUDES THE FOLLOWING CONVERSION OF ALPHA VALUE TO NUMERIC.DCR 01309 01 – UA 02 – LA 10 – UR 20 – UL 30 – LL 40 – LR FOR PROVIDER TYPES 60/61, 31 AND 35, PROCEDURE CODE D0330, ESC 3000 IS BYPASSED IF THE MEMBER IS AGE 5 AND UNDER. DCR 01309
	FOR PROVIDER TYPE 64/65, PROCEDURE CODES WITH AN ACTION REASON CODE 'R' ON THE PDD FILE, REQUIRE PRIOR AUTHORIZATION. NOTE: THERE WILL NOT BE A 'Y' PA INDICATOR ON THE PDD FILE FOR THESE PROCEDURE CODES. (DCR 00951) FOR PROVIDER TYPE 34, ESC 3000 WILL ONLY BE SET IF THE LINE ITEM FIRST DATE OF SERVICE IS GREATER THAN OR EQUAL TO 01/01/2004. DCR 00967 FOR PROVIDER TYPE 23, PROCEDURE CODES 90804, 90853, H2021, H2019 AND T1023, ESC 3000 IS APPLIED. FOR PROVIDER TYPE 23, THE TWO 2-BYTE MODIFIERS WILL BE A PART OF THE MATCH CRITERIA. FOR PROVIDER TYPE 45, MODIFIERS ONE AND TWO WILL BE A PART OF THE MATCH CRITERIA IF PRESENT ON THE PA. FOR PROVIDER TYPE 60/61, IF THE DATES IF SERVICE ARE AFTER 10/15/03 AND THE PROCEDURE CODE IS D0330 AND THE MEMBER AGE IS UNDER (6) SIX, THE ESC IS APPLIED. FOR PROVIDER TYPE 90, MODIFIER IS ALSO PART OF THE MATCH CRITERIA. FOR PROVIDER TYPE 90, THE PROCEDURE CODES LISTED ON ATTACHMENT 'B', REQUIRE PRIOR AUTHORIZATON IF THE CLAIM DATE OF SERVICE IS

	ON OR AFTER 1/8/2003.
	PLEASE NOTE THAT THE PDD FILE DOES NOT REFLECT THESE PROCEDURE CODES REQUIRE PA, THEY ARE FORCED THRU THE ESC.(DCR 00690) FOR PROVIDER TYPE 23 AND PT 29, THE FIRST NINE DIGITS OF THE TAX ID# (LOCATED IN PATIENT ACCOUNT NUMBER FIELD) AND 5 - BYTE MODIFIER ARE A PART OF THE MATCH CRITERIA
	**PROCEDURE CODES WHICH HAVE A PA INDICATOR OF "Y" ON THE PDD FILE REQUIRE PRIOR AUTHORIZATION. FOR PROVIDER TYPES 17, 29, 33, 42, 43, 45, 46, 47, AND 85, ALL PROCEDURES, WITH THE EXCEPTION OF THOSE LISTED AS EXCLUSIONS, REQUIRE PRIOR AUTHORIZATION. FOR PROVIDER TYPE 90 PROCEDURES WITH A PA INDICTOR OF "Y" AND ALL RENTALS (MODIFIER OF "RR") REQUIRE PRIOR AUTHORIZATON. FOR PROVIDER TYPE 34 REVENUE CODES 270, 279, 420, 430, 440, 550, 560 AND 570 REQUIRE PRIOR AUTHORIZATION IF DOS GREATER THAN 2/1/2002.
	PLEASE NOTE-FOR PROVIDER TYPES 33, 34, 42, 43, 46 AND 47, IF THE PRIOR AUTHORIZATION NUMBER IS NOT ENTERED BY THE PROVIDER, IT IS SYSTEMATICALLY ENTERED IF A MATCHING PA RECORD IS FOUND. EXCLUSIONS FOR CLAIM TYPES OTHER THAN D AND Q FOR PROVIDER TYPES 33, 42, AND 43, ESC 3000 IS NOT APPLIED TO DETAILS WITH DOS PRIOR TO 9/1/96. FOR PROVIDER TYPE 42 ESC 3000 IS NOT APPLIED TO DETAILS WITH REVENUE CODES 551 AND 552. DETAILS WITH PROCEDURE CODE X0099/E1399 ARE EXCLUDED FROM ESC 3000. FOR PROVIDER TYPE 33, X0099 AND E1399 DO NOT FAIL ESC 3000 THEY ARE MONITORED BY ESC 355- MANUAL PRICING. FOR PROVIDER TYPES 42 AND 43, ESC 3000 REFERENCES A CHANGE OF OWNERSHIP' PROVIDER CROSS-REFERENCE TABLE. IF A MATCHING PA IS NOT FOUND FOR THE BILLING PROVIDER, ESC 3000 USES EACH OF THE OTHER PROVIDER NUMBERS IN THE TABLE TO SEARCH FOR A MATCHING PA. IF NO MATCHING PA IS FOUND FOR THE OTHER NUMBERS IN THE TABLE, ESC 3000 IS SET.

	DME (PROV TYPE 90) DETAILS WITH A PROCEDURE CODE OF E1340 AND E1350, A BILLED AMOUNT OF $300.00 OR LESS, AND DATES OF SERVICE PRIOR TO 1/8/2003 ARE EXCLUDED FROM ESC 3000. DME (PROV TYPE 90) DETAILS WITH A PROCEDURE CODE OF E1340 and E1350, A BILLED AMOUNT OF $150.00 OR LESS, AND DATES OF SERVICE AFTER 1/7/2003 ARE EXCLUDED FROM ESC 3000.(DCR00679) DME (PROV TYPE 90) DETAILS WITH PROCEDURE CODE E1399, BILLED CHARGES DIVIDED BY UNITS IS $300.00 OR LESS PER UNIT, AND DATES OF SERVICE PRIOR TO 1/8/2003 ARE EXCLUDED FROM ESC 3000(DCR00679)
	FOR DATES OF SERVICE ON OR AFTER 07/01/01, PROVIDER TYPES- 64/65, 31, 35, 22, 78, 52, 77, THE FOLLOWING VISION CODES DO NOT REQUIRE PRIOR AUTHORIZATION:
	92341 V2100-V2118 V2199
	92352 V2200-V2220 V2410
	92353 V2430 V2499
	W0094 W0093 W0092 V2121 V2221
	FOR DATES OF SERVICE 01/01/2011 AND AFTER PT 78 MUST SUBMIT PA FOR PROCEDURE CODES REQUIRING PRIOR AUTHORIZATION AS NOTED ON THE PHYSICIAN FEE SCHEDULE PER CO 15899.
EOB CODES:	3006- DOLLARS EXCEED AUTHORIZED DOLLARS ON AUTHORIZATION MASTER.
METHOD OF CORRECTION:	VERIFY THE MEMBER ID, PA NUMBER, PROCEDURE/REVENUE CODE OR NDC, AND DATES OF SERVICE WERE KEYED CORRECTLY. IF NOT, DATA CORRECT EACH FIELD IN ERROR.
	FOR DME CLAIMS (PT 90), ALSO VERIFY THE 2-DIGIT MODIFIER WAS KEYED CORRECTLY. IF NOT, CORRECT.
	FOR IMPACT PLUS CLAIMS (PT 29), ALSO VERIFY THE 5-DIGIT MODIFIER AND THE PATIENT ACCOUNT NUMBER WERE KEYED CORRECTLY. IF NOT, CORRECT.
	IF THE APPROPRIATE PRIOR AUTHORIZATION FORM IS ATTACHED VERIFYING THE PROCEDURE/NDC HAS

	BEEN APPROVED AND ALL DATA ON THE CLAIM MATCHES THE INFORMATION ON THE FORM, ROUTE TO THE PRIOR AUTHORIZATION TEAM. LOCATION 19.
	IF ALL DATA IS KEYED CORRECTLY AND ITEM #4 DOES NOT APPLY, DENY THE DETAIL/CLAIM.
PRIOR AUTHORIZATION	WHEN A DETAIL/CLAIM FAILS ESC 3000, BUT THE ATTACHED PRIOR AUTHORIZATION FORM VERIFIES THE PROCEDURE/NDC HAS BEEN AUTHORIZED AND THE DATA ON THE FORM MATCHES THE DATA ON THE CLAIM, ADD THE INFORMATION FROM THE PRIOR AUTHORIZATION FORM TO THE PRIOR AUTHORIZATION FILE.

ATTACHMENT 'A'

PT	LOCAL CODE	NEW CODE
15	XH100	T1023
15	99347	S9444
15	99348	S9445
17	XL307	97535
17	X0063	T1005
17	X0076	T2022
17	X0079	H0039
17	X0080	H0004
17	X0082	97530
17	X0083	92507
17	X0095	S5165
17	X0096	S5135
17	X0097	H2017

PT	LOCAL CODE	NEW CODE
17	X0098	97537
17	X0099	E1399
17	X0100	H0043
17	X0101	T2016
22	A5701	A4391
22	E1036	E1035
22	L2400	L2102
22	V5000	92557
22	V5016	V5299
22	W0030	V5011
22	W0073	V5264
22	W0074	V5266
22	W0075	V5299
22	W0080	V5267
22	W0090	V5014
22	W0091	V2799
22	W0093	92499
22	W0094	92499
22	WP101	99381 - 99385
22	WP102	99391 - 99395
22	WP103	99391-99395

PT	LOCAL CODE	NEW CODE
22	X0064	T2022
22	XH100	T1023
22	XZ001	B4150
22	XZ002	B4150
22	XZ004	B4150
22	XZ006	B4152
22	XZ007	B4156
22	XZ010	B4150
22	XZ011	B4150
22	XZ012	B4154
22	XZ013	B4150
22	XZ016	B4152
22	XZ017	B4150
22	XZ021	B4150
22	XZ024	B4150
22	XZ027	B4154
22	XZ028	B4150
22	XZ030	B4150
22	XZ031	B4150
22	XZ033	B4151
22	XZ034	B4151

PT	LOCAL CODE	NEW CODE
22	XZ035	B4151
22	XZ036	B4153
22	XZ037	B4155
22	XZ038	B4150
22	XZ039	B4150
22	XZ040	B4155
22	XZ042	B4155
22	XZ043	B4150
22	XZ046	B4150
22	XZ047	B4154
22	XZ048	B4154
22	XZ049	B4150
22	XZ051	B4150
22	XZ055	B4150
22	XZ057	B4156
22	XZ058	B4155
22	XZ299	E1399
22	XZ691	E0441
22	XZ697	E0441
22	XZ698	E0441
22	XZ699	E0442

PT	LOCAL CODE	NEW CODE
22	XZ701	A9900
22	XZ702	E1031
22	XZ703	E1399
22	XZ859	E0600
22	XZ860	E0950
22	XZ861	E1100
22	XZ872	E0145
22	XZ874	E0700
22	XZ877	A4375-A4383 AND A4387-A4393
22	XZ878	B4086
22	XZ879	E1399
22	XZ880	A5119
22	XZ881	A4370
22	XZ885	A5102
22	XZ886	A4367
22	XZ887	A4399
22	XZ888	A4399
22	XZ889	E1340
22	Y0226	11719
22	Y1154	28270

PT	LOCAL CODE	NEW CODE
23	X0050	90804
23	X0051	90853
23	X0058	90887
23	X0060	H2021
23	X0064	T2023
23	X0073	H2012
23	X0086	H2019
23	X0088	H0043
23	XH100	T1023
24	X0011	96110
24	X0012	96111
24	X0014	G9001
24	X0015	G9007
24	X0050	97139
24	X0051	97150
24	X0058	90887
24	X0060	97110
24	X0064	T1016
24	X0076	T2022
24	X0099	E1399
25	X0064	T2022

PT	LOCAL CODE	NEW CODE
27	X0064	T2022
29	X0050	90804
29	X0051	90853
29	X0058	90887
29	X0060	H2021
29	X0064	T2023
29	X0072	90816
29	X0073	H2012
29	X0080	90899
29	X0081	S9458
29	X0086	H2019
29	X0089	S5145
29	XH100	T1023
31	V5000	92557
31	W0030	V5011
31	W0073	V5264
31	W0074	V5266
31	W0075	V5299
31	W0080	V5267
31	W0090	V5014
31	W0091	V2799

PT	LOCAL CODE	NEW CODE
31	W0093	92499
31	W0094	92499
31	WP101	99381-99385
31	WP102	99391-99395
31	X0024	99429
31	X0025	99429
31	X0029	99429
31	X1100	99201-99205
31	X1110	99201-99205
31	X1120	99201-99205
31	X1130	99201-99205
31	X1140	99201-99205
31	X1170	99201-99205
31	X1180	99201-99205
31	X1190	99201-99205
31	X1200	99211-99215
31	X1210	99211-99215
31	X1220	99211-99215
31	X1230	99211-99215
31	X1240	99211-99215
31	X1280	99211-99215

PT	LOCAL CODE	NEW CODE
31	X1290	99211-99215
31	X1300	99211-99215
31	X1310	99211-99215
31	X1320	99211-99215
31	X1330	99211-99215
31	X1340	99211-99215
31	X1360	99211-99215
31	X1370	99211-99215
31	X1380	99211-99215
31	X1400	99199
31	X1410	99199
31	X1420	99199
31	X1430	99199
31	X1440	99199
31	X1470	99199
31	X1480	99199
31	X1490	99199
31	X1495	99199
31	X1499	99199
31	X1500	S0612
31	X1510	S0612

PT	LOCAL CODE	NEW CODE
31	X1520	S0612
31	X1530	S0612
31	X1540	S0612
31	X1560	S0612
31	X1570	S0612
31	X1580	S0612
31	X1590	S0612
31	X4495	99199
31	X4499	99199
31	Y0226	11719
31	Y1154	28270
32	X0024	99429
32	X0025	99429
32	X0029	99429
32	X1100	99202
32	X1110	99202
32	X1120	99202
32	X1130	99202
32	X1140	99202
32	X1170	99202
32	X1180	99202

PT	LOCAL CODE	NEW CODE
32	X1190	99202
32	X1200	99212
32	X1210	99212
32	X1220	99212
32	X1230	99212
32	X1240	99212
32	X1280	99212
32	X1290	99212
32	X1300	99212
32	X1310	99212
32	X1320	99212
32	X1330	99212
32	X1340	99212
32	X1360	99212
32	X1370	99212
32	X1380	99212
32	X1400	99199
32	X1410	99199
32	X1420	99199
32	X1430	99199
32	X1440	99199

PT	LOCAL CODE	NEW CODE
32	X1470	99199
32	X1480	99199
32	X1490	99199
32	X1495	99199
32	X1499	99199
32	X1500	S0612
32	X1510	S0612
32	X1520	S0612
32	X1530	S0612
32	X1540	S0612
32	X1560	S0612
32	X1570	S0612
32	X1580	S0612
32	X1590	S0612
32	X4110	99201
32	X4120	99201
32	X4130	99201
32	X4140	99201
32	X4150	99201
32	X4170	99201
32	X4180	99201

PT	LOCAL CODE	NEW CODE
32	X4200	99211
32	X4210	99211
32	X4220	99211
32	X4230	99211
32	X4240	99211
32	X4270	99211
32	X4290	99211
32	X4300	99211
32	X4310	99211
32	X4320	99211
32	X4330	99211
32	X4340	99211
32	X4370	99211
32	X4390	99211
32	X4495	99199
32	X4499	99199
32	X4500	S0610
32	X4510	S0610
32	X4530	S0612
32	X4540	S0612
32	X4570	S0612

PT	LOCAL CODE	NEW CODE
32	X4590	S0612
33	X0061	T2016
33	X0063	T1005
33	X0076	T2022
33	X0078	H0038
33	X0079	H0039
33	X0080	H0004
33	X0081	90804
33	X0082	97530
33	X0083	92507
33	X0084	97110
33	X0088	S5126
33	X0089	H0043
33	X0090	97537
33	X0091	97535
33	X0099	E1399
33	X0103	S5140
35	V5000	92557
35	W0030	V5011
35	W0073	V5264
35	W0074	V5266

PT	LOCAL CODE	NEW CODE
35	W0075	V5299
35	W0080	V5267
35	W0090	V5014
35	W0091	V2799
35	W0093	92499
35	W0094	92499
35	WP101	99381-99385
35	WP102	99391-99395
35	X0024	99429
35	X0025	99429
35	X0029	99429
35	X1100	99201-99205
35	X1110	99201-99205
35	X1120	99201-99205
35	X1130	99201-99205
35	X1140	99201-99205
35	X1170	99201-99205
35	X1180	99201-99205
35	X1190	99201-99205
35	X1200	99211-99215
35	X1210	99211-99215

PT	LOCAL CODE	NEW CODE
35	X1220	99211-99215
35	X1230	99211-99215
35	X1240	99211-99215
35	X1280	99211-99215
35	X1290	99211-99215
35	X1300	99211-99215
35	X1310	99211-99215
35	X1320	99211-99215
35	X1330	99211-99215
35	X1340	99211-99215
35	X1360	99211-99215
35	X1370	99211-99215
35	X1380	99211-99215
35	X1400	99199
35	X1410	99199
35	X1420	99199
35	X1430	99199
35	X1440	99199
35	X1470	99199
35	X1480	99199
35	X1490	99199

PT	LOCAL CODE	NEW CODE
35	X1495	99199
35	X1499	99199
35	X1500	S0612
35	X1510	S0612
35	X1520	S0612
35	X1530	S0612
35	X1540	S0612
35	X1560	S0612
35	X1570	S0612
35	X1580	S0612
35	X1590	S0612
35	X4495	99199
35	X4499	99199
35	Y0226	11719
35	Y1154	28270
43	XR000	S5101
43	XR400	97001
43	XR403	97002
43	XR410	97110
43	XR500	97003-97004
43	XR600	92506

PT	LOCAL CODE	NEW CODE
43	XR660	T1005
45	92507	S9128
45	97530	S9131
45	99301	T1026
45	99302	T1026
45	99303	T1026
45	E1036	E1035
45	E1354	A4617
45	H5050	H0017&H0018
45	H5170	H0015
45	H5300	S9129
45	J7000	95144
45	J7020	95115
45	J7340	95165
45	M0019	S9124
45	M0049	S9123
45	V5016	V5299
45	W0073	V5264
45	W0074	V5266
45	WP511	S9140
45	X0050	90804

PT	LOCAL CODE	NEW CODE
45	XA122	T1030
45	XG702	S9122
45	XH100	T1023
45	XZ001	B4150
45	XZ002	B4150
45	XZ004	B4150
45	XZ006	B4152
45	XZ007	B4153
45	XZ010	B4150
45	XZ011	B4150
45	XZ012	B4154
45	XZ013	B4150
45	XZ016	B4150
45	XZ017	B4150
45	XZ021	B4154
45	XZ024	B4150
45	XZ027	B4154
45	XZ028	B4150
45	XZ030	B4150
45	XZ031	B4150
45	XZ033	B4154

PT	LOCAL CODE	NEW CODE
45	XZ034	B4151
45	XZ035	B4151
45	XZ036	B4153
45	XZ037	B4155
45	XZ038	B4150
45	XZ039	B4150
45	XZ040	B4155
45	XZ042	B4150
45	XZ043	B4150
45	XZ046	B4150
45	XZ047	B4154
45	XZ048	B4154
45	XZ049	B4150
45	XZ051	B4150
45	XZ055	B4150
45	XZ057	B4156
45	XZ058	B4155
45	XZ060	B4150
45	XZ061	B4150
45	XZ066	B4150
45	XZ067	B4152

PT	LOCAL CODE	NEW CODE
45	XZ702	E1031
45	XZ703	E1399
45	XZ860	E0950
45	XZ993	E1340
45	ZR124	H0017
45	ZR128	H0017
45	ZR158	H0017
50	W0073	V5264
50	W0074	V5266
50	W0075	V5299
50	W0080	V5267
50	W0090	V5014
52/77	W0091	V2799
52/77	W0093	92499
52/77	W0094	92499
55	A0342	A0429
55	A0348	A0427
55	A0380	A0425
55	A0382	A0382
55	A0390	A0425
55	A0398	A0398

PT	LOCAL CODE	NEW CODE
55	A0420	A0425
55	A0422	A0422
55	A0426	A0427
55	A0427	A0427
55	A0429	A0429
55	A0429/MA	A0429
55	A0430	A0430
55	A0431	A0431
55	A0433	A0427
55	A0434	A0427
55	A0435	A0435
55	A0436	A0436
64/65	W0093	92499
64/65	W0094	92499
64/65	WP101	99381-99385
64/65	WP102	99391-99395
64/65	WP115	99391-99395
64/65	Y1154	28270
70	V5000	92557
70	W0030	V5011

ATTACHMENT 'B'

A6023	K0085	L0190	L0340	L0410	L0540	L0710	L0930	L1210
E0149	K0088	L0200	L0350	L0420	L0550	L0810	L0950	L1220
E1800	K0089	L0310	L0360	L0430	L0560	E1380	L0974	L1230
E1805	L0130	L0315	L0370	L0440	L0565	L0830	L0976	L1300
E1810	E1815	L0170	L0317	L0380	L0510	L0610	L1000	L1310
E1815	L0174	L0320	L0390	L0520	L0620	L0910	L1110	L1499
E1825	L0180	L0330	L0400	L0530	L0700	L0920	L1200	L1500
L1640	L1650	L1680	L1685	L1686	L1690	L1700	L1710	L1720
L1730	L1755	L1832	L1834	L1840	L1843	L1844	L1845	L1846
L1847	L1850	L1855	L1858	L1870	L1880	L1885		
L1900	L2500	L4010	L5620	L5699	L5970	L6588	L6807	L1510
L1904	L2510	L4020	L5622	L5700	L5972	L6590	L6808	L1520
L1910	L2520	L4030	L5624	L5701	L5974	L5722	L6809	L7260
L1920	L2525	L4040	L5626	L5702	L5975	L6825	L7266	L7261
L1930	L2526	L4045	L5628	L5704	L5976	L6620	L6830	L7272
L1940	L2530	L4050	L5629	L5705	L5978	L6623	L6835	L7274
L1945	L2540	L4055	L5630	L5706	L5979	L6625	L6840	L7360
L1950	L2550	L4060	L5631	L5707	L5980	L6628	L6845	L7362
L1960	L2570	L4070	L5632	L5710	L5981	L6630	L6850	L7364
L1970	L2580	L4130	L5634	L5711	L5982	L6637	L6855	L7366
L1980	L2610	L4360	L5636	L5712	L5984	L6640	L6860	L7499
L1990	L2620	L5000	L5637	L5714	L5985	L6642	L6865	L8020
L2000	L2622	L5010	L5638	L5716	L5986	L6645	L6867	L8030
L2010	L2624	L5020	L5639	L5718	L5987	L6650	L6868	L8035
L2020	L2627	L5050	L5640	L5724	L5988	L6672	L6870	L8040
L2030	L2628	L5060	L5642	L5726	L5999	L6680	L6872	L8041
L2036	L2630	L5100	L5643	L5728	L6000	L6682	L6873	L8042
L2037	L2640	L5105	L5644	L5780	L6010	L6684	L6875	L8043
L2038	L3720	L5150	L5645	L5785	L6020	L6686	L6880	L8044
L2050	L3730	L5160	L5646	L5790	L6050	L6687	L6900	L8046
L2060	L3740	L5200	L5647	L5795	L6055	L6688	L6905	L8047

L2080	L3760	L5210	L5648	L5810	L6100	L6689	L6910	L1510
L2090	L3805	L5220	L5649	L5811	L6110	L6690	L6915	L8500
L2102	L3807	L5230	L5650	L5812	L6120	L6691	L6920	L8600
L2104	L3900	L5250	L5651	L5814	L6130	L6692	L6925	L8610
L2106	L3901	L5270	L5652	L5816	L6200	L6693	L6930	L8612
L2108	L3902	L5280	L5653	L5818	L6205	L6700	L6935	L8613
L2112	L3904	L5505	L5654	L5822	L6250	L6705	L6940	L8614
L2114	L3906	L5510	L5655	L5824	L6300	L6710	L6945	L8619
L2116	L3907	L5520	L5656	L5826	L6310	L6715	L6950	L8630
L2122	L3910	L5530	L5658	L5828	L6320	L6720	L6955	L8641
L2124	L3960	L5535	L5660	L5830	L6350	L6725	L6960	L8642
L2126	L3962	L5540	L5661	L5840	L6360	L6730	L6965	L8670
L2128	L3963	L5560	L5662	L5845	L6370	L6735	L6970	
L2132	L3964	L5570	L5663	L5846	L6380	L6740	L6975	L9900
L2134	L3965	L5580	L5664	L5855	L6382	L6745	L7010	
L2136	L3966	L5585	L5665	L5910	L6384	L6750	L7015	
L2188	L3968	L5590	L5920	L6386	L6755	L7020		
L2192	L3969	L5595	L5925	L6388	L6765	L7025		
L2250	L3970	L5600	L5670	L5930	L6400	L6770	L7030	
L2280	3972	L5610	L5672	L5940	L6450	L6775	L7035	
L2300	L3980	L5611	L5950	L6550	L6780	L7040		
L2330	L3982	L5613	L5960	L6570	L6790	L7045		
L2335	L3984	L5614	L5676	L5962	L6580	L6795	L7170	
L2340	L3985	L5616	L5677	L5964	L6582	L6800	L7185	
L2350	L3986	L5680	L5966	L6584	L6805	L7186		
L2370	L4000	L5618	L5682	L5968	L6586	L6806	L7190	

3.296.3 3006 (FORMER LEGACY EDIT 894)

DMS Approved 12/04/06

ERROR STATUS CODE:	3006 (FORMER LEGACY EDIT 894)	**CLAIM TYPE:**	D, H, M, O
HEADER/DETAIL:	DETAIL	**PROVIDER TYPE:**	01 (CT O), 34, 39, 41, 42, 46, 47, CT M (ALL EXCEPT 15, 20, 21, 24, 27, 28, 37, 40, 55,

			56, 57)
OVERRIDEABLE:	YES	**TYPE OF DOCUMENT:**	PAPER, NON-PAPER, ADJUSTMENTS
DATA CORRECTABLE	YES	**CLAIM FIELD LABEL:**	PA#

ESC NAME:	PA DOLLARS EXCEEDED
ESC CRITERIA:	IF THE PROCEDURE CODE ON THE CLAIM REQUIRES PA AS INDICATED ON THE COVERED BENEFIT TABLE, AND THERE IS AN APPROVED PA ON FILE BUT THE APPROVED DOLLARS HAVE ALREADY BEEN USED ON PREVIOUS CLAIMS, PERFORM CUTBACK LOGIC AND POST THE ESC. NOTE: PT 34 BYPASSED THIS ESC IF THE CLAIM DOS WAS 11/01/2003 THROUGH 12/31/2003. DCR 01071
EOB CODES:	3006- DOLLARS EXCEED AUTHORIZED DOLLARS ON AUTHORIZATION MASTER.
METHOD OF CORRECTION:	1. VERIFY THE PA NUMBER WAS KEYED CORRECTLY. IF NOT, DATA CORRECT.
	2. IF ALL DATA IS KEYED CORRECTLY, DENY THE DETAIL..

3.297 3010 (FORMER LEGACY EDIT N/A)

DMS Approved 06/2007

ERROR STATUS CODE:	3010 (FORMER LEGACY EDIT N/A)	**CLAIM TYPE:**	ALL
HEADER/DETAIL:	DETAIL	**PROVIDER TYPE:**	ALL
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	ALL
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	MEMBER ID

ESC NAME:	BILLING PROVIDER OUT-OF-STATE REQUIRES PA
ESC CRITERIA: **LEGACY CRITERIA:**	IF BILLING PROVIDER IS AN OUT-OF-STATE PROVIDER AND NO PA IS FOUND, POST THE EDIT. THE OUT-OF-STATE INDICATOR ON THE PROVIDER SERVICE LOCATION TABLE IDENTIFIES AN OUT-OF-STATE PROVIDER. N/A
EOB CODES:	3010 - BILLING PROVIDER OUT-OF-STATE REQUIRES PA
METHOD OF CORRECTION:	VERIFY THAT THE INFORMATION WAS KEYED CORRECTLY. IF NOT, CORRECT THE DATA.
	IF ENTERED CORRECTLY, DENY THE CLAIM

3.298 3019 (FORMER LEGACY EDIT N/A)

DMS Approved 06/2007

ERROR STATUS CODE:	3019 (FORMER LEGACY EDIT N/A)	**CLAIM TYPE:**	ALL
HEADER/DETAIL:	DETAIL	**PROVIDER TYPE:**	ALL
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	ALL
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	MEMBER ID

ESC NAME:	PA CUTBACK PERFORMED
ESC CRITERIA: **LEGACY CRITERIA:**	IF THE CLAIM IS IN A PAID STATUS WITH A PA RELATED CUTBACK FOR FDOS-TDOS SPAN, POST THE EDIT. N/A
EOB CODES:	3019 - BILLING PROVIDER OUT-OF-STATE REQUIRES PA
METHOD OF CORRECTION:	VERIFY THAT THE INFORMATION WAS KEYED CORRECTLY. IF NOT, CORRECT THE DATA.
	IF ENTERED CORRECTLY, DENY THE CLAIM

3.299 3201 (NO FORMER LEGACY EDIT)

DMS Approved 10/20/2010

ERROR STATUS CODE:	3201 (NO FORMER LEGACY EDIT)	**CLAIM TYPE:**	A, I
HEADER/DETAIL:	HEADER	**PROVIDER TYPE:**	01
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	PAPER, NON-PAPER
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	POA

ESC NAME:	PRESENT ON ADMISSION (POA) INDICATOR MISSING OR INVALID FOR PRINCIPLE DIAGNOSIS.
ESC CRITERIA:	FAILS INPATIENT HOSPITAL DRG* CLAIMS IF A POA INDICATOR OF “Y”, “N”, “W”, OR “U” IS NOT ENTERED FOR THE PRICIPLE DIAGNOSIS CODE. *DRG HOSPITALS HAVE A “HOSPITAL (INPATIENT)” CONTRACT FOR THE DATES OF SERVICE <u>EXCLUSIONS:</u> • CLAIMS WITH A FROM DATE OF SERVICE PRIOR TO 07/01/2010 ARE EXCLUDED FROM THIS EDIT. • DIAGNOSIS CODES FROM THE LIST ON THE FOLLOWING PAGE DO NOT REQUIRE A POA AND ARE EXCLUDED FROM THIS EDIT. NOTE – FOR 3 DIGIT CODES ON THIS LIST, ANY DIAGNOSIS CODES BEGINNING WITH THESE 3 DIGITS ARE EXCLUDED. FOR 4 DIGIT CODES ON THIS LIST, ANY DIAGNOSIS CODES BEGINNING WITH THESE 4 DIGITS ARE EXCLUDED. • CLAIMS FOR NON-DRG HOSPITALS ARE EXCLUDED FROM THIS EDIT. • ADJUSTMENT REGION 50 AND MASS ADJUSTMENT REGIONS 52 AND 58 ARE EXCLUDED FROM THIS EDIT.
EOB CODES:	3201 - CLAIM DENIED. PRESENT ON ADMISSION (POA) INDICATOR MISSING OR INVALID FOR PRINCIPLE DIAGNOSIS.
METHOD OF CORRECTION:	5. VERIFY THAT THE POA INDICATOR FOR THE PRINCIPLE DIAGNOSIS WAS KEYED CORRECTLY. IF NOT, CORRECT THE DATA.
	6. IF ENTERED CORRECTLY, DENY THE CLAIM WITH EOB 3201.

Diagnosis Codes Exempt from
Diagnosis Present on Admission Requirement

137-139, Late effects of infectious and parasitic diseases
268.1, Rickets, late effect
326, Late effects of intracranial abscess or pyogenic infection
412, Old myocardial infarction
438, Late effects of cerebrovascular disease
650, Normal delivery
660.7, Failed forceps or vacuum extractor, unspecified
677, Late effect of complication of pregnancy, childbirth, and the puerperium
740-759, Congenital anomalies
905 - 909, Late effects of injuries, poisonings, toxic effects, and other external causes
V02, Carrier or suspected carrier of infectious diseases
V03, Need for prophylactic vaccination and inoculation against bacterial diseases
V04, Need for prophylactic vaccination and inoculation against certain viral diseases
V05, Need for other prophylactic vaccination and inoculation against single diseases
V06, Need for prophylactic vaccination and inoculation against combinations of diseases
V07, Need for isolation and other prophylactic measures
V10, Personal history of malignant neoplasm
V11, Personal history of mental disorder
V12, Personal history of certain other diseases
V13, Personal history of other diseases
V14, Personal history of allergy to medicinal agents
V15.01-V15.09, Other personal history, Allergy, other than to medicinal agents
V15.1, Other personal history, Surgery to heart and great vessels
V15.2, Other personal history, Surgery to other major organs
V15.3, Other personal history, Irradiation
V15.4, Other personal history, Psychological trauma
V15.5, Other personal history, Injury
V15.6, Other personal history, Poisoning
V15.7, Other personal history, Contraception
V15.80, Other personal history, History of failed moderate sedation
V15.81, Other personal history, Noncompliance with medical treatment
V15.82, Other personal history, History of tobacco use
V15.83, Other personal history, Underimmunization status
V15.84, Other personal history, Contact with and (suspected) exposure to asbestos
V15.85, Other personal history, Contact with and (suspected) exposure to potentially
V15.86, Other personal history, Contact with and (suspected) exposure to lead
V15.88, Other personal history, History of fall
V15.89, Other personal history, Other
V15.9 Unspecified personal history presenting hazards to health
V16, Family history of malignant neoplasm
V17, Family history of certain chronic disabling diseases
V18, Family history of certain other specific conditions
V19, Family history of other conditions
V20, Health supervision of infant or child
V21, Constitutional states in development
V22, Normal pregnancy
V23, Supervision of high-risk pregnancy
V24, Postpartum care and examination
V25, Encounter for contraceptive management

V26, Procreative management
V27, Outcome of delivery
V28, Antenatal screening
V29, Observation and evaluation of newborns for suspected condition not found
V30-V39, Liveborn infants according to type of birth
V42, Organ or tissue replaced by transplant
V43, Organ or tissue replaced by other means
V44, Artificial opening status
V45, Other postprocedural states
V46, Other dependence on machines
V49.60-V49.77, Upper and lower limb amputation status
V49.81-V49.85, Other specified conditions influencing health status
V50, Elective surgery for purposes other than remedying health states
V51, Aftercare involving the use of plastic surgery
V52, Fitting and adjustment of prosthetic device and implant
V53, Fitting and adjustment of other device
V54, Other orthopedic aftercare
V55, Attention to artificial openings
V56, Encounter for dialysis and dialysis catheter care
V57, Care involving use of rehabilitation procedures
V58, Encounter for other and unspecified procedures and aftercare
V59, Donors
V60, Housing, household, and economic circumstances
V61, Other family circumstances
V62, Other psychosocial circumstances
V64, Persons encountering health services for specific procedures, not carried out
V65, Other persons seeking consultation
V66, Convalescence and palliative care
V67, Follow-up examination
V68, Encounters for administrative purposes
V69, Problems related to lifestyle
V70, General medical examination
V71, Observation and evaluation for suspected condition not found
V72, Special investigations and examinations
V73, Special screening examination for viral and chlamydial diseases
V74, Special screening examination for bacterial and spirochetal diseases
V75, Special screening examination for other infectious diseases
V76, Special screening for malignant neoplasms
V77, Special screening for endocrine, nutritional, metabolic, and immunity disorders
V78, Special screening for disorders of blood and blood-forming organs
V79, Special screening for mental disorders and developmental handicaps
V80, Special screening for neurological, eye, and ear diseases
V81, Special screening for cardiovascular, respiratory, and genitourinary diseases
V82, Special screening for other conditions
V83, Genetic carrier status
V84, Genetic susceptibility to disease
V85, Body Mass Index
V86 Estrogen receptor status
V87.32, Contact with and (suspected) exposure to algae bloom
V87.4, Personal history of drug therapy
V88, Acquired absence of cervix and uterus

V89, Suspected maternal and fetal conditions not found
V90, Retained foreign body
V91, Multiple gestation placenta status
E000, External cause status
E001-E030, Activity
E800-E807, Railway accidents
E810-E819, Motor vehicle traffic accidents
E820-E825, Motor vehicle nontraffic accidents
E826-E829, Other road vehicle accidents
E830-E838, Water transport accidents
E840-E845, Air and space transport accidents
E846-E848, Vehicle accidents not elsewhere classifiable
E849.0-E849.6, Place of occurrence
E849.8 - E849.9, Place of occurrence
E883.1, Accidental fall into well
E883.2, Accidental fall into storm drain or manhole
E884.0, Fall from playground equipment
E884.1, Fall from cliff
E885.0, Fall from (nonmotorized) scooter
E885.1, Fall from roller skates
E885.2, Fall from skateboard
E885.3, Fall from skis
E885.4, Fall from snowboard
E886.0, Fall on same level from collision, pushing, or shoving, by or with other person, In sports
E890.0-E890.9, Conflagration in private dwelling
E893.0, Accident caused by ignition of clothing, from controlled fire in private dwelling
E893.2, Accident caused by ignition of clothing, from controlled fire not in building or structure
E894, Ignition of highly inflammable material
E895, Accident caused by controlled fire in private dwelling
E897, Accident caused by controlled fire not in building or structure
E898.0 - E898.1, Accident caused by other specified fire and flames
E917.0, Striking against or struck accidentally by objects or persons, in sports without
E917.1, Striking against or struck accidentally by objects or persons,
E917.2, Striking against or struck accidentally by objects or persons,
E917.5, Striking against or struck accidentally by objects or persons, object in
E917.6, Striking against or struck accidentally by objects or persons, caused by a crowd,
E919.0-E919.1, Accidents caused by machinery
E919.3-E919.9, Accidents caused by machinery
E921.0-E921.9, Accident caused by explosion of pressure vessel
E922.0-E922.9, Accident caused by firearm and air gun missile
E924.1, Caustic and corrosive substances
E926.2, Visible and ultraviolet light sources
E928.0-E928.8, Other and unspecified environmental and accidental causes
E929.0-E929.9, Late effects of accidental injury
E959, Late effects of self-inflicted injury
E970-E978, Legal intervention
E979, Terrorism
E981.0-E981.8, Poisoning by gases in domestic use, undetermined whether
E982.0-E982.9, Poisoning by other gases, undetermined whether accidentally
E985.0-E985.7, Injury by firearms, air guns and explosives, undetermined
E987.0, Falling from high place, undetermined whether accidentally or

E987.2, Falling from high place, undetermined whether accidentally or purposely
E989, Late effects of injury, undetermined whether accidentally or purposely
E990-E999, Injury resulting from operations of war

3.300 3202 (NO FORMER LEGACY EDIT)

DMS Approved 10/20/2010

ERROR STATUS CODE:	3202 (NO FORMER LEGACY EDIT)	**CLAIM TYPE:**	A, I
HEADER/DETAIL:	HEADER	**PROVIDER TYPE:**	01
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	PAPER, NON-PAPER
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	POA

ESC NAME:	PRESENT ON ADMISSION (POA) INDICATOR MISSING OR INVALID FOR SECOND DIAGNOSIS.
ESC CRITERIA:	FAILS INPATIENT HOSPITAL DRG* CLAIMS IF A SECOND DIAGNOSIS CODE IS ENTERED AND A POA INDICATOR OF “Y”, “N”, “W”, OR “U” IS NOT ENTERED. *DRG HOSPITALS HAVE A “HOSPITAL (INPATIENT)” CONTRACT FOR THE DATES OF SERVICE <u>EXCLUSIONS:</u> • CLAIMS WITH A FROM DATE OF SERVICE PRIOR TO 07/01/2010 ARE EXCLUDED FROM THIS EDIT. • DIAGNOSIS CODES FROM THE LIST ON THE FOLLOWING PAGE DO NOT REQUIRE A POA AND ARE EXCLUDED FROM THIS EDIT. NOTE – FOR 3 DIGIT CODES ON THIS LIST, ANY DIAGNOSIS CODES BEGINNING WITH THESE 3 DIGITS ARE EXCLUDED. FOR 4 DIGIT CODES ON THIS LIST, ANY DIAGNOSIS CODES BEGINNING WITH THESE 4 DIGITS ARE EXCLUDED. • CLAIMS FOR NON-DRG HOSPITALS ARE EXCLUDED FROM THIS EDIT. • ADJUSTMENT REGION 50 AND MASS ADJUSTMENT REGIONS 52 AND 58 ARE EXCLUDED FROM THIS EDIT.
EOB CODES:	3202 - CLAIM DENIED. PRESENT ON ADMISSION (POA) INDICATOR MISSING OR INVALID FOR SECOND DIAGNOSIS.
METHOD OF CORRECTION:	1. VERIFY THAT THE POA INDICATOR FOR THE DIAGNOSIS WAS KEYED CORRECTLY. IF NOT, CORRECT THE DATA.
	2. IF ENTERED CORRECTLY, DENY THE CLAIM WITH EOB 3202.

Diagnosis Codes Exempt from
Diagnosis Present on Admission Requirement

137-139, Late effects of infectious and parasitic diseases
268.1, Rickets, late effect
326, Late effects of intracranial abscess or pyogenic infection
412, Old myocardial infarction
438, Late effects of cerebrovascular disease
650, Normal delivery
660.7, Failed forceps or vacuum extractor, unspecified
677, Late effect of complication of pregnancy, childbirth, and the puerperium
740-759, Congenital anomalies
905 - 909, Late effects of injuries, poisonings, toxic effects, and other external causes
V02, Carrier or suspected carrier of infectious diseases
V03, Need for prophylactic vaccination and inoculation against bacterial diseases
V04, Need for prophylactic vaccination and inoculation against certain viral diseases
V05, Need for other prophylactic vaccination and inoculation against single diseases
V06, Need for prophylactic vaccination and inoculation against combinations of diseases
V07, Need for isolation and other prophylactic measures
V10, Personal history of malignant neoplasm
V11, Personal history of mental disorder
V12, Personal history of certain other diseases
V13, Personal history of other diseases
V14, Personal history of allergy to medicinal agents
V15.01-V15.09, Other personal history, Allergy, other than to medicinal agents
V15.1, Other personal history, Surgery to heart and great vessels
V15.2, Other personal history, Surgery to other major organs
V15.3, Other personal history, Irradiation
V15.4, Other personal history, Psychological trauma
V15.5, Other personal history, Injury
V15.6, Other personal history, Poisoning
V15.7, Other personal history, Contraception
V15.80, Other personal history, History of failed moderate sedation
V15.81, Other personal history, Noncompliance with medical treatment
V15.82, Other personal history, History of tobacco use
V15.83, Other personal history, Underimmunization status
V15.84, Other personal history, Contact with and (suspected) exposure to asbestos
V15.85, Other personal history, Contact with and (suspected) exposure to potentially
V15.86, Other personal history, Contact with and (suspected) exposure to lead
V15.88, Other personal history, History of fall
V15.89, Other personal history, Other
V15.9 Unspecified personal history presenting hazards to health
V16, Family history of malignant neoplasm
V17, Family history of certain chronic disabling diseases
V18, Family history of certain other specific conditions
V19, Family history of other conditions
V20, Health supervision of infant or child
V21, Constitutional states in development
V22, Normal pregnancy
V23, Supervision of high-risk pregnancy
V24, Postpartum care and examination
V25, Encounter for contraceptive management

V26, Procreative management
V27, Outcome of delivery
V28, Antenatal screening
V29, Observation and evaluation of newborns for suspected condition not found
V30-V39, Liveborn infants according to type of birth
V42, Organ or tissue replaced by transplant
V43, Organ or tissue replaced by other means
V44, Artificial opening status
V45, Other postprocedural states
V46, Other dependence on machines
V49.60-V49.77, Upper and lower limb amputation status
V49.81-V49.85, Other specified conditions influencing health status
V50, Elective surgery for purposes other than remedying health states
V51, Aftercare involving the use of plastic surgery
V52, Fitting and adjustment of prosthetic device and implant
V53, Fitting and adjustment of other device
V54, Other orthopedic aftercare
V55, Attention to artificial openings
V56, Encounter for dialysis and dialysis catheter care
V57, Care involving use of rehabilitation procedures
V58, Encounter for other and unspecified procedures and aftercare
V59, Donors
V60, Housing, household, and economic circumstances
V61, Other family circumstances
V62, Other psychosocial circumstances
V64, Persons encountering health services for specific procedures, not carried out
V65, Other persons seeking consultation
V66, Convalescence and palliative care
V67, Follow-up examination
V68, Encounters for administrative purposes
V69, Problems related to lifestyle
V70, General medical examination
V71, Observation and evaluation for suspected condition not found
V72, Special investigations and examinations
V73, Special screening examination for viral and chlamydial diseases
V74, Special screening examination for bacterial and spirochetal diseases
V75, Special screening examination for other infectious diseases
V76, Special screening for malignant neoplasms
V77, Special screening for endocrine, nutritional, metabolic, and immunity disorders
V78, Special screening for disorders of blood and blood-forming organs
V79, Special screening for mental disorders and developmental handicaps
V80, Special screening for neurological, eye, and ear diseases
V81, Special screening for cardiovascular, respiratory, and genitourinary diseases
V82, Special screening for other conditions
V83, Genetic carrier status
V84, Genetic susceptibility to disease
V85, Body Mass Index
V86 Estrogen receptor status
V87.32, Contact with and (suspected) exposure to algae bloom
V87.4, Personal history of drug therapy
V88, Acquired absence of cervix and uterus

V89, Suspected maternal and fetal conditions not found
V90, Retained foreign body
V91, Multiple gestation placenta status
E000, External cause status
E001-E030, Activity
E800-E807, Railway accidents
E810-E819, Motor vehicle traffic accidents
E820-E825, Motor vehicle nontraffic accidents
E826-E829, Other road vehicle accidents
E830-E838, Water transport accidents
E840-E845, Air and space transport accidents
E846-E848, Vehicle accidents not elsewhere classifiable
E849.0-E849.6, Place of occurrence
E849.8 - E849.9, Place of occurrence
E883.1, Accidental fall into well
E883.2, Accidental fall into storm drain or manhole
E884.0, Fall from playground equipment
E884.1, Fall from cliff
E885.0, Fall from (nonmotorized) scooter
E885.1, Fall from roller skates
E885.2, Fall from skateboard
E885.3, Fall from skis
E885.4, Fall from snowboard
E886.0, Fall on same level from collision, pushing, or shoving, by or with other person, In sports
E890.0-E890.9, Conflagration in private dwelling
E893.0, Accident caused by ignition of clothing, from controlled fire in private dwelling
E893.2, Accident caused by ignition of clothing, from controlled fire not in building or structure
E894, Ignition of highly inflammable material
E895, Accident caused by controlled fire in private dwelling
E897, Accident caused by controlled fire not in building or structure
E898.0 - E898.1, Accident caused by other specified fire and flames
E917.0, Striking against or struck accidentally by objects or persons, in sports without
E917.1, Striking against or struck accidentally by objects or persons,
E917.2, Striking against or struck accidentally by objects or persons,
E917.5, Striking against or struck accidentally by objects or persons, object in
E917.6, Striking against or struck accidentally by objects or persons, caused by a crowd,
E919.0-E919.1, Accidents caused by machinery
E919.3-E919.9, Accidents caused by machinery
E921.0-E921.9, Accident caused by explosion of pressure vessel
E922.0-E922.9, Accident caused by firearm and air gun missile
E924.1, Caustic and corrosive substances
E926.2, Visible and ultraviolet light sources
E928.0-E928.8, Other and unspecified environmental and accidental causes
E929.0-E929.9, Late effects of accidental injury
E959, Late effects of self-inflicted injury
E970-E978, Legal intervention
E979, Terrorism
E981.0-E981.8, Poisoning by gases in domestic use, undetermined whether
E982.0-E982.9, Poisoning by other gases, undetermined whether accidentally
E985.0-E985.7, Injury by firearms, air guns and explosives, undetermined
E987.0, Falling from high place, undetermined whether accidentally or

E987.2, Falling from high place, undetermined whether accidentally or purposely
E989, Late effects of injury, undetermined whether accidentally or purposely
E990-E999, Injury resulting from operations of war

3.301 3203 (NO FORMER LEGACY EDIT)

DMS Approved 10/20/2010

ERROR STATUS CODE:	3203 (NO FORMER LEGACY EDIT)	**CLAIM TYPE:**	A, I
HEADER/DETAIL:	HEADER	**PROVIDER TYPE:**	01
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	PAPER, NON-PAPER
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	POA

ESC NAME:	PRESENT ON ADMISSION (POA) INDICATOR MISSING OR INVALID FOR THIRD DIAGNOSIS.
ESC CRITERIA:	FAILS INPATIENT HOSPITAL DRG* CLAIMS IF A THIRD DIAGNOSIS CODE IS ENTERED AND A POA INDICATOR OF “Y”, “N”, “W”, OR “U” IS NOT ENTERED. *DRG HOSPITALS HAVE A “HOSPITAL (INPATIENT)” CONTRACT FOR THE DATES OF SERVICE <u>EXCLUSIONS:</u> • CLAIMS WITH A FROM DATE OF SERVICE PRIOR TO 07/01/2010 ARE EXCLUDED FROM THIS EDIT. • DIAGNOSIS CODES FROM THE LIST ON THE FOLLOWING PAGE DO NOT REQUIRE A POA AND ARE EXCLUDED FROM THIS EDIT. NOTE – FOR 3 DIGIT CODES ON THIS LIST, ANY DIAGNOSIS CODES BEGINNING WITH THESE 3 DIGITS ARE EXCLUDED. FOR 4 DIGIT CODES ON THIS LIST, ANY DIAGNOSIS CODES BEGINNING WITH THESE 4 DIGITS ARE EXCLUDED. • CLAIMS FOR NON-DRG HOSPITALS ARE EXCLUDED FROM THIS EDIT. • ADJUSTMENT REGION 50 AND MASS ADJUSTMENT REGIONS 52 AND 58 ARE EXCLUDED FROM THIS EDIT.
EOB CODES:	3203 - CLAIM DENIED. PRESENT ON ADMISSION (POA) INDICATOR MISSING OR INVALID FOR THIRD DIAGNOSIS.
METHOD OF CORRECTION:	1. VERIFY THAT THE POA INDICATOR FOR THE DIAGNOSIS WAS KEYED CORRECTLY. IF NOT, CORRECT THE DATA.
	2. IF ENTERED CORRECTLY, DENY THE CLAIM WITH EOB 3203.

Diagnosis Codes Exempt from
Diagnosis Present on Admission Requirement

137-139, Late effects of infectious and parasitic diseases
268.1, Rickets, late effect
326, Late effects of intracranial abscess or pyogenic infection
412, Old myocardial infarction
438, Late effects of cerebrovascular disease
650, Normal delivery
660.7, Failed forceps or vacuum extractor, unspecified
677, Late effect of complication of pregnancy, childbirth, and the puerperium
740-759, Congenital anomalies
905 - 909, Late effects of injuries, poisonings, toxic effects, and other external causes
V02, Carrier or suspected carrier of infectious diseases
V03, Need for prophylactic vaccination and inoculation against bacterial diseases
V04, Need for prophylactic vaccination and inoculation against certain viral diseases
V05, Need for other prophylactic vaccination and inoculation against single diseases
V06, Need for prophylactic vaccination and inoculation against combinations of diseases
V07, Need for isolation and other prophylactic measures
V10, Personal history of malignant neoplasm
V11, Personal history of mental disorder
V12, Personal history of certain other diseases
V13, Personal history of other diseases
V14, Personal history of allergy to medicinal agents
V15.01-V15.09, Other personal history, Allergy, other than to medicinal agents
V15.1, Other personal history, Surgery to heart and great vessels
V15.2, Other personal history, Surgery to other major organs
V15.3, Other personal history, Irradiation
V15.4, Other personal history, Psychological trauma
V15.5, Other personal history, Injury
V15.6, Other personal history, Poisoning
V15.7, Other personal history, Contraception
V15.80, Other personal history, History of failed moderate sedation
V15.81, Other personal history, Noncompliance with medical treatment
V15.82, Other personal history, History of tobacco use
V15.83, Other personal history, Underimmunization status
V15.84, Other personal history, Contact with and (suspected) exposure to asbestos
V15.85, Other personal history, Contact with and (suspected) exposure to potentially
V15.86, Other personal history, Contact with and (suspected) exposure to lead
V15.88, Other personal history, History of fall
V15.89, Other personal history, Other
V15.9 Unspecified personal history presenting hazards to health
V16, Family history of malignant neoplasm
V17, Family history of certain chronic disabling diseases
V18, Family history of certain other specific conditions
V19, Family history of other conditions
V20, Health supervision of infant or child
V21, Constitutional states in development
V22, Normal pregnancy
V23, Supervision of high-risk pregnancy
V24, Postpartum care and examination
V25, Encounter for contraceptive management

V26, Procreative management
V27, Outcome of delivery
V28, Antenatal screening
V29, Observation and evaluation of newborns for suspected condition not found
V30-V39, Liveborn infants according to type of birth
V42, Organ or tissue replaced by transplant
V43, Organ or tissue replaced by other means
V44, Artificial opening status
V45, Other postprocedural states
V46, Other dependence on machines
V49.60-V49.77, Upper and lower limb amputation status
V49.81-V49.85, Other specified conditions influencing health status
V50, Elective surgery for purposes other than remedying health states
V51, Aftercare involving the use of plastic surgery
V52, Fitting and adjustment of prosthetic device and implant
V53, Fitting and adjustment of other device
V54, Other orthopedic aftercare
V55, Attention to artificial openings
V56, Encounter for dialysis and dialysis catheter care
V57, Care involving use of rehabilitation procedures
V58, Encounter for other and unspecified procedures and aftercare
V59, Donors
V60, Housing, household, and economic circumstances
V61, Other family circumstances
V62, Other psychosocial circumstances
V64, Persons encountering health services for specific procedures, not carried out
V65, Other persons seeking consultation
V66, Convalescence and palliative care
V67, Follow-up examination
V68, Encounters for administrative purposes
V69, Problems related to lifestyle
V70, General medical examination
V71, Observation and evaluation for suspected condition not found
V72, Special investigations and examinations
V73, Special screening examination for viral and chlamydial diseases
V74, Special screening examination for bacterial and spirochetal diseases
V75, Special screening examination for other infectious diseases
V76, Special screening for malignant neoplasms
V77, Special screening for endocrine, nutritional, metabolic, and immunity disorders
V78, Special screening for disorders of blood and blood-forming organs
V79, Special screening for mental disorders and developmental handicaps
V80, Special screening for neurological, eye, and ear diseases
V81, Special screening for cardiovascular, respiratory, and genitourinary diseases
V82, Special screening for other conditions
V83, Genetic carrier status
V84, Genetic susceptibility to disease
V85, Body Mass Index
V86 Estrogen receptor status
V87.32, Contact with and (suspected) exposure to algae bloom
V87.4, Personal history of drug therapy
V88, Acquired absence of cervix and uterus

V89, Suspected maternal and fetal conditions not found
V90, Retained foreign body
V91, Multiple gestation placenta status
E000, External cause status
E001-E030, Activity
E800-E807, Railway accidents
E810-E819, Motor vehicle traffic accidents
E820-E825, Motor vehicle nontraffic accidents
E826-E829, Other road vehicle accidents
E830-E838, Water transport accidents
E840-E845, Air and space transport accidents
E846-E848, Vehicle accidents not elsewhere classifiable
E849.0-E849.6, Place of occurrence
E849.8 - E849.9, Place of occurrence
E883.1, Accidental fall into well
E883.2, Accidental fall into storm drain or manhole
E884.0, Fall from playground equipment
E884.1, Fall from cliff
E885.0, Fall from (nonmotorized) scooter
E885.1, Fall from roller skates
E885.2, Fall from skateboard
E885.3, Fall from skis
E885.4, Fall from snowboard
E886.0, Fall on same level from collision, pushing, or shoving, by or with other person, In sports
E890.0-E890.9, Conflagration in private dwelling
E893.0, Accident caused by ignition of clothing, from controlled fire in private dwelling
E893.2, Accident caused by ignition of clothing, from controlled fire not in building or structure
E894, Ignition of highly inflammable material
E895, Accident caused by controlled fire in private dwelling
E897, Accident caused by controlled fire not in building or structure
E898.0 - E898.1, Accident caused by other specified fire and flames
E917.0, Striking against or struck accidentally by objects or persons, in sports without
E917.1, Striking against or struck accidentally by objects or persons,
E917.2, Striking against or struck accidentally by objects or persons,
E917.5, Striking against or struck accidentally by objects or persons, object in
E917.6, Striking against or struck accidentally by objects or persons, caused by a crowd,
E919.0-E919.1, Accidents caused by machinery
E919.3-E919.9, Accidents caused by machinery
E921.0-E921.9, Accident caused by explosion of pressure vessel
E922.0-E922.9, Accident caused by firearm and air gun missile
E924.1, Caustic and corrosive substances
E926.2, Visible and ultraviolet light sources
E928.0-E928.8, Other and unspecified environmental and accidental causes
E929.0-E929.9, Late effects of accidental injury
E959, Late effects of self-inflicted injury
E970-E978, Legal intervention
E979, Terrorism
E981.0-E981.8, Poisoning by gases in domestic use, undetermined whether
E982.0-E982.9, Poisoning by other gases, undetermined whether accidentally
E985.0-E985.7, Injury by firearms, air guns and explosives, undetermined
E987.0, Falling from high place, undetermined whether accidentally or

E987.2, Falling from high place, undetermined whether accidentally or purposely
E989, Late effects of injury, undetermined whether accidentally or purposely
E990-E999, Injury resulting from operations of war

3.302 3204 (NO FORMER LEGACY EDIT)

DMS Approved 10/20/2010

ERROR STATUS CODE:	3204 (NO FORMER LEGACY EDIT)	**CLAIM TYPE:**	A, I
HEADER/DETAIL:	HEADER	**PROVIDER TYPE:**	01
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	PAPER, NON-PAPER
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	POA

ESC NAME:	PRESENT ON ADMISSION (POA) INDICATOR MISSING OR INVALID FOR FOURTH DIAGNOSIS.
ESC CRITERIA:	FAILS INPATIENT HOSPITAL DRG* CLAIMS IF A FOURTH DIAGNOSIS CODE IS ENTERED AND A POA INDICATOR OF “Y”, “N”, “W”, OR “U” IS NOT ENTERED. *DRG HOSPITALS HAVE A “HOSPITAL (INPATIENT)” CONTRACT FOR THE DATES OF SERVICE <u>EXCLUSIONS:</u> • CLAIMS WITH A FROM DATE OF SERVICE PRIOR TO 07/01/2010 ARE EXCLUDED FROM THIS EDIT. • DIAGNOSIS CODES FROM THE LIST ON THE FOLLOWING PAGE DO NOT REQUIRE A POA AND ARE EXCLUDED FROM THIS EDIT. NOTE – FOR 3 DIGIT CODES ON THIS LIST, ANY DIAGNOSIS CODES BEGINNING WITH THESE 3 DIGITS ARE EXCLUDED. FOR 4 DIGIT CODES ON THIS LIST, ANY DIAGNOSIS CODES BEGINNING WITH THESE 4 DIGITS ARE EXCLUDED. • CLAIMS FOR NON-DRG HOSPITALS ARE EXCLUDED FROM THIS EDIT. • ADJUSTMENT REGION 50 AND MASS ADJUSTMENT REGIONS 52 AND 58 ARE EXCLUDED FROM THIS EDIT.
EOB CODES:	3204 - CLAIM DENIED. PRESENT ON ADMISSION (POA) INDICATOR MISSING OR INVALID FOR FOURTH DIAGNOSIS.
METHOD OF CORRECTION:	1. VERIFY THAT THE POA INDICATOR FOR THE DIAGNOSIS WAS KEYED CORRECTLY. IF NOT, CORRECT THE DATA.
	2. IF ENTERED CORRECTLY, DENY THE CLAIM WITH EOB 3204.

Diagnosis Codes Exempt from
Diagnosis Present on Admission Requirement

137-139, Late effects of infectious and parasitic diseases
268.1, Rickets, late effect
326, Late effects of intracranial abscess or pyogenic infection
412, Old myocardial infarction
438, Late effects of cerebrovascular disease
650, Normal delivery
660.7, Failed forceps or vacuum extractor, unspecified
677, Late effect of complication of pregnancy, childbirth, and the puerperium
740-759, Congenital anomalies
905 - 909, Late effects of injuries, poisonings, toxic effects, and other external causes
V02, Carrier or suspected carrier of infectious diseases
V03, Need for prophylactic vaccination and inoculation against bacterial diseases
V04, Need for prophylactic vaccination and inoculation against certain viral diseases
V05, Need for other prophylactic vaccination and inoculation against single diseases
V06, Need for prophylactic vaccination and inoculation against combinations of diseases
V07, Need for isolation and other prophylactic measures
V10, Personal history of malignant neoplasm
V11, Personal history of mental disorder
V12, Personal history of certain other diseases
V13, Personal history of other diseases
V14, Personal history of allergy to medicinal agents
V15.01-V15.09, Other personal history, Allergy, other than to medicinal agents
V15.1, Other personal history, Surgery to heart and great vessels
V15.2, Other personal history, Surgery to other major organs
V15.3, Other personal history, Irradiation
V15.4, Other personal history, Psychological trauma
V15.5, Other personal history, Injury
V15.6, Other personal history, Poisoning
V15.7, Other personal history, Contraception
V15.80, Other personal history, History of failed moderate sedation
V15.81, Other personal history, Noncompliance with medical treatment
V15.82, Other personal history, History of tobacco use
V15.83, Other personal history, Underimmunization status
V15.84, Other personal history, Contact with and (suspected) exposure to asbestos
V15.85, Other personal history, Contact with and (suspected) exposure to potentially
V15.86, Other personal history, Contact with and (suspected) exposure to lead
V15.88, Other personal history, History of fall
V15.89, Other personal history, Other
V15.9 Unspecified personal history presenting hazards to health
V16, Family history of malignant neoplasm
V17, Family history of certain chronic disabling diseases
V18, Family history of certain other specific conditions
V19, Family history of other conditions
V20, Health supervision of infant or child
V21, Constitutional states in development
V22, Normal pregnancy
V23, Supervision of high-risk pregnancy
V24, Postpartum care and examination
V25, Encounter for contraceptive management

V26, Procreative management
V27, Outcome of delivery
V28, Antenatal screening
V29, Observation and evaluation of newborns for suspected condition not found
V30-V39, Liveborn infants according to type of birth
V42, Organ or tissue replaced by transplant
V43, Organ or tissue replaced by other means
V44, Artificial opening status
V45, Other postprocedural states
V46, Other dependence on machines
V49.60-V49.77, Upper and lower limb amputation status
V49.81-V49.85, Other specified conditions influencing health status
V50, Elective surgery for purposes other than remedying health states
V51, Aftercare involving the use of plastic surgery
V52, Fitting and adjustment of prosthetic device and implant
V53, Fitting and adjustment of other device
V54, Other orthopedic aftercare
V55, Attention to artificial openings
V56, Encounter for dialysis and dialysis catheter care
V57, Care involving use of rehabilitation procedures
V58, Encounter for other and unspecified procedures and aftercare
V59, Donors
V60, Housing, household, and economic circumstances
V61, Other family circumstances
V62, Other psychosocial circumstances
V64, Persons encountering health services for specific procedures, not carried out
V65, Other persons seeking consultation
V66, Convalescence and palliative care
V67, Follow-up examination
V68, Encounters for administrative purposes
V69, Problems related to lifestyle
V70, General medical examination
V71, Observation and evaluation for suspected condition not found
V72, Special investigations and examinations
V73, Special screening examination for viral and chlamydial diseases
V74, Special screening examination for bacterial and spirochetal diseases
V75, Special screening examination for other infectious diseases
V76, Special screening for malignant neoplasms
V77, Special screening for endocrine, nutritional, metabolic, and immunity disorders
V78, Special screening for disorders of blood and blood-forming organs
V79, Special screening for mental disorders and developmental handicaps
V80, Special screening for neurological, eye, and ear diseases
V81, Special screening for cardiovascular, respiratory, and genitourinary diseases
V82, Special screening for other conditions
V83, Genetic carrier status
V84, Genetic susceptibility to disease
V85, Body Mass Index
V86 Estrogen receptor status
V87.32, Contact with and (suspected) exposure to algae bloom
V87.4, Personal history of drug therapy
V88, Acquired absence of cervix and uterus

V89, Suspected maternal and fetal conditions not found
V90, Retained foreign body
V91, Multiple gestation placenta status
E000, External cause status
E001-E030, Activity
E800-E807, Railway accidents
E810-E819, Motor vehicle traffic accidents
E820-E825, Motor vehicle nontraffic accidents
E826-E829, Other road vehicle accidents
E830-E838, Water transport accidents
E840-E845, Air and space transport accidents
E846-E848, Vehicle accidents not elsewhere classifiable
E849.0-E849.6, Place of occurrence
E849.8 - E849.9, Place of occurrence
E883.1, Accidental fall into well
E883.2, Accidental fall into storm drain or manhole
E884.0, Fall from playground equipment
E884.1, Fall from cliff
E885.0, Fall from (nonmotorized) scooter
E885.1, Fall from roller skates
E885.2, Fall from skateboard
E885.3, Fall from skis
E885.4, Fall from snowboard
E886.0, Fall on same level from collision, pushing, or shoving, by or with other person, In sports
E890.0-E890.9, Conflagration in private dwelling
E893.0, Accident caused by ignition of clothing, from controlled fire in private dwelling
E893.2, Accident caused by ignition of clothing, from controlled fire not in building or structure
E894, Ignition of highly inflammable material
E895, Accident caused by controlled fire in private dwelling
E897, Accident caused by controlled fire not in building or structure
E898.0 - E898.1, Accident caused by other specified fire and flames
E917.0, Striking against or struck accidentally by objects or persons, in sports without
E917.1, Striking against or struck accidentally by objects or persons,
E917.2, Striking against or struck accidentally by objects or persons,
E917.5, Striking against or struck accidentally by objects or persons, object in
E917.6, Striking against or struck accidentally by objects or persons, caused by a crowd,
E919.0-E919.1, Accidents caused by machinery
E919.3-E919.9, Accidents caused by machinery
E921.0-E921.9, Accident caused by explosion of pressure vessel
E922.0-E922.9, Accident caused by firearm and air gun missile
E924.1, Caustic and corrosive substances
E926.2, Visible and ultraviolet light sources
E928.0-E928.8, Other and unspecified environmental and accidental causes
E929.0-E929.9, Late effects of accidental injury
E959, Late effects of self-inflicted injury
E970-E978, Legal intervention
E979, Terrorism
E981.0-E981.8, Poisoning by gases in domestic use, undetermined whether
E982.0-E982.9, Poisoning by other gases, undetermined whether accidentally
E985.0-E985.7, Injury by firearms, air guns and explosives, undetermined
E987.0, Falling from high place, undetermined whether accidentally or

E987.2, Falling from high place, undetermined whether accidentally or purposely
E989, Late effects of injury, undetermined whether accidentally or purposely
E990-E999, Injury resulting from operations of war

3.303 3205 (NO FORMER LEGACY EDIT)

DMS Approved 10/20/2010

ERROR STATUS CODE:	3205 (NO FORMER LEGACY EDIT)	**CLAIM TYPE:**	A, I
HEADER/DETAIL:	HEADER	**PROVIDER TYPE:**	01
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	PAPER, NON-PAPER
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	POA
ESC NAME:	PRESENT ON ADMISSION (POA) INDICATOR MISSING OR INVALID FOR FIFTH DIAGNOSIS.		
ESC CRITERIA:	FAILS INPATIENT HOSPITAL DRG* CLAIMS IF A FIFTH DIAGNOSIS CODE IS ENTERED AND A POA INDICATOR OF “Y”, “N”, “W”, OR “U” IS NOT ENTERED. *DRG HOSPITALS HAVE A “HOSPITAL (INPATIENT)” CONTRACT FOR THE DATES OF SERVICE <u>EXCLUSIONS:</u> • CLAIMS WITH A FROM DATE OF SERVICE PRIOR TO 07/01/2010 ARE EXCLUDED FROM THIS EDIT. • DIAGNOSIS CODES FROM THE LIST ON THE FOLLOWING PAGE DO NOT REQUIRE A POA AND ARE EXCLUDED FROM THIS EDIT. NOTE – FOR 3 DIGIT CODES ON THIS LIST, ANY DIAGNOSIS CODES BEGINNING WITH THESE 3 DIGITS ARE EXCLUDED. FOR 4 DIGIT CODES ON THIS LIST, ANY DIAGNOSIS CODES BEGINNING WITH THESE 4 DIGITS ARE EXCLUDED. • CLAIMS FOR NON-DRG HOSPITALS ARE EXCLUDED FROM THIS EDIT. • ADJUSTMENT REGION 50 AND MASS ADJUSTMENT REGIONS 52 AND 58 ARE EXCLUDED FROM THIS EDIT.		
EOB CODES:	3205 - CLAIM DENIED. PRESENT ON ADMISSION (POA) INDICATOR MISSING OR INVALID FOR FIFTH DIAGNOSIS.		
METHOD OF CORRECTION:	1. VERIFY THAT THE POA INDICATOR FOR THE DIAGNOSIS WAS KEYED CORRECTLY. IF NOT, CORRECT THE DATA.		
	2. IF ENTERED CORRECTLY, DENY THE CLAIM WITH EOB 3205.		

Diagnosis Codes Exempt from
Diagnosis Present on Admission Requirement

137-139, Late effects of infectious and parasitic diseases
268.1, Rickets, late effect
326, Late effects of intracranial abscess or pyogenic infection
412, Old myocardial infarction
438, Late effects of cerebrovascular disease
650, Normal delivery
660.7, Failed forceps or vacuum extractor, unspecified
677, Late effect of complication of pregnancy, childbirth, and the puerperium
740-759, Congenital anomalies
905 - 909, Late effects of injuries, poisonings, toxic effects, and other external causes
V02, Carrier or suspected carrier of infectious diseases
V03, Need for prophylactic vaccination and inoculation against bacterial diseases
V04, Need for prophylactic vaccination and inoculation against certain viral diseases
V05, Need for other prophylactic vaccination and inoculation against single diseases
V06, Need for prophylactic vaccination and inoculation against combinations of diseases
V07, Need for isolation and other prophylactic measures
V10, Personal history of malignant neoplasm
V11, Personal history of mental disorder
V12, Personal history of certain other diseases
V13, Personal history of other diseases
V14, Personal history of allergy to medicinal agents
V15.01-V15.09, Other personal history, Allergy, other than to medicinal agents
V15.1, Other personal history, Surgery to heart and great vessels
V15.2, Other personal history, Surgery to other major organs
V15.3, Other personal history, Irradiation
V15.4, Other personal history, Psychological trauma
V15.5, Other personal history, Injury
V15.6, Other personal history, Poisoning
V15.7, Other personal history, Contraception
V15.80, Other personal history, History of failed moderate sedation
V15.81, Other personal history, Noncompliance with medical treatment
V15.82, Other personal history, History of tobacco use
V15.83, Other personal history, Underimmunization status
V15.84, Other personal history, Contact with and (suspected) exposure to asbestos
V15.85, Other personal history, Contact with and (suspected) exposure to potentially
V15.86, Other personal history, Contact with and (suspected) exposure to lead
V15.88, Other personal history, History of fall
V15.89, Other personal history, Other
V15.9 Unspecified personal history presenting hazards to health
V16, Family history of malignant neoplasm
V17, Family history of certain chronic disabling diseases
V18, Family history of certain other specific conditions
V19, Family history of other conditions
V20, Health supervision of infant or child
V21, Constitutional states in development
V22, Normal pregnancy
V23, Supervision of high-risk pregnancy
V24, Postpartum care and examination
V25, Encounter for contraceptive management

V26, Procreative management
V27, Outcome of delivery
V28, Antenatal screening
V29, Observation and evaluation of newborns for suspected condition not found
V30-V39, Liveborn infants according to type of birth
V42, Organ or tissue replaced by transplant
V43, Organ or tissue replaced by other means
V44, Artificial opening status
V45, Other postprocedural states
V46, Other dependence on machines
V49.60-V49.77, Upper and lower limb amputation status
V49.81-V49.85, Other specified conditions influencing health status
V50, Elective surgery for purposes other than remedying health states
V51, Aftercare involving the use of plastic surgery
V52, Fitting and adjustment of prosthetic device and implant
V53, Fitting and adjustment of other device
V54, Other orthopedic aftercare
V55, Attention to artificial openings
V56, Encounter for dialysis and dialysis catheter care
V57, Care involving use of rehabilitation procedures
V58, Encounter for other and unspecified procedures and aftercare
V59, Donors
V60, Housing, household, and economic circumstances
V61, Other family circumstances
V62, Other psychosocial circumstances
V64, Persons encountering health services for specific procedures, not carried out
V65, Other persons seeking consultation
V66, Convalescence and palliative care
V67, Follow-up examination
V68, Encounters for administrative purposes
V69, Problems related to lifestyle
V70, General medical examination
V71, Observation and evaluation for suspected condition not found
V72, Special investigations and examinations
V73, Special screening examination for viral and chlamydial diseases
V74, Special screening examination for bacterial and spirochetal diseases
V75, Special screening examination for other infectious diseases
V76, Special screening for malignant neoplasms
V77, Special screening for endocrine, nutritional, metabolic, and immunity disorders
V78, Special screening for disorders of blood and blood-forming organs
V79, Special screening for mental disorders and developmental handicaps
V80, Special screening for neurological, eye, and ear diseases
V81, Special screening for cardiovascular, respiratory, and genitourinary diseases
V82, Special screening for other conditions
V83, Genetic carrier status
V84, Genetic susceptibility to disease
V85, Body Mass Index
V86 Estrogen receptor status
V87.32, Contact with and (suspected) exposure to algae bloom
V87.4, Personal history of drug therapy
V88, Acquired absence of cervix and uterus

V89, Suspected maternal and fetal conditions not found
V90, Retained foreign body
V91, Multiple gestation placenta status
E000, External cause status
E001-E030, Activity
E800-E807, Railway accidents
E810-E819, Motor vehicle traffic accidents
E820-E825, Motor vehicle nontraffic accidents
E826-E829, Other road vehicle accidents
E830-E838, Water transport accidents
E840-E845, Air and space transport accidents
E846-E848, Vehicle accidents not elsewhere classifiable
E849.0-E849.6, Place of occurrence
E849.8 - E849.9, Place of occurrence
E883.1, Accidental fall into well
E883.2, Accidental fall into storm drain or manhole
E884.0, Fall from playground equipment
E884.1, Fall from cliff
E885.0, Fall from (nonmotorized) scooter
E885.1, Fall from roller skates
E885.2, Fall from skateboard
E885.3, Fall from skis
E885.4, Fall from snowboard
E886.0, Fall on same level from collision, pushing, or shoving, by or with other person, In sports
E890.0-E890.9, Conflagration in private dwelling
E893.0, Accident caused by ignition of clothing, from controlled fire in private dwelling
E893.2, Accident caused by ignition of clothing, from controlled fire not in building or structure
E894, Ignition of highly inflammable material
E895, Accident caused by controlled fire in private dwelling
E897, Accident caused by controlled fire not in building or structure
E898.0 - E898.1, Accident caused by other specified fire and flames
E917.0, Striking against or struck accidentally by objects or persons, in sports without
E917.1, Striking against or struck accidentally by objects or persons,
E917.2, Striking against or struck accidentally by objects or persons,
E917.5, Striking against or struck accidentally by objects or persons, object in
E917.6, Striking against or struck accidentally by objects or persons, caused by a crowd,
E919.0-E919.1, Accidents caused by machinery
E919.3-E919.9, Accidents caused by machinery
E921.0-E921.9, Accident caused by explosion of pressure vessel
E922.0-E922.9, Accident caused by firearm and air gun missile
E924.1, Caustic and corrosive substances
E926.2, Visible and ultraviolet light sources
E928.0-E928.8, Other and unspecified environmental and accidental causes
E929.0-E929.9, Late effects of accidental injury
E959, Late effects of self-inflicted injury
E970-E978, Legal intervention
E979, Terrorism
E981.0-E981.8, Poisoning by gases in domestic use, undetermined whether
E982.0-E982.9, Poisoning by other gases, undetermined whether accidentally
E985.0-E985.7, Injury by firearms, air guns and explosives, undetermined
E987.0, Falling from high place, undetermined whether accidentally or

E987.2, Falling from high place, undetermined whether accidentally or purposely
E989, Late effects of injury, undetermined whether accidentally or purposely
E990-E999, Injury resulting from operations of war

3.304 3206 (NO FORMER LEGACY EDIT)

DMS Approved 10/20/2010

ERROR STATUS CODE:	3206 (NO FORMER LEGACY EDIT)	**CLAIM TYPE:**	A, I
HEADER/DETAIL:	HEADER	**PROVIDER TYPE:**	01
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	PAPER, NON-PAPER
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	POA
ESC NAME:	PRESENT ON ADMISSION (POA) INDICATOR MISSING OR INVALID FOR SIXTH DIAGNOSIS.		
ESC CRITERIA:	FAILS INPATIENT HOSPITAL DRG* CLAIMS IF A SIXTH DIAGNOSIS CODE IS ENTERED AND A POA INDICATOR OF “Y”, “N”, “W”, OR “U” IS NOT ENTERED. *DRG HOSPITALS HAVE A “HOSPITAL (INPATIENT)” CONTRACT FOR THE DATES OF SERVICE <u>EXCLUSIONS:</u> • CLAIMS WITH A FROM DATE OF SERVICE PRIOR TO 07/01/2010 ARE EXCLUDED FROM THIS EDIT. • DIAGNOSIS CODES FROM THE LIST ON THE FOLLOWING PAGE DO NOT REQUIRE A POA AND ARE EXCLUDED FROM THIS EDIT. NOTE – FOR 3 DIGIT CODES ON THIS LIST, ANY DIAGNOSIS CODES BEGINNING WITH THESE 3 DIGITS ARE EXCLUDED. FOR 4 DIGIT CODES ON THIS LIST, ANY DIAGNOSIS CODES BEGINNING WITH THESE 4 DIGITS ARE EXCLUDED. • CLAIMS FOR NON-DRG HOSPITALS ARE EXCLUDED FROM THIS EDIT. • ADJUSTMENT REGION 50 AND MASS ADJUSTMENT REGIONS 52 AND 58 ARE EXCLUDED FROM THIS EDIT.		
EOB CODES:	3206 - CLAIM DENIED. PRESENT ON ADMISSION (POA) INDICATOR MISSING OR INVALID FOR SIXTH DIAGNOSIS.		
METHOD OF CORRECTION:	1. VERIFY THAT THE POA INDICATOR FOR THE DIAGNOSIS WAS KEYED CORRECTLY. IF NOT, CORRECT THE DATA.		
	2. IF ENTERED CORRECTLY, DENY THE CLAIM WITH EOB 3206.		

Diagnosis Codes Exempt from
Diagnosis Present on Admission Requirement

137-139, Late effects of infectious and parasitic diseases
268.1, Rickets, late effect
326, Late effects of intracranial abscess or pyogenic infection
412, Old myocardial infarction
438, Late effects of cerebrovascular disease
650, Normal delivery
660.7, Failed forceps or vacuum extractor, unspecified
677, Late effect of complication of pregnancy, childbirth, and the puerperium
740-759, Congenital anomalies
905 - 909, Late effects of injuries, poisonings, toxic effects, and other external causes
V02, Carrier or suspected carrier of infectious diseases
V03, Need for prophylactic vaccination and inoculation against bacterial diseases
V04, Need for prophylactic vaccination and inoculation against certain viral diseases
V05, Need for other prophylactic vaccination and inoculation against single diseases
V06, Need for prophylactic vaccination and inoculation against combinations of diseases
V07, Need for isolation and other prophylactic measures
V10, Personal history of malignant neoplasm
V11, Personal history of mental disorder
V12, Personal history of certain other diseases
V13, Personal history of other diseases
V14, Personal history of allergy to medicinal agents
V15.01-V15.09, Other personal history, Allergy, other than to medicinal agents
V15.1, Other personal history, Surgery to heart and great vessels
V15.2, Other personal history, Surgery to other major organs
V15.3, Other personal history, Irradiation
V15.4, Other personal history, Psychological trauma
V15.5, Other personal history, Injury
V15.6, Other personal history, Poisoning
V15.7, Other personal history, Contraception
V15.80, Other personal history, History of failed moderate sedation
V15.81, Other personal history, Noncompliance with medical treatment
V15.82, Other personal history, History of tobacco use
V15.83, Other personal history, Underimmunization status
V15.84, Other personal history, Contact with and (suspected) exposure to asbestos
V15.85, Other personal history, Contact with and (suspected) exposure to potentially
V15.86, Other personal history, Contact with and (suspected) exposure to lead
V15.88, Other personal history, History of fall
V15.89, Other personal history, Other
V15.9 Unspecified personal history presenting hazards to health
V16, Family history of malignant neoplasm
V17, Family history of certain chronic disabling diseases
V18, Family history of certain other specific conditions
V19, Family history of other conditions
V20, Health supervision of infant or child
V21, Constitutional states in development
V22, Normal pregnancy
V23, Supervision of high-risk pregnancy
V24, Postpartum care and examination
V25, Encounter for contraceptive management

V26, Procreative management
V27, Outcome of delivery
V28, Antenatal screening
V29, Observation and evaluation of newborns for suspected condition not found
V30-V39, Liveborn infants according to type of birth
V42, Organ or tissue replaced by transplant
V43, Organ or tissue replaced by other means
V44, Artificial opening status
V45, Other postprocedural states
V46, Other dependence on machines
V49.60-V49.77, Upper and lower limb amputation status
V49.81-V49.85, Other specified conditions influencing health status
V50, Elective surgery for purposes other than remedying health states
V51, Aftercare involving the use of plastic surgery
V52, Fitting and adjustment of prosthetic device and implant
V53, Fitting and adjustment of other device
V54, Other orthopedic aftercare
V55, Attention to artificial openings
V56, Encounter for dialysis and dialysis catheter care
V57, Care involving use of rehabilitation procedures
V58, Encounter for other and unspecified procedures and aftercare
V59, Donors
V60, Housing, household, and economic circumstances
V61, Other family circumstances
V62, Other psychosocial circumstances
V64, Persons encountering health services for specific procedures, not carried out
V65, Other persons seeking consultation
V66, Convalescence and palliative care
V67, Follow-up examination
V68, Encounters for administrative purposes
V69, Problems related to lifestyle
V70, General medical examination
V71, Observation and evaluation for suspected condition not found
V72, Special investigations and examinations
V73, Special screening examination for viral and chlamydial diseases
V74, Special screening examination for bacterial and spirochetal diseases
V75, Special screening examination for other infectious diseases
V76, Special screening for malignant neoplasms
V77, Special screening for endocrine, nutritional, metabolic, and immunity disorders
V78, Special screening for disorders of blood and blood-forming organs
V79, Special screening for mental disorders and developmental handicaps
V80, Special screening for neurological, eye, and ear diseases
V81, Special screening for cardiovascular, respiratory, and genitourinary diseases
V82, Special screening for other conditions
V83, Genetic carrier status
V84, Genetic susceptibility to disease
V85, Body Mass Index
V86 Estrogen receptor status
V87.32, Contact with and (suspected) exposure to algae bloom
V87.4, Personal history of drug therapy
V88, Acquired absence of cervix and uterus

V89, Suspected maternal and fetal conditions not found
V90, Retained foreign body
V91, Multiple gestation placenta status
E000, External cause status
E001-E030, Activity
E800-E807, Railway accidents
E810-E819, Motor vehicle traffic accidents
E820-E825, Motor vehicle nontraffic accidents
E826-E829, Other road vehicle accidents
E830-E838, Water transport accidents
E840-E845, Air and space transport accidents
E846-E848, Vehicle accidents not elsewhere classifiable
E849.0-E849.6, Place of occurrence
E849.8 - E849.9, Place of occurrence
E883.1, Accidental fall into well
E883.2, Accidental fall into storm drain or manhole
E884.0, Fall from playground equipment
E884.1, Fall from cliff
E885.0, Fall from (nonmotorized) scooter
E885.1, Fall from roller skates
E885.2, Fall from skateboard
E885.3, Fall from skis
E885.4, Fall from snowboard
E886.0, Fall on same level from collision, pushing, or shoving, by or with other person, In sports
E890.0-E890.9, Conflagration in private dwelling
E893.0, Accident caused by ignition of clothing, from controlled fire in private dwelling
E893.2, Accident caused by ignition of clothing, from controlled fire not in building or structure
E894, Ignition of highly inflammable material
E895, Accident caused by controlled fire in private dwelling
E897, Accident caused by controlled fire not in building or structure
E898.0 - E898.1, Accident caused by other specified fire and flames
E917.0, Striking against or struck accidentally by objects or persons, in sports without
E917.1, Striking against or struck accidentally by objects or persons,
E917.2, Striking against or struck accidentally by objects or persons,
E917.5, Striking against or struck accidentally by objects or persons, object in
E917.6, Striking against or struck accidentally by objects or persons, caused by a crowd,
E919.0-E919.1, Accidents caused by machinery
E919.3-E919.9, Accidents caused by machinery
E921.0-E921.9, Accident caused by explosion of pressure vessel
E922.0-E922.9, Accident caused by firearm and air gun missile
E924.1, Caustic and corrosive substances
E926.2, Visible and ultraviolet light sources
E928.0-E928.8, Other and unspecified environmental and accidental causes
E929.0-E929.9, Late effects of accidental injury
E959, Late effects of self-inflicted injury
E970-E978, Legal intervention
E979, Terrorism
E981.0-E981.8, Poisoning by gases in domestic use, undetermined whether
E982.0-E982.9, Poisoning by other gases, undetermined whether accidentally
E985.0-E985.7, Injury by firearms, air guns and explosives, undetermined
E987.0, Falling from high place, undetermined whether accidentally or

E987.2, Falling from high place, undetermined whether accidentally or purposely
E989, Late effects of injury, undetermined whether accidentally or purposely
E990-E999, Injury resulting from operations of war

3.305 3207 (NO FORMER LEGACY EDIT)

DMS Approved 10/20/2010

ERROR STATUS CODE:	3207 (NO FORMER LEGACY EDIT)	**CLAIM TYPE:**	A, I
HEADER/DETAIL:	HEADER	**PROVIDER TYPE:**	01
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	PAPER, NON-PAPER
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	POA

ESC NAME:	PRESENT ON ADMISSION (POA) INDICATOR MISSING OR INVALID FOR SEVENTH DIAGNOSIS.
ESC CRITERIA:	FAILS INPATIENT HOSPITAL DRG* CLAIMS IF A SEVENTH DIAGNOSIS CODE IS ENTERED AND A POA INDICATOR OF “Y”, “N”, “W”, OR “U” IS NOT ENTERED. *DRG HOSPITALS HAVE A “HOSPITAL (INPATIENT)” CONTRACT FOR THE DATES OF SERVICE <u>EXCLUSIONS:</u> • CLAIMS WITH A FROM DATE OF SERVICE PRIOR TO 07/01/2010 ARE EXCLUDED FROM THIS EDIT. • DIAGNOSIS CODES FROM THE LIST ON THE FOLLOWING PAGE DO NOT REQUIRE A POA AND ARE EXCLUDED FROM THIS EDIT. NOTE – FOR 3 DIGIT CODES ON THIS LIST, ANY DIAGNOSIS CODES BEGINNING WITH THESE 3 DIGITS ARE EXCLUDED. FOR 4 DIGIT CODES ON THIS LIST, ANY DIAGNOSIS CODES BEGINNING WITH THESE 4 DIGITS ARE EXCLUDED. • CLAIMS FOR NON-DRG HOSPITALS ARE EXCLUDED FROM THIS EDIT. • ADJUSTMENT REGION 50 AND MASS ADJUSTMENT REGIONS 52 AND 58 ARE EXCLUDED FROM THIS EDIT.
EOB CODES:	3207 - CLAIM DENIED. PRESENT ON ADMISSION (POA) INDICATOR MISSING OR INVALID FOR SEVENTH DIAGNOSIS.
METHOD OF CORRECTION:	1. VERIFY THAT THE POA INDICATOR FOR THE DIAGNOSIS WAS KEYED CORRECTLY. IF NOT, CORRECT THE DATA.
	2. IF ENTERED CORRECTLY, DENY THE CLAIM WITH EOB 3207.

Diagnosis Codes Exempt from
Diagnosis Present on Admission Requirement

137-139, Late effects of infectious and parasitic diseases
268.1, Rickets, late effect
326, Late effects of intracranial abscess or pyogenic infection
412, Old myocardial infarction
438, Late effects of cerebrovascular disease
650, Normal delivery
660.7, Failed forceps or vacuum extractor, unspecified
677, Late effect of complication of pregnancy, childbirth, and the puerperium
740-759, Congenital anomalies
905 - 909, Late effects of injuries, poisonings, toxic effects, and other external causes
V02, Carrier or suspected carrier of infectious diseases
V03, Need for prophylactic vaccination and inoculation against bacterial diseases
V04, Need for prophylactic vaccination and inoculation against certain viral diseases
V05, Need for other prophylactic vaccination and inoculation against single diseases
V06, Need for prophylactic vaccination and inoculation against combinations of diseases
V07, Need for isolation and other prophylactic measures
V10, Personal history of malignant neoplasm
V11, Personal history of mental disorder
V12, Personal history of certain other diseases
V13, Personal history of other diseases
V14, Personal history of allergy to medicinal agents
V15.01-V15.09, Other personal history, Allergy, other than to medicinal agents
V15.1, Other personal history, Surgery to heart and great vessels
V15.2, Other personal history, Surgery to other major organs
V15.3, Other personal history, Irradiation
V15.4, Other personal history, Psychological trauma
V15.5, Other personal history, Injury
V15.6, Other personal history, Poisoning
V15.7, Other personal history, Contraception
V15.80, Other personal history, History of failed moderate sedation
V15.81, Other personal history, Noncompliance with medical treatment
V15.82, Other personal history, History of tobacco use
V15.83, Other personal history, Underimmunization status
V15.84, Other personal history, Contact with and (suspected) exposure to asbestos
V15.85, Other personal history, Contact with and (suspected) exposure to potentially
V15.86, Other personal history, Contact with and (suspected) exposure to lead
V15.88, Other personal history, History of fall
V15.89, Other personal history, Other
V15.9 Unspecified personal history presenting hazards to health
V16, Family history of malignant neoplasm
V17, Family history of certain chronic disabling diseases
V18, Family history of certain other specific conditions
V19, Family history of other conditions
V20, Health supervision of infant or child
V21, Constitutional states in development
V22, Normal pregnancy
V23, Supervision of high-risk pregnancy
V24, Postpartum care and examination
V25, Encounter for contraceptive management

V26, Procreative management
V27, Outcome of delivery
V28, Antenatal screening
V29, Observation and evaluation of newborns for suspected condition not found
V30-V39, Liveborn infants according to type of birth
V42, Organ or tissue replaced by transplant
V43, Organ or tissue replaced by other means
V44, Artificial opening status
V45, Other postprocedural states
V46, Other dependence on machines
V49.60-V49.77, Upper and lower limb amputation status
V49.81-V49.85, Other specified conditions influencing health status
V50, Elective surgery for purposes other than remedying health states
V51, Aftercare involving the use of plastic surgery
V52, Fitting and adjustment of prosthetic device and implant
V53, Fitting and adjustment of other device
V54, Other orthopedic aftercare
V55, Attention to artificial openings
V56, Encounter for dialysis and dialysis catheter care
V57, Care involving use of rehabilitation procedures
V58, Encounter for other and unspecified procedures and aftercare
V59, Donors
V60, Housing, household, and economic circumstances
V61, Other family circumstances
V62, Other psychosocial circumstances
V64, Persons encountering health services for specific procedures, not carried out
V65, Other persons seeking consultation
V66, Convalescence and palliative care
V67, Follow-up examination
V68, Encounters for administrative purposes
V69, Problems related to lifestyle
V70, General medical examination
V71, Observation and evaluation for suspected condition not found
V72, Special investigations and examinations
V73, Special screening examination for viral and chlamydial diseases
V74, Special screening examination for bacterial and spirochetal diseases
V75, Special screening examination for other infectious diseases
V76, Special screening for malignant neoplasms
V77, Special screening for endocrine, nutritional, metabolic, and immunity disorders
V78, Special screening for disorders of blood and blood-forming organs
V79, Special screening for mental disorders and developmental handicaps
V80, Special screening for neurological, eye, and ear diseases
V81, Special screening for cardiovascular, respiratory, and genitourinary diseases
V82, Special screening for other conditions
V83, Genetic carrier status
V84, Genetic susceptibility to disease
V85, Body Mass Index
V86 Estrogen receptor status
V87.32, Contact with and (suspected) exposure to algae bloom
V87.4, Personal history of drug therapy
V88, Acquired absence of cervix and uterus

V89, Suspected maternal and fetal conditions not found
V90, Retained foreign body
V91, Multiple gestation placenta status
E000, External cause status
E001-E030, Activity
E800-E807, Railway accidents
E810-E819, Motor vehicle traffic accidents
E820-E825, Motor vehicle nontraffic accidents
E826-E829, Other road vehicle accidents
E830-E838, Water transport accidents
E840-E845, Air and space transport accidents
E846-E848, Vehicle accidents not elsewhere classifiable
E849.0-E849.6, Place of occurrence
E849.8 - E849.9, Place of occurrence
E883.1, Accidental fall into well
E883.2, Accidental fall into storm drain or manhole
E884.0, Fall from playground equipment
E884.1, Fall from cliff
E885.0, Fall from (nonmotorized) scooter
E885.1, Fall from roller skates
E885.2, Fall from skateboard
E885.3, Fall from skis
E885.4, Fall from snowboard
E886.0, Fall on same level from collision, pushing, or shoving, by or with other person, In sports
E890.0-E890.9, Conflagration in private dwelling
E893.0, Accident caused by ignition of clothing, from controlled fire in private dwelling
E893.2, Accident caused by ignition of clothing, from controlled fire not in building or structure
E894, Ignition of highly inflammable material
E895, Accident caused by controlled fire in private dwelling
E897, Accident caused by controlled fire not in building or structure
E898.0 - E898.1, Accident caused by other specified fire and flames
E917.0, Striking against or struck accidentally by objects or persons, in sports without
E917.1, Striking against or struck accidentally by objects or persons,
E917.2, Striking against or struck accidentally by objects or persons,
E917.5, Striking against or struck accidentally by objects or persons, object in
E917.6, Striking against or struck accidentally by objects or persons, caused by a crowd,
E919.0-E919.1, Accidents caused by machinery
E919.3-E919.9, Accidents caused by machinery
E921.0-E921.9, Accident caused by explosion of pressure vessel
E922.0-E922.9, Accident caused by firearm and air gun missile
E924.1, Caustic and corrosive substances
E926.2, Visible and ultraviolet light sources
E928.0-E928.8, Other and unspecified environmental and accidental causes
E929.0-E929.9, Late effects of accidental injury
E959, Late effects of self-inflicted injury
E970-E978, Legal intervention
E979, Terrorism
E981.0-E981.8, Poisoning by gases in domestic use, undetermined whether
E982.0-E982.9, Poisoning by other gases, undetermined whether accidentally
E985.0-E985.7, Injury by firearms, air guns and explosives, undetermined
E987.0, Falling from high place, undetermined whether accidentally or

E987.2, Falling from high place, undetermined whether accidentally or purposely
E989, Late effects of injury, undetermined whether accidentally or purposely
E990-E999, Injury resulting from operations of war

3.306 3208 (NO FORMER LEGACY EDIT)

DMS Approved 10/20/2010

ERROR STATUS CODE:	3208 (NO FORMER LEGACY EDIT)	**CLAIM TYPE:**	A, I
HEADER/DETAIL:	HEADER	**PROVIDER TYPE:**	01
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	PAPER, NON-PAPER
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	POA

ESC NAME:	PRESENT ON ADMISSION (POA) INDICATOR MISSING OR INVALID FOR EIGHTH DIAGNOSIS.
ESC CRITERIA:	FAILS INPATIENT HOSPITAL DRG* CLAIMS IF A EIGHTH DIAGNOSIS CODE IS ENTERED AND A POA INDICATOR OF “Y”, “N”, “W”, OR “U” IS NOT ENTERED. *DRG HOSPITALS HAVE A “HOSPITAL (INPATIENT)” CONTRACT FOR THE DATES OF SERVICE <u>EXCLUSIONS:</u> • CLAIMS WITH A FROM DATE OF SERVICE PRIOR TO 07/01/2010 ARE EXCLUDED FROM THIS EDIT. • DIAGNOSIS CODES FROM THE LIST ON THE FOLLOWING PAGE DO NOT REQUIRE A POA AND ARE EXCLUDED FROM THIS EDIT. NOTE – FOR 3 DIGIT CODES ON THIS LIST, ANY DIAGNOSIS CODES BEGINNING WITH THESE 3 DIGITS ARE EXCLUDED. FOR 4 DIGIT CODES ON THIS LIST, ANY DIAGNOSIS CODES BEGINNING WITH THESE 4 DIGITS ARE EXCLUDED. • CLAIMS FOR NON-DRG HOSPITALS ARE EXCLUDED FROM THIS EDIT. • ADJUSTMENT REGION 50 AND MASS ADJUSTMENT REGIONS 52 AND 58 ARE EXCLUDED FROM THIS EDIT.
EOB CODES:	3208 - CLAIM DENIED. PRESENT ON ADMISSION (POA) INDICATOR MISSING OR INVALID FOR EIGHTH DIAGNOSIS.
METHOD OF CORRECTION:	1. VERIFY THAT THE POA INDICATOR FOR THE DIAGNOSIS WAS KEYED CORRECTLY. IF NOT, CORRECT THE DATA.
	2. IF ENTERED CORRECTLY, DENY THE CLAIM WITH EOB 3208.

Diagnosis Codes Exempt from
Diagnosis Present on Admission Requirement

137-139, Late effects of infectious and parasitic diseases
268.1, Rickets, late effect
326, Late effects of intracranial abscess or pyogenic infection
412, Old myocardial infarction
438, Late effects of cerebrovascular disease
650, Normal delivery
660.7, Failed forceps or vacuum extractor, unspecified
677, Late effect of complication of pregnancy, childbirth, and the puerperium
740-759, Congenital anomalies
905 - 909, Late effects of injuries, poisonings, toxic effects, and other external causes
V02, Carrier or suspected carrier of infectious diseases
V03, Need for prophylactic vaccination and inoculation against bacterial diseases
V04, Need for prophylactic vaccination and inoculation against certain viral diseases
V05, Need for other prophylactic vaccination and inoculation against single diseases
V06, Need for prophylactic vaccination and inoculation against combinations of diseases
V07, Need for isolation and other prophylactic measures
V10, Personal history of malignant neoplasm
V11, Personal history of mental disorder
V12, Personal history of certain other diseases
V13, Personal history of other diseases
V14, Personal history of allergy to medicinal agents
V15.01-V15.09, Other personal history, Allergy, other than to medicinal agents
V15.1, Other personal history, Surgery to heart and great vessels
V15.2, Other personal history, Surgery to other major organs
V15.3, Other personal history, Irradiation
V15.4, Other personal history, Psychological trauma
V15.5, Other personal history, Injury
V15.6, Other personal history, Poisoning
V15.7, Other personal history, Contraception
V15.80, Other personal history, History of failed moderate sedation
V15.81, Other personal history, Noncompliance with medical treatment
V15.82, Other personal history, History of tobacco use
V15.83, Other personal history, Underimmunization status
V15.84, Other personal history, Contact with and (suspected) exposure to asbestos
V15.85, Other personal history, Contact with and (suspected) exposure to potentially
V15.86, Other personal history, Contact with and (suspected) exposure to lead
V15.88, Other personal history, History of fall
V15.89, Other personal history, Other
V15.9 Unspecified personal history presenting hazards to health
V16, Family history of malignant neoplasm
V17, Family history of certain chronic disabling diseases
V18, Family history of certain other specific conditions
V19, Family history of other conditions
V20, Health supervision of infant or child
V21, Constitutional states in development
V22, Normal pregnancy
V23, Supervision of high-risk pregnancy
V24, Postpartum care and examination
V25, Encounter for contraceptive management

V26, Procreative management
V27, Outcome of delivery
V28, Antenatal screening
V29, Observation and evaluation of newborns for suspected condition not found
V30-V39, Liveborn infants according to type of birth
V42, Organ or tissue replaced by transplant
V43, Organ or tissue replaced by other means
V44, Artificial opening status
V45, Other postprocedural states
V46, Other dependence on machines
V49.60-V49.77, Upper and lower limb amputation status
V49.81-V49.85, Other specified conditions influencing health status
V50, Elective surgery for purposes other than remedying health states
V51, Aftercare involving the use of plastic surgery
V52, Fitting and adjustment of prosthetic device and implant
V53, Fitting and adjustment of other device
V54, Other orthopedic aftercare
V55, Attention to artificial openings
V56, Encounter for dialysis and dialysis catheter care
V57, Care involving use of rehabilitation procedures
V58, Encounter for other and unspecified procedures and aftercare
V59, Donors
V60, Housing, household, and economic circumstances
V61, Other family circumstances
V62, Other psychosocial circumstances
V64, Persons encountering health services for specific procedures, not carried out
V65, Other persons seeking consultation
V66, Convalescence and palliative care
V67, Follow-up examination
V68, Encounters for administrative purposes
V69, Problems related to lifestyle
V70, General medical examination
V71, Observation and evaluation for suspected condition not found
V72, Special investigations and examinations
V73, Special screening examination for viral and chlamydial diseases
V74, Special screening examination for bacterial and spirochetal diseases
V75, Special screening examination for other infectious diseases
V76, Special screening for malignant neoplasms
V77, Special screening for endocrine, nutritional, metabolic, and immunity disorders
V78, Special screening for disorders of blood and blood-forming organs
V79, Special screening for mental disorders and developmental handicaps
V80, Special screening for neurological, eye, and ear diseases
V81, Special screening for cardiovascular, respiratory, and genitourinary diseases
V82, Special screening for other conditions
V83, Genetic carrier status
V84, Genetic susceptibility to disease
V85, Body Mass Index
V86 Estrogen receptor status
V87.32, Contact with and (suspected) exposure to algae bloom
V87.4, Personal history of drug therapy
V88, Acquired absence of cervix and uterus

V89, Suspected maternal and fetal conditions not found
V90, Retained foreign body
V91, Multiple gestation placenta status
E000, External cause status
E001-E030, Activity
E800-E807, Railway accidents
E810-E819, Motor vehicle traffic accidents
E820-E825, Motor vehicle nontraffic accidents
E826-E829, Other road vehicle accidents
E830-E838, Water transport accidents
E840-E845, Air and space transport accidents
E846-E848, Vehicle accidents not elsewhere classifiable
E849.0-E849.6, Place of occurrence
E849.8 - E849.9, Place of occurrence
E883.1, Accidental fall into well
E883.2, Accidental fall into storm drain or manhole
E884.0, Fall from playground equipment
E884.1, Fall from cliff
E885.0, Fall from (nonmotorized) scooter
E885.1, Fall from roller skates
E885.2, Fall from skateboard
E885.3, Fall from skis
E885.4, Fall from snowboard
E886.0, Fall on same level from collision, pushing, or shoving, by or with other person, In sports
E890.0-E890.9, Conflagration in private dwelling
E893.0, Accident caused by ignition of clothing, from controlled fire in private dwelling
E893.2, Accident caused by ignition of clothing, from controlled fire not in building or structure
E894, Ignition of highly inflammable material
E895, Accident caused by controlled fire in private dwelling
E897, Accident caused by controlled fire not in building or structure
E898.0 - E898.1, Accident caused by other specified fire and flames
E917.0, Striking against or struck accidentally by objects or persons, in sports without
E917.1, Striking against or struck accidentally by objects or persons,
E917.2, Striking against or struck accidentally by objects or persons,
E917.5, Striking against or struck accidentally by objects or persons, object in
E917.6, Striking against or struck accidentally by objects or persons, caused by a crowd,
E919.0-E919.1, Accidents caused by machinery
E919.3-E919.9, Accidents caused by machinery
E921.0-E921.9, Accident caused by explosion of pressure vessel
E922.0-E922.9, Accident caused by firearm and air gun missile
E924.1, Caustic and corrosive substances
E926.2, Visible and ultraviolet light sources
E928.0-E928.8, Other and unspecified environmental and accidental causes
E929.0-E929.9, Late effects of accidental injury
E959, Late effects of self-inflicted injury
E970-E978, Legal intervention
E979, Terrorism
E981.0-E981.8, Poisoning by gases in domestic use, undetermined whether
E982.0-E982.9, Poisoning by other gases, undetermined whether accidentally
E985.0-E985.7, Injury by firearms, air guns and explosives, undetermined
E987.0, Falling from high place, undetermined whether accidentally or

E987.2, Falling from high place, undetermined whether accidentally or purposely
E989, Late effects of injury, undetermined whether accidentally or purposely
E990-E999, Injury resulting from operations of war

3.307 3209 (NO FORMER LEGACY EDIT)

DMS Approved 10/20/2010

ERROR STATUS CODE:	3209 (NO FORMER LEGACY EDIT)	**CLAIM TYPE:**	A, I
HEADER/DETAIL:	HEADER	**PROVIDER TYPE:**	01
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	PAPER, NON-PAPER
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	POA

ESC NAME:	PRESENT ON ADMISSION (POA) INDICATOR MISSING OR INVALID FOR NINTH DIAGNOSIS.
ESC CRITERIA:	FAILS INPATIENT HOSPITAL DRG* CLAIMS IF A NINTH DIAGNOSIS CODE IS ENTERED AND A POA INDICATOR OF “Y”, “N”, “W”, OR “U” IS NOT ENTERED. *DRG HOSPITALS HAVE A “HOSPITAL (INPATIENT)” CONTRACT FOR THE DATES OF SERVICE <u>EXCLUSIONS:</u> • CLAIMS WITH A FROM DATE OF SERVICE PRIOR TO 07/01/2010 ARE EXCLUDED FROM THIS EDIT. • DIAGNOSIS CODES FROM THE LIST ON THE FOLLOWING PAGE DO NOT REQUIRE A POA AND ARE EXCLUDED FROM THIS EDIT. NOTE – FOR 3 DIGIT CODES ON THIS LIST, ANY DIAGNOSIS CODES BEGINNING WITH THESE 3 DIGITS ARE EXCLUDED. FOR 4 DIGIT CODES ON THIS LIST, ANY DIAGNOSIS CODES BEGINNING WITH THESE 4 DIGITS ARE EXCLUDED. • CLAIMS FOR NON-DRG HOSPITALS ARE EXCLUDED FROM THIS EDIT. • ADJUSTMENT REGION 50 AND MASS ADJUSTMENT REGIONS 52 AND 58 ARE EXCLUDED FROM THIS EDIT.
EOB CODES:	3209 - CLAIM DENIED. PRESENT ON ADMISSION (POA) INDICATOR MISSING OR INVALID FOR NINTH DIAGNOSIS.
METHOD OF CORRECTION:	1. VERIFY THAT THE POA INDICATOR FOR THE DIAGNOSIS WAS KEYED CORRECTLY. IF NOT, CORRECT THE DATA.
	2. IF ENTERED CORRECTLY, DENY THE CLAIM WITH EOB 3209.

Diagnosis Codes Exempt from
Diagnosis Present on Admission Requirement

137-139, Late effects of infectious and parasitic diseases
268.1, Rickets, late effect
326, Late effects of intracranial abscess or pyogenic infection
412, Old myocardial infarction
438, Late effects of cerebrovascular disease
650, Normal delivery
660.7, Failed forceps or vacuum extractor, unspecified
677, Late effect of complication of pregnancy, childbirth, and the puerperium
740-759, Congenital anomalies
905 - 909, Late effects of injuries, poisonings, toxic effects, and other external causes
V02, Carrier or suspected carrier of infectious diseases
V03, Need for prophylactic vaccination and inoculation against bacterial diseases
V04, Need for prophylactic vaccination and inoculation against certain viral diseases
V05, Need for other prophylactic vaccination and inoculation against single diseases
V06, Need for prophylactic vaccination and inoculation against combinations of diseases
V07, Need for isolation and other prophylactic measures
V10, Personal history of malignant neoplasm
V11, Personal history of mental disorder
V12, Personal history of certain other diseases
V13, Personal history of other diseases
V14, Personal history of allergy to medicinal agents
V15.01-V15.09, Other personal history, Allergy, other than to medicinal agents
V15.1, Other personal history, Surgery to heart and great vessels
V15.2, Other personal history, Surgery to other major organs
V15.3, Other personal history, Irradiation
V15.4, Other personal history, Psychological trauma
V15.5, Other personal history, Injury
V15.6, Other personal history, Poisoning
V15.7, Other personal history, Contraception
V15.80, Other personal history, History of failed moderate sedation
V15.81, Other personal history, Noncompliance with medical treatment
V15.82, Other personal history, History of tobacco use
V15.83, Other personal history, Underimmunization status
V15.84, Other personal history, Contact with and (suspected) exposure to asbestos
V15.85, Other personal history, Contact with and (suspected) exposure to potentially
V15.86, Other personal history, Contact with and (suspected) exposure to lead
V15.88, Other personal history, History of fall
V15.89, Other personal history, Other
V15.9 Unspecified personal history presenting hazards to health
V16, Family history of malignant neoplasm
V17, Family history of certain chronic disabling diseases
V18, Family history of certain other specific conditions
V19, Family history of other conditions
V20, Health supervision of infant or child
V21, Constitutional states in development
V22, Normal pregnancy
V23, Supervision of high-risk pregnancy
V24, Postpartum care and examination
V25, Encounter for contraceptive management

V26, Procreative management
V27, Outcome of delivery
V28, Antenatal screening
V29, Observation and evaluation of newborns for suspected condition not found
V30-V39, Liveborn infants according to type of birth
V42, Organ or tissue replaced by transplant
V43, Organ or tissue replaced by other means
V44, Artificial opening status
V45, Other postprocedural states
V46, Other dependence on machines
V49.60-V49.77, Upper and lower limb amputation status
V49.81-V49.85, Other specified conditions influencing health status
V50, Elective surgery for purposes other than remedying health states
V51, Aftercare involving the use of plastic surgery
V52, Fitting and adjustment of prosthetic device and implant
V53, Fitting and adjustment of other device
V54, Other orthopedic aftercare
V55, Attention to artificial openings
V56, Encounter for dialysis and dialysis catheter care
V57, Care involving use of rehabilitation procedures
V58, Encounter for other and unspecified procedures and aftercare
V59, Donors
V60, Housing, household, and economic circumstances
V61, Other family circumstances
V62, Other psychosocial circumstances
V64, Persons encountering health services for specific procedures, not carried out
V65, Other persons seeking consultation
V66, Convalescence and palliative care
V67, Follow-up examination
V68, Encounters for administrative purposes
V69, Problems related to lifestyle
V70, General medical examination
V71, Observation and evaluation for suspected condition not found
V72, Special investigations and examinations
V73, Special screening examination for viral and chlamydial diseases
V74, Special screening examination for bacterial and spirochetal diseases
V75, Special screening examination for other infectious diseases
V76, Special screening for malignant neoplasms
V77, Special screening for endocrine, nutritional, metabolic, and immunity disorders
V78, Special screening for disorders of blood and blood-forming organs
V79, Special screening for mental disorders and developmental handicaps
V80, Special screening for neurological, eye, and ear diseases
V81, Special screening for cardiovascular, respiratory, and genitourinary diseases
V82, Special screening for other conditions
V83, Genetic carrier status
V84, Genetic susceptibility to disease
V85, Body Mass Index
V86 Estrogen receptor status
V87.32, Contact with and (suspected) exposure to algae bloom
V87.4, Personal history of drug therapy
V88, Acquired absence of cervix and uterus

V89, Suspected maternal and fetal conditions not found
V90, Retained foreign body
V91, Multiple gestation placenta status
E000, External cause status
E001-E030, Activity
E800-E807, Railway accidents
E810-E819, Motor vehicle traffic accidents
E820-E825, Motor vehicle nontraffic accidents
E826-E829, Other road vehicle accidents
E830-E838, Water transport accidents
E840-E845, Air and space transport accidents
E846-E848, Vehicle accidents not elsewhere classifiable
E849.0-E849.6, Place of occurrence
E849.8 - E849.9, Place of occurrence
E883.1, Accidental fall into well
E883.2, Accidental fall into storm drain or manhole
E884.0, Fall from playground equipment
E884.1, Fall from cliff
E885.0, Fall from (nonmotorized) scooter
E885.1, Fall from roller skates
E885.2, Fall from skateboard
E885.3, Fall from skis
E885.4, Fall from snowboard
E886.0, Fall on same level from collision, pushing, or shoving, by or with other person, In sports
E890.0-E890.9, Conflagration in private dwelling
E893.0, Accident caused by ignition of clothing, from controlled fire in private dwelling
E893.2, Accident caused by ignition of clothing, from controlled fire not in building or structure
E894, Ignition of highly inflammable material
E895, Accident caused by controlled fire in private dwelling
E897, Accident caused by controlled fire not in building or structure
E898.0 - E898.1, Accident caused by other specified fire and flames
E917.0, Striking against or struck accidentally by objects or persons, in sports without
E917.1, Striking against or struck accidentally by objects or persons,
E917.2, Striking against or struck accidentally by objects or persons,
E917.5, Striking against or struck accidentally by objects or persons, object in
E917.6, Striking against or struck accidentally by objects or persons, caused by a crowd,
E919.0-E919.1, Accidents caused by machinery
E919.3-E919.9, Accidents caused by machinery
E921.0-E921.9, Accident caused by explosion of pressure vessel
E922.0-E922.9, Accident caused by firearm and air gun missile
E924.1, Caustic and corrosive substances
E926.2, Visible and ultraviolet light sources
E928.0-E928.8, Other and unspecified environmental and accidental causes
E929.0-E929.9, Late effects of accidental injury
E959, Late effects of self-inflicted injury
E970-E978, Legal intervention
E979, Terrorism
E981.0-E981.8, Poisoning by gases in domestic use, undetermined whether
E982.0-E982.9, Poisoning by other gases, undetermined whether accidentally
E985.0-E985.7, Injury by firearms, air guns and explosives, undetermined
E987.0, Falling from high place, undetermined whether accidentally or

E987.2, Falling from high place, undetermined whether accidentally or purposely
E989, Late effects of injury, undetermined whether accidentally or purposely
E990-E999, Injury resulting from operations of war

3.308 3210 (NO FORMER LEGACY EDIT)

DMS Approved 10/20/2010

ERROR STATUS CODE:	3210 (NO FORMER LEGACY EDIT)	**CLAIM TYPE:**	A, I
HEADER/DETAIL:	HEADER	**PROVIDER TYPE:**	01
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	PAPER, NON-PAPER
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	POA

ESC NAME:	PRESENT ON ADMISSION (POA) INDICATOR MISSING OR INVALID FOR TENTH DIAGNOSIS.
ESC CRITERIA:	FAILS INPATIENT HOSPITAL DRG* CLAIMS IF A TENTH DIAGNOSIS CODE IS ENTERED AND A POA INDICATOR OF “Y”, “N”, “W”, OR “U” IS NOT ENTERED. *DRG HOSPITALS HAVE A “HOSPITAL (INPATIENT)” CONTRACT FOR THE DATES OF SERVICE <u>EXCLUSIONS:</u> • CLAIMS WITH A FROM DATE OF SERVICE PRIOR TO 07/01/2010 ARE EXCLUDED FROM THIS EDIT. • DIAGNOSIS CODES FROM THE LIST ON THE FOLLOWING PAGE DO NOT REQUIRE A POA AND ARE EXCLUDED FROM THIS EDIT. NOTE – FOR 3 DIGIT CODES ON THIS LIST, ANY DIAGNOSIS CODES BEGINNING WITH THESE 3 DIGITS ARE EXCLUDED. FOR 4 DIGIT CODES ON THIS LIST, ANY DIAGNOSIS CODES BEGINNING WITH THESE 4 DIGITS ARE EXCLUDED. • CLAIMS FOR NON-DRG HOSPITALS ARE EXCLUDED FROM THIS EDIT. • ADJUSTMENT REGION 50 AND MASS ADJUSTMENT REGIONS 52 AND 58 ARE EXCLUDED FROM THIS EDIT.
EOB CODES:	3210 - CLAIM DENIED. PRESENT ON ADMISSION (POA) INDICATOR MISSING OR INVALID FOR TENTH DIAGNOSIS.
METHOD OF CORRECTION:	1. VERIFY THAT THE POA INDICATOR FOR THE DIAGNOSIS WAS KEYED CORRECTLY. IF NOT, CORRECT THE DATA.
	2. IF ENTERED CORRECTLY, DENY THE CLAIM WITH EOB 3210.

Diagnosis Codes Exempt from
Diagnosis Present on Admission Requirement

137-139, Late effects of infectious and parasitic diseases
268.1, Rickets, late effect
326, Late effects of intracranial abscess or pyogenic infection
412, Old myocardial infarction
438, Late effects of cerebrovascular disease
650, Normal delivery
660.7, Failed forceps or vacuum extractor, unspecified
677, Late effect of complication of pregnancy, childbirth, and the puerperium
740-759, Congenital anomalies
905 - 909, Late effects of injuries, poisonings, toxic effects, and other external causes
V02, Carrier or suspected carrier of infectious diseases
V03, Need for prophylactic vaccination and inoculation against bacterial diseases
V04, Need for prophylactic vaccination and inoculation against certain viral diseases
V05, Need for other prophylactic vaccination and inoculation against single diseases
V06, Need for prophylactic vaccination and inoculation against combinations of diseases
V07, Need for isolation and other prophylactic measures
V10, Personal history of malignant neoplasm
V11, Personal history of mental disorder
V12, Personal history of certain other diseases
V13, Personal history of other diseases
V14, Personal history of allergy to medicinal agents
V15.01-V15.09, Other personal history, Allergy, other than to medicinal agents
V15.1, Other personal history, Surgery to heart and great vessels
V15.2, Other personal history, Surgery to other major organs
V15.3, Other personal history, Irradiation
V15.4, Other personal history, Psychological trauma
V15.5, Other personal history, Injury
V15.6, Other personal history, Poisoning
V15.7, Other personal history, Contraception
V15.80, Other personal history, History of failed moderate sedation
V15.81, Other personal history, Noncompliance with medical treatment
V15.82, Other personal history, History of tobacco use
V15.83, Other personal history, Underimmunization status
V15.84, Other personal history, Contact with and (suspected) exposure to asbestos
V15.85, Other personal history, Contact with and (suspected) exposure to potentially
V15.86, Other personal history, Contact with and (suspected) exposure to lead
V15.88, Other personal history, History of fall
V15.89, Other personal history, Other
V15.9 Unspecified personal history presenting hazards to health
V16, Family history of malignant neoplasm
V17, Family history of certain chronic disabling diseases
V18, Family history of certain other specific conditions
V19, Family history of other conditions
V20, Health supervision of infant or child
V21, Constitutional states in development
V22, Normal pregnancy
V23, Supervision of high-risk pregnancy
V24, Postpartum care and examination
V25, Encounter for contraceptive management

V26, Procreative management
V27, Outcome of delivery
V28, Antenatal screening
V29, Observation and evaluation of newborns for suspected condition not found
V30-V39, Liveborn infants according to type of birth
V42, Organ or tissue replaced by transplant
V43, Organ or tissue replaced by other means
V44, Artificial opening status
V45, Other postprocedural states
V46, Other dependence on machines
V49.60-V49.77, Upper and lower limb amputation status
V49.81-V49.85, Other specified conditions influencing health status
V50, Elective surgery for purposes other than remedying health states
V51, Aftercare involving the use of plastic surgery
V52, Fitting and adjustment of prosthetic device and implant
V53, Fitting and adjustment of other device
V54, Other orthopedic aftercare
V55, Attention to artificial openings
V56, Encounter for dialysis and dialysis catheter care
V57, Care involving use of rehabilitation procedures
V58, Encounter for other and unspecified procedures and aftercare
V59, Donors
V60, Housing, household, and economic circumstances
V61, Other family circumstances
V62, Other psychosocial circumstances
V64, Persons encountering health services for specific procedures, not carried out
V65, Other persons seeking consultation
V66, Convalescence and palliative care
V67, Follow-up examination
V68, Encounters for administrative purposes
V69, Problems related to lifestyle
V70, General medical examination
V71, Observation and evaluation for suspected condition not found
V72, Special investigations and examinations
V73, Special screening examination for viral and chlamydial diseases
V74, Special screening examination for bacterial and spirochetal diseases
V75, Special screening examination for other infectious diseases
V76, Special screening for malignant neoplasms
V77, Special screening for endocrine, nutritional, metabolic, and immunity disorders
V78, Special screening for disorders of blood and blood-forming organs
V79, Special screening for mental disorders and developmental handicaps
V80, Special screening for neurological, eye, and ear diseases
V81, Special screening for cardiovascular, respiratory, and genitourinary diseases
V82, Special screening for other conditions
V83, Genetic carrier status
V84, Genetic susceptibility to disease
V85, Body Mass Index
V86 Estrogen receptor status
V87.32, Contact with and (suspected) exposure to algae bloom
V87.4, Personal history of drug therapy
V88, Acquired absence of cervix and uterus

V89, Suspected maternal and fetal conditions not found
V90, Retained foreign body
V91, Multiple gestation placenta status
E000, External cause status
E001-E030, Activity
E800-E807, Railway accidents
E810-E819, Motor vehicle traffic accidents
E820-E825, Motor vehicle nontraffic accidents
E826-E829, Other road vehicle accidents
E830-E838, Water transport accidents
E840-E845, Air and space transport accidents
E846-E848, Vehicle accidents not elsewhere classifiable
E849.0-E849.6, Place of occurrence
E849.8 - E849.9, Place of occurrence
E883.1, Accidental fall into well
E883.2, Accidental fall into storm drain or manhole
E884.0, Fall from playground equipment
E884.1, Fall from cliff
E885.0, Fall from (nonmotorized) scooter
E885.1, Fall from roller skates
E885.2, Fall from skateboard
E885.3, Fall from skis
E885.4, Fall from snowboard
E886.0, Fall on same level from collision, pushing, or shoving, by or with other person, In sports
E890.0-E890.9, Conflagration in private dwelling
E893.0, Accident caused by ignition of clothing, from controlled fire in private dwelling
E893.2, Accident caused by ignition of clothing, from controlled fire not in building or structure
E894, Ignition of highly inflammable material
E895, Accident caused by controlled fire in private dwelling
E897, Accident caused by controlled fire not in building or structure
E898.0 - E898.1, Accident caused by other specified fire and flames
E917.0, Striking against or struck accidentally by objects or persons, in sports without
E917.1, Striking against or struck accidentally by objects or persons,
E917.2, Striking against or struck accidentally by objects or persons,
E917.5, Striking against or struck accidentally by objects or persons, object in
E917.6, Striking against or struck accidentally by objects or persons, caused by a crowd,
E919.0-E919.1, Accidents caused by machinery
E919.3-E919.9, Accidents caused by machinery
E921.0-E921.9, Accident caused by explosion of pressure vessel
E922.0-E922.9, Accident caused by firearm and air gun missile
E924.1, Caustic and corrosive substances
E926.2, Visible and ultraviolet light sources
E928.0-E928.8, Other and unspecified environmental and accidental causes
E929.0-E929.9, Late effects of accidental injury
E959, Late effects of self-inflicted injury
E970-E978, Legal intervention
E979, Terrorism
E981.0-E981.8, Poisoning by gases in domestic use, undetermined whether
E982.0-E982.9, Poisoning by other gases, undetermined whether accidentally
E985.0-E985.7, Injury by firearms, air guns and explosives, undetermined
E987.0, Falling from high place, undetermined whether accidentally or

E987.2, Falling from high place, undetermined whether accidentally or purposely
E989, Late effects of injury, undetermined whether accidentally or purposely
E990-E999, Injury resulting from operations of war

3.309 3211 (NO FORMER LEGACY EDIT)

DMS Approved 10/20/2010

ERROR STATUS CODE:	3211 (NO FORMER LEGACY EDIT)	**CLAIM TYPE:**	A, I
HEADER/DETAIL:	HEADER	**PROVIDER TYPE:**	01
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	PAPER, NON-PAPER
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	POA

ESC NAME:	PRESENT ON ADMISSION (POA) INDICATOR MISSING OR INVALID FOR ELEVENTH DIAGNOSIS.
ESC CRITERIA:	FAILS INPATIENT HOSPITAL DRG* CLAIMS IF AN ELEVENTH DIAGNOSIS CODE IS ENTERED AND A POA INDICATOR OF “Y”, “N”, “W”, OR “U” IS NOT ENTERED. *DRG HOSPITALS HAVE A “HOSPITAL (INPATIENT)” CONTRACT FOR THE DATES OF SERVICE <u>EXCLUSIONS:</u> • CLAIMS WITH A FROM DATE OF SERVICE PRIOR TO 07/01/2010 ARE EXCLUDED FROM THIS EDIT. • DIAGNOSIS CODES FROM THE LIST ON THE FOLLOWING PAGE DO NOT REQUIRE A POA AND ARE EXCLUDED FROM THIS EDIT. NOTE – FOR 3 DIGIT CODES ON THIS LIST, ANY DIAGNOSIS CODES BEGINNING WITH THESE 3 DIGITS ARE EXCLUDED. FOR 4 DIGIT CODES ON THIS LIST, ANY DIAGNOSIS CODES BEGINNING WITH THESE 4 DIGITS ARE EXCLUDED. • CLAIMS FOR NON-DRG HOSPITALS ARE EXCLUDED FROM THIS EDIT. • ADJUSTMENT REGION 50 AND MASS ADJUSTMENT REGIONS 52 AND 58 ARE EXCLUDED FROM THIS EDIT.
EOB CODES:	3211 - CLAIM DENIED. PRESENT ON ADMISSION (POA) INDICATOR MISSING OR INVALID FOR ELEVENTH DIAGNOSIS.
METHOD OF CORRECTION:	1. VERIFY THAT THE POA INDICATOR FOR THE DIAGNOSIS WAS KEYED CORRECTLY. IF NOT, CORRECT THE DATA.
	2. IF ENTERED CORRECTLY, DENY THE CLAIM WITH EOB 3211.

Diagnosis Codes Exempt from
Diagnosis Present on Admission Requirement

137-139, Late effects of infectious and parasitic diseases
268.1, Rickets, late effect
326, Late effects of intracranial abscess or pyogenic infection
412, Old myocardial infarction
438, Late effects of cerebrovascular disease
650, Normal delivery
660.7, Failed forceps or vacuum extractor, unspecified
677, Late effect of complication of pregnancy, childbirth, and the puerperium
740-759, Congenital anomalies
905 - 909, Late effects of injuries, poisonings, toxic effects, and other external causes
V02, Carrier or suspected carrier of infectious diseases
V03, Need for prophylactic vaccination and inoculation against bacterial diseases
V04, Need for prophylactic vaccination and inoculation against certain viral diseases
V05, Need for other prophylactic vaccination and inoculation against single diseases
V06, Need for prophylactic vaccination and inoculation against combinations of diseases
V07, Need for isolation and other prophylactic measures
V10, Personal history of malignant neoplasm
V11, Personal history of mental disorder
V12, Personal history of certain other diseases
V13, Personal history of other diseases
V14, Personal history of allergy to medicinal agents
V15.01-V15.09, Other personal history, Allergy, other than to medicinal agents
V15.1, Other personal history, Surgery to heart and great vessels
V15.2, Other personal history, Surgery to other major organs
V15.3, Other personal history, Irradiation
V15.4, Other personal history, Psychological trauma
V15.5, Other personal history, Injury
V15.6, Other personal history, Poisoning
V15.7, Other personal history, Contraception
V15.80, Other personal history, History of failed moderate sedation
V15.81, Other personal history, Noncompliance with medical treatment
V15.82, Other personal history, History of tobacco use
V15.83, Other personal history, Underimmunization status
V15.84, Other personal history, Contact with and (suspected) exposure to asbestos
V15.85, Other personal history, Contact with and (suspected) exposure to potentially
V15.86, Other personal history, Contact with and (suspected) exposure to lead
V15.88, Other personal history, History of fall
V15.89, Other personal history, Other
V15.9 Unspecified personal history presenting hazards to health
V16, Family history of malignant neoplasm
V17, Family history of certain chronic disabling diseases
V18, Family history of certain other specific conditions
V19, Family history of other conditions
V20, Health supervision of infant or child
V21, Constitutional states in development
V22, Normal pregnancy
V23, Supervision of high-risk pregnancy
V24, Postpartum care and examination
V25, Encounter for contraceptive management

V26, Procreative management
V27, Outcome of delivery
V28, Antenatal screening
V29, Observation and evaluation of newborns for suspected condition not found
V30-V39, Liveborn infants according to type of birth
V42, Organ or tissue replaced by transplant
V43, Organ or tissue replaced by other means
V44, Artificial opening status
V45, Other postprocedural states
V46, Other dependence on machines
V49.60-V49.77, Upper and lower limb amputation status
V49.81-V49.85, Other specified conditions influencing health status
V50, Elective surgery for purposes other than remedying health states
V51, Aftercare involving the use of plastic surgery
V52, Fitting and adjustment of prosthetic device and implant
V53, Fitting and adjustment of other device
V54, Other orthopedic aftercare
V55, Attention to artificial openings
V56, Encounter for dialysis and dialysis catheter care
V57, Care involving use of rehabilitation procedures
V58, Encounter for other and unspecified procedures and aftercare
V59, Donors
V60, Housing, household, and economic circumstances
V61, Other family circumstances
V62, Other psychosocial circumstances
V64, Persons encountering health services for specific procedures, not carried out
V65, Other persons seeking consultation
V66, Convalescence and palliative care
V67, Follow-up examination
V68, Encounters for administrative purposes
V69, Problems related to lifestyle
V70, General medical examination
V71, Observation and evaluation for suspected condition not found
V72, Special investigations and examinations
V73, Special screening examination for viral and chlamydial diseases
V74, Special screening examination for bacterial and spirochetal diseases
V75, Special screening examination for other infectious diseases
V76, Special screening for malignant neoplasms
V77, Special screening for endocrine, nutritional, metabolic, and immunity disorders
V78, Special screening for disorders of blood and blood-forming organs
V79, Special screening for mental disorders and developmental handicaps
V80, Special screening for neurological, eye, and ear diseases
V81, Special screening for cardiovascular, respiratory, and genitourinary diseases
V82, Special screening for other conditions
V83, Genetic carrier status
V84, Genetic susceptibility to disease
V85, Body Mass Index
V86 Estrogen receptor status
V87.32, Contact with and (suspected) exposure to algae bloom
V87.4, Personal history of drug therapy
V88, Acquired absence of cervix and uterus

V89, Suspected maternal and fetal conditions not found
V90, Retained foreign body
V91, Multiple gestation placenta status
E000, External cause status
E001-E030, Activity
E800-E807, Railway accidents
E810-E819, Motor vehicle traffic accidents
E820-E825, Motor vehicle nontraffic accidents
E826-E829, Other road vehicle accidents
E830-E838, Water transport accidents
E840-E845, Air and space transport accidents
E846-E848, Vehicle accidents not elsewhere classifiable
E849.0-E849.6, Place of occurrence
E849.8 - E849.9, Place of occurrence
E883.1, Accidental fall into well
E883.2, Accidental fall into storm drain or manhole
E884.0, Fall from playground equipment
E884.1, Fall from cliff
E885.0, Fall from (nonmotorized) scooter
E885.1, Fall from roller skates
E885.2, Fall from skateboard
E885.3, Fall from skis
E885.4, Fall from snowboard
E886.0, Fall on same level from collision, pushing, or shoving, by or with other person, In sports
E890.0-E890.9, Conflagration in private dwelling
E893.0, Accident caused by ignition of clothing, from controlled fire in private dwelling
E893.2, Accident caused by ignition of clothing, from controlled fire not in building or structure
E894, Ignition of highly inflammable material
E895, Accident caused by controlled fire in private dwelling
E897, Accident caused by controlled fire not in building or structure
E898.0 - E898.1, Accident caused by other specified fire and flames
E917.0, Striking against or struck accidentally by objects or persons, in sports without
E917.1, Striking against or struck accidentally by objects or persons,
E917.2, Striking against or struck accidentally by objects or persons,
E917.5, Striking against or struck accidentally by objects or persons, object in
E917.6, Striking against or struck accidentally by objects or persons, caused by a crowd,
E919.0-E919.1, Accidents caused by machinery
E919.3-E919.9, Accidents caused by machinery
E921.0-E921.9, Accident caused by explosion of pressure vessel
E922.0-E922.9, Accident caused by firearm and air gun missile
E924.1, Caustic and corrosive substances
E926.2, Visible and ultraviolet light sources
E928.0-E928.8, Other and unspecified environmental and accidental causes
E929.0-E929.9, Late effects of accidental injury
E959, Late effects of self-inflicted injury
E970-E978, Legal intervention
E979, Terrorism
E981.0-E981.8, Poisoning by gases in domestic use, undetermined whether
E982.0-E982.9, Poisoning by other gases, undetermined whether accidentally
E985.0-E985.7, Injury by firearms, air guns and explosives, undetermined
E987.0, Falling from high place, undetermined whether accidentally or

E987.2, Falling from high place, undetermined whether accidentally or purposely
E989, Late effects of injury, undetermined whether accidentally or purposely
E990-E999, Injury resulting from operations of war

3.310 3212 (NO FORMER LEGACY EDIT)

DMS Approved 10/20/2010

ERROR STATUS CODE:	3212 (NO FORMER LEGACY EDIT)	**CLAIM TYPE:**	A, I
HEADER/DETAIL:	HEADER	**PROVIDER TYPE:**	01
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	PAPER, NON-PAPER
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	POA

ESC NAME:	PRESENT ON ADMISSION (POA) INDICATOR MISSING OR INVALID FOR TWELFTH DIAGNOSIS.
ESC CRITERIA:	FAILS INPATIENT HOSPITAL DRG* CLAIMS IF A TWELFTH DIAGNOSIS CODE IS ENTERED AND A POA INDICATOR OF “Y”, “N”, “W”, OR “U” IS NOT ENTERED. *DRG HOSPITALS HAVE A “HOSPITAL (INPATIENT)” CONTRACT FOR THE DATES OF SERVICE <u>EXCLUSIONS:</u> • CLAIMS WITH A FROM DATE OF SERVICE PRIOR TO 07/01/2010 ARE EXCLUDED FROM THIS EDIT. • DIAGNOSIS CODES FROM THE LIST ON THE FOLLOWING PAGE DO NOT REQUIRE A POA AND ARE EXCLUDED FROM THIS EDIT. NOTE – FOR 3 DIGIT CODES ON THIS LIST, ANY DIAGNOSIS CODES BEGINNING WITH THESE 3 DIGITS ARE EXCLUDED. FOR 4 DIGIT CODES ON THIS LIST, ANY DIAGNOSIS CODES BEGINNING WITH THESE 4 DIGITS ARE EXCLUDED. • CLAIMS FOR NON-DRG HOSPITALS ARE EXCLUDED FROM THIS EDIT. • ADJUSTMENT REGION 50 AND MASS ADJUSTMENT REGIONS 52 AND 58 ARE EXCLUDED FROM THIS EDIT.
EOB CODES:	3212 - CLAIM DENIED. PRESENT ON ADMISSION (POA) INDICATOR MISSING OR INVALID FOR TWELFTH DIAGNOSIS.
METHOD OF CORRECTION:	1. VERIFY THAT THE POA INDICATOR FOR THE DIAGNOSIS WAS KEYED CORRECTLY. IF NOT, CORRECT THE DATA.
	2. IF ENTERED CORRECTLY, DENY THE CLAIM WITH EOB 3212.

Diagnosis Codes Exempt from
Diagnosis Present on Admission Requirement

137-139, Late effects of infectious and parasitic diseases
268.1, Rickets, late effect
326, Late effects of intracranial abscess or pyogenic infection
412, Old myocardial infarction
438, Late effects of cerebrovascular disease
650, Normal delivery
660.7, Failed forceps or vacuum extractor, unspecified
677, Late effect of complication of pregnancy, childbirth, and the puerperium
740-759, Congenital anomalies
905 - 909, Late effects of injuries, poisonings, toxic effects, and other external causes
V02, Carrier or suspected carrier of infectious diseases
V03, Need for prophylactic vaccination and inoculation against bacterial diseases
V04, Need for prophylactic vaccination and inoculation against certain viral diseases
V05, Need for other prophylactic vaccination and inoculation against single diseases
V06, Need for prophylactic vaccination and inoculation against combinations of diseases
V07, Need for isolation and other prophylactic measures
V10, Personal history of malignant neoplasm
V11, Personal history of mental disorder
V12, Personal history of certain other diseases
V13, Personal history of other diseases
V14, Personal history of allergy to medicinal agents
V15.01-V15.09, Other personal history, Allergy, other than to medicinal agents
V15.1, Other personal history, Surgery to heart and great vessels
V15.2, Other personal history, Surgery to other major organs
V15.3, Other personal history, Irradiation
V15.4, Other personal history, Psychological trauma
V15.5, Other personal history, Injury
V15.6, Other personal history, Poisoning
V15.7, Other personal history, Contraception
V15.80, Other personal history, History of failed moderate sedation
V15.81, Other personal history, Noncompliance with medical treatment
V15.82, Other personal history, History of tobacco use
V15.83, Other personal history, Underimmunization status
V15.84, Other personal history, Contact with and (suspected) exposure to asbestos
V15.85, Other personal history, Contact with and (suspected) exposure to potentially
V15.86, Other personal history, Contact with and (suspected) exposure to lead
V15.88, Other personal history, History of fall
V15.89, Other personal history, Other
V15.9 Unspecified personal history presenting hazards to health
V16, Family history of malignant neoplasm
V17, Family history of certain chronic disabling diseases
V18, Family history of certain other specific conditions
V19, Family history of other conditions
V20, Health supervision of infant or child
V21, Constitutional states in development
V22, Normal pregnancy
V23, Supervision of high-risk pregnancy
V24, Postpartum care and examination
V25, Encounter for contraceptive management

V26, Procreative management
V27, Outcome of delivery
V28, Antenatal screening
V29, Observation and evaluation of newborns for suspected condition not found
V30-V39, Liveborn infants according to type of birth
V42, Organ or tissue replaced by transplant
V43, Organ or tissue replaced by other means
V44, Artificial opening status
V45, Other postprocedural states
V46, Other dependence on machines
V49.60-V49.77, Upper and lower limb amputation status
V49.81-V49.85, Other specified conditions influencing health status
V50, Elective surgery for purposes other than remedying health states
V51, Aftercare involving the use of plastic surgery
V52, Fitting and adjustment of prosthetic device and implant
V53, Fitting and adjustment of other device
V54, Other orthopedic aftercare
V55, Attention to artificial openings
V56, Encounter for dialysis and dialysis catheter care
V57, Care involving use of rehabilitation procedures
V58, Encounter for other and unspecified procedures and aftercare
V59, Donors
V60, Housing, household, and economic circumstances
V61, Other family circumstances
V62, Other psychosocial circumstances
V64, Persons encountering health services for specific procedures, not carried out
V65, Other persons seeking consultation
V66, Convalescence and palliative care
V67, Follow-up examination
V68, Encounters for administrative purposes
V69, Problems related to lifestyle
V70, General medical examination
V71, Observation and evaluation for suspected condition not found
V72, Special investigations and examinations
V73, Special screening examination for viral and chlamydial diseases
V74, Special screening examination for bacterial and spirochetal diseases
V75, Special screening examination for other infectious diseases
V76, Special screening for malignant neoplasms
V77, Special screening for endocrine, nutritional, metabolic, and immunity disorders
V78, Special screening for disorders of blood and blood-forming organs
V79, Special screening for mental disorders and developmental handicaps
V80, Special screening for neurological, eye, and ear diseases
V81, Special screening for cardiovascular, respiratory, and genitourinary diseases
V82, Special screening for other conditions
V83, Genetic carrier status
V84, Genetic susceptibility to disease
V85, Body Mass Index
V86 Estrogen receptor status
V87.32, Contact with and (suspected) exposure to algae bloom
V87.4, Personal history of drug therapy
V88, Acquired absence of cervix and uterus

V89, Suspected maternal and fetal conditions not found
V90, Retained foreign body
V91, Multiple gestation placenta status
E000, External cause status
E001-E030, Activity
E800-E807, Railway accidents
E810-E819, Motor vehicle traffic accidents
E820-E825, Motor vehicle nontraffic accidents
E826-E829, Other road vehicle accidents
E830-E838, Water transport accidents
E840-E845, Air and space transport accidents
E846-E848, Vehicle accidents not elsewhere classifiable
E849.0-E849.6, Place of occurrence
E849.8 - E849.9, Place of occurrence
E883.1, Accidental fall into well
E883.2, Accidental fall into storm drain or manhole
E884.0, Fall from playground equipment
E884.1, Fall from cliff
E885.0, Fall from (nonmotorized) scooter
E885.1, Fall from roller skates
E885.2, Fall from skateboard
E885.3, Fall from skis
E885.4, Fall from snowboard
E886.0, Fall on same level from collision, pushing, or shoving, by or with other person, In sports
E890.0-E890.9, Conflagration in private dwelling
E893.0, Accident caused by ignition of clothing, from controlled fire in private dwelling
E893.2, Accident caused by ignition of clothing, from controlled fire not in building or structure
E894, Ignition of highly inflammable material
E895, Accident caused by controlled fire in private dwelling
E897, Accident caused by controlled fire not in building or structure
E898.0 - E898.1, Accident caused by other specified fire and flames
E917.0, Striking against or struck accidentally by objects or persons, in sports without
E917.1, Striking against or struck accidentally by objects or persons,
E917.2, Striking against or struck accidentally by objects or persons,
E917.5, Striking against or struck accidentally by objects or persons, object in
E917.6, Striking against or struck accidentally by objects or persons, caused by a crowd,
E919.0-E919.1, Accidents caused by machinery
E919.3-E919.9, Accidents caused by machinery
E921.0-E921.9, Accident caused by explosion of pressure vessel
E922.0-E922.9, Accident caused by firearm and air gun missile
E924.1, Caustic and corrosive substances
E926.2, Visible and ultraviolet light sources
E928.0-E928.8, Other and unspecified environmental and accidental causes
E929.0-E929.9, Late effects of accidental injury
E959, Late effects of self-inflicted injury
E970-E978, Legal intervention
E979, Terrorism
E981.0-E981.8, Poisoning by gases in domestic use, undetermined whether
E982.0-E982.9, Poisoning by other gases, undetermined whether accidentally
E985.0-E985.7, Injury by firearms, air guns and explosives, undetermined
E987.0, Falling from high place, undetermined whether accidentally or

E987.2, Falling from high place, undetermined whether accidentally or purposely
E989, Late effects of injury, undetermined whether accidentally or purposely
E990-E999, Injury resulting from operations of war

3.311 3213 (NO FORMER LEGACY EDIT)

DMS Approved 10/20/2010

ERROR STATUS CODE:	3213 (NO FORMER LEGACY EDIT)	**CLAIM TYPE:**	A, I
HEADER/DETAIL:	HEADER	**PROVIDER TYPE:**	01
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	PAPER, NON-PAPER
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	POA

ESC NAME:	PRESENT ON ADMISSION (POA) INDICATOR MISSING OR INVALID FOR THIRTEENTH DIAGNOSIS.
ESC CRITERIA:	FAILS INPATIENT HOSPITAL DRG* CLAIMS IF A THIRTEENTH DIAGNOSIS CODE IS ENTERED AND A POA INDICATOR OF “Y”, “N”, “W”, OR “U” IS NOT ENTERED. *DRG HOSPITALS HAVE A “HOSPITAL (INPATIENT)” CONTRACT FOR THE DATES OF SERVICE <u>EXCLUSIONS:</u> • CLAIMS WITH A FROM DATE OF SERVICE PRIOR TO 07/01/2010 ARE EXCLUDED FROM THIS EDIT. • DIAGNOSIS CODES FROM THE LIST ON THE FOLLOWING PAGE DO NOT REQUIRE A POA AND ARE EXCLUDED FROM THIS EDIT. NOTE – FOR 3 DIGIT CODES ON THIS LIST, ANY DIAGNOSIS CODES BEGINNING WITH THESE 3 DIGITS ARE EXCLUDED. FOR 4 DIGIT CODES ON THIS LIST, ANY DIAGNOSIS CODES BEGINNING WITH THESE 4 DIGITS ARE EXCLUDED. • CLAIMS FOR NON-DRG HOSPITALS ARE EXCLUDED FROM THIS EDIT. • ADJUSTMENT REGION 50 AND MASS ADJUSTMENT REGIONS 52 AND 58 ARE EXCLUDED FROM THIS EDIT.
EOB CODES:	3213 - CLAIM DENIED. PRESENT ON ADMISSION (POA) INDICATOR MISSING OR INVALID FOR THIRTEENTH DIAGNOSIS.
METHOD OF CORRECTION:	1. VERIFY THAT THE POA INDICATOR FOR THE DIAGNOSIS WAS KEYED CORRECTLY. IF NOT, CORRECT THE DATA.
	2. IF ENTERED CORRECTLY, DENY THE CLAIM WITH EOB 3213.

Diagnosis Codes Exempt from
Diagnosis Present on Admission Requirement

137-139, Late effects of infectious and parasitic diseases
268.1, Rickets, late effect
326, Late effects of intracranial abscess or pyogenic infection
412, Old myocardial infarction
438, Late effects of cerebrovascular disease
650, Normal delivery
660.7, Failed forceps or vacuum extractor, unspecified
677, Late effect of complication of pregnancy, childbirth, and the puerperium
740-759, Congenital anomalies
905 - 909, Late effects of injuries, poisonings, toxic effects, and other external causes
V02, Carrier or suspected carrier of infectious diseases
V03, Need for prophylactic vaccination and inoculation against bacterial diseases
V04, Need for prophylactic vaccination and inoculation against certain viral diseases
V05, Need for other prophylactic vaccination and inoculation against single diseases
V06, Need for prophylactic vaccination and inoculation against combinations of diseases
V07, Need for isolation and other prophylactic measures
V10, Personal history of malignant neoplasm
V11, Personal history of mental disorder
V12, Personal history of certain other diseases
V13, Personal history of other diseases
V14, Personal history of allergy to medicinal agents
V15.01-V15.09, Other personal history, Allergy, other than to medicinal agents
V15.1, Other personal history, Surgery to heart and great vessels
V15.2, Other personal history, Surgery to other major organs
V15.3, Other personal history, Irradiation
V15.4, Other personal history, Psychological trauma
V15.5, Other personal history, Injury
V15.6, Other personal history, Poisoning
V15.7, Other personal history, Contraception
V15.80, Other personal history, History of failed moderate sedation
V15.81, Other personal history, Noncompliance with medical treatment
V15.82, Other personal history, History of tobacco use
V15.83, Other personal history, Underimmunization status
V15.84, Other personal history, Contact with and (suspected) exposure to asbestos
V15.85, Other personal history, Contact with and (suspected) exposure to potentially
V15.86, Other personal history, Contact with and (suspected) exposure to lead
V15.88, Other personal history, History of fall
V15.89, Other personal history, Other
V15.9 Unspecified personal history presenting hazards to health
V16, Family history of malignant neoplasm
V17, Family history of certain chronic disabling diseases
V18, Family history of certain other specific conditions
V19, Family history of other conditions
V20, Health supervision of infant or child
V21, Constitutional states in development
V22, Normal pregnancy
V23, Supervision of high-risk pregnancy
V24, Postpartum care and examination
V25, Encounter for contraceptive management

V26, Procreative management
V27, Outcome of delivery
V28, Antenatal screening
V29, Observation and evaluation of newborns for suspected condition not found
V30-V39, Liveborn infants according to type of birth
V42, Organ or tissue replaced by transplant
V43, Organ or tissue replaced by other means
V44, Artificial opening status
V45, Other postprocedural states
V46, Other dependence on machines
V49.60-V49.77, Upper and lower limb amputation status
V49.81-V49.85, Other specified conditions influencing health status
V50, Elective surgery for purposes other than remedying health states
V51, Aftercare involving the use of plastic surgery
V52, Fitting and adjustment of prosthetic device and implant
V53, Fitting and adjustment of other device
V54, Other orthopedic aftercare
V55, Attention to artificial openings
V56, Encounter for dialysis and dialysis catheter care
V57, Care involving use of rehabilitation procedures
V58, Encounter for other and unspecified procedures and aftercare
V59, Donors
V60, Housing, household, and economic circumstances
V61, Other family circumstances
V62, Other psychosocial circumstances
V64, Persons encountering health services for specific procedures, not carried out
V65, Other persons seeking consultation
V66, Convalescence and palliative care
V67, Follow-up examination
V68, Encounters for administrative purposes
V69, Problems related to lifestyle
V70, General medical examination
V71, Observation and evaluation for suspected condition not found
V72, Special investigations and examinations
V73, Special screening examination for viral and chlamydial diseases
V74, Special screening examination for bacterial and spirochetal diseases
V75, Special screening examination for other infectious diseases
V76, Special screening for malignant neoplasms
V77, Special screening for endocrine, nutritional, metabolic, and immunity disorders
V78, Special screening for disorders of blood and blood-forming organs
V79, Special screening for mental disorders and developmental handicaps
V80, Special screening for neurological, eye, and ear diseases
V81, Special screening for cardiovascular, respiratory, and genitourinary diseases
V82, Special screening for other conditions
V83, Genetic carrier status
V84, Genetic susceptibility to disease
V85, Body Mass Index
V86 Estrogen receptor status
V87.32, Contact with and (suspected) exposure to algae bloom
V87.4, Personal history of drug therapy
V88, Acquired absence of cervix and uterus

V89, Suspected maternal and fetal conditions not found
V90, Retained foreign body
V91, Multiple gestation placenta status
E000, External cause status
E001-E030, Activity
E800-E807, Railway accidents
E810-E819, Motor vehicle traffic accidents
E820-E825, Motor vehicle nontraffic accidents
E826-E829, Other road vehicle accidents
E830-E838, Water transport accidents
E840-E845, Air and space transport accidents
E846-E848, Vehicle accidents not elsewhere classifiable
E849.0-E849.6, Place of occurrence
E849.8 - E849.9, Place of occurrence
E883.1, Accidental fall into well
E883.2, Accidental fall into storm drain or manhole
E884.0, Fall from playground equipment
E884.1, Fall from cliff
E885.0, Fall from (nonmotorized) scooter
E885.1, Fall from roller skates
E885.2, Fall from skateboard
E885.3, Fall from skis
E885.4, Fall from snowboard
E886.0, Fall on same level from collision, pushing, or shoving, by or with other person, In sports
E890.0-E890.9, Conflagration in private dwelling
E893.0, Accident caused by ignition of clothing, from controlled fire in private dwelling
E893.2, Accident caused by ignition of clothing, from controlled fire not in building or structure
E894, Ignition of highly inflammable material
E895, Accident caused by controlled fire in private dwelling
E897, Accident caused by controlled fire not in building or structure
E898.0 - E898.1, Accident caused by other specified fire and flames
E917.0, Striking against or struck accidentally by objects or persons, in sports without
E917.1, Striking against or struck accidentally by objects or persons,
E917.2, Striking against or struck accidentally by objects or persons,
E917.5, Striking against or struck accidentally by objects or persons, object in
E917.6, Striking against or struck accidentally by objects or persons, caused by a crowd,
E919.0-E919.1, Accidents caused by machinery
E919.3-E919.9, Accidents caused by machinery
E921.0-E921.9, Accident caused by explosion of pressure vessel
E922.0-E922.9, Accident caused by firearm and air gun missile
E924.1, Caustic and corrosive substances
E926.2, Visible and ultraviolet light sources
E928.0-E928.8, Other and unspecified environmental and accidental causes
E929.0-E929.9, Late effects of accidental injury
E959, Late effects of self-inflicted injury
E970-E978, Legal intervention
E979, Terrorism
E981.0-E981.8, Poisoning by gases in domestic use, undetermined whether
E982.0-E982.9, Poisoning by other gases, undetermined whether accidentally
E985.0-E985.7, Injury by firearms, air guns and explosives, undetermined
E987.0, Falling from high place, undetermined whether accidentally or

E987.2, Falling from high place, undetermined whether accidentally or purposely
E989, Late effects of injury, undetermined whether accidentally or purposely
E990-E999, Injury resulting from operations of war

3.312 3214 (NO FORMER LEGACY EDIT)

DMS Approved 10/20/2010

ERROR STATUS CODE:	3214 (NO FORMER LEGACY EDIT)	**CLAIM TYPE:**	A, I
HEADER/DETAIL:	HEADER	**PROVIDER TYPE:**	01
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	PAPER, NON-PAPER
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	POA
ESC NAME:	PRESENT ON ADMISSION (POA) INDICATOR MISSING OR INVALID FOR FOURTEENTH DIAGNOSIS.		
ESC CRITERIA:	FAILS INPATIENT HOSPITAL DRG* CLAIMS IF A FOURTEENTH DIAGNOSIS CODE IS ENTERED AND A POA INDICATOR OF “Y”, “N”, “W”, OR “U” IS NOT ENTERED. *DRG HOSPITALS HAVE A “HOSPITAL (INPATIENT)” CONTRACT FOR THE DATES OF SERVICE <u>EXCLUSIONS:</u> • CLAIMS WITH A FROM DATE OF SERVICE PRIOR TO 07/01/2010 ARE EXCLUDED FROM THIS EDIT. • DIAGNOSIS CODES FROM THE LIST ON THE FOLLOWING PAGE DO NOT REQUIRE A POA AND ARE EXCLUDED FROM THIS EDIT. NOTE – FOR 3 DIGIT CODES ON THIS LIST, ANY DIAGNOSIS CODES BEGINNING WITH THESE 3 DIGITS ARE EXCLUDED. FOR 4 DIGIT CODES ON THIS LIST, ANY DIAGNOSIS CODES BEGINNING WITH THESE 4 DIGITS ARE EXCLUDED. • CLAIMS FOR NON-DRG HOSPITALS ARE EXCLUDED FROM THIS EDIT. • ADJUSTMENT REGION 50 AND MASS ADJUSTMENT REGIONS 52 AND 58 ARE EXCLUDED FROM THIS EDIT.		
EOB CODES:	3214 - CLAIM DENIED. PRESENT ON ADMISSION (POA) INDICATOR MISSING OR INVALID FOR FOURTEENTH DIAGNOSIS.		
METHOD OF CORRECTION:	1. VERIFY THAT THE POA INDICATOR FOR THE DIAGNOSIS WAS KEYED CORRECTLY. IF NOT, CORRECT THE DATA.		
	2. IF ENTERED CORRECTLY, DENY THE CLAIM WITH EOB 3214.		

Diagnosis Codes Exempt from
Diagnosis Present on Admission Requirement

137-139, Late effects of infectious and parasitic diseases
268.1, Rickets, late effect
326, Late effects of intracranial abscess or pyogenic infection
412, Old myocardial infarction
438, Late effects of cerebrovascular disease
650, Normal delivery
660.7, Failed forceps or vacuum extractor, unspecified
677, Late effect of complication of pregnancy, childbirth, and the puerperium
740-759, Congenital anomalies
905 - 909, Late effects of injuries, poisonings, toxic effects, and other external causes
V02, Carrier or suspected carrier of infectious diseases
V03, Need for prophylactic vaccination and inoculation against bacterial diseases
V04, Need for prophylactic vaccination and inoculation against certain viral diseases
V05, Need for other prophylactic vaccination and inoculation against single diseases
V06, Need for prophylactic vaccination and inoculation against combinations of diseases
V07, Need for isolation and other prophylactic measures
V10, Personal history of malignant neoplasm
V11, Personal history of mental disorder
V12, Personal history of certain other diseases
V13, Personal history of other diseases
V14, Personal history of allergy to medicinal agents
V15.01-V15.09, Other personal history, Allergy, other than to medicinal agents
V15.1, Other personal history, Surgery to heart and great vessels
V15.2, Other personal history, Surgery to other major organs
V15.3, Other personal history, Irradiation
V15.4, Other personal history, Psychological trauma
V15.5, Other personal history, Injury
V15.6, Other personal history, Poisoning
V15.7, Other personal history, Contraception
V15.80, Other personal history, History of failed moderate sedation
V15.81, Other personal history, Noncompliance with medical treatment
V15.82, Other personal history, History of tobacco use
V15.83, Other personal history, Underimmunization status
V15.84, Other personal history, Contact with and (suspected) exposure to asbestos
V15.85, Other personal history, Contact with and (suspected) exposure to potentially
V15.86, Other personal history, Contact with and (suspected) exposure to lead
V15.88, Other personal history, History of fall
V15.89, Other personal history, Other
V15.9 Unspecified personal history presenting hazards to health
V16, Family history of malignant neoplasm
V17, Family history of certain chronic disabling diseases
V18, Family history of certain other specific conditions
V19, Family history of other conditions
V20, Health supervision of infant or child
V21, Constitutional states in development
V22, Normal pregnancy
V23, Supervision of high-risk pregnancy
V24, Postpartum care and examination
V25, Encounter for contraceptive management

V26, Procreative management
V27, Outcome of delivery
V28, Antenatal screening
V29, Observation and evaluation of newborns for suspected condition not found
V30-V39, Liveborn infants according to type of birth
V42, Organ or tissue replaced by transplant
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V44, Artificial opening status
V45, Other postprocedural states
V46, Other dependence on machines
V49.60-V49.77, Upper and lower limb amputation status
V49.81-V49.85, Other specified conditions influencing health status
V50, Elective surgery for purposes other than remedying health states
V51, Aftercare involving the use of plastic surgery
V52, Fitting and adjustment of prosthetic device and implant
V53, Fitting and adjustment of other device
V54, Other orthopedic aftercare
V55, Attention to artificial openings
V56, Encounter for dialysis and dialysis catheter care
V57, Care involving use of rehabilitation procedures
V58, Encounter for other and unspecified procedures and aftercare
V59, Donors
V60, Housing, household, and economic circumstances
V61, Other family circumstances
V62, Other psychosocial circumstances
V64, Persons encountering health services for specific procedures, not carried out
V65, Other persons seeking consultation
V66, Convalescence and palliative care
V67, Follow-up examination
V68, Encounters for administrative purposes
V69, Problems related to lifestyle
V70, General medical examination
V71, Observation and evaluation for suspected condition not found
V72, Special investigations and examinations
V73, Special screening examination for viral and chlamydial diseases
V74, Special screening examination for bacterial and spirochetal diseases
V75, Special screening examination for other infectious diseases
V76, Special screening for malignant neoplasms
V77, Special screening for endocrine, nutritional, metabolic, and immunity disorders
V78, Special screening for disorders of blood and blood-forming organs
V79, Special screening for mental disorders and developmental handicaps
V80, Special screening for neurological, eye, and ear diseases
V81, Special screening for cardiovascular, respiratory, and genitourinary diseases
V82, Special screening for other conditions
V83, Genetic carrier status
V84, Genetic susceptibility to disease
V85, Body Mass Index
V86 Estrogen receptor status
V87.32, Contact with and (suspected) exposure to algae bloom
V87.4, Personal history of drug therapy
V88, Acquired absence of cervix and uterus

V89, Suspected maternal and fetal conditions not found
V90, Retained foreign body
V91, Multiple gestation placenta status
E000, External cause status
E001-E030, Activity
E800-E807, Railway accidents
E810-E819, Motor vehicle traffic accidents
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E840-E845, Air and space transport accidents
E846-E848, Vehicle accidents not elsewhere classifiable
E849.0-E849.6, Place of occurrence
E849.8 - E849.9, Place of occurrence
E883.1, Accidental fall into well
E883.2, Accidental fall into storm drain or manhole
E884.0, Fall from playground equipment
E884.1, Fall from cliff
E885.0, Fall from (nonmotorized) scooter
E885.1, Fall from roller skates
E885.2, Fall from skateboard
E885.3, Fall from skis
E885.4, Fall from snowboard
E886.0, Fall on same level from collision, pushing, or shoving, by or with other person, In sports
E890.0-E890.9, Conflagration in private dwelling
E893.0, Accident caused by ignition of clothing, from controlled fire in private dwelling
E893.2, Accident caused by ignition of clothing, from controlled fire not in building or structure
E894, Ignition of highly inflammable material
E895, Accident caused by controlled fire in private dwelling
E897, Accident caused by controlled fire not in building or structure
E898.0 - E898.1, Accident caused by other specified fire and flames
E917.0, Striking against or struck accidentally by objects or persons, in sports without
E917.1, Striking against or struck accidentally by objects or persons,
E917.2, Striking against or struck accidentally by objects or persons,
E917.5, Striking against or struck accidentally by objects or persons, object in
E917.6, Striking against or struck accidentally by objects or persons, caused by a crowd,
E919.0-E919.1, Accidents caused by machinery
E919.3-E919.9, Accidents caused by machinery
E921.0-E921.9, Accident caused by explosion of pressure vessel
E922.0-E922.9, Accident caused by firearm and air gun missile
E924.1, Caustic and corrosive substances
E926.2, Visible and ultraviolet light sources
E928.0-E928.8, Other and unspecified environmental and accidental causes
E929.0-E929.9, Late effects of accidental injury
E959, Late effects of self-inflicted injury
E970-E978, Legal intervention
E979, Terrorism
E981.0-E981.8, Poisoning by gases in domestic use, undetermined whether
E982.0-E982.9, Poisoning by other gases, undetermined whether accidentally
E985.0-E985.7, Injury by firearms, air guns and explosives, undetermined
E987.0, Falling from high place, undetermined whether accidentally or

E987.2, Falling from high place, undetermined whether accidentally or purposely
E989, Late effects of injury, undetermined whether accidentally or purposely
E990-E999, Injury resulting from operations of war

3.313 3215 (NO FORMER LEGACY EDIT)

DMS Approved 10/20/2010

ERROR STATUS CODE:	3215 (NO FORMER LEGACY EDIT)	**CLAIM TYPE:**	A, I
HEADER/DETAIL:	HEADER	**PROVIDER TYPE:**	01
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	PAPER, NON-PAPER
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	POA

ESC NAME:	PRESENT ON ADMISSION (POA) INDICATOR MISSING OR INVALID FOR FIFTEENTH DIAGNOSIS.
ESC CRITERIA:	FAILS INPATIENT HOSPITAL DRG* CLAIMS IF A FIFTEENTH DIAGNOSIS CODE IS ENTERED AND A POA INDICATOR OF “Y”, “N”, “W”, OR “U” IS NOT ENTERED. *DRG HOSPITALS HAVE A “HOSPITAL (INPATIENT)” CONTRACT FOR THE DATES OF SERVICE <u>EXCLUSIONS:</u> • CLAIMS WITH A FROM DATE OF SERVICE PRIOR TO 07/01/2010 ARE EXCLUDED FROM THIS EDIT. • DIAGNOSIS CODES FROM THE LIST ON THE FOLLOWING PAGE DO NOT REQUIRE A POA AND ARE EXCLUDED FROM THIS EDIT. NOTE – FOR 3 DIGIT CODES ON THIS LIST, ANY DIAGNOSIS CODES BEGINNING WITH THESE 3 DIGITS ARE EXCLUDED. FOR 4 DIGIT CODES ON THIS LIST, ANY DIAGNOSIS CODES BEGINNING WITH THESE 4 DIGITS ARE EXCLUDED. • CLAIMS FOR NON-DRG HOSPITALS ARE EXCLUDED FROM THIS EDIT. • ADJUSTMENT REGION 50 AND MASS ADJUSTMENT REGIONS 52 AND 58 ARE EXCLUDED FROM THIS EDIT.
EOB CODES:	3215 - CLAIM DENIED. PRESENT ON ADMISSION (POA) INDICATOR MISSING OR INVALID FOR FIFTEENTH DIAGNOSIS.
METHOD OF CORRECTION:	1. VERIFY THAT THE POA INDICATOR FOR THE DIAGNOSIS WAS KEYED CORRECTLY. IF NOT, CORRECT THE DATA.
	2. IF ENTERED CORRECTLY, DENY THE CLAIM WITH EOB 3215.

Diagnosis Codes Exempt from
Diagnosis Present on Admission Requirement

137-139, Late effects of infectious and parasitic diseases
268.1, Rickets, late effect
326, Late effects of intracranial abscess or pyogenic infection
412, Old myocardial infarction
438, Late effects of cerebrovascular disease
650, Normal delivery
660.7, Failed forceps or vacuum extractor, unspecified
677, Late effect of complication of pregnancy, childbirth, and the puerperium
740-759, Congenital anomalies
905 - 909, Late effects of injuries, poisonings, toxic effects, and other external causes
V02, Carrier or suspected carrier of infectious diseases
V03, Need for prophylactic vaccination and inoculation against bacterial diseases
V04, Need for prophylactic vaccination and inoculation against certain viral diseases
V05, Need for other prophylactic vaccination and inoculation against single diseases
V06, Need for prophylactic vaccination and inoculation against combinations of diseases
V07, Need for isolation and other prophylactic measures
V10, Personal history of malignant neoplasm
V11, Personal history of mental disorder
V12, Personal history of certain other diseases
V13, Personal history of other diseases
V14, Personal history of allergy to medicinal agents
V15.01-V15.09, Other personal history, Allergy, other than to medicinal agents
V15.1, Other personal history, Surgery to heart and great vessels
V15.2, Other personal history, Surgery to other major organs
V15.3, Other personal history, Irradiation
V15.4, Other personal history, Psychological trauma
V15.5, Other personal history, Injury
V15.6, Other personal history, Poisoning
V15.7, Other personal history, Contraception
V15.80, Other personal history, History of failed moderate sedation
V15.81, Other personal history, Noncompliance with medical treatment
V15.82, Other personal history, History of tobacco use
V15.83, Other personal history, Underimmunization status
V15.84, Other personal history, Contact with and (suspected) exposure to asbestos
V15.85, Other personal history, Contact with and (suspected) exposure to potentially
V15.86, Other personal history, Contact with and (suspected) exposure to lead
V15.88, Other personal history, History of fall
V15.89, Other personal history, Other
V15.9 Unspecified personal history presenting hazards to health
V16, Family history of malignant neoplasm
V17, Family history of certain chronic disabling diseases
V18, Family history of certain other specific conditions
V19, Family history of other conditions
V20, Health supervision of infant or child
V21, Constitutional states in development
V22, Normal pregnancy
V23, Supervision of high-risk pregnancy
V24, Postpartum care and examination
V25, Encounter for contraceptive management

V26, Procreative management
V27, Outcome of delivery
V28, Antenatal screening
V29, Observation and evaluation of newborns for suspected condition not found
V30-V39, Liveborn infants according to type of birth
V42, Organ or tissue replaced by transplant
V43, Organ or tissue replaced by other means
V44, Artificial opening status
V45, Other postprocedural states
V46, Other dependence on machines
V49.60-V49.77, Upper and lower limb amputation status
V49.81-V49.85, Other specified conditions influencing health status
V50, Elective surgery for purposes other than remedying health states
V51, Aftercare involving the use of plastic surgery
V52, Fitting and adjustment of prosthetic device and implant
V53, Fitting and adjustment of other device
V54, Other orthopedic aftercare
V55, Attention to artificial openings
V56, Encounter for dialysis and dialysis catheter care
V57, Care involving use of rehabilitation procedures
V58, Encounter for other and unspecified procedures and aftercare
V59, Donors
V60, Housing, household, and economic circumstances
V61, Other family circumstances
V62, Other psychosocial circumstances
V64, Persons encountering health services for specific procedures, not carried out
V65, Other persons seeking consultation
V66, Convalescence and palliative care
V67, Follow-up examination
V68, Encounters for administrative purposes
V69, Problems related to lifestyle
V70, General medical examination
V71, Observation and evaluation for suspected condition not found
V72, Special investigations and examinations
V73, Special screening examination for viral and chlamydial diseases
V74, Special screening examination for bacterial and spirochetal diseases
V75, Special screening examination for other infectious diseases
V76, Special screening for malignant neoplasms
V77, Special screening for endocrine, nutritional, metabolic, and immunity disorders
V78, Special screening for disorders of blood and blood-forming organs
V79, Special screening for mental disorders and developmental handicaps
V80, Special screening for neurological, eye, and ear diseases
V81, Special screening for cardiovascular, respiratory, and genitourinary diseases
V82, Special screening for other conditions
V83, Genetic carrier status
V84, Genetic susceptibility to disease
V85, Body Mass Index
V86 Estrogen receptor status
V87.32, Contact with and (suspected) exposure to algae bloom
V87.4, Personal history of drug therapy
V88, Acquired absence of cervix and uterus

V89, Suspected maternal and fetal conditions not found
V90, Retained foreign body
V91, Multiple gestation placenta status
E000, External cause status
E001-E030, Activity
E800-E807, Railway accidents
E810-E819, Motor vehicle traffic accidents
E820-E825, Motor vehicle nontraffic accidents
E826-E829, Other road vehicle accidents
E830-E838, Water transport accidents
E840-E845, Air and space transport accidents
E846-E848, Vehicle accidents not elsewhere classifiable
E849.0-E849.6, Place of occurrence
E849.8 - E849.9, Place of occurrence
E883.1, Accidental fall into well
E883.2, Accidental fall into storm drain or manhole
E884.0, Fall from playground equipment
E884.1, Fall from cliff
E885.0, Fall from (nonmotorized) scooter
E885.1, Fall from roller skates
E885.2, Fall from skateboard
E885.3, Fall from skis
E885.4, Fall from snowboard
E886.0, Fall on same level from collision, pushing, or shoving, by or with other person, In sports
E890.0-E890.9, Conflagration in private dwelling
E893.0, Accident caused by ignition of clothing, from controlled fire in private dwelling
E893.2, Accident caused by ignition of clothing, from controlled fire not in building or structure
E894, Ignition of highly inflammable material
E895, Accident caused by controlled fire in private dwelling
E897, Accident caused by controlled fire not in building or structure
E898.0 - E898.1, Accident caused by other specified fire and flames
E917.0, Striking against or struck accidentally by objects or persons, in sports without
E917.1, Striking against or struck accidentally by objects or persons,
E917.2, Striking against or struck accidentally by objects or persons,
E917.5, Striking against or struck accidentally by objects or persons, object in
E917.6, Striking against or struck accidentally by objects or persons, caused by a crowd,
E919.0-E919.1, Accidents caused by machinery
E919.3-E919.9, Accidents caused by machinery
E921.0-E921.9, Accident caused by explosion of pressure vessel
E922.0-E922.9, Accident caused by firearm and air gun missile
E924.1, Caustic and corrosive substances
E926.2, Visible and ultraviolet light sources
E928.0-E928.8, Other and unspecified environmental and accidental causes
E929.0-E929.9, Late effects of accidental injury
E959, Late effects of self-inflicted injury
E970-E978, Legal intervention
E979, Terrorism
E981.0-E981.8, Poisoning by gases in domestic use, undetermined whether
E982.0-E982.9, Poisoning by other gases, undetermined whether accidentally
E985.0-E985.7, Injury by firearms, air guns and explosives, undetermined
E987.0, Falling from high place, undetermined whether accidentally or

E987.2, Falling from high place, undetermined whether accidentally or purposely
E989, Late effects of injury, undetermined whether accidentally or purposely
E990-E999, Injury resulting from operations of war

3.314 3216 (NO FORMER LEGACY EDIT)

DMS Approved 10/20/2010

ERROR STATUS CODE:	3216 (NO FORMER LEGACY EDIT)	**CLAIM TYPE:**	A, I
HEADER/DETAIL:	HEADER	**PROVIDER TYPE:**	01
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	PAPER, NON-PAPER
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	POA

ESC NAME:	PRESENT ON ADMISSION (POA) INDICATOR MISSING OR INVALID FOR SIXTEENTH DIAGNOSIS.
ESC CRITERIA:	FAILS INPATIENT HOSPITAL DRG* CLAIMS IF A SIXTEENTH DIAGNOSIS CODE IS ENTERED AND A POA INDICATOR OF “Y”, “N”, “W”, OR “U” IS NOT ENTERED. *DRG HOSPITALS HAVE A “HOSPITAL (INPATIENT)” CONTRACT FOR THE DATES OF SERVICE <u>EXCLUSIONS:</u> • CLAIMS WITH A FROM DATE OF SERVICE PRIOR TO 07/01/2010 ARE EXCLUDED FROM THIS EDIT. • DIAGNOSIS CODES FROM THE LIST ON THE FOLLOWING PAGE DO NOT REQUIRE A POA AND ARE EXCLUDED FROM THIS EDIT. NOTE – FOR 3 DIGIT CODES ON THIS LIST, ANY DIAGNOSIS CODES BEGINNING WITH THESE 3 DIGITS ARE EXCLUDED. FOR 4 DIGIT CODES ON THIS LIST, ANY DIAGNOSIS CODES BEGINNING WITH THESE 4 DIGITS ARE EXCLUDED. • CLAIMS FOR NON-DRG HOSPITALS ARE EXCLUDED FROM THIS EDIT. • ADJUSTMENT REGION 50 AND MASS ADJUSTMENT REGIONS 52 AND 58 ARE EXCLUDED FROM THIS EDIT.
EOB CODES:	3216 - CLAIM DENIED. PRESENT ON ADMISSION (POA) INDICATOR MISSING OR INVALID FOR SIXTEENTH DIAGNOSIS.
METHOD OF CORRECTION:	1. VERIFY THAT THE POA INDICATOR FOR THE DIAGNOSIS WAS KEYED CORRECTLY. IF NOT, CORRECT THE DATA.
	2. IF ENTERED CORRECTLY, DENY THE CLAIM WITH EOB 3216.

Diagnosis Codes Exempt from
Diagnosis Present on Admission Requirement

137-139, Late effects of infectious and parasitic diseases
268.1, Rickets, late effect
326, Late effects of intracranial abscess or pyogenic infection
412, Old myocardial infarction
438, Late effects of cerebrovascular disease
650, Normal delivery
660.7, Failed forceps or vacuum extractor, unspecified
677, Late effect of complication of pregnancy, childbirth, and the puerperium
740-759, Congenital anomalies
905 - 909, Late effects of injuries, poisonings, toxic effects, and other external causes
V02, Carrier or suspected carrier of infectious diseases
V03, Need for prophylactic vaccination and inoculation against bacterial diseases
V04, Need for prophylactic vaccination and inoculation against certain viral diseases
V05, Need for other prophylactic vaccination and inoculation against single diseases
V06, Need for prophylactic vaccination and inoculation against combinations of diseases
V07, Need for isolation and other prophylactic measures
V10, Personal history of malignant neoplasm
V11, Personal history of mental disorder
V12, Personal history of certain other diseases
V13, Personal history of other diseases
V14, Personal history of allergy to medicinal agents
V15.01-V15.09, Other personal history, Allergy, other than to medicinal agents
V15.1, Other personal history, Surgery to heart and great vessels
V15.2, Other personal history, Surgery to other major organs
V15.3, Other personal history, Irradiation
V15.4, Other personal history, Psychological trauma
V15.5, Other personal history, Injury
V15.6, Other personal history, Poisoning
V15.7, Other personal history, Contraception
V15.80, Other personal history, History of failed moderate sedation
V15.81, Other personal history, Noncompliance with medical treatment
V15.82, Other personal history, History of tobacco use
V15.83, Other personal history, Underimmunization status
V15.84, Other personal history, Contact with and (suspected) exposure to asbestos
V15.85, Other personal history, Contact with and (suspected) exposure to potentially
V15.86, Other personal history, Contact with and (suspected) exposure to lead
V15.88, Other personal history, History of fall
V15.89, Other personal history, Other
V15.9 Unspecified personal history presenting hazards to health
V16, Family history of malignant neoplasm
V17, Family history of certain chronic disabling diseases
V18, Family history of certain other specific conditions
V19, Family history of other conditions
V20, Health supervision of infant or child
V21, Constitutional states in development
V22, Normal pregnancy
V23, Supervision of high-risk pregnancy
V24, Postpartum care and examination
V25, Encounter for contraceptive management

V26, Procreative management
V27, Outcome of delivery
V28, Antenatal screening
V29, Observation and evaluation of newborns for suspected condition not found
V30-V39, Liveborn infants according to type of birth
V42, Organ or tissue replaced by transplant
V43, Organ or tissue replaced by other means
V44, Artificial opening status
V45, Other postprocedural states
V46, Other dependence on machines
V49.60-V49.77, Upper and lower limb amputation status
V49.81-V49.85, Other specified conditions influencing health status
V50, Elective surgery for purposes other than remedying health states
V51, Aftercare involving the use of plastic surgery
V52, Fitting and adjustment of prosthetic device and implant
V53, Fitting and adjustment of other device
V54, Other orthopedic aftercare
V55, Attention to artificial openings
V56, Encounter for dialysis and dialysis catheter care
V57, Care involving use of rehabilitation procedures
V58, Encounter for other and unspecified procedures and aftercare
V59, Donors
V60, Housing, household, and economic circumstances
V61, Other family circumstances
V62, Other psychosocial circumstances
V64, Persons encountering health services for specific procedures, not carried out
V65, Other persons seeking consultation
V66, Convalescence and palliative care
V67, Follow-up examination
V68, Encounters for administrative purposes
V69, Problems related to lifestyle
V70, General medical examination
V71, Observation and evaluation for suspected condition not found
V72, Special investigations and examinations
V73, Special screening examination for viral and chlamydial diseases
V74, Special screening examination for bacterial and spirochetal diseases
V75, Special screening examination for other infectious diseases
V76, Special screening for malignant neoplasms
V77, Special screening for endocrine, nutritional, metabolic, and immunity disorders
V78, Special screening for disorders of blood and blood-forming organs
V79, Special screening for mental disorders and developmental handicaps
V80, Special screening for neurological, eye, and ear diseases
V81, Special screening for cardiovascular, respiratory, and genitourinary diseases
V82, Special screening for other conditions
V83, Genetic carrier status
V84, Genetic susceptibility to disease
V85, Body Mass Index
V86 Estrogen receptor status
V87.32, Contact with and (suspected) exposure to algae bloom
V87.4, Personal history of drug therapy
V88, Acquired absence of cervix and uterus

V89, Suspected maternal and fetal conditions not found
V90, Retained foreign body
V91, Multiple gestation placenta status
E000, External cause status
E001-E030, Activity
E800-E807, Railway accidents
E810-E819, Motor vehicle traffic accidents
E820-E825, Motor vehicle nontraffic accidents
E826-E829, Other road vehicle accidents
E830-E838, Water transport accidents
E840-E845, Air and space transport accidents
E846-E848, Vehicle accidents not elsewhere classifiable
E849.0-E849.6, Place of occurrence
E849.8 - E849.9, Place of occurrence
E883.1, Accidental fall into well
E883.2, Accidental fall into storm drain or manhole
E884.0, Fall from playground equipment
E884.1, Fall from cliff
E885.0, Fall from (nonmotorized) scooter
E885.1, Fall from roller skates
E885.2, Fall from skateboard
E885.3, Fall from skis
E885.4, Fall from snowboard
E886.0, Fall on same level from collision, pushing, or shoving, by or with other person, In sports
E890.0-E890.9, Conflagration in private dwelling
E893.0, Accident caused by ignition of clothing, from controlled fire in private dwelling
E893.2, Accident caused by ignition of clothing, from controlled fire not in building or structure
E894, Ignition of highly inflammable material
E895, Accident caused by controlled fire in private dwelling
E897, Accident caused by controlled fire not in building or structure
E898.0 - E898.1, Accident caused by other specified fire and flames
E917.0, Striking against or struck accidentally by objects or persons, in sports without
E917.1, Striking against or struck accidentally by objects or persons,
E917.2, Striking against or struck accidentally by objects or persons,
E917.5, Striking against or struck accidentally by objects or persons, object in
E917.6, Striking against or struck accidentally by objects or persons, caused by a crowd,
E919.0-E919.1, Accidents caused by machinery
E919.3-E919.9, Accidents caused by machinery
E921.0-E921.9, Accident caused by explosion of pressure vessel
E922.0-E922.9, Accident caused by firearm and air gun missile
E924.1, Caustic and corrosive substances
E926.2, Visible and ultraviolet light sources
E928.0-E928.8, Other and unspecified environmental and accidental causes
E929.0-E929.9, Late effects of accidental injury
E959, Late effects of self-inflicted injury
E970-E978, Legal intervention
E979, Terrorism
E981.0-E981.8, Poisoning by gases in domestic use, undetermined whether
E982.0-E982.9, Poisoning by other gases, undetermined whether accidentally
E985.0-E985.7, Injury by firearms, air guns and explosives, undetermined
E987.0, Falling from high place, undetermined whether accidentally or

E987.2, Falling from high place, undetermined whether accidentally or purposely
E989, Late effects of injury, undetermined whether accidentally or purposely
E990-E999, Injury resulting from operations of war

3.315 3217 (NO FORMER LEGACY EDIT)

DMS Approved 10/20/2010

ERROR STATUS CODE:	3217 (NO FORMER LEGACY EDIT)	**CLAIM TYPE:**	A, I
HEADER/DETAIL:	HEADER	**PROVIDER TYPE:**	01
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	PAPER, NON-PAPER
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	POA

ESC NAME:	PRESENT ON ADMISSION (POA) INDICATOR MISSING OR INVALID FOR SEVENTEENTH DIAGNOSIS.
ESC CRITERIA:	FAILS INPATIENT HOSPITAL DRG* CLAIMS IF A SEVENTEENTH DIAGNOSIS CODE IS ENTERED AND A POA INDICATOR OF “Y”, “N”, “W”, OR “U” IS NOT ENTERED. *DRG HOSPITALS HAVE A “HOSPITAL (INPATIENT)” CONTRACT FOR THE DATES OF SERVICE <u>EXCLUSIONS:</u> • CLAIMS WITH A FROM DATE OF SERVICE PRIOR TO 07/01/2010 ARE EXCLUDED FROM THIS EDIT. • DIAGNOSIS CODES FROM THE LIST ON THE FOLLOWING PAGE DO NOT REQUIRE A POA AND ARE EXCLUDED FROM THIS EDIT. NOTE – FOR 3 DIGIT CODES ON THIS LIST, ANY DIAGNOSIS CODES BEGINNING WITH THESE 3 DIGITS ARE EXCLUDED. FOR 4 DIGIT CODES ON THIS LIST, ANY DIAGNOSIS CODES BEGINNING WITH THESE 4 DIGITS ARE EXCLUDED. • CLAIMS FOR NON-DRG HOSPITALS ARE EXCLUDED FROM THIS EDIT. • ADJUSTMENT REGION 50 AND MASS ADJUSTMENT REGIONS 52 AND 58 ARE EXCLUDED FROM THIS EDIT.
EOB CODES:	3217 - CLAIM DENIED. PRESENT ON ADMISSION (POA) INDICATOR MISSING OR INVALID FOR SEVENTEENTH DIAGNOSIS.
METHOD OF CORRECTION:	1. VERIFY THAT THE POA INDICATOR FOR THE DIAGNOSIS WAS KEYED CORRECTLY. IF NOT, CORRECT THE DATA.
	2. IF ENTERED CORRECTLY, DENY THE CLAIM WITH EOB 3217.

Diagnosis Codes Exempt from
Diagnosis Present on Admission Requirement

137-139, Late effects of infectious and parasitic diseases
268.1, Rickets, late effect
326, Late effects of intracranial abscess or pyogenic infection
412, Old myocardial infarction
438, Late effects of cerebrovascular disease
650, Normal delivery
660.7, Failed forceps or vacuum extractor, unspecified
677, Late effect of complication of pregnancy, childbirth, and the puerperium
740-759, Congenital anomalies
905 - 909, Late effects of injuries, poisonings, toxic effects, and other external causes
V02, Carrier or suspected carrier of infectious diseases
V03, Need for prophylactic vaccination and inoculation against bacterial diseases
V04, Need for prophylactic vaccination and inoculation against certain viral diseases
V05, Need for other prophylactic vaccination and inoculation against single diseases
V06, Need for prophylactic vaccination and inoculation against combinations of diseases
V07, Need for isolation and other prophylactic measures
V10, Personal history of malignant neoplasm
V11, Personal history of mental disorder
V12, Personal history of certain other diseases
V13, Personal history of other diseases
V14, Personal history of allergy to medicinal agents
V15.01-V15.09, Other personal history, Allergy, other than to medicinal agents
V15.1, Other personal history, Surgery to heart and great vessels
V15.2, Other personal history, Surgery to other major organs
V15.3, Other personal history, Irradiation
V15.4, Other personal history, Psychological trauma
V15.5, Other personal history, Injury
V15.6, Other personal history, Poisoning
V15.7, Other personal history, Contraception
V15.80, Other personal history, History of failed moderate sedation
V15.81, Other personal history, Noncompliance with medical treatment
V15.82, Other personal history, History of tobacco use
V15.83, Other personal history, Underimmunization status
V15.84, Other personal history, Contact with and (suspected) exposure to asbestos
V15.85, Other personal history, Contact with and (suspected) exposure to potentially
V15.86, Other personal history, Contact with and (suspected) exposure to lead
V15.88, Other personal history, History of fall
V15.89, Other personal history, Other
V15.9 Unspecified personal history presenting hazards to health
V16, Family history of malignant neoplasm
V17, Family history of certain chronic disabling diseases
V18, Family history of certain other specific conditions
V19, Family history of other conditions
V20, Health supervision of infant or child
V21, Constitutional states in development
V22, Normal pregnancy
V23, Supervision of high-risk pregnancy
V24, Postpartum care and examination
V25, Encounter for contraceptive management

V26, Procreative management
V27, Outcome of delivery
V28, Antenatal screening
V29, Observation and evaluation of newborns for suspected condition not found
V30-V39, Liveborn infants according to type of birth
V42, Organ or tissue replaced by transplant
V43, Organ or tissue replaced by other means
V44, Artificial opening status
V45, Other postprocedural states
V46, Other dependence on machines
V49.60-V49.77, Upper and lower limb amputation status
V49.81-V49.85, Other specified conditions influencing health status
V50, Elective surgery for purposes other than remedying health states
V51, Aftercare involving the use of plastic surgery
V52, Fitting and adjustment of prosthetic device and implant
V53, Fitting and adjustment of other device
V54, Other orthopedic aftercare
V55, Attention to artificial openings
V56, Encounter for dialysis and dialysis catheter care
V57, Care involving use of rehabilitation procedures
V58, Encounter for other and unspecified procedures and aftercare
V59, Donors
V60, Housing, household, and economic circumstances
V61, Other family circumstances
V62, Other psychosocial circumstances
V64, Persons encountering health services for specific procedures, not carried out
V65, Other persons seeking consultation
V66, Convalescence and palliative care
V67, Follow-up examination
V68, Encounters for administrative purposes
V69, Problems related to lifestyle
V70, General medical examination
V71, Observation and evaluation for suspected condition not found
V72, Special investigations and examinations
V73, Special screening examination for viral and chlamydial diseases
V74, Special screening examination for bacterial and spirochetal diseases
V75, Special screening examination for other infectious diseases
V76, Special screening for malignant neoplasms
V77, Special screening for endocrine, nutritional, metabolic, and immunity disorders
V78, Special screening for disorders of blood and blood-forming organs
V79, Special screening for mental disorders and developmental handicaps
V80, Special screening for neurological, eye, and ear diseases
V81, Special screening for cardiovascular, respiratory, and genitourinary diseases
V82, Special screening for other conditions
V83, Genetic carrier status
V84, Genetic susceptibility to disease
V85, Body Mass Index
V86 Estrogen receptor status
V87.32, Contact with and (suspected) exposure to algae bloom
V87.4, Personal history of drug therapy
V88, Acquired absence of cervix and uterus

V89, Suspected maternal and fetal conditions not found
V90, Retained foreign body
V91, Multiple gestation placenta status
E000, External cause status
E001-E030, Activity
E800-E807, Railway accidents
E810-E819, Motor vehicle traffic accidents
E820-E825, Motor vehicle nontraffic accidents
E826-E829, Other road vehicle accidents
E830-E838, Water transport accidents
E840-E845, Air and space transport accidents
E846-E848, Vehicle accidents not elsewhere classifiable
E849.0-E849.6, Place of occurrence
E849.8 - E849.9, Place of occurrence
E883.1, Accidental fall into well
E883.2, Accidental fall into storm drain or manhole
E884.0, Fall from playground equipment
E884.1, Fall from cliff
E885.0, Fall from (nonmotorized) scooter
E885.1, Fall from roller skates
E885.2, Fall from skateboard
E885.3, Fall from skis
E885.4, Fall from snowboard
E886.0, Fall on same level from collision, pushing, or shoving, by or with other person, In sports
E890.0-E890.9, Conflagration in private dwelling
E893.0, Accident caused by ignition of clothing, from controlled fire in private dwelling
E893.2, Accident caused by ignition of clothing, from controlled fire not in building or structure
E894, Ignition of highly inflammable material
E895, Accident caused by controlled fire in private dwelling
E897, Accident caused by controlled fire not in building or structure
E898.0 - E898.1, Accident caused by other specified fire and flames
E917.0, Striking against or struck accidentally by objects or persons, in sports without
E917.1, Striking against or struck accidentally by objects or persons,
E917.2, Striking against or struck accidentally by objects or persons,
E917.5, Striking against or struck accidentally by objects or persons, object in
E917.6, Striking against or struck accidentally by objects or persons, caused by a crowd,
E919.0-E919.1, Accidents caused by machinery
E919.3-E919.9, Accidents caused by machinery
E921.0-E921.9, Accident caused by explosion of pressure vessel
E922.0-E922.9, Accident caused by firearm and air gun missile
E924.1, Caustic and corrosive substances
E926.2, Visible and ultraviolet light sources
E928.0-E928.8, Other and unspecified environmental and accidental causes
E929.0-E929.9, Late effects of accidental injury
E959, Late effects of self-inflicted injury
E970-E978, Legal intervention
E979, Terrorism
E981.0-E981.8, Poisoning by gases in domestic use, undetermined whether
E982.0-E982.9, Poisoning by other gases, undetermined whether accidentally
E985.0-E985.7, Injury by firearms, air guns and explosives, undetermined
E987.0, Falling from high place, undetermined whether accidentally or

E987.2, Falling from high place, undetermined whether accidentally or purposely
E989, Late effects of injury, undetermined whether accidentally or purposely
E990-E999, Injury resulting from operations of war

3.316 3218 (NO FORMER LEGACY EDIT)

DMS Approved 10/20/2010

ERROR STATUS CODE:	3218 (NO FORMER LEGACY EDIT)	**CLAIM TYPE:**	A, I
HEADER/DETAIL:	HEADER	**PROVIDER TYPE:**	01
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	PAPER, NON-PAPER
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	POA
ESC NAME:	PRESENT ON ADMISSION (POA) INDICATOR MISSING OR INVALID FOR EIGHTEENTH DIAGNOSIS.		
ESC CRITERIA:	FAILS INPATIENT HOSPITAL DRG* CLAIMS IF A EIGHTEENTH DIAGNOSIS CODE IS ENTERED AND A POA INDICATOR OF “Y”, “N”, “W”, OR “U” IS NOT ENTERED. *DRG HOSPITALS HAVE A “HOSPITAL (INPATIENT)” CONTRACT FOR THE DATES OF SERVICE <u>EXCLUSIONS:</u> • CLAIMS WITH A FROM DATE OF SERVICE PRIOR TO 07/01/2010 ARE EXCLUDED FROM THIS EDIT. • DIAGNOSIS CODES FROM THE LIST ON THE FOLLOWING PAGE DO NOT REQUIRE A POA AND ARE EXCLUDED FROM THIS EDIT. NOTE – FOR 3 DIGIT CODES ON THIS LIST, ANY DIAGNOSIS CODES BEGINNING WITH THESE 3 DIGITS ARE EXCLUDED. FOR 4 DIGIT CODES ON THIS LIST, ANY DIAGNOSIS CODES BEGINNING WITH THESE 4 DIGITS ARE EXCLUDED. • CLAIMS FOR NON-DRG HOSPITALS ARE EXCLUDED FROM THIS EDIT. • ADJUSTMENT REGION 50 AND MASS ADJUSTMENT REGIONS 52 AND 58 ARE EXCLUDED FROM THIS EDIT.		
EOB CODES:	3218 - CLAIM DENIED. PRESENT ON ADMISSION (POA) INDICATOR MISSING OR INVALID FOR EIGHTEENTH DIAGNOSIS.		
METHOD OF CORRECTION:	1. VERIFY THAT THE POA INDICATOR FOR THE DIAGNOSIS WAS KEYED CORRECTLY. IF NOT, CORRECT THE DATA.		
	2. IF ENTERED CORRECTLY, DENY THE CLAIM WITH EOB 3218.		

Diagnosis Codes Exempt from
Diagnosis Present on Admission Requirement

137-139, Late effects of infectious and parasitic diseases
268.1, Rickets, late effect
326, Late effects of intracranial abscess or pyogenic infection
412, Old myocardial infarction
438, Late effects of cerebrovascular disease
650, Normal delivery
660.7, Failed forceps or vacuum extractor, unspecified
677, Late effect of complication of pregnancy, childbirth, and the puerperium
740-759, Congenital anomalies
905 - 909, Late effects of injuries, poisonings, toxic effects, and other external causes
V02, Carrier or suspected carrier of infectious diseases
V03, Need for prophylactic vaccination and inoculation against bacterial diseases
V04, Need for prophylactic vaccination and inoculation against certain viral diseases
V05, Need for other prophylactic vaccination and inoculation against single diseases
V06, Need for prophylactic vaccination and inoculation against combinations of diseases
V07, Need for isolation and other prophylactic measures
V10, Personal history of malignant neoplasm
V11, Personal history of mental disorder
V12, Personal history of certain other diseases
V13, Personal history of other diseases
V14, Personal history of allergy to medicinal agents
V15.01-V15.09, Other personal history, Allergy, other than to medicinal agents
V15.1, Other personal history, Surgery to heart and great vessels
V15.2, Other personal history, Surgery to other major organs
V15.3, Other personal history, Irradiation
V15.4, Other personal history, Psychological trauma
V15.5, Other personal history, Injury
V15.6, Other personal history, Poisoning
V15.7, Other personal history, Contraception
V15.80, Other personal history, History of failed moderate sedation
V15.81, Other personal history, Noncompliance with medical treatment
V15.82, Other personal history, History of tobacco use
V15.83, Other personal history, Underimmunization status
V15.84, Other personal history, Contact with and (suspected) exposure to asbestos
V15.85, Other personal history, Contact with and (suspected) exposure to potentially
V15.86, Other personal history, Contact with and (suspected) exposure to lead
V15.88, Other personal history, History of fall
V15.89, Other personal history, Other
V15.9 Unspecified personal history presenting hazards to health
V16, Family history of malignant neoplasm
V17, Family history of certain chronic disabling diseases
V18, Family history of certain other specific conditions
V19, Family history of other conditions
V20, Health supervision of infant or child
V21, Constitutional states in development
V22, Normal pregnancy
V23, Supervision of high-risk pregnancy
V24, Postpartum care and examination
V25, Encounter for contraceptive management

V26, Procreative management
V27, Outcome of delivery
V28, Antenatal screening
V29, Observation and evaluation of newborns for suspected condition not found
V30-V39, Liveborn infants according to type of birth
V42, Organ or tissue replaced by transplant
V43, Organ or tissue replaced by other means
V44, Artificial opening status
V45, Other postprocedural states
V46, Other dependence on machines
V49.60-V49.77, Upper and lower limb amputation status
V49.81-V49.85, Other specified conditions influencing health status
V50, Elective surgery for purposes other than remedying health states
V51, Aftercare involving the use of plastic surgery
V52, Fitting and adjustment of prosthetic device and implant
V53, Fitting and adjustment of other device
V54, Other orthopedic aftercare
V55, Attention to artificial openings
V56, Encounter for dialysis and dialysis catheter care
V57, Care involving use of rehabilitation procedures
V58, Encounter for other and unspecified procedures and aftercare
V59, Donors
V60, Housing, household, and economic circumstances
V61, Other family circumstances
V62, Other psychosocial circumstances
V64, Persons encountering health services for specific procedures, not carried out
V65, Other persons seeking consultation
V66, Convalescence and palliative care
V67, Follow-up examination
V68, Encounters for administrative purposes
V69, Problems related to lifestyle
V70, General medical examination
V71, Observation and evaluation for suspected condition not found
V72, Special investigations and examinations
V73, Special screening examination for viral and chlamydial diseases
V74, Special screening examination for bacterial and spirochetal diseases
V75, Special screening examination for other infectious diseases
V76, Special screening for malignant neoplasms
V77, Special screening for endocrine, nutritional, metabolic, and immunity disorders
V78, Special screening for disorders of blood and blood-forming organs
V79, Special screening for mental disorders and developmental handicaps
V80, Special screening for neurological, eye, and ear diseases
V81, Special screening for cardiovascular, respiratory, and genitourinary diseases
V82, Special screening for other conditions
V83, Genetic carrier status
V84, Genetic susceptibility to disease
V85, Body Mass Index
V86 Estrogen receptor status
V87.32, Contact with and (suspected) exposure to algae bloom
V87.4, Personal history of drug therapy
V88, Acquired absence of cervix and uterus

V89, Suspected maternal and fetal conditions not found
V90, Retained foreign body
V91, Multiple gestation placenta status
E000, External cause status
E001-E030, Activity
E800-E807, Railway accidents
E810-E819, Motor vehicle traffic accidents
E820-E825, Motor vehicle nontraffic accidents
E826-E829, Other road vehicle accidents
E830-E838, Water transport accidents
E840-E845, Air and space transport accidents
E846-E848, Vehicle accidents not elsewhere classifiable
E849.0-E849.6, Place of occurrence
E849.8 - E849.9, Place of occurrence
E883.1, Accidental fall into well
E883.2, Accidental fall into storm drain or manhole
E884.0, Fall from playground equipment
E884.1, Fall from cliff
E885.0, Fall from (nonmotorized) scooter
E885.1, Fall from roller skates
E885.2, Fall from skateboard
E885.3, Fall from skis
E885.4, Fall from snowboard
E886.0, Fall on same level from collision, pushing, or shoving, by or with other person, In sports
E890.0-E890.9, Conflagration in private dwelling
E893.0, Accident caused by ignition of clothing, from controlled fire in private dwelling
E893.2, Accident caused by ignition of clothing, from controlled fire not in building or structure
E894, Ignition of highly inflammable material
E895, Accident caused by controlled fire in private dwelling
E897, Accident caused by controlled fire not in building or structure
E898.0 - E898.1, Accident caused by other specified fire and flames
E917.0, Striking against or struck accidentally by objects or persons, in sports without
E917.1, Striking against or struck accidentally by objects or persons,
E917.2, Striking against or struck accidentally by objects or persons,
E917.5, Striking against or struck accidentally by objects or persons, object in
E917.6, Striking against or struck accidentally by objects or persons, caused by a crowd,
E919.0-E919.1, Accidents caused by machinery
E919.3-E919.9, Accidents caused by machinery
E921.0-E921.9, Accident caused by explosion of pressure vessel
E922.0-E922.9, Accident caused by firearm and air gun missile
E924.1, Caustic and corrosive substances
E926.2, Visible and ultraviolet light sources
E928.0-E928.8, Other and unspecified environmental and accidental causes
E929.0-E929.9, Late effects of accidental injury
E959, Late effects of self-inflicted injury
E970-E978, Legal intervention
E979, Terrorism
E981.0-E981.8, Poisoning by gases in domestic use, undetermined whether
E982.0-E982.9, Poisoning by other gases, undetermined whether accidentally
E985.0-E985.7, Injury by firearms, air guns and explosives, undetermined
E987.0, Falling from high place, undetermined whether accidentally or

E987.2, Falling from high place, undetermined whether accidentally or purposely
E989, Late effects of injury, undetermined whether accidentally or purposely
E990-E999, Injury resulting from operations of war

3.317 3219 (NO FORMER LEGACY EDIT)

DMS Approved 10/20/2010

ERROR STATUS CODE:	3219 (NO FORMER LEGACY EDIT)	**CLAIM TYPE:**	A, I
HEADER/DETAIL:	HEADER	**PROVIDER TYPE:**	01
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	PAPER, NON-PAPER
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	POA

ESC NAME:	PRESENT ON ADMISSION (POA) INDICATOR MISSING OR INVALID FOR NINETEENTH DIAGNOSIS.
ESC CRITERIA:	FAILS INPATIENT HOSPITAL DRG* CLAIMS IF A NINETEENTH DIAGNOSIS CODE IS ENTERED AND A POA INDICATOR OF “Y”, “N”, “W”, OR “U” IS NOT ENTERED. *DRG HOSPITALS HAVE A “HOSPITAL (INPATIENT)” CONTRACT FOR THE DATES OF SERVICE <u>EXCLUSIONS:</u> • CLAIMS WITH A FROM DATE OF SERVICE PRIOR TO 07/01/2010 ARE EXCLUDED FROM THIS EDIT. • DIAGNOSIS CODES FROM THE LIST ON THE FOLLOWING PAGE DO NOT REQUIRE A POA AND ARE EXCLUDED FROM THIS EDIT. NOTE – FOR 3 DIGIT CODES ON THIS LIST, ANY DIAGNOSIS CODES BEGINNING WITH THESE 3 DIGITS ARE EXCLUDED. FOR 4 DIGIT CODES ON THIS LIST, ANY DIAGNOSIS CODES BEGINNING WITH THESE 4 DIGITS ARE EXCLUDED. • CLAIMS FOR NON-DRG HOSPITALS ARE EXCLUDED FROM THIS EDIT. • ADJUSTMENT REGION 50 AND MASS ADJUSTMENT REGIONS 52 AND 58 ARE EXCLUDED FROM THIS EDIT.
EOB CODES:	3219 - CLAIM DENIED. PRESENT ON ADMISSION (POA) INDICATOR MISSING OR INVALID FOR NINETEENTH DIAGNOSIS.
METHOD OF CORRECTION:	1. VERIFY THAT THE POA INDICATOR FOR THE DIAGNOSIS WAS KEYED CORRECTLY. IF NOT, CORRECT THE DATA.
	2. IF ENTERED CORRECTLY, DENY THE CLAIM WITH EOB 3219.

Diagnosis Codes Exempt from
Diagnosis Present on Admission Requirement

137-139, Late effects of infectious and parasitic diseases
268.1, Rickets, late effect
326, Late effects of intracranial abscess or pyogenic infection
412, Old myocardial infarction
438, Late effects of cerebrovascular disease
650, Normal delivery
660.7, Failed forceps or vacuum extractor, unspecified
677, Late effect of complication of pregnancy, childbirth, and the puerperium
740-759, Congenital anomalies
905 - 909, Late effects of injuries, poisonings, toxic effects, and other external causes
V02, Carrier or suspected carrier of infectious diseases
V03, Need for prophylactic vaccination and inoculation against bacterial diseases
V04, Need for prophylactic vaccination and inoculation against certain viral diseases
V05, Need for other prophylactic vaccination and inoculation against single diseases
V06, Need for prophylactic vaccination and inoculation against combinations of diseases
V07, Need for isolation and other prophylactic measures
V10, Personal history of malignant neoplasm
V11, Personal history of mental disorder
V12, Personal history of certain other diseases
V13, Personal history of other diseases
V14, Personal history of allergy to medicinal agents
V15.01-V15.09, Other personal history, Allergy, other than to medicinal agents
V15.1, Other personal history, Surgery to heart and great vessels
V15.2, Other personal history, Surgery to other major organs
V15.3, Other personal history, Irradiation
V15.4, Other personal history, Psychological trauma
V15.5, Other personal history, Injury
V15.6, Other personal history, Poisoning
V15.7, Other personal history, Contraception
V15.80, Other personal history, History of failed moderate sedation
V15.81, Other personal history, Noncompliance with medical treatment
V15.82, Other personal history, History of tobacco use
V15.83, Other personal history, Underimmunization status
V15.84, Other personal history, Contact with and (suspected) exposure to asbestos
V15.85, Other personal history, Contact with and (suspected) exposure to potentially
V15.86, Other personal history, Contact with and (suspected) exposure to lead
V15.88, Other personal history, History of fall
V15.89, Other personal history, Other
V15.9 Unspecified personal history presenting hazards to health
V16, Family history of malignant neoplasm
V17, Family history of certain chronic disabling diseases
V18, Family history of certain other specific conditions
V19, Family history of other conditions
V20, Health supervision of infant or child
V21, Constitutional states in development
V22, Normal pregnancy
V23, Supervision of high-risk pregnancy
V24, Postpartum care and examination
V25, Encounter for contraceptive management

V26, Procreative management
V27, Outcome of delivery
V28, Antenatal screening
V29, Observation and evaluation of newborns for suspected condition not found
V30-V39, Liveborn infants according to type of birth
V42, Organ or tissue replaced by transplant
V43, Organ or tissue replaced by other means
V44, Artificial opening status
V45, Other postprocedural states
V46, Other dependence on machines
V49.60-V49.77, Upper and lower limb amputation status
V49.81-V49.85, Other specified conditions influencing health status
V50, Elective surgery for purposes other than remedying health states
V51, Aftercare involving the use of plastic surgery
V52, Fitting and adjustment of prosthetic device and implant
V53, Fitting and adjustment of other device
V54, Other orthopedic aftercare
V55, Attention to artificial openings
V56, Encounter for dialysis and dialysis catheter care
V57, Care involving use of rehabilitation procedures
V58, Encounter for other and unspecified procedures and aftercare
V59, Donors
V60, Housing, household, and economic circumstances
V61, Other family circumstances
V62, Other psychosocial circumstances
V64, Persons encountering health services for specific procedures, not carried out
V65, Other persons seeking consultation
V66, Convalescence and palliative care
V67, Follow-up examination
V68, Encounters for administrative purposes
V69, Problems related to lifestyle
V70, General medical examination
V71, Observation and evaluation for suspected condition not found
V72, Special investigations and examinations
V73, Special screening examination for viral and chlamydial diseases
V74, Special screening examination for bacterial and spirochetal diseases
V75, Special screening examination for other infectious diseases
V76, Special screening for malignant neoplasms
V77, Special screening for endocrine, nutritional, metabolic, and immunity disorders
V78, Special screening for disorders of blood and blood-forming organs
V79, Special screening for mental disorders and developmental handicaps
V80, Special screening for neurological, eye, and ear diseases
V81, Special screening for cardiovascular, respiratory, and genitourinary diseases
V82, Special screening for other conditions
V83, Genetic carrier status
V84, Genetic susceptibility to disease
V85, Body Mass Index
V86 Estrogen receptor status
V87.32, Contact with and (suspected) exposure to algae bloom
V87.4, Personal history of drug therapy
V88, Acquired absence of cervix and uterus

V89, Suspected maternal and fetal conditions not found
V90, Retained foreign body
V91, Multiple gestation placenta status
E000, External cause status
E001-E030, Activity
E800-E807, Railway accidents
E810-E819, Motor vehicle traffic accidents
E820-E825, Motor vehicle nontraffic accidents
E826-E829, Other road vehicle accidents
E830-E838, Water transport accidents
E840-E845, Air and space transport accidents
E846-E848, Vehicle accidents not elsewhere classifiable
E849.0-E849.6, Place of occurrence
E849.8 - E849.9, Place of occurrence
E883.1, Accidental fall into well
E883.2, Accidental fall into storm drain or manhole
E884.0, Fall from playground equipment
E884.1, Fall from cliff
E885.0, Fall from (nonmotorized) scooter
E885.1, Fall from roller skates
E885.2, Fall from skateboard
E885.3, Fall from skis
E885.4, Fall from snowboard
E886.0, Fall on same level from collision, pushing, or shoving, by or with other person, In sports
E890.0-E890.9, Conflagration in private dwelling
E893.0, Accident caused by ignition of clothing, from controlled fire in private dwelling
E893.2, Accident caused by ignition of clothing, from controlled fire not in building or structure
E894, Ignition of highly inflammable material
E895, Accident caused by controlled fire in private dwelling
E897, Accident caused by controlled fire not in building or structure
E898.0 - E898.1, Accident caused by other specified fire and flames
E917.0, Striking against or struck accidentally by objects or persons, in sports without
E917.1, Striking against or struck accidentally by objects or persons,
E917.2, Striking against or struck accidentally by objects or persons,
E917.5, Striking against or struck accidentally by objects or persons, object in
E917.6, Striking against or struck accidentally by objects or persons, caused by a crowd,
E919.0-E919.1, Accidents caused by machinery
E919.3-E919.9, Accidents caused by machinery
E921.0-E921.9, Accident caused by explosion of pressure vessel
E922.0-E922.9, Accident caused by firearm and air gun missile
E924.1, Caustic and corrosive substances
E926.2, Visible and ultraviolet light sources
E928.0-E928.8, Other and unspecified environmental and accidental causes
E929.0-E929.9, Late effects of accidental injury
E959, Late effects of self-inflicted injury
E970-E978, Legal intervention
E979, Terrorism
E981.0-E981.8, Poisoning by gases in domestic use, undetermined whether
E982.0-E982.9, Poisoning by other gases, undetermined whether accidentally
E985.0-E985.7, Injury by firearms, air guns and explosives, undetermined
E987.0, Falling from high place, undetermined whether accidentally or

E987.2, Falling from high place, undetermined whether accidentally or purposely
E989, Late effects of injury, undetermined whether accidentally or purposely
E990-E999, Injury resulting from operations of war

3.318 3220 (NO FORMER LEGACY EDIT)

DMS Approved 10/20/2010

ERROR STATUS CODE:	3220 (NO FORMER LEGACY EDIT)	**CLAIM TYPE:**	A, I
HEADER/DETAIL:	HEADER	**PROVIDER TYPE:**	01
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	PAPER, NON-PAPER
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	POA

ESC NAME:	PRESENT ON ADMISSION (POA) INDICATOR MISSING OR INVALID FOR TWENTIETH DIAGNOSIS.
ESC CRITERIA:	FAILS INPATIENT HOSPITAL DRG* CLAIMS IF A TWENTIETH DIAGNOSIS CODE IS ENTERED AND A POA INDICATOR OF “Y”, “N”, “W”, OR “U” IS NOT ENTERED. *DRG HOSPITALS HAVE A “HOSPITAL (INPATIENT)” CONTRACT FOR THE DATES OF SERVICE <u>EXCLUSIONS:</u> • CLAIMS WITH A FROM DATE OF SERVICE PRIOR TO 07/01/2010 ARE EXCLUDED FROM THIS EDIT. • DIAGNOSIS CODES FROM THE LIST ON THE FOLLOWING PAGE DO NOT REQUIRE A POA AND ARE EXCLUDED FROM THIS EDIT. NOTE – FOR 3 DIGIT CODES ON THIS LIST, ANY DIAGNOSIS CODES BEGINNING WITH THESE 3 DIGITS ARE EXCLUDED. FOR 4 DIGIT CODES ON THIS LIST, ANY DIAGNOSIS CODES BEGINNING WITH THESE 4 DIGITS ARE EXCLUDED. • CLAIMS FOR NON-DRG HOSPITALS ARE EXCLUDED FROM THIS EDIT. • ADJUSTMENT REGION 50 AND MASS ADJUSTMENT REGIONS 52 AND 58 ARE EXCLUDED FROM THIS EDIT.
EOB CODES:	3220 - CLAIM DENIED. PRESENT ON ADMISSION (POA) INDICATOR MISSING OR INVALID FOR TWENTIETH DIAGNOSIS.
METHOD OF CORRECTION:	1. VERIFY THAT THE POA INDICATOR FOR THE DIAGNOSIS WAS KEYED CORRECTLY. IF NOT, CORRECT THE DATA.
	2. IF ENTERED CORRECTLY, DENY THE CLAIM WITH EOB 3220.

Diagnosis Codes Exempt from
Diagnosis Present on Admission Requirement

137-139, Late effects of infectious and parasitic diseases
268.1, Rickets, late effect
326, Late effects of intracranial abscess or pyogenic infection
412, Old myocardial infarction
438, Late effects of cerebrovascular disease
650, Normal delivery
660.7, Failed forceps or vacuum extractor, unspecified
677, Late effect of complication of pregnancy, childbirth, and the puerperium
740-759, Congenital anomalies
905 - 909, Late effects of injuries, poisonings, toxic effects, and other external causes
V02, Carrier or suspected carrier of infectious diseases
V03, Need for prophylactic vaccination and inoculation against bacterial diseases
V04, Need for prophylactic vaccination and inoculation against certain viral diseases
V05, Need for other prophylactic vaccination and inoculation against single diseases
V06, Need for prophylactic vaccination and inoculation against combinations of diseases
V07, Need for isolation and other prophylactic measures
V10, Personal history of malignant neoplasm
V11, Personal history of mental disorder
V12, Personal history of certain other diseases
V13, Personal history of other diseases
V14, Personal history of allergy to medicinal agents
V15.01-V15.09, Other personal history, Allergy, other than to medicinal agents
V15.1, Other personal history, Surgery to heart and great vessels
V15.2, Other personal history, Surgery to other major organs
V15.3, Other personal history, Irradiation
V15.4, Other personal history, Psychological trauma
V15.5, Other personal history, Injury
V15.6, Other personal history, Poisoning
V15.7, Other personal history, Contraception
V15.80, Other personal history, History of failed moderate sedation
V15.81, Other personal history, Noncompliance with medical treatment
V15.82, Other personal history, History of tobacco use
V15.83, Other personal history, Underimmunization status
V15.84, Other personal history, Contact with and (suspected) exposure to asbestos
V15.85, Other personal history, Contact with and (suspected) exposure to potentially
V15.86, Other personal history, Contact with and (suspected) exposure to lead
V15.88, Other personal history, History of fall
V15.89, Other personal history, Other
V15.9 Unspecified personal history presenting hazards to health
V16, Family history of malignant neoplasm
V17, Family history of certain chronic disabling diseases
V18, Family history of certain other specific conditions
V19, Family history of other conditions
V20, Health supervision of infant or child
V21, Constitutional states in development
V22, Normal pregnancy
V23, Supervision of high-risk pregnancy
V24, Postpartum care and examination
V25, Encounter for contraceptive management

V26, Procreative management
V27, Outcome of delivery
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V29, Observation and evaluation of newborns for suspected condition not found
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V46, Other dependence on machines
V49.60-V49.77, Upper and lower limb amputation status
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V51, Aftercare involving the use of plastic surgery
V52, Fitting and adjustment of prosthetic device and implant
V53, Fitting and adjustment of other device
V54, Other orthopedic aftercare
V55, Attention to artificial openings
V56, Encounter for dialysis and dialysis catheter care
V57, Care involving use of rehabilitation procedures
V58, Encounter for other and unspecified procedures and aftercare
V59, Donors
V60, Housing, household, and economic circumstances
V61, Other family circumstances
V62, Other psychosocial circumstances
V64, Persons encountering health services for specific procedures, not carried out
V65, Other persons seeking consultation
V66, Convalescence and palliative care
V67, Follow-up examination
V68, Encounters for administrative purposes
V69, Problems related to lifestyle
V70, General medical examination
V71, Observation and evaluation for suspected condition not found
V72, Special investigations and examinations
V73, Special screening examination for viral and chlamydial diseases
V74, Special screening examination for bacterial and spirochetal diseases
V75, Special screening examination for other infectious diseases
V76, Special screening for malignant neoplasms
V77, Special screening for endocrine, nutritional, metabolic, and immunity disorders
V78, Special screening for disorders of blood and blood-forming organs
V79, Special screening for mental disorders and developmental handicaps
V80, Special screening for neurological, eye, and ear diseases
V81, Special screening for cardiovascular, respiratory, and genitourinary diseases
V82, Special screening for other conditions
V83, Genetic carrier status
V84, Genetic susceptibility to disease
V85, Body Mass Index
V86 Estrogen receptor status
V87.32, Contact with and (suspected) exposure to algae bloom
V87.4, Personal history of drug therapy
V88, Acquired absence of cervix and uterus

V89, Suspected maternal and fetal conditions not found
V90, Retained foreign body
V91, Multiple gestation placenta status
E000, External cause status
E001-E030, Activity
E800-E807, Railway accidents
E810-E819, Motor vehicle traffic accidents
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E846-E848, Vehicle accidents not elsewhere classifiable
E849.0-E849.6, Place of occurrence
E849.8 - E849.9, Place of occurrence
E883.1, Accidental fall into well
E883.2, Accidental fall into storm drain or manhole
E884.0, Fall from playground equipment
E884.1, Fall from cliff
E885.0, Fall from (nonmotorized) scooter
E885.1, Fall from roller skates
E885.2, Fall from skateboard
E885.3, Fall from skis
E885.4, Fall from snowboard
E886.0, Fall on same level from collision, pushing, or shoving, by or with other person, In sports
E890.0-E890.9, Conflagration in private dwelling
E893.0, Accident caused by ignition of clothing, from controlled fire in private dwelling
E893.2, Accident caused by ignition of clothing, from controlled fire not in building or structure
E894, Ignition of highly inflammable material
E895, Accident caused by controlled fire in private dwelling
E897, Accident caused by controlled fire not in building or structure
E898.0 - E898.1, Accident caused by other specified fire and flames
E917.0, Striking against or struck accidentally by objects or persons, in sports without
E917.1, Striking against or struck accidentally by objects or persons,
E917.2, Striking against or struck accidentally by objects or persons,
E917.5, Striking against or struck accidentally by objects or persons, object in
E917.6, Striking against or struck accidentally by objects or persons, caused by a crowd,
E919.0-E919.1, Accidents caused by machinery
E919.3-E919.9, Accidents caused by machinery
E921.0-E921.9, Accident caused by explosion of pressure vessel
E922.0-E922.9, Accident caused by firearm and air gun missile
E924.1, Caustic and corrosive substances
E926.2, Visible and ultraviolet light sources
E928.0-E928.8, Other and unspecified environmental and accidental causes
E929.0-E929.9, Late effects of accidental injury
E959, Late effects of self-inflicted injury
E970-E978, Legal intervention
E979, Terrorism
E981.0-E981.8, Poisoning by gases in domestic use, undetermined whether
E982.0-E982.9, Poisoning by other gases, undetermined whether accidentally
E985.0-E985.7, Injury by firearms, air guns and explosives, undetermined
E987.0, Falling from high place, undetermined whether accidentally or

E987.2, Falling from high place, undetermined whether accidentally or purposely
E989, Late effects of injury, undetermined whether accidentally or purposely
E990-E999, Injury resulting from operations of war

3.319 3221 (NO FORMER LEGACY EDIT)

DMS Approved 10/20/2010

ERROR STATUS CODE:	3221 (NO FORMER LEGACY EDIT)	**CLAIM TYPE:**	A, I
HEADER/DETAIL:	HEADER	**PROVIDER TYPE:**	01
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	PAPER, NON-PAPER
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	POA

ESC NAME:	PRESENT ON ADMISSION (POA) INDICATOR MISSING OR INVALID FOR TWENTY-FIRST DIAGNOSIS.
ESC CRITERIA:	FAILS INPATIENT HOSPITAL DRG* CLAIMS IF A TWENTY-FIRST DIAGNOSIS CODE IS ENTERED AND A POA INDICATOR OF “Y”, “N”, “W”, OR “U” IS NOT ENTERED. *DRG HOSPITALS HAVE A “HOSPITAL (INPATIENT)” CONTRACT FOR THE DATES OF SERVICE <u>EXCLUSIONS:</u> • CLAIMS WITH A FROM DATE OF SERVICE PRIOR TO 07/01/2010 ARE EXCLUDED FROM THIS EDIT. • DIAGNOSIS CODES FROM THE LIST ON THE FOLLOWING PAGE DO NOT REQUIRE A POA AND ARE EXCLUDED FROM THIS EDIT. NOTE – FOR 3 DIGIT CODES ON THIS LIST, ANY DIAGNOSIS CODES BEGINNING WITH THESE 3 DIGITS ARE EXCLUDED. FOR 4 DIGIT CODES ON THIS LIST, ANY DIAGNOSIS CODES BEGINNING WITH THESE 4 DIGITS ARE EXCLUDED. • CLAIMS FOR NON-DRG HOSPITALS ARE EXCLUDED FROM THIS EDIT. • ADJUSTMENT REGION 50 AND MASS ADJUSTMENT REGIONS 52 AND 58 ARE EXCLUDED FROM THIS EDIT.
EOB CODES:	3221 - CLAIM DENIED. PRESENT ON ADMISSION (POA) INDICATOR MISSING OR INVALID FOR TWENTY-FIRST DIAGNOSIS.
METHOD OF CORRECTION:	1. VERIFY THAT THE POA INDICATOR FOR THE DIAGNOSIS WAS KEYED CORRECTLY. IF NOT, CORRECT THE DATA.
	2. IF ENTERED CORRECTLY, DENY THE CLAIM WITH EOB 3221.

Diagnosis Codes Exempt from
Diagnosis Present on Admission Requirement

137-139, Late effects of infectious and parasitic diseases
268.1, Rickets, late effect
326, Late effects of intracranial abscess or pyogenic infection
412, Old myocardial infarction
438, Late effects of cerebrovascular disease
650, Normal delivery
660.7, Failed forceps or vacuum extractor, unspecified
677, Late effect of complication of pregnancy, childbirth, and the puerperium
740-759, Congenital anomalies
905 - 909, Late effects of injuries, poisonings, toxic effects, and other external causes
V02, Carrier or suspected carrier of infectious diseases
V03, Need for prophylactic vaccination and inoculation against bacterial diseases
V04, Need for prophylactic vaccination and inoculation against certain viral diseases
V05, Need for other prophylactic vaccination and inoculation against single diseases
V06, Need for prophylactic vaccination and inoculation against combinations of diseases
V07, Need for isolation and other prophylactic measures
V10, Personal history of malignant neoplasm
V11, Personal history of mental disorder
V12, Personal history of certain other diseases
V13, Personal history of other diseases
V14, Personal history of allergy to medicinal agents
V15.01-V15.09, Other personal history, Allergy, other than to medicinal agents
V15.1, Other personal history, Surgery to heart and great vessels
V15.2, Other personal history, Surgery to other major organs
V15.3, Other personal history, Irradiation
V15.4, Other personal history, Psychological trauma
V15.5, Other personal history, Injury
V15.6, Other personal history, Poisoning
V15.7, Other personal history, Contraception
V15.80, Other personal history, History of failed moderate sedation
V15.81, Other personal history, Noncompliance with medical treatment
V15.82, Other personal history, History of tobacco use
V15.83, Other personal history, Underimmunization status
V15.84, Other personal history, Contact with and (suspected) exposure to asbestos
V15.85, Other personal history, Contact with and (suspected) exposure to potentially
V15.86, Other personal history, Contact with and (suspected) exposure to lead
V15.88, Other personal history, History of fall
V15.89, Other personal history, Other
V15.9 Unspecified personal history presenting hazards to health
V16, Family history of malignant neoplasm
V17, Family history of certain chronic disabling diseases
V18, Family history of certain other specific conditions
V19, Family history of other conditions
V20, Health supervision of infant or child
V21, Constitutional states in development
V22, Normal pregnancy
V23, Supervision of high-risk pregnancy
V24, Postpartum care and examination
V25, Encounter for contraceptive management

V26, Procreative management
V27, Outcome of delivery
V28, Antenatal screening
V29, Observation and evaluation of newborns for suspected condition not found
V30-V39, Liveborn infants according to type of birth
V42, Organ or tissue replaced by transplant
V43, Organ or tissue replaced by other means
V44, Artificial opening status
V45, Other postprocedural states
V46, Other dependence on machines
V49.60-V49.77, Upper and lower limb amputation status
V49.81-V49.85, Other specified conditions influencing health status
V50, Elective surgery for purposes other than remedying health states
V51, Aftercare involving the use of plastic surgery
V52, Fitting and adjustment of prosthetic device and implant
V53, Fitting and adjustment of other device
V54, Other orthopedic aftercare
V55, Attention to artificial openings
V56, Encounter for dialysis and dialysis catheter care
V57, Care involving use of rehabilitation procedures
V58, Encounter for other and unspecified procedures and aftercare
V59, Donors
V60, Housing, household, and economic circumstances
V61, Other family circumstances
V62, Other psychosocial circumstances
V64, Persons encountering health services for specific procedures, not carried out
V65, Other persons seeking consultation
V66, Convalescence and palliative care
V67, Follow-up examination
V68, Encounters for administrative purposes
V69, Problems related to lifestyle
V70, General medical examination
V71, Observation and evaluation for suspected condition not found
V72, Special investigations and examinations
V73, Special screening examination for viral and chlamydial diseases
V74, Special screening examination for bacterial and spirochetal diseases
V75, Special screening examination for other infectious diseases
V76, Special screening for malignant neoplasms
V77, Special screening for endocrine, nutritional, metabolic, and immunity disorders
V78, Special screening for disorders of blood and blood-forming organs
V79, Special screening for mental disorders and developmental handicaps
V80, Special screening for neurological, eye, and ear diseases
V81, Special screening for cardiovascular, respiratory, and genitourinary diseases
V82, Special screening for other conditions
V83, Genetic carrier status
V84, Genetic susceptibility to disease
V85, Body Mass Index
V86 Estrogen receptor status
V87.32, Contact with and (suspected) exposure to algae bloom
V87.4, Personal history of drug therapy
V88, Acquired absence of cervix and uterus

V89, Suspected maternal and fetal conditions not found
V90, Retained foreign body
V91, Multiple gestation placenta status
E000, External cause status
E001-E030, Activity
E800-E807, Railway accidents
E810-E819, Motor vehicle traffic accidents
E820-E825, Motor vehicle nontraffic accidents
E826-E829, Other road vehicle accidents
E830-E838, Water transport accidents
E840-E845, Air and space transport accidents
E846-E848, Vehicle accidents not elsewhere classifiable
E849.0-E849.6, Place of occurrence
E849.8 - E849.9, Place of occurrence
E883.1, Accidental fall into well
E883.2, Accidental fall into storm drain or manhole
E884.0, Fall from playground equipment
E884.1, Fall from cliff
E885.0, Fall from (nonmotorized) scooter
E885.1, Fall from roller skates
E885.2, Fall from skateboard
E885.3, Fall from skis
E885.4, Fall from snowboard
E886.0, Fall on same level from collision, pushing, or shoving, by or with other person, In sports
E890.0-E890.9, Conflagration in private dwelling
E893.0, Accident caused by ignition of clothing, from controlled fire in private dwelling
E893.2, Accident caused by ignition of clothing, from controlled fire not in building or structure
E894, Ignition of highly inflammable material
E895, Accident caused by controlled fire in private dwelling
E897, Accident caused by controlled fire not in building or structure
E898.0 - E898.1, Accident caused by other specified fire and flames
E917.0, Striking against or struck accidentally by objects or persons, in sports without
E917.1, Striking against or struck accidentally by objects or persons,
E917.2, Striking against or struck accidentally by objects or persons,
E917.5, Striking against or struck accidentally by objects or persons, object in
E917.6, Striking against or struck accidentally by objects or persons, caused by a crowd,
E919.0-E919.1, Accidents caused by machinery
E919.3-E919.9, Accidents caused by machinery
E921.0-E921.9, Accident caused by explosion of pressure vessel
E922.0-E922.9, Accident caused by firearm and air gun missile
E924.1, Caustic and corrosive substances
E926.2, Visible and ultraviolet light sources
E928.0-E928.8, Other and unspecified environmental and accidental causes
E929.0-E929.9, Late effects of accidental injury
E959, Late effects of self-inflicted injury
E970-E978, Legal intervention
E979, Terrorism
E981.0-E981.8, Poisoning by gases in domestic use, undetermined whether
E982.0-E982.9, Poisoning by other gases, undetermined whether accidentally
E985.0-E985.7, Injury by firearms, air guns and explosives, undetermined
E987.0, Falling from high place, undetermined whether accidentally or

E987.2, Falling from high place, undetermined whether accidentally or purposely
E989, Late effects of injury, undetermined whether accidentally or purposely
E990-E999, Injury resulting from operations of war

3.320 3222 (NO FORMER LEGACY EDIT)

DMS Approved 10/20/2010

ERROR STATUS CODE:	3222 (NO FORMER LEGACY EDIT)	**CLAIM TYPE:**	A, I
HEADER/DETAIL:	HEADER	**PROVIDER TYPE:**	01
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	PAPER, NON-PAPER
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	POA

ESC NAME:	PRESENT ON ADMISSION (POA) INDICATOR MISSING OR INVALID FOR TWENTY-SECOND DIAGNOSIS.
ESC CRITERIA:	FAILS INPATIENT HOSPITAL DRG* CLAIMS IF A TWENTY-SECOND DIAGNOSIS CODE IS ENTERED AND A POA INDICATOR OF “Y”, “N”, “W”, OR “U” IS NOT ENTERED. *DRG HOSPITALS HAVE A “HOSPITAL (INPATIENT)” CONTRACT FOR THE DATES OF SERVICE <u>EXCLUSIONS:</u> • CLAIMS WITH A FROM DATE OF SERVICE PRIOR TO 07/01/2010 ARE EXCLUDED FROM THIS EDIT. • DIAGNOSIS CODES FROM THE LIST ON THE FOLLOWING PAGE DO NOT REQUIRE A POA AND ARE EXCLUDED FROM THIS EDIT. NOTE – FOR 3 DIGIT CODES ON THIS LIST, ANY DIAGNOSIS CODES BEGINNING WITH THESE 3 DIGITS ARE EXCLUDED. FOR 4 DIGIT CODES ON THIS LIST, ANY DIAGNOSIS CODES BEGINNING WITH THESE 4 DIGITS ARE EXCLUDED. • CLAIMS FOR NON-DRG HOSPITALS ARE EXCLUDED FROM THIS EDIT. • ADJUSTMENT REGION 50 AND MASS ADJUSTMENT REGIONS 52 AND 58 ARE EXCLUDED FROM THIS EDIT.
EOB CODES:	3222 - CLAIM DENIED. PRESENT ON ADMISSION (POA) INDICATOR MISSING OR INVALID FOR TWENTY-SECOND DIAGNOSIS.
METHOD OF CORRECTION:	1. VERIFY THAT THE POA INDICATOR FOR THE DIAGNOSIS WAS KEYED CORRECTLY. IF NOT, CORRECT THE DATA.
	2. IF ENTERED CORRECTLY, DENY THE CLAIM WITH EOB 3222.

Diagnosis Codes Exempt from
Diagnosis Present on Admission Requirement

137-139, Late effects of infectious and parasitic diseases
268.1, Rickets, late effect
326, Late effects of intracranial abscess or pyogenic infection
412, Old myocardial infarction
438, Late effects of cerebrovascular disease
650, Normal delivery
660.7, Failed forceps or vacuum extractor, unspecified
677, Late effect of complication of pregnancy, childbirth, and the puerperium
740-759, Congenital anomalies
905 - 909, Late effects of injuries, poisonings, toxic effects, and other external causes
V02, Carrier or suspected carrier of infectious diseases
V03, Need for prophylactic vaccination and inoculation against bacterial diseases
V04, Need for prophylactic vaccination and inoculation against certain viral diseases
V05, Need for other prophylactic vaccination and inoculation against single diseases
V06, Need for prophylactic vaccination and inoculation against combinations of diseases
V07, Need for isolation and other prophylactic measures
V10, Personal history of malignant neoplasm
V11, Personal history of mental disorder
V12, Personal history of certain other diseases
V13, Personal history of other diseases
V14, Personal history of allergy to medicinal agents
V15.01-V15.09, Other personal history, Allergy, other than to medicinal agents
V15.1, Other personal history, Surgery to heart and great vessels
V15.2, Other personal history, Surgery to other major organs
V15.3, Other personal history, Irradiation
V15.4, Other personal history, Psychological trauma
V15.5, Other personal history, Injury
V15.6, Other personal history, Poisoning
V15.7, Other personal history, Contraception
V15.80, Other personal history, History of failed moderate sedation
V15.81, Other personal history, Noncompliance with medical treatment
V15.82, Other personal history, History of tobacco use
V15.83, Other personal history, Underimmunization status
V15.84, Other personal history, Contact with and (suspected) exposure to asbestos
V15.85, Other personal history, Contact with and (suspected) exposure to potentially
V15.86, Other personal history, Contact with and (suspected) exposure to lead
V15.88, Other personal history, History of fall
V15.89, Other personal history, Other
V15.9 Unspecified personal history presenting hazards to health
V16, Family history of malignant neoplasm
V17, Family history of certain chronic disabling diseases
V18, Family history of certain other specific conditions
V19, Family history of other conditions
V20, Health supervision of infant or child
V21, Constitutional states in development
V22, Normal pregnancy
V23, Supervision of high-risk pregnancy
V24, Postpartum care and examination
V25, Encounter for contraceptive management

V26, Procreative management
V27, Outcome of delivery
V28, Antenatal screening
V29, Observation and evaluation of newborns for suspected condition not found
V30-V39, Liveborn infants according to type of birth
V42, Organ or tissue replaced by transplant
V43, Organ or tissue replaced by other means
V44, Artificial opening status
V45, Other postprocedural states
V46, Other dependence on machines
V49.60-V49.77, Upper and lower limb amputation status
V49.81-V49.85, Other specified conditions influencing health status
V50, Elective surgery for purposes other than remedying health states
V51, Aftercare involving the use of plastic surgery
V52, Fitting and adjustment of prosthetic device and implant
V53, Fitting and adjustment of other device
V54, Other orthopedic aftercare
V55, Attention to artificial openings
V56, Encounter for dialysis and dialysis catheter care
V57, Care involving use of rehabilitation procedures
V58, Encounter for other and unspecified procedures and aftercare
V59, Donors
V60, Housing, household, and economic circumstances
V61, Other family circumstances
V62, Other psychosocial circumstances
V64, Persons encountering health services for specific procedures, not carried out
V65, Other persons seeking consultation
V66, Convalescence and palliative care
V67, Follow-up examination
V68, Encounters for administrative purposes
V69, Problems related to lifestyle
V70, General medical examination
V71, Observation and evaluation for suspected condition not found
V72, Special investigations and examinations
V73, Special screening examination for viral and chlamydial diseases
V74, Special screening examination for bacterial and spirochetal diseases
V75, Special screening examination for other infectious diseases
V76, Special screening for malignant neoplasms
V77, Special screening for endocrine, nutritional, metabolic, and immunity disorders
V78, Special screening for disorders of blood and blood-forming organs
V79, Special screening for mental disorders and developmental handicaps
V80, Special screening for neurological, eye, and ear diseases
V81, Special screening for cardiovascular, respiratory, and genitourinary diseases
V82, Special screening for other conditions
V83, Genetic carrier status
V84, Genetic susceptibility to disease
V85, Body Mass Index
V86 Estrogen receptor status
V87.32, Contact with and (suspected) exposure to algae bloom
V87.4, Personal history of drug therapy
V88, Acquired absence of cervix and uterus

V89, Suspected maternal and fetal conditions not found
V90, Retained foreign body
V91, Multiple gestation placenta status
E000, External cause status
E001-E030, Activity
E800-E807, Railway accidents
E810-E819, Motor vehicle traffic accidents
E820-E825, Motor vehicle nontraffic accidents
E826-E829, Other road vehicle accidents
E830-E838, Water transport accidents
E840-E845, Air and space transport accidents
E846-E848, Vehicle accidents not elsewhere classifiable
E849.0-E849.6, Place of occurrence
E849.8 - E849.9, Place of occurrence
E883.1, Accidental fall into well
E883.2, Accidental fall into storm drain or manhole
E884.0, Fall from playground equipment
E884.1, Fall from cliff
E885.0, Fall from (nonmotorized) scooter
E885.1, Fall from roller skates
E885.2, Fall from skateboard
E885.3, Fall from skis
E885.4, Fall from snowboard
E886.0, Fall on same level from collision, pushing, or shoving, by or with other person, In sports
E890.0-E890.9, Conflagration in private dwelling
E893.0, Accident caused by ignition of clothing, from controlled fire in private dwelling
E893.2, Accident caused by ignition of clothing, from controlled fire not in building or structure
E894, Ignition of highly inflammable material
E895, Accident caused by controlled fire in private dwelling
E897, Accident caused by controlled fire not in building or structure
E898.0 - E898.1, Accident caused by other specified fire and flames
E917.0, Striking against or struck accidentally by objects or persons, in sports without
E917.1, Striking against or struck accidentally by objects or persons,
E917.2, Striking against or struck accidentally by objects or persons,
E917.5, Striking against or struck accidentally by objects or persons, object in
E917.6, Striking against or struck accidentally by objects or persons, caused by a crowd,
E919.0-E919.1, Accidents caused by machinery
E919.3-E919.9, Accidents caused by machinery
E921.0-E921.9, Accident caused by explosion of pressure vessel
E922.0-E922.9, Accident caused by firearm and air gun missile
E924.1, Caustic and corrosive substances
E926.2, Visible and ultraviolet light sources
E928.0-E928.8, Other and unspecified environmental and accidental causes
E929.0-E929.9, Late effects of accidental injury
E959, Late effects of self-inflicted injury
E970-E978, Legal intervention
E979, Terrorism
E981.0-E981.8, Poisoning by gases in domestic use, undetermined whether
E982.0-E982.9, Poisoning by other gases, undetermined whether accidentally
E985.0-E985.7, Injury by firearms, air guns and explosives, undetermined
E987.0, Falling from high place, undetermined whether accidentally or

E987.2, Falling from high place, undetermined whether accidentally or purposely
E989, Late effects of injury, undetermined whether accidentally or purposely
E990-E999, Injury resulting from operations of war

3.321 3223 (NO FORMER LEGACY EDIT)

DMS Approved 10/20/2010

ERROR STATUS CODE:	3223 (NO FORMER LEGACY EDIT)	**CLAIM TYPE:**	A, I
HEADER/DETAIL:	HEADER	**PROVIDER TYPE:**	01
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	PAPER, NON-PAPER
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	POA

ESC NAME:	PRESENT ON ADMISSION (POA) INDICATOR MISSING OR INVALID FOR TWENTY-THIRD DIAGNOSIS.
ESC CRITERIA:	FAILS INPATIENT HOSPITAL DRG* CLAIMS IF A TWENTY-THIRD DIAGNOSIS CODE IS ENTERED AND A POA INDICATOR OF “Y”, “N”, “W”, OR “U” IS NOT ENTERED. *DRG HOSPITALS HAVE A “HOSPITAL (INPATIENT)” CONTRACT FOR THE DATES OF SERVICE <u>EXCLUSIONS:</u> • CLAIMS WITH A FROM DATE OF SERVICE PRIOR TO 07/01/2010 ARE EXCLUDED FROM THIS EDIT. • DIAGNOSIS CODES FROM THE LIST ON THE FOLLOWING PAGE DO NOT REQUIRE A POA AND ARE EXCLUDED FROM THIS EDIT. NOTE – FOR 3 DIGIT CODES ON THIS LIST, ANY DIAGNOSIS CODES BEGINNING WITH THESE 3 DIGITS ARE EXCLUDED. FOR 4 DIGIT CODES ON THIS LIST, ANY DIAGNOSIS CODES BEGINNING WITH THESE 4 DIGITS ARE EXCLUDED. • CLAIMS FOR NON-DRG HOSPITALS ARE EXCLUDED FROM THIS EDIT. • ADJUSTMENT REGION 50 AND MASS ADJUSTMENT REGIONS 52 AND 58 ARE EXCLUDED FROM THIS EDIT.
EOB CODES:	3223 - CLAIM DENIED. PRESENT ON ADMISSION (POA) INDICATOR MISSING OR INVALID FOR TWENTY-THIRD DIAGNOSIS.
METHOD OF CORRECTION:	1. VERIFY THAT THE POA INDICATOR FOR THE DIAGNOSIS WAS KEYED CORRECTLY. IF NOT, CORRECT THE DATA.
	2. IF ENTERED CORRECTLY, DENY THE CLAIM WITH EOB 3223.

Diagnosis Codes Exempt from
Diagnosis Present on Admission Requirement

137-139, Late effects of infectious and parasitic diseases
268.1, Rickets, late effect
326, Late effects of intracranial abscess or pyogenic infection
412, Old myocardial infarction
438, Late effects of cerebrovascular disease
650, Normal delivery
660.7, Failed forceps or vacuum extractor, unspecified
677, Late effect of complication of pregnancy, childbirth, and the puerperium
740-759, Congenital anomalies
905 - 909, Late effects of injuries, poisonings, toxic effects, and other external causes
V02, Carrier or suspected carrier of infectious diseases
V03, Need for prophylactic vaccination and inoculation against bacterial diseases
V04, Need for prophylactic vaccination and inoculation against certain viral diseases
V05, Need for other prophylactic vaccination and inoculation against single diseases
V06, Need for prophylactic vaccination and inoculation against combinations of diseases
V07, Need for isolation and other prophylactic measures
V10, Personal history of malignant neoplasm
V11, Personal history of mental disorder
V12, Personal history of certain other diseases
V13, Personal history of other diseases
V14, Personal history of allergy to medicinal agents
V15.01-V15.09, Other personal history, Allergy, other than to medicinal agents
V15.1, Other personal history, Surgery to heart and great vessels
V15.2, Other personal history, Surgery to other major organs
V15.3, Other personal history, Irradiation
V15.4, Other personal history, Psychological trauma
V15.5, Other personal history, Injury
V15.6, Other personal history, Poisoning
V15.7, Other personal history, Contraception
V15.80, Other personal history, History of failed moderate sedation
V15.81, Other personal history, Noncompliance with medical treatment
V15.82, Other personal history, History of tobacco use
V15.83, Other personal history, Underimmunization status
V15.84, Other personal history, Contact with and (suspected) exposure to asbestos
V15.85, Other personal history, Contact with and (suspected) exposure to potentially
V15.86, Other personal history, Contact with and (suspected) exposure to lead
V15.88, Other personal history, History of fall
V15.89, Other personal history, Other
V15.9 Unspecified personal history presenting hazards to health
V16, Family history of malignant neoplasm
V17, Family history of certain chronic disabling diseases
V18, Family history of certain other specific conditions
V19, Family history of other conditions
V20, Health supervision of infant or child
V21, Constitutional states in development
V22, Normal pregnancy
V23, Supervision of high-risk pregnancy
V24, Postpartum care and examination
V25, Encounter for contraceptive management

V26, Procreative management
V27, Outcome of delivery
V28, Antenatal screening
V29, Observation and evaluation of newborns for suspected condition not found
V30-V39, Liveborn infants according to type of birth
V42, Organ or tissue replaced by transplant
V43, Organ or tissue replaced by other means
V44, Artificial opening status
V45, Other postprocedural states
V46, Other dependence on machines
V49.60-V49.77, Upper and lower limb amputation status
V49.81-V49.85, Other specified conditions influencing health status
V50, Elective surgery for purposes other than remedying health states
V51, Aftercare involving the use of plastic surgery
V52, Fitting and adjustment of prosthetic device and implant
V53, Fitting and adjustment of other device
V54, Other orthopedic aftercare
V55, Attention to artificial openings
V56, Encounter for dialysis and dialysis catheter care
V57, Care involving use of rehabilitation procedures
V58, Encounter for other and unspecified procedures and aftercare
V59, Donors
V60, Housing, household, and economic circumstances
V61, Other family circumstances
V62, Other psychosocial circumstances
V64, Persons encountering health services for specific procedures, not carried out
V65, Other persons seeking consultation
V66, Convalescence and palliative care
V67, Follow-up examination
V68, Encounters for administrative purposes
V69, Problems related to lifestyle
V70, General medical examination
V71, Observation and evaluation for suspected condition not found
V72, Special investigations and examinations
V73, Special screening examination for viral and chlamydial diseases
V74, Special screening examination for bacterial and spirochetal diseases
V75, Special screening examination for other infectious diseases
V76, Special screening for malignant neoplasms
V77, Special screening for endocrine, nutritional, metabolic, and immunity disorders
V78, Special screening for disorders of blood and blood-forming organs
V79, Special screening for mental disorders and developmental handicaps
V80, Special screening for neurological, eye, and ear diseases
V81, Special screening for cardiovascular, respiratory, and genitourinary diseases
V82, Special screening for other conditions
V83, Genetic carrier status
V84, Genetic susceptibility to disease
V85, Body Mass Index
V86 Estrogen receptor status
V87.32, Contact with and (suspected) exposure to algae bloom
V87.4, Personal history of drug therapy
V88, Acquired absence of cervix and uterus

V89, Suspected maternal and fetal conditions not found
V90, Retained foreign body
V91, Multiple gestation placenta status
E000, External cause status
E001-E030, Activity
E800-E807, Railway accidents
E810-E819, Motor vehicle traffic accidents
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E846-E848, Vehicle accidents not elsewhere classifiable
E849.0-E849.6, Place of occurrence
E849.8 - E849.9, Place of occurrence
E883.1, Accidental fall into well
E883.2, Accidental fall into storm drain or manhole
E884.0, Fall from playground equipment
E884.1, Fall from cliff
E885.0, Fall from (nonmotorized) scooter
E885.1, Fall from roller skates
E885.2, Fall from skateboard
E885.3, Fall from skis
E885.4, Fall from snowboard
E886.0, Fall on same level from collision, pushing, or shoving, by or with other person, In sports
E890.0-E890.9, Conflagration in private dwelling
E893.0, Accident caused by ignition of clothing, from controlled fire in private dwelling
E893.2, Accident caused by ignition of clothing, from controlled fire not in building or structure
E894, Ignition of highly inflammable material
E895, Accident caused by controlled fire in private dwelling
E897, Accident caused by controlled fire not in building or structure
E898.0 - E898.1, Accident caused by other specified fire and flames
E917.0, Striking against or struck accidentally by objects or persons, in sports without
E917.1, Striking against or struck accidentally by objects or persons,
E917.2, Striking against or struck accidentally by objects or persons,
E917.5, Striking against or struck accidentally by objects or persons, object in
E917.6, Striking against or struck accidentally by objects or persons, caused by a crowd,
E919.0-E919.1, Accidents caused by machinery
E919.3-E919.9, Accidents caused by machinery
E921.0-E921.9, Accident caused by explosion of pressure vessel
E922.0-E922.9, Accident caused by firearm and air gun missile
E924.1, Caustic and corrosive substances
E926.2, Visible and ultraviolet light sources
E928.0-E928.8, Other and unspecified environmental and accidental causes
E929.0-E929.9, Late effects of accidental injury
E959, Late effects of self-inflicted injury
E970-E978, Legal intervention
E979, Terrorism
E981.0-E981.8, Poisoning by gases in domestic use, undetermined whether
E982.0-E982.9, Poisoning by other gases, undetermined whether accidentally
E985.0-E985.7, Injury by firearms, air guns and explosives, undetermined
E987.0, Falling from high place, undetermined whether accidentally or

E987.2, Falling from high place, undetermined whether accidentally or purposely
E989, Late effects of injury, undetermined whether accidentally or purposely
E990-E999, Injury resulting from operations of war

3.322 3224 (NO FORMER LEGACY EDIT)

DMS Approved 10/20/2010

ERROR STATUS CODE:	3224 (NO FORMER LEGACY EDIT)	**CLAIM TYPE:**	A, I
HEADER/DETAIL:	HEADER	**PROVIDER TYPE:**	01
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	PAPER, NON-PAPER
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	POA
ESC NAME:	PRESENT ON ADMISSION (POA) INDICATOR MISSING OR INVALID FOR TWENTY-FOURTH DIAGNOSIS.		
ESC CRITERIA:	FAILS INPATIENT HOSPITAL DRG* CLAIMS IF A TWENTY-FOURTH DIAGNOSIS CODE IS ENTERED AND A POA INDICATOR OF “Y”, “N”, “W”, OR “U” IS NOT ENTERED. *DRG HOSPITALS HAVE A “HOSPITAL (INPATIENT)” CONTRACT FOR THE DATES OF SERVICE <u>EXCLUSIONS:</u> • CLAIMS WITH A FROM DATE OF SERVICE PRIOR TO 07/01/2010 ARE EXCLUDED FROM THIS EDIT. • DIAGNOSIS CODES FROM THE LIST ON THE FOLLOWING PAGE DO NOT REQUIRE A POA AND ARE EXCLUDED FROM THIS EDIT. NOTE – FOR 3 DIGIT CODES ON THIS LIST, ANY DIAGNOSIS CODES BEGINNING WITH THESE 3 DIGITS ARE EXCLUDED. FOR 4 DIGIT CODES ON THIS LIST, ANY DIAGNOSIS CODES BEGINNING WITH THESE 4 DIGITS ARE EXCLUDED. • CLAIMS FOR NON-DRG HOSPITALS ARE EXCLUDED FROM THIS EDIT. • ADJUSTMENT REGION 50 AND MASS ADJUSTMENT REGIONS 52 AND 58 ARE EXCLUDED FROM THIS EDIT.		
EOB CODES:	3224 - CLAIM DENIED. PRESENT ON ADMISSION (POA) INDICATOR MISSING OR INVALID FOR TWENTY-FOURTH DIAGNOSIS.		
METHOD OF CORRECTION:	1. VERIFY THAT THE POA INDICATOR FOR THE DIAGNOSIS WAS KEYED CORRECTLY. IF NOT, CORRECT THE DATA.		
	2. IF ENTERED CORRECTLY, DENY THE CLAIM WITH EOB 3224.		

Diagnosis Codes Exempt from
Diagnosis Present on Admission Requirement

137-139, Late effects of infectious and parasitic diseases
268.1, Rickets, late effect
326, Late effects of intracranial abscess or pyogenic infection
412, Old myocardial infarction
438, Late effects of cerebrovascular disease
650, Normal delivery
660.7, Failed forceps or vacuum extractor, unspecified
677, Late effect of complication of pregnancy, childbirth, and the puerperium
740-759, Congenital anomalies
905 - 909, Late effects of injuries, poisonings, toxic effects, and other external causes
V02, Carrier or suspected carrier of infectious diseases
V03, Need for prophylactic vaccination and inoculation against bacterial diseases
V04, Need for prophylactic vaccination and inoculation against certain viral diseases
V05, Need for other prophylactic vaccination and inoculation against single diseases
V06, Need for prophylactic vaccination and inoculation against combinations of diseases
V07, Need for isolation and other prophylactic measures
V10, Personal history of malignant neoplasm
V11, Personal history of mental disorder
V12, Personal history of certain other diseases
V13, Personal history of other diseases
V14, Personal history of allergy to medicinal agents
V15.01-V15.09, Other personal history, Allergy, other than to medicinal agents
V15.1, Other personal history, Surgery to heart and great vessels
V15.2, Other personal history, Surgery to other major organs
V15.3, Other personal history, Irradiation
V15.4, Other personal history, Psychological trauma
V15.5, Other personal history, Injury
V15.6, Other personal history, Poisoning
V15.7, Other personal history, Contraception
V15.80, Other personal history, History of failed moderate sedation
V15.81, Other personal history, Noncompliance with medical treatment
V15.82, Other personal history, History of tobacco use
V15.83, Other personal history, Underimmunization status
V15.84, Other personal history, Contact with and (suspected) exposure to asbestos
V15.85, Other personal history, Contact with and (suspected) exposure to potentially
V15.86, Other personal history, Contact with and (suspected) exposure to lead
V15.88, Other personal history, History of fall
V15.89, Other personal history, Other
V15.9 Unspecified personal history presenting hazards to health
V16, Family history of malignant neoplasm
V17, Family history of certain chronic disabling diseases
V18, Family history of certain other specific conditions
V19, Family history of other conditions
V20, Health supervision of infant or child
V21, Constitutional states in development
V22, Normal pregnancy
V23, Supervision of high-risk pregnancy
V24, Postpartum care and examination
V25, Encounter for contraceptive management

V26, Procreative management
V27, Outcome of delivery
V28, Antenatal screening
V29, Observation and evaluation of newborns for suspected condition not found
V30-V39, Liveborn infants according to type of birth
V42, Organ or tissue replaced by transplant
V43, Organ or tissue replaced by other means
V44, Artificial opening status
V45, Other postprocedural states
V46, Other dependence on machines
V49.60-V49.77, Upper and lower limb amputation status
V49.81-V49.85, Other specified conditions influencing health status
V50, Elective surgery for purposes other than remedying health states
V51, Aftercare involving the use of plastic surgery
V52, Fitting and adjustment of prosthetic device and implant
V53, Fitting and adjustment of other device
V54, Other orthopedic aftercare
V55, Attention to artificial openings
V56, Encounter for dialysis and dialysis catheter care
V57, Care involving use of rehabilitation procedures
V58, Encounter for other and unspecified procedures and aftercare
V59, Donors
V60, Housing, household, and economic circumstances
V61, Other family circumstances
V62, Other psychosocial circumstances
V64, Persons encountering health services for specific procedures, not carried out
V65, Other persons seeking consultation
V66, Convalescence and palliative care
V67, Follow-up examination
V68, Encounters for administrative purposes
V69, Problems related to lifestyle
V70, General medical examination
V71, Observation and evaluation for suspected condition not found
V72, Special investigations and examinations
V73, Special screening examination for viral and chlamydial diseases
V74, Special screening examination for bacterial and spirochetal diseases
V75, Special screening examination for other infectious diseases
V76, Special screening for malignant neoplasms
V77, Special screening for endocrine, nutritional, metabolic, and immunity disorders
V78, Special screening for disorders of blood and blood-forming organs
V79, Special screening for mental disorders and developmental handicaps
V80, Special screening for neurological, eye, and ear diseases
V81, Special screening for cardiovascular, respiratory, and genitourinary diseases
V82, Special screening for other conditions
V83, Genetic carrier status
V84, Genetic susceptibility to disease
V85, Body Mass Index
V86 Estrogen receptor status
V87.32, Contact with and (suspected) exposure to algae bloom
V87.4, Personal history of drug therapy
V88, Acquired absence of cervix and uterus

V89, Suspected maternal and fetal conditions not found
V90, Retained foreign body
V91, Multiple gestation placenta status
E000, External cause status
E001-E030, Activity
E800-E807, Railway accidents
E810-E819, Motor vehicle traffic accidents
E820-E825, Motor vehicle nontraffic accidents
E826-E829, Other road vehicle accidents
E830-E838, Water transport accidents
E840-E845, Air and space transport accidents
E846-E848, Vehicle accidents not elsewhere classifiable
E849.0-E849.6, Place of occurrence
E849.8 - E849.9, Place of occurrence
E883.1, Accidental fall into well
E883.2, Accidental fall into storm drain or manhole
E884.0, Fall from playground equipment
E884.1, Fall from cliff
E885.0, Fall from (nonmotorized) scooter
E885.1, Fall from roller skates
E885.2, Fall from skateboard
E885.3, Fall from skis
E885.4, Fall from snowboard
E886.0, Fall on same level from collision, pushing, or shoving, by or with other person, In sports
E890.0-E890.9, Conflagration in private dwelling
E893.0, Accident caused by ignition of clothing, from controlled fire in private dwelling
E893.2, Accident caused by ignition of clothing, from controlled fire not in building or structure
E894, Ignition of highly inflammable material
E895, Accident caused by controlled fire in private dwelling
E897, Accident caused by controlled fire not in building or structure
E898.0 - E898.1, Accident caused by other specified fire and flames
E917.0, Striking against or struck accidentally by objects or persons, in sports without
E917.1, Striking against or struck accidentally by objects or persons,
E917.2, Striking against or struck accidentally by objects or persons,
E917.5, Striking against or struck accidentally by objects or persons, object in
E917.6, Striking against or struck accidentally by objects or persons, caused by a crowd,
E919.0-E919.1, Accidents caused by machinery
E919.3-E919.9, Accidents caused by machinery
E921.0-E921.9, Accident caused by explosion of pressure vessel
E922.0-E922.9, Accident caused by firearm and air gun missile
E924.1, Caustic and corrosive substances
E926.2, Visible and ultraviolet light sources
E928.0-E928.8, Other and unspecified environmental and accidental causes
E929.0-E929.9, Late effects of accidental injury
E959, Late effects of self-inflicted injury
E970-E978, Legal intervention
E979, Terrorism
E981.0-E981.8, Poisoning by gases in domestic use, undetermined whether
E982.0-E982.9, Poisoning by other gases, undetermined whether accidentally
E985.0-E985.7, Injury by firearms, air guns and explosives, undetermined
E987.0, Falling from high place, undetermined whether accidentally or

E987.2, Falling from high place, undetermined whether accidentally or purposely
E989, Late effects of injury, undetermined whether accidentally or purposely
E990-E999, Injury resulting from operations of war

3.323 3225 (NO FORMER LEGACY EDIT)

DMS Approved 10/20/2010

ERROR STATUS CODE:	3225 (NO FORMER LEGACY EDIT)	**CLAIM TYPE:**	A, I
HEADER/DETAIL:	HEADER	**PROVIDER TYPE:**	01
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	PAPER, NON-PAPER
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	POA
ESC NAME:	PRESENT ON ADMISSION (POA) INDICATOR MISSING OR INVALID FOR TWENTY-FIFTH DIAGNOSIS.		
ESC CRITERIA:	FAILS INPATIENT HOSPITAL DRG* CLAIMS IF A TWENTY-FIFTH DIAGNOSIS CODE IS ENTERED AND A POA INDICATOR OF “Y”, “N”, “W”, OR “U” IS NOT ENTERED. *DRG HOSPITALS HAVE A “HOSPITAL (INPATIENT)” CONTRACT FOR THE DATES OF SERVICE <u>EXCLUSIONS:</u> • CLAIMS WITH A FROM DATE OF SERVICE PRIOR TO 07/01/2010 ARE EXCLUDED FROM THIS EDIT. • DIAGNOSIS CODES FROM THE LIST ON THE FOLLOWING PAGE DO NOT REQUIRE A POA AND ARE EXCLUDED FROM THIS EDIT. NOTE – FOR 3 DIGIT CODES ON THIS LIST, ANY DIAGNOSIS CODES BEGINNING WITH THESE 3 DIGITS ARE EXCLUDED. FOR 4 DIGIT CODES ON THIS LIST, ANY DIAGNOSIS CODES BEGINNING WITH THESE 4 DIGITS ARE EXCLUDED. • CLAIMS FOR NON-DRG HOSPITALS ARE EXCLUDED FROM THIS EDIT. • ADJUSTMENT REGION 50 AND MASS ADJUSTMENT REGIONS 52 AND 58 ARE EXCLUDED FROM THIS EDIT.		
EOB CODES:	3225 - CLAIM DENIED. PRESENT ON ADMISSION (POA) INDICATOR MISSING OR INVALID FOR TWENTY-FIFTH DIAGNOSIS.		
METHOD OF CORRECTION:	VERIFY THAT THE POA INDICATOR FOR THE DIAGNOSIS WAS KEYED CORRECTLY. IF NOT, CORRECT THE DATA.		
	IF ENTERED CORRECTLY, DENY THE CLAIM WITH EOB 3225.		

Diagnosis Codes Exempt from
Diagnosis Present on Admission Requirement

137-139, Late effects of infectious and parasitic diseases
268.1, Rickets, late effect
326, Late effects of intracranial abscess or pyogenic infection
412, Old myocardial infarction
438, Late effects of cerebrovascular disease
650, Normal delivery
660.7, Failed forceps or vacuum extractor, unspecified
677, Late effect of complication of pregnancy, childbirth, and the puerperium
740-759, Congenital anomalies
905 - 909, Late effects of injuries, poisonings, toxic effects, and other external causes
V02, Carrier or suspected carrier of infectious diseases
V03, Need for prophylactic vaccination and inoculation against bacterial diseases
V04, Need for prophylactic vaccination and inoculation against certain viral diseases
V05, Need for other prophylactic vaccination and inoculation against single diseases
V06, Need for prophylactic vaccination and inoculation against combinations of diseases
V07, Need for isolation and other prophylactic measures
V10, Personal history of malignant neoplasm
V11, Personal history of mental disorder
V12, Personal history of certain other diseases
V13, Personal history of other diseases
V14, Personal history of allergy to medicinal agents
V15.01-V15.09, Other personal history, Allergy, other than to medicinal agents
V15.1, Other personal history, Surgery to heart and great vessels
V15.2, Other personal history, Surgery to other major organs
V15.3, Other personal history, Irradiation
V15.4, Other personal history, Psychological trauma
V15.5, Other personal history, Injury
V15.6, Other personal history, Poisoning
V15.7, Other personal history, Contraception
V15.80, Other personal history, History of failed moderate sedation
V15.81, Other personal history, Noncompliance with medical treatment
V15.82, Other personal history, History of tobacco use
V15.83, Other personal history, Underimmunization status
V15.84, Other personal history, Contact with and (suspected) exposure to asbestos
V15.85, Other personal history, Contact with and (suspected) exposure to potentially
V15.86, Other personal history, Contact with and (suspected) exposure to lead
V15.88, Other personal history, History of fall
V15.89, Other personal history, Other
V15.9 Unspecified personal history presenting hazards to health
V16, Family history of malignant neoplasm
V17, Family history of certain chronic disabling diseases
V18, Family history of certain other specific conditions
V19, Family history of other conditions
V20, Health supervision of infant or child
V21, Constitutional states in development
V22, Normal pregnancy
V23, Supervision of high-risk pregnancy
V24, Postpartum care and examination
V25, Encounter for contraceptive management

V26, Procreative management
V27, Outcome of delivery
V28, Antenatal screening
V29, Observation and evaluation of newborns for suspected condition not found
V30-V39, Liveborn infants according to type of birth
V42, Organ or tissue replaced by transplant
V43, Organ or tissue replaced by other means
V44, Artificial opening status
V45, Other postprocedural states
V46, Other dependence on machines
V49.60-V49.77, Upper and lower limb amputation status
V49.81-V49.85, Other specified conditions influencing health status
V50, Elective surgery for purposes other than remedying health states
V51, Aftercare involving the use of plastic surgery
V52, Fitting and adjustment of prosthetic device and implant
V53, Fitting and adjustment of other device
V54, Other orthopedic aftercare
V55, Attention to artificial openings
V56, Encounter for dialysis and dialysis catheter care
V57, Care involving use of rehabilitation procedures
V58, Encounter for other and unspecified procedures and aftercare
V59, Donors
V60, Housing, household, and economic circumstances
V61, Other family circumstances
V62, Other psychosocial circumstances
V64, Persons encountering health services for specific procedures, not carried out
V65, Other persons seeking consultation
V66, Convalescence and palliative care
V67, Follow-up examination
V68, Encounters for administrative purposes
V69, Problems related to lifestyle
V70, General medical examination
V71, Observation and evaluation for suspected condition not found
V72, Special investigations and examinations
V73, Special screening examination for viral and chlamydial diseases
V74, Special screening examination for bacterial and spirochetal diseases
V75, Special screening examination for other infectious diseases
V76, Special screening for malignant neoplasms
V77, Special screening for endocrine, nutritional, metabolic, and immunity disorders
V78, Special screening for disorders of blood and blood-forming organs
V79, Special screening for mental disorders and developmental handicaps
V80, Special screening for neurological, eye, and ear diseases
V81, Special screening for cardiovascular, respiratory, and genitourinary diseases
V82, Special screening for other conditions
V83, Genetic carrier status
V84, Genetic susceptibility to disease
V85, Body Mass Index
V86 Estrogen receptor status
V87.32, Contact with and (suspected) exposure to algae bloom
V87.4, Personal history of drug therapy
V88, Acquired absence of cervix and uterus

V89, Suspected maternal and fetal conditions not found
V90, Retained foreign body
V91, Multiple gestation placenta status
E000, External cause status
E001-E030, Activity
E800-E807, Railway accidents
E810-E819, Motor vehicle traffic accidents
E820-E825, Motor vehicle nontraffic accidents
E826-E829, Other road vehicle accidents
E830-E838, Water transport accidents
E840-E845, Air and space transport accidents
E846-E848, Vehicle accidents not elsewhere classifiable
E849.0-E849.6, Place of occurrence
E849.8 - E849.9, Place of occurrence
E883.1, Accidental fall into well
E883.2, Accidental fall into storm drain or manhole
E884.0, Fall from playground equipment
E884.1, Fall from cliff
E885.0, Fall from (nonmotorized) scooter
E885.1, Fall from roller skates
E885.2, Fall from skateboard
E885.3, Fall from skis
E885.4, Fall from snowboard
E886.0, Fall on same level from collision, pushing, or shoving, by or with other person, In sports
E890.0-E890.9, Conflagration in private dwelling
E893.0, Accident caused by ignition of clothing, from controlled fire in private dwelling
E893.2, Accident caused by ignition of clothing, from controlled fire not in building or structure
E894, Ignition of highly inflammable material
E895, Accident caused by controlled fire in private dwelling
E897, Accident caused by controlled fire not in building or structure
E898.0 - E898.1, Accident caused by other specified fire and flames
E917.0, Striking against or struck accidentally by objects or persons, in sports without
E917.1, Striking against or struck accidentally by objects or persons,
E917.2, Striking against or struck accidentally by objects or persons,
E917.5, Striking against or struck accidentally by objects or persons, object in
E917.6, Striking against or struck accidentally by objects or persons, caused by a crowd,
E919.0-E919.1, Accidents caused by machinery
E919.3-E919.9, Accidents caused by machinery
E921.0-E921.9, Accident caused by explosion of pressure vessel
E922.0-E922.9, Accident caused by firearm and air gun missile
E924.1, Caustic and corrosive substances
E926.2, Visible and ultraviolet light sources
E928.0-E928.8, Other and unspecified environmental and accidental causes
E929.0-E929.9, Late effects of accidental injury
E959, Late effects of self-inflicted injury
E970-E978, Legal intervention
E979, Terrorism
E981.0-E981.8, Poisoning by gases in domestic use, undetermined whether
E982.0-E982.9, Poisoning by other gases, undetermined whether accidentally
E985.0-E985.7, Injury by firearms, air guns and explosives, undetermined
E987.0, Falling from high place, undetermined whether accidentally or

E987.2, Falling from high place, undetermined whether accidentally or purposely
E989, Late effects of injury, undetermined whether accidentally or purposely
E990-E999, Injury resulting from operations of war

3.324 3226

DMS Approved 10/15/2010

ERROR STATUS CODE:	3226	**CLAIM TYPE:**	M
HEADER/DETAIL:	DETAIL	**PROVIDER TYPE:**	90
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	ALL
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	ALL
ESC NAME:	NCCI MUE LIMITATIONS - DME SUPPLIER		
ESC CRITERIA:	FAILS DME SUPPLIER DETAILS IF THE UNITS OF SERVICE ARE GREATER THAN THE UNIT OF SERVICE LIMIT ON THE DME MEDICALLY UNLIKELY EDIT (MUE) LIST. THIS LIST CAN BE VIEWED VIA THE “MUE LIMITS” REFERENCE PANEL (REFERENCE/RELATED DATA/OTHER) BY ENTERING AN MUE TYPE OF “DME SUPPLIERS”. **NOTE** – IN CASES WHERE DETAIL DATES OF SERVICE DATES ARE SPAN-DATED, THE UNITS OF SERVICE ARE COMPARED TO THE MUE LIMIT MULTIPLIED BY THE NUMBER OF DAYS IN THE DATE SPAN. THIS EDIT WAS CREATED BY CO 14827.		
EOB CODES:	3226 - CLAIM DETAIL DENIED. UNITS OF SERVICE EXCEED NCCI MUE LIMITATION FOR THIS DME SUPPLIER SERVICE.		
METHOD OF CORRECTION:	1. VERIFY THAT THE PROCEDURE CODE, DETAIL DATES OF SERVICE, AND UNITS OF SERVICE WERE KEYED CORRECTLY. IF NOT, CORRECT THE DATA.		
	2. IF ENTERED CORRECTLY, DENY THE DETAIL WITH EOB 3226.		

3.325 3227

DMS Approved 05/26/2011

ERROR STATUS CODE:	3227	**CLAIM TYPE:**	L, M, O
HEADER/DETAIL:	DETAIL	**PROVIDER TYPE:**	ALL EXCEPT 01, 17, 21, 29, 30, 31, 33, 35, 40, 41, 43, 45, 46, 47, 90
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	ALL
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	ALL
ESC NAME:	NCCI MUE LIMITATIONS - PRACTITIONER		
ESC CRITERIA:	FAILS IF THE UNITS OF SERVICE ARE GREATER THAN THE UNIT OF SERVICE LIMIT ON THE PRACTITIONER MEDICALLY UNLIKELY EDIT (MUE) LIST. THIS LIST CAN BE VIEWED VIA THE “MUE LIMITS” REFERENCE PANEL (REFERENCE/RELATED DATA/OTHER) BY ENTERING AN MUE TYPE OF “PRACTITIONER”. **NOTE** – IN CASES WHERE DETAIL DATES OF SERVICE ARE SPAN-DATED, THE UNITS OF SERVICE ARE COMPARED TO THE MUE LIMIT MULTIPLIED BY THE NUMBER OF DAYS IN THE DATE SPAN. NOTE – PER REQUEST FROM THE COMMONWEALTH (TASK 15032), PROVIDER TYPES 29, 31, AND 35 WERE EXCLUDED POST-IMPLEMENTATION. NOTE – PER CO 15495 PROVIDER TYPE 21 WAS EXCLUDED FROM EDIT 3227. THIS EDIT WAS CREATED BY CO 14827.		
EOB CODES:	3227 - CLAIM DETAIL DENIED. UNITS OF SERVICE EXCEED NCCI MUE LIMITATION FOR THIS SERVICE.		
METHOD OF CORRECTION:	1. VERIFY THAT THE PROCEDURE CODE, DETAIL DATES OF SERVICE, AND UNITS OF SERVICE WERE KEYED CORRECTLY. IF NOT, CORRECT THE DATA.		
	2. IF ENTERED CORRECTLY, DENY THE DETAIL WITH EOB 3227.		

3.326 3228

DMS Approved 10/15/2010

ERROR STATUS CODE:	3228	**CLAIM TYPE:**	O
HEADER/DETAIL:	DETAIL	**PROVIDER TYPE:**	01
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	ALL
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	ALL
ESC NAME:	NCCI MUE LIMITATIONS – OUTPATIENT HOSPITAL		
ESC CRITERIA:	FAILS OUTPATIENT HOSPITAL DETAILS IF THE UNITS OF SERVICE ARE GREATER THAN THE UNIT OF SERVICE LIMIT ON THE OUTPATIENT HOSPITAL MEDICALLY UNLIKELY EDIT (MUE) LIST. THIS LIST CAN BE VIEWED VIA THE “MUE LIMITS” REFERENCE PANEL (REFERENCE/RELATED DATA/OTHER) BY ENTERING AN MUE TYPE OF “OUTPATIENT HOSPITAL”. **NOTE** – IN CASES WHERE DETAIL DATES OF SERVICE ARE SPAN-DATED, THE UNITS OF SERVICE ARE COMPARED TO THE MUE LIMIT MULTIPLIED BY THE NUMBER OF DAYS IN THE DATE SPAN. THIS EDIT WAS CREATED BY CO 14827.		
EOB CODES:	3228 - CLAIM DETAIL DENIED. UNITS OF SERVICE EXCEED NCCI MUE LIMITATION FOR THIS OUTPATIENT HOSPITAL SERVICE.		
METHOD OF CORRECTION:	1. VERIFY THAT THE PROCEDURE CODE, DETAIL DATES OF SERVICE, AND UNITS OF SERVICE WERE KEYED CORRECTLY. IF NOT, CORRECT THE DATA.		
	2. IF ENTERED CORRECTLY, DENY THE DETAIL WITH EOB 3228.		

3.327 3229

DMS Approved 08/23/2011

ERROR STATUS CODE:	3229	**CLAIM TYPE:**	B, M
HEADER/DETAIL:	DETAIL	**PROVIDER TYPE:**	64, 65, 78
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	ALL
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	ALL

ESC NAME: DIAGNOSIS INVALID FOR THIS DRUG

ESC CRITERIA: FAILS PHYSICIAN AND NURSE PRACTITIONER DETAILS IF PROCEDURE CODE J3590 IS SUBMITTED WITH NDC 50242006001 OR 50242006101 AND ONE OF THE DIAGNOSIS CODES LISTED BELOW IS **NOT** BILLED. NOTE – THE DIAGNOSIS CODE MUST BE RELATED TO THE J3590 DETAIL BY THE DIAGNOSIS INDICATOR.

115.92	362.16	362.53
362.02	362.35	362.83*
362.06	362.36	363.43
362.07	362.52	364.42*
		365.63

THIS EDIT WAS CREATED BY CO 15688.
*ADDED PER CO 16534

EOB CODES: 3229 – CLAIM/DETAIL DENIED. DIAGNOSIS CODE INVALID FOR THIS DRUG.

METHOD OF CORRECTION:

3. VERIFY THAT THE PROCEDURE CODE, NDC, DIAGNOSIS CODE(S), AND DIAGNOSIS INDICATOR(S) WERE KEYED CORRECTLY. IF NOT, CORRECT THE DATA.
4. IF ENTERED CORRECTLY, DENY THE DETAIL WITH EOB 3229.

3.328 3300 (FORMER LEGACY EDIT 054)

DMS Approved 01/26/96

ERROR STATUS CODE:	3300 (FORMER LEGACY EDIT 054)	**CLAIM TYPE:**	I
HEADER/DETAIL:	HEADER	**PROVIDER TYPE:**	01, 02, 04, 92, 93
OVERRIDEABLE:	YES	**TYPE OF DOCUMENT:**	PAPER, NON-PAPER, ADJUSTMENTS
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	ADM DTE, DSCH DTE, OI PD, DYS

ESC NAME:	OTHER INSURANCE AMOUNT MUST BE MANUALLY COMPUTED
ESC CRITERIA: **LEGACY CRITERIA:**	KY SPECIFIC ESC - IF OTHER INSURANCE (TPL AMOUNT) IS GREATER THAN ZERO AND THERE IS NO DISCHARGE ON THE CLAIM (PATIENT STATUS = 30 -STILL A PATIENT) POST THE ESC. IF OTHER INSURANCE IS GREATER THAN ZERO AND THERE IS NO DISCHARGE DATE PRESENT, SUSPEND THE CLAIM.
EOB CODES:	0009 – RESEARCH DATA UNAVAILABLE TO PROCESS CLAIM.
METHOD OF CORRECTION:	1. VERIFY THAT THE ADMISSION DATE AND DISCHARGE DATE WERE KEYED CORRECTLY. IF NOT, CORRECT ADMISSION AND DISCHARGE DATE.
	2. VERIFY THAT THE DAYS WERE KEYED CORRECTLY FROM BLOCK 7 ON THE UB04 CLAIM FORM. IF NOT, CORRECT THE DATA.
	3. VERIFY THAT THE OTHER INSURANCE AMOUNT WAS KEYED CORRECTLY. IF NOT, CORRECT THE DATA.
	4. IF NON-COVERED DAYS ARE NOT INDICATED ON THE CLAIM, OVERRIDE THE ESC.
	5. IF THE ONLY PRIOR PAYMENTS AMOUNT IS SPEND DOWN, OVERRIDE THE ESC.
	6. IF PRIOR PAYMENTS IS INDICATED AS BEING “MEDICARE PART B ONLY”, THEN CORRECT THE DATA.
	7. IF THE TOTAL DAYS STAY DOES HAVE NON-COVERED DAYS PRESENT AND NO ITEMIZED BILL/SUMMARY STATEMENT IS PRESENT, DENY THE CLAIM.
	8. IF NON COVERED DAYS ARE PRESENT ON THE CLAIM, USE THE FOLLOWING COMPUTATION TO APPLY THE OTHER INSURANCE TO THE NON COVERED DAYS. TOTAL CHARGES FROM ITEMIZED BILL/SUMMARY STATEMENT MINUS TOTAL CHARGES FROM UB04 MINUS OTHER INSURANCE = DIFFERENCE. IF DIFFERENCE IS A (+) POSITIVE, BLANK OUT THE OTHER INSURANCE PAYMENT.
	IF THE DIFFERENCE IS A (-) NEGATIVE, CORRECT THE OTHER INSURANCE PAYMENT FIELD WITH THIS AMOUNT. IF DIFFERENCE IS A (+) POSITIVE, AND SPENDDOWN IS PRESENT, CORRECT THE OTHER INSURANCE PAYMENT WITH THE SPENDOWN AMOUNT.

	IF DIFFERENCE IS A (-) NEGATIVE AND SPENDOWN IS PRESENT, ADD THE NEGATIVE AMOUNT AND SPENDOWN TOGETHER AND CORRECT THE OTHER INSURANCE PAYMENT FIELD WITH THIS AMOUNT. **NOTE: ALWAYS OVERRIDE THIS ESC.**
	THIS ESC IS SET TO AUTO-DENY FOR TYPE OF DOCUMENT - ELECTRONIC CLAIMS.

3.329 3301 (FORMER LEGACY EDIT 056)

DMS Approved 01/26/96

ERROR STATUS CODE:	3301 (FORMER LEGACY EDIT 056)	**CLAIM TYPE:**	I
HEADER/DETAIL:	HEADER	**PROVIDER TYPE:**	01, 02, 04, 92, 93
OVERRIDEABLE:	YES	**TYPE OF DOCUMENT:**	ALL (EXCEPT MASS ADJUSTMENT)
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	TOT BILL
ESC NAME:	TOTAL BILLED EXCEEDS $99,000		
ESC CRITERIA: **LEGACY CRITERIA:**	KY SPECIFIC ESC - IF TOTAL BILLED AMOUNT EXCEEDS $99,000 POST THE ESC. IF TOTAL BILLED EXCEEDS $99,000 SUSPEND CLAIM.		
EOB CODES:	0056 - TOTAL CLAIM BILLED EXCEEDS DOLLAR LIMIT ($99,000)		
METHOD OF CORRECTION:	1. VERIFY THAT THE TOTAL CHARGE WAS KEYED CORRECTLY. IF NOT, CORRECT THE DATA.		
	2. IF CLAIM KEYED CORRECTLY, OVERRIDE THE ESC.		

3.330 3302 (FORMER LEGACY EDIT 067)

DMS Approved 01/26/96

ERROR STATUS CODE:	3302 (FORMER LEGACY EDIT 067)	**CLAIM TYPE:**	H, I, M, O
HEADER/DETAIL:	HEADER/DETAIL	**PROVIDER TYPE:**	01 (CT I), 13, 17, 30, 32, 33, 34, 37, 41, 42, 43, 46, 47, 64, 65, 71, 78, 85, 86, 90
OVERRIDEABLE:	YES	**TYPE OF DOCUMENT:**	PAPER, NON-PAPER, ADJUSTMENTS
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	FP

ESC NAME:	EPSDT/FAMILY PLANNING INDICATOR INVALID
ESC CRITERIA: **LEGACY CRITERIA:**	KY SPECIFIC ESC - IF EPSDT/FAMILY PLANNING INDICATOR IS NOT ONE THE FOLLOWING VALUES, POST THE ESC. 'E' - EPSDT 'F' - FAMILY PLANNING 'B' - BOTH EPSDT AND FAMILY PLANNING. IF THE FAMILY PLANNING INDICATOR IS OTHER THAN Y OR BLANK, CLAIM SUSPENDS.
EOB CODES:	0067 – FAMILY PLANNING INDICATOR INVALID.
METHOD OF CORRECTION:	1. VERIFY THAT THE FAMILY PLANNING INDICATOR WAS KEYED CORRECTLY. IF NOT, CORRECT THE DATA.
	2. IF THE INDICATOR IS OTHER THAN Y OR BLANK, DENY THE LINE.
	THIS ESC IS SET TO AUTO-DENY FOR TYPE OF DOCUMENT - ELECTRONIC CLAIMS.

3.331 3303 (FORMER LEGACY EDIT 070)

DMS Approved 12/11/03

ERROR STATUS CODE:	3303 (FORMER LEGACY EDIT 070)	**CLAIM TYPE:**	B, M
HEADER/DETAIL:	HEADER	**PROVIDER TYPE:**	55, 56
OVERRIDEABLE:	YES	**TYPE OF DOCUMENT:**	PAPER, NON-PAPER, ADJUSTMENTS
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	PUP

ESC NAME:	TIME OF PICK-UP MISSING OR INVALID
ESC CRITERIA: **LEGACY CRITERIA:**	KY SPECIFIC ESC - IF THE TIME OF PICK-UP IS MISSING OR INVALID, POST THE ESC. SUSPEND CLAIM IF TIME OF PICK-UP MISSING OR NOT NUMERIC. **NOTE:** APPLICABLE TO CLAIM TYPE 'B', P/T 55 ONLY, EFFECTIVE WITH CLAIMS RECEIVED ON OR AFTER 3/1/97. APPLICABLE TO P/T 56 BILLING PAPER CLAIMS FOR MEMBERS THAT LIVE IN COUNTIES 015, 056, 093, 106, AND 108. FOR DATES OF SERVICE 12/1/02 THROUGH 4/30/03 (DCR 00661) APPLICABLE TO P/T 56, SPECIALTY 16 BEGINNING WITH DATES OF SERVICE 7/1/03 AND AFTER (FIELD 23 ON CMS CLAIM FORM) (DCR 00699)
EOB CODES:	0070 – TIME OF PICK UP IS MISSING OR INVALID.
METHOD OF CORRECTION:	1. VERIFY TIME OF PICK-UP (FIELD 23 ON CMS CLAIM FORM) WAS KEYED CORRECTLY. IF NOT, CORRECT DATA. **NOTE:** FOR P/T 56 FOR MEMBERS THAT LIVE IN COUNTIES 015, 056, 093, 106, AND 108 PAPER CLAIMS TIME OF PICK UP IS ENTERED IN THE FIRST AND SECOND PROCEDURE MODIFIER FIELDS.
	2. IF TIME OF PICK-UP IS KEYED CORRECTLY OR MISSING, DENY THE ESC.

3.332 3304 (FORMER LEGACY EDIT 163)

Last Approved by DMS Prior to 12/01/2005

ERROR STATUS CODE:	3304 (FORMER LEGACY EDIT 163)	**CLAIM TYPE:**	M
HEADER/DETAIL:	DETAIL	**PROVIDER TYPE**	21, 30
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT**	PAPER, NON-PAPER, ADJUSTMENTS
DATA CORRECTABLE:	NO	**CLAIM FIELD LABEL:**	PROC

ESC NAME:	EMPLOYER ID/PERSONAL IDENTIFIER MISSING OR INVALID
ESC CRITERIA: **LEGACY CRITERIA:**	KY SPECIFIC ESC FAILS IF THE EMPLOYER ID/PERSONAL IDENTIFIER IS MISSING OR INVALID. FOR PROVIDER TYPE 21 THE VALID VALUES (SI) ARE 000 THRU 999. FOR PROVIDER TYPE 30 THE VALID VALUES (EI) ARE 1111 THRU 9999.
EOB CODES:	0163 – EMPLOYER/ID PERSONAL IDENTIFIER MISSING OR INVALID.
METHOD OF CORRECTION:	THIS ESC IS SET TO AUTO-DENY FOR TYPE OF DOCUMENT – ELECTRONIC CLAIMS. FOR PAPER CLAIMS VERIFY THAT THE EMPLOYER ID/PERSONAL IDENTIFIER IS KEYED CORRECTLY, IF NOT DATA CORRECT.

3.333 3305 (FORMER LEGACY EDIT 103)

DMS Approved 05/03/2012

ERROR STATUS CODE:	3305 (FORMER LEGACY EDIT 103)	**CLAIM TYPE:**	A, H, I, L, M, O
HEADER/DETAIL:	HEADER/DETAIL	**PROVIDER TYPE:**	02, 04, 11, 12, 33, 41, 42, 43, 44
OVERRIDEABLE:	YES	**TYPE OF DOCUMENT:**	PAPER, NON-PAPER, ADJUSTMENTS
DATA CORRECTABLE	YES	**CLAIM FIELD LABEL:**	MEMBER ID
ESC NAME:	MEMBER APPLIED INCOME NOT CURRENT FOR DOS-RECYCLE FOR ESC 271.		
ESC CRITERIA:	FOR CLAIM TYPES A, I AND L, ESC 3305 FAILS AT THE HEADER IF THERE IS NOT A VALID PATIENT LIABILITY SEGMENT ON THE PATIENT ELIGIBILITY DISPLAY SCREEN 15 FOR THE DATE OF SERVICE. VALID PATIENT LIABILITY SEGMENTS ARE DEFINED AS: 1. A SEGMENT WITH AN AMOUNT GREATER THAN ZERO AND A LIABILITY TYPE OF “LTC”, **OR** 2. A SEGMENT WITH AN AMOUNT OF ZERO AND A LIABILITY TYPE OF “CONTINUED ZERO LIABILITY FOR NURSING FACILITY”, **OR** 3. A SEGMENT WITH AN AMOUNT OF ZERO AND A LIABILITY TYPE OF “LTC” IF THE MONTH BILLED IS EQUAL TO THE SEGMENT BEGIN DATE MONTH. IF THE APPLICABLE LIABILITY SEGMENT HAS A ZERO AMOUNT AND THE MONTH BEING BILLED IS GREATER THAN THE SEGMENT BEGIN DATE MONTH, THE SEGMENT MUST HAVE AN INDICATOR OF “Y” TO BE CONSIDERED VALID (SEE #2 ABOVE).		
	FOR CLAIM TYPE M AND O, ESC 3305 FAILS AT THE DETAIL IF THERE IS NO VALID PATIENT LIABILITY SEGMENT ON THE PATIENT ELIGIBILITY DISPLAY SCREEN 15 FOR THE DETAIL DATE OF SERVICE. FOR CLAIM TYPE M, A VALID SEGMENT IS DEFINED AS A SEGMENT WITH A LIABILITY TYPE OF “WAIVER”.		
	FOR CLAIM TYPE H, ESC 3305 FAILS AT THE DETAIL IF THERE IS NO VALID PATIENT LIABILITY SEGMENT ON FILE FOR THE DATE OF SERVICE. FOR CLAIM TYPE H, A VAILID SEGMENT IS DEFINED AS A SEGMENT WITH A LIABILITY TYPE OF “HOSPICE”.		
	EXCLUSIONS • CLAIMS FOR QMB-ONLY MEMBERS (PROGRAM CODE “Z”) BYPASS ESC 3305. • FOR CLAIM TYPE “A”, CLAIMS WITH A TYPE OF BILL OTHER THAN “21X” OR “81X” BYPASS ESC 3305. • WAIVER CLAIMS (PT 33, 41, 42, 43) BYPASS EDIT 3305 IF THE MEMBER HAS A HOSPICE INSTITUTIONAL STATUS OF ‘HW’ AND A HOSPICE PATIENT LIABILITY SEGMENT FOR THE DATE OF SERVICE (CO 17309). • FOR PROVIDER TYPE 33, DETAILS WITH PROCEDURE CODE H0043, S5126, S5140, OR T2016 BYPASS ESC 3305, EFFECTIVE WITH DOS 06/01/2007, IF MEMBER HAS AN ACTIVE HOSPICE SEGMENT FOR THE DATES OF SERVICE BILLED PER CO 12502.		
EOB CODES:	0271 - CLAIM DENIED. MEMBER AVAILABLE INCOME INFORMATION NOT ON FILE FOR THE MONTH OFSERVICE. PLEASE CONTACT DMS AT 1-800-635-2570.		

	0803 - MEMBER AVAILABLE INCOME INFORMATION NOT ON FILE FOR THE MONTH OF SERVICE. PLEASE CONTACT DMS AT 502-564-6885.
METHOD OF CORRECTION:	1. VERIFY THAT THE MEMBER ID NUMBER WAS KEYED CORRECTLY. IF NOT, CORRECT THE DATA. 2. VERIFY THAT THE DATES OF SERVICE WERE KEYED CORRECTLY. IF NOT, CORRECT THE DATES IN THE HEADER AND THE DETAILS. 3. IF ALL DATA IS KEYED CORRECTLY AND SYSTEM AGE IS LESS THAN 21 DAYS, ALLOW CLAIM TO RECYCLE. IF OVER 21 DAYS, CLAIM WILL SUSPEND FOR ESC 271. 4. IF ESC 3305 AND 2057 FAIL ON THE SAME CLAIM, DENY ESC 2057.

3.334 3306 (FORMER LEGACY EDIT 267)

DMS Approved 05/03/2012

ERROR STATUS CODE:	3306 (FORMER LEGACY EDIT 267)	**CLAIM TYPE:**	M
HEADER/DETAIL:	DETAIL	**PROVIDER TYPE:**	17, 46, 47
OVERRIDEABLE:	YES	**TYPE OF DOCUMENT:**	PAPER, NON-PAPER, ADJUSTMENTS
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	MEMBER ID, FDOS, TDOS, COMP/LIAB, EOB

ESC NAME:	MEMBER APPLIED INCOME NOT VALID FOR DATE OF SERVICE
ESC CRITERIA:	FAILS IF THERE IS NO WAIVER PATIENT LIABILITY SEGMENT FOR THE MONTH OF SERVICE FOR THE MEMBER. <u>EXCLUSIONS</u> EDIT 3306 IS BYPASSED IF THE MEMBER HAS A HOSPICE INSTITUTIONAL STATUS OF 'HW' AND A HOSPICE PATIENT LIABILITY SEGMENT FOR THE DATE OF SERVICE (CO 17309).
EOB CODES:	0567 – CLAIM DENIED. NO WAIVER LIABILITY BUCKET FOR THE MOTH OF SERVICE.
METHOD OF CORRECTION:	1. VERIFY MEMBER NUMBER WAS KEYED CORRECTLY. IF NOT, CORRECT THE DATA.
	2. VERIFY HEADER AND DETAIL DATES OF SERVICE WERE KEYED CORRECTLY. IF NOT, CORRECT HEADER DATES OF SERVICE AND CORRECT DETAIL DATES OF SERVICE.
	3. IF CLAIM DATES OF SERVICE ARE PRIOR TO 11-1-94, PULL PAPER REPORT FOR MEMBER FOR MONTH OF SERVICE. DETERMINE IF THE CONTINUING INCOME AMOUNT FOR THE MONTH OF SERVICE HAS BEEN COMPLETELY USED. IF THE BALANCE REMAINING IS ZERO, OVERRIDE THE ESC. • IF THERE IS CI TO BE APPLIED, RECORD THE ICN NUMBER, THE DATE OF SERVICE OF THOSE DETAILS WITH A MONTH OF SERVICE FOR WHICH THERE IS CI, AND THE TOTAL ALLOWED AMOUNT FOR THOSE DETAILS BEING REDUCED. • PLACE THE MEMBER'S CI (NOT TO EXCEED THE ALLOWED AMOUNT) IN THE PATIENT LIABILITY. • ENTER EOB 0267, AT THE HEADER, AND ON EVERY DETAIL REDUCED. • OVERRIDE THE ESC.

3.335 3307 (FORMER LEGACY EDIT 188)

DMS Approved 06/04/07

ERROR STATUS CODE:	3307 (FORMER LEGACY EDIT 188)	**CLAIM TYPE:**	I
HEADER/DETAIL:	DETAIL	**PROVIDER TYPE:**	02
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	PAPER, NON-PAPER, ADJUSTMENTS
DATA CORRECTABLE:	NO	**CLAIM FIELD LABEL:**	
ESC NAME:	REVENUE CODE NOT PAYABLE WITH REVENUE CODE 240		
ESC CRITERIA:	CHARGES FOR REVENUE CODES OTHER THAN 114, 124, 129, 134, 154, 960, OR 961 BILLED ON THE SAME CLAIM AS REVENUE CODE 240 (ALL INCLUSIVE ANCILLARY) WILL BE MOVED TO NON-COVERED. NOTE – REVENUE CODES PAYABLE WITH REVENUE CODE 240 ARE MAINTAINED IN REVENUE CODE GROP 1034.		
EOB CODES:	N/A		
METHOD OF CORRECTION:	N/A		

3.336 3308 (FORMER LEGACY EDIT 026)

DMS Approved 01/26/96

ERROR STATUS CODE:	3308 (FORMER LEGACY EDIT 026)	**CLAIM TYPE:**	L
HEADER/DETAIL:	DETAIL	**PROVIDER TYPE:**	11, 12
OVERRIDEABLE:	YES	**TYPE OF DOCUMENT:**	PAPER, NON-PAPER, ADJUSTMENTS
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	ACC/ANC, DYS

ESC NAME:	SUPPLEMENTAL BILLINGS FOR LONG TERM CARE.
ESC CRITERIA: **LEGACY CRITERIA:**	KY SPECIFIC ESC WHEN ANCILLARIES ARE BILLED AND NO TOTAL DAYS ARE BILLED, SUSPEND THE CLAIM.
EOB CODES:	0026 – LONG TERM CARE SUPPLEMENTAL BILLING MUST BE SUBMITTED AS AN ADJUSTMENT.
METHOD OF CORRECTION:	1. VERIFY THAT TOTAL DAYS WERE KEYED CORRECTLY. IF NOT, CORRECT THE DATA.
	2. IF NO TOTAL DAYS WERE BILLED, BUT ANCILLARIES WERE BILLED, DENY THE CLAIM.
	THIS ESC IS SET TO AUTO-DENY FOR TYPE OF DOCUMENT - ELECTRONIC CLAIMS.

3.337 3309 (FORMER LEGACY EDIT 036)

DMS Approved 01/26/96

ERROR STATUS CODE:	3309 (FORMER LEGACY EDIT 036)	**CLAIM TYPE:**	B, C, M
HEADER/DETAIL:	HEADER	**PROVIDER TYPE:**	31, 35
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	PAPER, NON-PAPER, ADJUSTMENTS
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	FDOS, TDOS

ESC NAME:	ONLY 1 DATE OF SERVICE PER CLAIM FORM.
ESC CRITERIA: **LEGACY CRITERIA:**	KY SPECIFIC ESC FAILS IF THE HEADER FDOS AND TDOS ARE NOT EQUAL.
EOB CODES:	0036 – ONLY 1 DATE OF SERVICE ALLOWED PER CLAIM FORM.
METHOD OF CORRECTION:	1. VERIFY THAT THE DETAIL DATES OF SERVICE WERE KEYED CORRECTLY. PLEASE NOTE - IF A CORRECTION IS MADE TO THE DETAIL. THE HEADER DATES MUST BE CORRECTED ACCORDINGLY.
	2. IF THE DATES OF SERVICE ARE KEYED CORRECTLY, DENY THE CLAIM.
	THIS ESC IS SET TO AUTO-DENY FOR THE TYPE OF DOCUMENT –ELECTRONIC CLAIMS.

3.338 3310

3.338.1 3310 (FORMER LEGACY EDIT 368)

DMS Approved 01/26/96

ERROR STATUS CODE:	3310 (FORMER LEGACY EDIT 368)	**CLAIM TYPE :**	B, C, I, L, M, O, P/Q
HEADER/DETAIL:	HEADER	**PROVIDER TYPE:**	01 (CT I/O), 02, 04, 11,12, 17, 30, 31, 32, 33, 35, 36, 37, 41, 43, 46, 47, 54, 55, 74, 78, 86, 90, 92, 93
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	ALL
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	RENDERING PROVIDER
ESC NAME:	NO RATE ON FILE FOR PROVIDER		
ESC CRITERIA: **LEGACY CRITERIA:**	KY SPECIFIC ESC IF CLAIM REQUIRES A REIMBURSEMENT RATE RECORD FOR INFORMATION AND NO RECORD IS FOUND ON THE REIMBURSEMENT RATE FILE FOR THE BILLING PROVIDER, SUSPEND THE CLAIM.		
EOB CODES:	0368 – UNABLE TO DETERMINE PRICING METHOD RULE FOR CLAIM PP CONTACT SYSTEMS.		
METHOD OF CORRECTION:	1. VERIFY DATA WAS KEYED CORRECTLY. IF NOT, CORRECT THE DATA.		
	2. IF DATA IS KEYED CORRECTLY, SEND CLAIM TO THE APPROPRIATE LOCATION FOR PRIOR AUTHORIZATION.		
	3. IF MASS ADJUSTMENT, SEND TO THE LOCATION FOR DMS.		

3.338.2 3310 (FORMER LEGACY EDIT 370)

DMS Approved 01/26/96

ERROR STATUS CODE:	3310 (FORMER LEGACY EDIT 370)	CLAIM TYPE :	B, H, I, L, M
HEADER/DETAIL:	HEADER	**PROVIDER TYPE:**	17, 22, 30, 31 (CT B/M), 32, 33, 35, 36, 37, 43, 55, 74, 78, 86, 90
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	PAPER, NON-PAPER, ADJUSTMENTS
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	RENDERNG PROVIDER
ESC NAME:	NO RATE ON FILE FOR PROVIDER		
ESC CRITERIA: **LEGACY CRITERIA:**	KY SPECIFIC ESC ESC FAILS WHEN A REIMBURSEMENT RATE RECORD IS FOUND BUT THERE IS NO CURRENT PROVIDER PAYMENT MADE FOR THE BILLING PROVIDER.		
EOB CODES:	0368 – UNABLE TO DETERMINE PRICING METHOD RULE FOR		

	CLAIM PP CONTACT SYSTEMS.
METHOD OF CORRECTION:	1. VERIFY DATA KEYED CORRECTLY. IF NOT, CORRECT THE DATA.
	2. FOR C/T "L", AND THE PA#INDICATOR IS CORRECTLY KEYED AS A "V", THEN DENY THE CLAIM.
	3. IF KEYED CORRECTLY, SEND THE CLAIM TO THE APPROPRIATE LOCATION FOR PRIOR AUTHORIZATION. **NOTE: ROCKCASTLE COUNTY SNF (11002029) IS THE ONLY FACILITY ALLOWED TO BILL FOR VENTILATOR RATE REIMBURSEMENT.**
	PRIOR AUTHORIZATION ANALYST 1. ACCESS PROVIDER MASTER FILE FOR REIMURSEMENT RATE. IF NO RATE IS FOUND FOR DATE(S) OF SERVICE: 4. VERIFY ON THE PROVIDER MASTER FILE THAT THE PROVIDER WAS ELIGIBLE FOR DATE(S) OF SERVICE AND CONTACT DMS FOR A REIMBURSEMENT RATE TO BE FORWARDED. 5. WHEN THE PROVIDER MASTER FILE HAS BEEN UPDATED, RECYCLE THE CLAIM. 6. IF NO REIMBURSEMENT RATE IS FORTHCOMING, DMS STAFF WILL AUTHORIZE DENIAL WITH APPROPRIATE EOB. DENY THE CLAIM.
	5. IF MASS ADJUSTMENT, FORWARD TO DMS.

3.338.3 3310 (FORMER LEGACY EDIT 371)

DMS Approved 01/26/96

ERROR STATUS CODE:	3310 (FORMER LEGACY EDIT 371)	**CLAIM TYPE :**	B, H, I, L, M, O
HEADER/DETAIL:	HEADER/DETAIL	**PROVIDER TYPE:**	17, 22, 30, 31, 32, 33, 35, 36, 37, 39, 41, 43, 46, 47, 55, 74, 78, 86, 90
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	PAPER, NON-PAPER, ADJUSTMENTS
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	RPROV, FDOS, TDOS
ESC NAME:	NO RATE ON FILE FOR PROVIDER		
ESC CRITERIA: **LEGACY CRITERIA:**	KY SPECIFIC ESC FAILS WHEN THERE IS A REIMBURSEMENT RATE RECORD BUT THE EFFECTIVE END DATE IS BEFORE THE CLAIM HEADER FROM-DATE-OF-SERVICE OR THE EFFECTIVE DATE IS O.K., BUT THE RATE IS $0.00 OR 0%.		
EOB CODES:	0368 – UNABLE TO DETERMINE PRICING METHOD RULE FOR CLAIM PP CONTACT SYSTEMS.		
METHOD OF CORRECTION:	A. VERIFY DATA (PROVIDER, DOS, KPA#INDICATOR) KEYED CORRECTLY. IF NOT, CORRECT THE DATA.		
	B. FOR C/T "L", IF ALL OTHER DATA IS KEYED CORRECTLY AND THE PA#INDICATOR IS OTHER THAN "V", THEN ROUTE TO PRIOR AUTHORIZATION SUPERVISOR.		

	C. FOR C/T "L", IF THE PA#INDICATOR IS A "V", THEN DENY THE CLAIM.
	D. IF ALL DATA KEYED CORRECTLY, FORWARD THE CLAIM TO THE APPROPRIATE LOCATION FOR PRIOR AUTHORIZATION.
	PRIOR AUTHORIZATION ANALYST 1. ACCESS PROVIDER MASTER FILE FOR REIMBURSEMENT RATE. IF NO RATE IS FOUND FOR DATE(S) OF SERVICE: 2. VERIFY ON THE PROVIDER MASTER FILE THAT THE PROVIDER WAS ELIGIBLE FOR DATE(S) OF SERVICE AND CONTACT DMS FOR A REIMBURSEMENT RATE TO BE FORWARDED. 3. WHEN THE PROVIDER MASTER FILE HAS BEEN UPDATED, RECYCLE THE CLAIM. 4. IF NO REIMBURSEMENT RATE IS FORTHCOMING, DMS STAFF WILL AUTHORIZE DENIAL WITH APPROPRIATE EOB. DENY THE CLAIM.
	5. IF MASS ADJUSTMENT, FORWARD TO DMS.

3.339 3311 (FORMER LEGACY EDIT 052)

DMS Approved 12/06/96

ERROR STATUS CODE:	3311 (FORMER LEGACY EDIT 052)	**CLAIM TYPE:**	B,C
HEADER/DETAIL:	HEADER	**PROVIDER TYPE:**	20, 30, 24, 36, 37, 50, 52, 60, 61, 64, 65, 70, 72, 74, 77, 78
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	PAPER CLAIMS
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	TOT BILL, OI PD, NET BILL DETAIL BILLED

ESC NAME:	MEDICARE NET PAY DOES NOT EQUAL THE MEDICARE TOTAL
ESC CRITERIA: **LEGACY CRITERIA:**	KY SPECIFIC ESC SUSPEND THE CLAIM IF THE MEDICARE NET PAY DOES **NOT** EQUAL THE MEDICARE TOTAL BILLED MINUS OTHER DEDUCTIONS.
EOB CODES:	0052 - ERROR ON CLAIM RELATED TO DOLLAR AMOUNTS - CLAIM IN PROCESS.
METHOD OF CORRECTION:	1. VERIFY EACH DETAIL WAS KEYED CORRECTLY. IF NOT, DATA CORRECT THE APPROPRIATE FIELDS.
	2. VERIFY BILLED CHARGE, DEDUCTIONS (COINSURANCE AND DEDUCTIBLE AND NON-COVERED), AND NET BILLED WERE KEYED CORRECTLY. IF NOT, CORRECT THE DATA.
	3. IF ALL DATA WAS KEYED CORRECTLY AND THE MEDICARE EOMB INDICATES AN ADJUSTMENT, OVERRIDE THE ESC.
	4. IF ALL DATA WAS KEYED CORRECTLY AND THE MEDICARE EOMB DOES NOT INDICATE AN ADJUSTMENT, NOTIFY THE SUPERVISOR, **NEVER DENY THE CLAIM FOR THIS ESC/EOB.**
THIS EDIT WAS SET TO INACTIVE 03/28/2012 CO17818-WITH 5010 CHANGES WE AUTO CALCULATE THE MEDICARE AMOUNTS.	

3.340 3312 (FORMER LEGACY EDIT 073)

DMS Approved 12/11/03

ERROR STATUS CODE:	3312 (FORMER LEGACY EDIT 073)	**CLAIM TYPE:**	M (PT 15, 20, 22, 23, 31, 35, 40)
HEADER/DETAIL:	DETAIL	**PROVIDER TYPE:**	15, 20, 22, 23, 31, 35, 40
OVERRIDEABLE:	YES	**TYPE OF DOCUMENT:**	PAPER, NON-PAPER, ADJUSTMENTS
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	REF

ESC NAME:	EPSDT/PRIMARY CARE REFERRAL CODE INVALID.
ESC CRITERIA: **LEGACY CRITERIA:**	KY SPECIFIC ESC SUSPEND CLAIM IF REFERRAL REFERENCE OTHER CODE IS NOT BR, BT, CR, CT, DR, DT, ER, ET, FR,FT, GR, GT, HR, HT, IB, ID, IM, IO, IP, LR, LT, MR, MT, NR, NT, OR, OT, SR, ST, TR, TT, UR, UT, VR, VT, OR BLANK THIS ESC IS NOT APPLIED TO PROVIDER TYPES 29, 24 AND 21. **NOTE:** AS PART OF HIPPA IMPLEMENTATION, DMS REQUESTED THE ESC TO BE TURNED OFF FOR PT 29, 24 AND 21.
EOB CODES:	0073 – REFERRED TO “OTHER” CODE INVALID.
METHOD OF CORRECTION:	1. VERIFY THAT THE REFERRAL REFERENCE CODE WAS KEYED CORRECTLY. IF NOT, CORRECT THE DATA.
	2. IF KEYED CORRECTLY, DENY THE CLAIM.
	THIS ESC IS SET TO AUTO-DENY FOR TYPE OF DOCUMENT - ELECTRONIC CLAIMS.

3.341 3314 (FORMER LEGACY EDIT 967)

DMS Approved 01/26/96

ERROR STATUS CODE:	3314 (FORMER LEGACY EDIT 967)	**CLAIM TYPE:**	H
HEADER/DETAIL:	DETAIL	**PROVIDER TYPE:**	34
OVERRIDEABLE:	YES	**TYPE OF DOCUMENT:**	PAPER, NON-PAPER, ADJUSTMENTS
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	PROC, UNITS

ESC NAME:	REVENUE CODE LIMITED TO TWO UNITS OF SERVICE PER DAY
ESC CRITERIA: **LEGACY CRITERIA**	KY SPECIFIC ESC FAILS REVENUE CODE 550 IF THE UNITS OF SERVICE ARE GREATER THAN TWICE THE NUMBER OF DAYS BILLED (TDOS – FDOS + 1 = DAYS BILLED).
EOB CODES:	0967 – REVENUE CODE INVALID FOR PLACE OF SERVICE.
METHOD OF CORRECTION:	1. VERIFY THE REVENUE CODE WAS KEYED CORRECTLY. IF NOT, CORRECT THE DATA.
	2. VERIFY THE DATES OF SERVICE WERE KEYED CORRECTLY. IF NOT, CORRECT THE DATA.
	3. VERIFY THE UNITS OF SERVICE WERE KEYED CORRECTLY. IF NOT, CORRECT THE DATA.
	4. IF THE REVENUE CODE, DATES OF SERVICE, AND UNITS OF SERVICE WERE KEYED CORRECTLY, DENY THE CLAIM.
	THIS ESC IS SET TO AUTO-DENY ON THE TYPE OF DOCUMENT – ELECTRONIC CLAIMS.
METHOD OF CORRECTION: (PAPER ADJUSTMENT)	1. VERIFY THE REVENUE CODE WAS KEYED CORRECTLY. IF NOT, CORRECT THE DATA.
	2. VERIFY THE DATES OF SERVICE WERE KEYED CORRECTLY. IF NOT, CORRECT THE DATA.
	3. VERIFY THE UNITS OF SERVICE WERE KEYED CORRECTLY. IF NOT, CORRECT THE DATA.
	4. IF THE REVENUE CODE, DATES OF SERVICE, AND UNITS OF SERVICE WERE KEYED CORRECTLY, AND THE ADJUSTMENT REQUEST WAS SUBMITTED TO CHANGE ONE OF THESE FIELDS, DELETE THE PENDED CLAIM. RETURN THE ADJUSTMENT REQUEST TO THE SUBMITTER INDICATING ON THE RTP SHEET "REIMBURSEMENT FOR REVENUE CODE 550 IS LIMITED TO TWO UNITS OF SERVICE PER DAY."
	5. IF THE REVENUE CODE, DATES OF SERVICE, AND UNITS OF SERVICE WERE KEYED CORRECTLY AND THE ADJUSTMENT REQUEST IS NOT CHANGING ANY OF THESE FIELDS, DENY THE DETAIL.

3.342 3315

DMS Approved 06/2007

ERROR STATUS CODE:	3315 (NO FORMER LEGACY EDIT)	CLAIM TYPE:	H
HEADER/DETAIL:	DETAIL	PROVIDER TYPE:	42
OVERRIDEABLE:	YES	TYPE OF DOCUMENT:	PAPER, NON-PAPER, ADJUSTMENTS
DATA CORRECTABLE	YES	FIELD NAME:	PROVIDER ID, DOS

ESC NAME:	UB92 HOSPICE LTC RATE NOT FOUND IN T_PR_RATE
ESC CRITERIA:	IF NO FEE IS FOUND ON TABLE PROVIDER RATE TABLE FOR THE REVENUE CODE BILLED ON THE CLAIM AND IT'S BILLED BY A HOSPICE PROVIDER (PT 44), POST THE EDIT.
EOB CODES:	9998 – CLAIM WAS PRICED IN ACCORDANCE WITH KENTUCKY MEDICAID.
METHOD OF CORRECTION:	11. VERIFY THAT THE DATE OF SERVICE AND PROVIDER IDWERE ENTERED CORRECTLY. IF NOT, CORRECT THE CLAIM.
	12. IF ENTERED CORRECTLY SUSPEND THE CLAIM WITH EOB 9998 AND NOTIFY SUPERVISOR.
	NOTE: NEVER DENY CLAIM FOR THIS ESC/EOB – ALWAYS NOTIFY SUPERVISOR!

3.343 3316

DMS Approved 02/22/2010

a. ERROR STATUS CODE:	a. 3316 (NO FORMER LEGACY EDIT)	a. CLAIM TYPE:	I
HEADER/DETAIL:	DETAIL	PROVIDER TYPE:	01, 02
OVERRIDEABLE:	YES	TYPE OF DOCUMENT:	PAPER, NON-PAPER, ADJUSTMENTS
DATA CORRECTABLE	YES	FIELD NAME:	PROVIDER ID, DOS

ESC NAME:	PERCENT OF PER DIEM RATE NOT FOUND IN T_PR_RATE
ESC CRITERIA:	IF NO FEE IS FOUND ON TABLE PROVIDER RATE TABLE FOR THE REVENUE CODE BILLED ON THE CLAIM AND THE PROVIDER IS A CRITICAL ACCESS HOSPITAL, POST THE EDIT.
EOB CODES:	9013 – CLAIM UNDER REVIEW, FOR INTERNAL USE ONLY
a. METHOD OF CORRECTION: a. a.	13. VERIFY THAT THE DATE OF SERVICE AND PROVIDER IDWERE ENTERED CORRECTLY. IF NOT, CORRECT THE CLAIM. 14. IF ENTERED CORRECTLY SUSPEND THE CLAIM WITH EOB 9013 AND NOTIFY SUPERVISOR. **NOTE: NEVER DENY CLAIM FOR THIS ESC/EOB – ALWAYS NOTIFY SUPERVISOR!**

3.344 3317 (FORMER LEGACY EDIT 122)

DMS Approved 01/26/96

ERROR STATUS CODE:	3317 (FORMER LEGACY EDIT 122)	**CLAIM TYPE:**	B, C
HEADER/DETAIL:	DETAIL	**PROVIDER TYPE:**	20, 30, 34, 36, 37, 50, 52, 54, 60, 61, 64, 65, 74, 77, 78, 90
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	NON-PAPER
DATA CORRECTABLE:	NO	**CLAIM FIELD LABEL:**	MCR ALLWD

ESC NAME:	THIS SERVICE WAS NOT APPROVED BY MEDICARE.
ESC CRITERIA: **LEGACY CRITERIA:**	KY SPECIFIC ESC FAILS TAPE CROSSOVERS WITH DETAIL MEDICARE APPROVED AMOUNTS OF ZERO IF THE MEMBER IS **NOT** QMB-ONLY (THE QMB INDICATOR IS OTHER THAN Z).
EOB CODES:	0122 – THIS SERVICE WAS NOT APPROVED BY MEDICARE. PLEASE RESUBMIT THIS SERVICE TO MEDI CAID WITH A COPY OF THE MEDICARE EOMB.
METHOD OF CORRECTION:	NOT APPLICABLE.
	THIS ESC IS SET TO AUTO-DENY.

3.345 3318 (FORMER LEGACY EDIT 117)

DMS Approved: 02/01/06

ERROR STATUS CODE:	3318 (FORMER LEGACY EDIT 117)	**CLAIM TYPE:**	I, A (PT 01 ONLY)
HEADER/DETAIL:	HEADER	**PROVIDER TYPE:**	01 (CT A/I), CT I (02, 04, 92, 93)
OVERRIDEABLE:	YES	**TYPE OF DOCUMENT:**	PAPER, NON-PAPER, ADJUSTMENTS
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	TYPE BILL

ESC NAME:	TYPE OF BILL INVALID FOR DRG-RELATED CLAIM.
ESC CRITERIA:	KY SPECIFIC ESC
LEGACY CRITERIA:	FAILS IF THE TYPE OF BILL IS NOT A 110 OR 111 FOR CLAIM TYPE I, PT. 01. FOR CLAIM TYPE A, PT. 01 FAILS IF THE TOB IS 112, 113 OR 114. EXCLUSIONS: THE FOLLOWING CRITICAL ACCESS, REHABILITATION AND VENTALITOR FACILITIES ARE EXCLUED FROM THIS ESC: CRITICAL ACCESS FREE-STANDING REHAB VENTILATOR 01000140 01021237 01022532 01000181 01000173 01000256 01000223 01022326 01002526 01022540 01002724 01022243 01004233 01005339 01008044 01016732 01021773 01021815 01021898 01021930 01022060 01022110 01022458 01600774 04/01/03 01400480 04/01/03 01000272 05/01/03 01000454 01/01/06 01006931 07/01/04 01000306 03/29/04 01000314 01/01/04 01021781 12/31/04 01000330 07/01/05 01000322 02/01/04 01600691 08/01/04 01000355 02/01/05 01000363 03/01/05 01022482 05/24/05 01014232 06/14/05 01015338 12/01/05 01000389 07/01/05 01000348 12/01/05

	01009042 12/01/05 NOTE: EFFECTIVE WITH ADMIT DOS 07/01/03 PROVIDER NUMBERS 01021815 AND 01000223 HAVE BEEN REMOVED FROM THE CRITICAL ACCESS EXCLUSION LIST. PER DCR 00840 EFFECTIVE WITH ADMIT DOS 08/03/05 PROVIDER NUMBER 01021898 HAS BEEN REMOVED FROM THE CRITICAL ACCESS EXCLUSION LIST. PER DCR1431
EOB CODES:	0117 – PRICING ADJUSTMENT P BUNDLED RATE PRICING APPLIED.
METHOD OF CORRECTION:	1. VERIFY THAT THE PROVIDER NUMBER AND TYPE OF BILL WERE ENTERED CORRECTLY. IF NOT, DATA CORRECT.
	2. IF ENTERED CORRECTLY, DENY THE CLAIM.
	THIS ESC IS SET TO AUTO-DENY FOR TYPE OF DOCUMENT - ELECTRONIC CLAIMS.

3.346 3319 (FORMER LEGACY EDIT 968)

DMS Approved 01/26/96

ERROR STATUS CODE:	3319 (FORMER LEGACY EDIT 968)	**CLAIM TYPE:**	H
HEADER/DETAIL:	DETAIL	**PROVIDER TYPE:**	34
OVERRIDEABLE:	YES	**TYPE OF DOCUMENT:**	PAPER, NON-PAPER, ADJUSTMENTS
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	REV CODE, UOS

ESC NAME:	REVENUE CODE LIMITED TO ONE UNIT OF SERVICE PER DAY
ESC CRITERIA: **LEGACY CRITERIA:**	KY SPECIFIC ESC FAILS REVENUE CODES 420, 430, 440, 560, AND 570 IF THE UNITS OF SERVICE ARE GREATER THAN THE NUMBER OF DAYS BILLED (TDOS – FDOS + 1 = DAYS BILLED).
EOB CODES:	0968 – REVENUE CODE INVALID FOR PLACE OF SERVICE.
METHOD OF CORRECTION:	1. VERIFY THE REVENUE CODE WAS KEYED CORRECTLY. IF NOT, CORRECT THE DATA.
	2. VERIFY THE DATES OF SERVICE WERE KEYED CORRECTLY. IF NOT, CORRECT THE DATA.
	3. VERIFY THE UNITS OF SERVICE WERE KEYED CORRECTLY. IF NOT, CORRECT THE DATA.
	4. IF THE DATE OF SERVICE IS PRIOR TO 11/01/92 OVERRIDE THE ESC.
	5. IF THE REVENUE CODE, DATES OF SERVICE, AND UNITS OF SERVICE WERE KEYED CORRECTLY, DENY THE CLAIM.
	THIS ESC IS SET TO AUTO-DENY ON THE TYPE OF DOCUMENT – ELECTRONIC CLAIMS.
METHOD OF CORRECTION: (PAPER ADJUSTMENT)	1. VERIFY THE REVENUE CODE WAS KEYED CORRECTLY. IF NOT, CORRECT THE DATA.
	2. VERIFY THE DATES OF SERVICE WERE KEYED CORRECTLY. IF NOT, CORRECT THE DATA.
	3. VERIFY THE UNITS OF SERVICE WERE KEYED CORRECTLY. IF NOT, CORRECT THE DATA.
	4. IF THE DATE OF SERVICE IS PRIOR TO 11/01/92 OVERRIDE THE ESC.
	5. IF THE REVENUE CODE, DATES OF SERVICE, AND UNITS OF SERVICE WERE KEYED CORRECTLY, AND THE ADJUSTMENT REQUEST WAS SUBMITTED TO CHANGE ONE OF THESE FIELDS, DELETE THE PENDED CLAIM. RETURN THE ADJUSTMENT REQUEST TO THE SUBMITTER INDICATING ON THE RTP SHEET “REIMBURSEMENT FOR REVENUE CODES 420, 430, 440, 560, AND 570 IS LIMITED TO ONE UNIT OF SERVICE PER DAY.”
	6. IF THE REVENUE CODE, DATES OF SERVICE, AND UNITS OF SERVICE WERE KEYED CORRECTLY AND THE ADJUSTMENT REQUEST IS NOT CHANGING ANY OF THESE FIELDS, DENY THE DETAIL.

3.347 3320 (FORMER LEGACY EDIT 412)

DMS Approved 01/07/03

ERROR STATUS CODE:	3320 (FORMER LEGACY EDIT 412)	**CLAIM TYPE:**	M
HEADER/DETAIL:	DETAIL	**PROVIDER TYPE:**	23, 24
OVERRIDEABLE:	YES	**TYPE OF DOCUMENT:**	PAPER, NON-PAPER, ADJUSTMENTS
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	DDOS

ESC NAME:	ONLY ONE DATE OF SERVICE ALLOWED PER DETAIL.
ESC CRITERIA: **LEGACY CRITERIA:**	KY SPECIFIC ESC FAILS IF THE DETAIL FROM DATE OF SERVICE IS NOT EQUAL TO THE DETAIL TO DATE OF SERVICE.
EOB CODES:	0412 – DETAIL DENIED. ONLY ONE DATE OF SERVICE ALLOWED PER DETAIL.
METHOD OF CORRECTION:	1. VERIFY THE DATES OF SERVICE ARE ENTERED CORRECTLY. IF NOT, CORRECT.
	2. IF THE DATES OF SERVICE ARE ENTERED CORRECTLY, DENY THE DETAIL.

3.348 3321 (FORMER LEGACY EDIT 354)

DMS Approved 01/26/96

ERROR STATUS CODE:	3321 (FORMER LEGACY EDIT 354)	**CLAIM TYPE:**	B, D, H, M, O, P/Q
HEADER/DETAIL:	DETAIL	**PROVIDER TYPE:**	31, 34, 35, 39, 41, 42, 46, 47, 54, 60, 61, CT M (ALL EXCEPT 15, 20, 21, 22, 23, 24, 27, 28, 29, 40, 45)
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	PAPER, NON-PAPER, ADJUSTMENTS
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	EOB, MANUAL

ESC NAME:	MANUAL PRICE INVALID OR NOT ACCOMPANIED BY A MANUAL PRICE EOB.
ESC CRITERIA: **LEGACY CRITERIA:**	KY SPECIFIC ESC VERIFIES THAT ANY MANUAL PRICE INPUT IS ALL NUMERIC AND NOT GREATER THAN THE BILLED AMOUNT. IT WILL FAIL WHENEVER THERE IS A MANUAL PRICE AND THERE IS NOT A CUTBACK MANUAL PRICE EOB. VERIFIES THAT THE MANUAL PRICE IS NOT GREATER THAN THE PRICE ON FILE FOR MANUAL PRICE EOB'S REQUIRING THIS CHECK.
EOB CODES:	0354 – MANUAL PRICE INVALID OR NOT ACCOMPANIED BY A MANUAL PRICE EOB.
METHOD OF CORRECTION:	1. VERIFY PROCEDURE REQUIRED MANUAL PRICE. IF MANUAL PRICE REQUIRED, ROUTE TO APPROPRIATE PERSON FOR REVIEW.
	2. IF MANUAL PRICE IS ENTERED ON A DETAIL WHICH DOES NOT REQUIRE MANUAL PRICE, THEN SET IT TO ZERO.
	3. IF MANUAL PRICING IS GREATER THAN BILLED AMOUNT, ROUTE TO DMS. 4. FORWARD CLAIM AND ATTACHMENT INFORMATION TO THE APPROPRIATE LOCATION FOR DMS. DMS ANALYST: 1. AFTER CLAIM REVIEW, THEN CORRECT THE MANUAL PRICE. 2. ENTER THE APPROPRIATE EOB.

3.349 3322 (FORMER LEGACY EDIT 101)

DMS Approved 07/08/05

ERROR STATUS CODE:	3322 (FORMER LEGACY EDIT 101)	**CLAIM TYPE:**	ALL EXCEPT A, B (PT 01, 55), C (PT 01, 39)
HEADER/DETAIL:	DETAIL	**PROVIDER TYPE:**	ALL EXCEPT CROSSOVER PROVIDERS 01, 02, 11, 12, 39, 55
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	PAPER, NON-PAPER, ADJUSTMENTS, ENCOUNTERS
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	TDOS

ESC NAME:	INVALID TDOS - FUTRE DATE			
ESC CRITERIA: **LEGACY CRITERIA:**	KY SPECIFIC ESC VERIFIES THE “TO” DATE OF SERVICE IS VALID, NOT PRIOR TO THE “FROM” DATE OF SERVICE, AND BEFORE THE TCN JULIAN DATE.			
	EXCLUSIONS FOR PROVIDER TYPE 90, CT M THE FOLLOWING CPT CODES ARE EXCLUDED FROM ESC 3322 PER DCR 00598.			
	A4221	A4222	A4253	A4256
	A4259	A4625	A4629	B4034
	B4053	B4036	B4150	B4151
	B4152	B4153	B4154	B4155
	B4156	B4164	B4168	B4172
	B4176	B4178	B4180	B4184
	B4189	B4193	B4197	B4199
	B4216	B4220	B4222	B4224
	B5000	B5100	B5200	E0935
	FOR PROVIDER TYPE 90, CT C THE FOLLOWING CPT CODES ARE EXCLUDED FROM ESC 101 PER DCR 01359			
	B4102	B4103	B4104	B4149
	B4157	B4158	B4159	B4160
	B4161	B4162		
EOB CODES:	0101 – DETAIL TO DATE OF SERVICE MISSING OR INVALID.			
METHOD OF CORRECTION:	• VERIFY THAT THE DATE OF SERVICE WAS KEYED CORRECTLY. IF INCORRECT, CORRECT THE DATA.			
	• IF THE FROM DATE OF SERVICE IS GREATER THAN THE TO DATE OF SERVICE, OR IF MISSING, DENY THE CLAIM.			
	THIS ESC IS SET TO AUTO-DENY FOR TYPE OF DOCUMENT - ELECTRONIC CLAIMS. NOTE: THIS ESC IS INACTIVE FOR PT. 90 CT. B, PER DCR00493. THIS AUDIT IS ACTIVE FOR PT 90 CT B PER DCR 00598			

3.350 3323 (FORMER LEGACY EDIT 377)

DMS Approved 01/26/96

ERROR STATUS CODE:	3323 (FORMER LEGACY EDIT 377)	**CLAIM TYPE:**	A, B, C
HEADER/DETAIL:	HEADER/DETAIL	**PROVIDER TYPE:**	CROSSOVER PROVIDERS (01, 02, 11, 12, 20, 30, 31, 34, 35, 36, 37, 39, 50, 52, 54, 55, 60, 61, 64, 65, 74, 78, 80, 82, 85, 86, 87, 88, 89, 90, 91, 95)
OVERRIDEABLE:	YES	**TYPE OF DOCUMENT:**	PAPER ONLY
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	MCR AMOUNT

ESC NAME:	MEDICARE AMOUNTS EXCEED $999.99.
ESC CRITERIA: **LEGACY CRITERIA:**	KY SPECIFIC ESC FOR CLAIM TYPE B (EXCEPT PROVIDER TYPE 91),. CLAIM FAILS IF THE DETAIL MEDICARE ALLOWED AMOUNT EXCEEDS $999.99. FOR CLAIM TYPE B (EXCEPT PROVIDER TYPES 31 AND 35), B (PROVIDER TYPE 91 ONLY), AND A, CLAIM FAILS THE COMBINATION OF THE MEDICARE DEDUCTIBLE AND COINSURANCE AMOUNTS EXCEED $999.99. **NOTE: FOR TYPE "A" CLAIMS BILLED ON THE UB04, COINSURANCE AND DEDUCTIBLE AMOUNTS ARE PLUGGED BASED ON VALUE CODES AND THEIR CORRESPONDING VALUE AMOUNTS. (FORM LOCATORS #39, 40, 41 ON THE UB04). VALUE CODES OF "A1" AND "B1" INDICATE DEDUCTIBLE, CODES OF "A2" AND "B2" INDICATE COINSURANCE.** FOR CLAIM TYPE B (PROVIDER TYPE 30) AND CLAIM TYPE B (PROVIDER TYPE 31 AND 35). CLAIM FAILS FOR EITHER OF THE TWO REASONS: IF THE MEMBER IS QMB-ONLY (PROGRAM CODE Z) AND THE COMBINATION OF THE MEDICARE DEDUCTIBLE AND COINSURANCE AMOUNTS EXCEED $999.99. IF THE MEMBER IS NOT QMB-ONLY (PROGRAM CODE OTHER THAN Z) AND THE MEDICARE PAID AMOUNT EXCEEDS $999.99.
EOB CODES:	N/A
METHOD OF CORRECTION:	1. VERIFY THAT THE FOLLOWING FIELDS HAVE BEEN KEYED CORRECTLY: • MEMBER MEMBER ID • DATES OF SERVICE • MEDICARE BILLED • MEDICARE PAID • MEDICARE DEDUCTIBLE

	• MEDICARE COINSURANCE • DETAIL MEDICARE ALLOWED AMOUNT • TOTAL CHARGE (PROVIDER TYPE 30 ONLY) IF INCORRECT, CORRECT THE FIELD IN ERROR. FOR CLAIMS BILLED ON THE UB04, DEDUCTIBLE AND COINSURANCE AMOUNTS MUST BE VERIFIED BY REFERENCING THE VALUE CODE/VALUE AMOUNT FIELDS. IF THE DEDUCTIBLE AND/OR COINSURANCE AMOUNTS DO NOT MATCH THE VALUE AMOUNTS WHICH CORRESPOND TO VALUE CODES OF “A1” OR “B1” FOR DEDUCTIBLE, OR “A2” OR “B2” FOR COINSURANCE, DATA CORRECT THE CORRECT AMOUNT INTO THE DEDUCTIBLE AND/OR COINSURANCE FIELDS. ADDITIONALLY THE DETAIL ALLOWED AMOUNT AND BILLED AMOUNT WILL NEED TO BE CORRECTED IF A CORRECTION IS MADE TO ONE OF THE FIELDS LISTED ABOVE.
	1. IF ALL DATA IS KEYED CORRECTLY, OVERRIDE THE ESC. 2. **DO NOT DENY A CLAIM FOR FAILING THIS ESC.**

3.351 3324 (FORMER LEGACY EDIT 015)

DMS Approved 01/26/96

ERROR STATUS CODE:	3324 (FORMER LEGACY EDIT 015)	**CLAIM TYPE:**	C (PROV TYPE 91)
HEADER/DETAIL:	HEADER	**PROVIDER TYPE:**	91
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	PAPER ONLY
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	TYP BILL

ESC NAME:	INVALID TYPE OF BILL FOR CORF/ORF SPECIALTY
ESC CRITERIA: **LEGACY CRITERIA:**	KY SPECIFIC CRITERIA FAILS IF THE PROVIDER TYPE IS 91 AND THE SPECIALTY IS 95 OR 99 AND THE TYPE OF BILL IS NOT VALID FOR THAT SPECIALTY. VALID SPECIALTIES ARE: (ORF) SPECIALTY 911 — (CORF) SPECIALTY 99 741 751 742 752 743 753 744 754
EOB CODES:	0057 – INVALID TYPE OF BILL FOR CORF/ORF SPECIALTY.
METHOD OF CORRECTION:	VERIFY THAT THE TYPE OF BILL WAS KEYED CORRECTLY. IF NOT, DATA CORRECT
	VERIFY THAT THE PROVIDER NUMBER WAS KEYED CORRECTLY. IF NOT, DATA CORRECT.
	IF CLAIM WAS KEYED CORRECTLY, DENY.

3.352 3326 (FORMER LEGACY EDIT 921)

DMS Approved 05/23/96

ERROR STATUS CODE:	**3326 (FORMER LEGACY EDIT 921)**	**PROVIDER TYPE:**	A, B, C
HEADER/DETAIL:	HEADER	**PROVIDER TYPE:**	CROSSOVER PROVIDERS (01, 02, 11, 12, 20, 30, 31, 34, 35, 36, 37, 39, 50, 52, 54, 55, 60, 61, 64, 65, 74, 78, 80, 82, 85, 86, 87, 88, 89, 90, 91, 95)
OVERRIDEABLE:	YES	**TYPE OF DOCUMENT:**	PAPER CLAIMS
DATA CORRECTABLE	YES	**CLAIM FIELD LABEL:**	TPL, MCARE PD, COINS, DEDUCT

ESC NAME:	TPL AMOUNT IS EQUAL TO THE MEDICARE PAID AMOUNT OR GREATER THAN THE SUM OF COINSURANCE AND DEDUCTIBLE.
ESC CRITERIA: **LEGACY CRITERIA:**	KY SPECIFIC ESC FAILS CROSSOVER CLAIMS IF THE TPL AMOUNT IS EQUAL TO THE MEDICARE PAID AMOUNT OR GREATER THAN HEADER COINSURANCE + HEADER DEDUCTIBLE.
EOB CODES:	0921 - SERVICE NOT COVERED ON INPATIENT CLAIMS
METHOD OF CORRECTION:	1. CHECK KEYING OF TPL AMOUNT, MEDICARE PAID AMOUNT COINSURANCE, AND DEDUCTIBLE. IF INCORRECT, ENTER CORRECT DATA.
	2. THIS ESC IS SET TO AUTO DENY.

3.353 3327 (FORMER LEGACY EDIT 918)

DMS Approved: 04/18/05

ERROR STATUS CODE:	3327 (FORMER LEGACY EDIT 918)	**CLAIM TYPE:**	H, O
HEADER/DETAIL:	DETAIL	**PROVIDER TYPE:**	41, 42, 44, 46, 47
OVERRIDEABLE:	YES	**TYPE OF DOCUMENT:**	PAPER, NON-PAPER, ADJUSTMENTS, ENCOUNTERS
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	DDOS, HDOS

ESC NAME:	DETAIL DATES OF SERVICE NOT EQUAL TO OR WITHIN THE HEADER DATES OF SERVICE.
ESC CRITERIA: **LEGACY CRITERIA:**	KY SPECIFIC ESC FAILS IF THE DETAIL DATES OF SERVICE ARE NOT EQUAL TO OR WITHIN THE HEADER DATES OF SERVICE.
EOB CODES:	0918 – CLAIM/DETAIL DENIED. THE DETAIL DATES OF SERVICE ARE NOT EQUAL TO OR WITHIN THE HEADER DATES OF SERVICE.
METHOD OF CORRECTION:	1. VERIFY THE DETAIL AND HEADER DATES OF SERVICE WERE KEYED CORRECTLY. IF NOT, CORRECT THE DATA.
	2. IF KEYED CORRECTLY DENY THE DETAIL WITH AN EOB OF 918. NOTE: THIS ESC APPLIES TO ENCOUNTER CLAIMS WITH DOS ON OR AFTER 01/30/05. PER DCR 01308

3.354 3328 (FORMER LEGACY EDIT 220)

DMS Approved 01/26/96

ERROR STATUS CODE:	3328 (FORMER LEGACY EDIT 220)	**CLAIM TYPE:**	A, I
HEADER/DETAIL:	HEADER	**PROVIDER TYPE:**	02, 04
OVERRIDEABLE:	YES	**TYPE OF DOCUMENT:**	ALL (EXCEPT MASS ADJUSTMENT)
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	PDIAG

ESC NAME:	PRIMARY DIAGNOSIS INDICATES SUBSTANCE ABUSE/CHEMICAL DEPENDENCY.
ESC CRITERIA: **LEGACY CRITERIA:**	KY SPECIFIC ESC SUSPENDS MENTAL HOSPITAL (PROV TYPE 02) AND PRTF (PROV TYPE 04) CLAIMS IF THE **PRIMARY** DIAGNOSIS CODE FALLS WITHIN ONE OF THE FOLLOWING RANGES: 291 THROUGH 29299 303 THROUGH 30599
EOB CODES:	0220 – SERVICE(S) NOT COVERED BY KY MEDICAID. PRIMARY DIAGNOSIS CODE INDICATES SUBSTANCE ABUSE/CHEMICAL DEPENDENCY.
METHOD OF CORRECTION:	1. VERIFY THAT THE PRIMARY DIAGNOSIS CODE WAS ENTERED CORRECTLY. IF NOT, CORRECT THE DATA.
	2. IF THE PRIMARY DIAGNOSIS CODE WAS KEYED CORRECTLY, DENY THE CLAIM.
	THIS ESC IS SET TO AUTO-DENY ON THE TYPE OF DOCUMENT – ELECTRONIC CLAIMS.

3.355 3329 (FORMER LEGACY EDIT 915)

DMS Approved 06/04/99

ERROR STATUS CODE:	3329 (FORMER LEGACY EDIT 915)	**CLAIM TYPE:**	H, I, L, O (PT 01, 39, 41)
HEADER/DETAIL:	HEADER	**PROVIDER TYPE:**	01 (PT I/O), 02, 04, 11, 12, 34, 39, 41, 42, 44, 92, 93
OVERRIDEABLE:	YES	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENT
DATA CORRECTABLE	YES	**CLAIM FIELD LABEL:**	NCRVD AMT, BLD AMT

ESC NAME:	NON-COVERED AMOUNT IS GREATER THAN BILLED AMOUNT (HEADER)
ESC CRITERIA: **LEGACY CRITERIA:**	KY SPECIFIC ESC FAILS TYPE I AND L CLAIMS AT THE HEADER IF THE HEADER NON-COVERED AMOUNT IS GREATER THAN THE HEADER BILLED AMOUNT. FAILS TYPE H AND O CLAIMS AT THE DETAIL IF THE DETAIL NON-COVERED AMOUNT IS GREATER THAN THE DETAIL BILLED AMOUNT.
EOB CODES:	0915 - THE NON-COVERED AMOUNT CANNOT BE GREATER THAN THE BILLED AMOUNT.
METHOD OF CORRECTION:	1. IF THE FAILURE IS AT THE DETAIL VERIFY THE DETAIL NON-COVERED AND BILLED AMOUNTS ARE KEYED CORRECTLY. IF NOT, CORRECT.
	2. IF THE FAILURE IS AT THE HEADER VERIFY THE HEADER NON-COVERED AND BILLED AMOUNTS ARE KEYED CORRECTLY. IF NOT, CORRECT.
	3. IF THE CLAIM IS KEYED CORRECTLY, DENY WITH EOB 915.

3.356 3330 (FORMER LEGACY EDIT 915)

DMS Approved 06/04/99

ERROR STATUS CODE:	3330 (FORMER LEGACY EDIT 915)	**CLAIM TYPE:**	H, I, L, O
HEADER/DETAIL:	DETAIL	**PROVIDER TYPE:**	01, 02, 04, 11, 12, 34, 39, 41, 42, 44, 92, 93
OVERRIDEABLE:	YES	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENT
DATA CORRECTABLE	YES	**CLAIM FIELD LABEL:**	NCRVD AMT, BLD AMT

ESC NAME:	NON-COVERED AMOUNT IS GREATER THAN BILLED AMOUNT (DETAIL)
ESC CRITERIA: **LEGACY CRITERIA:**	KY SPECIFIC ESC FAILS TYPE I AND L CLAIMS AT THE HEADER IF THE HEADER NON-COVERED AMOUNT IS GREATER THAN THE HEADER BILLED AMOUNT. FAILS TYPE H AND O CLAIMS AT THE DETAIL IF THE DETAIL NON-COVERED AMOUNT IS GREATER THAN THE DETAIL BILLED AMOUNT.
EOB CODES:	0915 - THE NON-COVERED AMOUNT CANNOT BE GREATER THAN THE BILLED AMOUNT.
METHOD OF CORRECTION:	1. IF THE FAILURE IS AT THE DETAIL VERIFY THE DETAIL NON-COVERED AND BILLED AMOUNTS ARE KEYED CORRECTLY. IF NOT, CORRECT.
	2. IF THE FAILURE IS AT THE HEADER VERIFY THE HEADER NON-COVERED AND BILLED AMOUNTS ARE KEYED CORRECTLY. IF NOT, CORRECT.
	3. IF THE CLAIM IS KEYED CORRECTLY, DENY WITH EOB 0915.

3.357 3331 (FORMER LEGACY EDIT 912)

DMS Approved: 02/11/00

ERROR STATUS CODE:	3331 (FORMER LEGACY EDIT 912)	**CLAIM TYPE:**	B
HEADER/DETAIL:	HEADER	**PROVIDER TYPE:**	31, 35
OVERRIDEABLE:	YES	**TYPE OF DOCUMENT:**	PAPER ONLY
DATA CORRECTABLE	YES	**CLAIM FIELD LABEL:**	MCR PD AMT

ESC NAME:	MEDICARE PAID AMOUNT GREATER THAN $250.00.
ESC CRITERIA: **LEGACY CRITERIA:**	KY SPECIFIC ESC FAILS IF A PRIMARY CARE OR RURAL HEALTH CROSSOVER SUBMITTED ON PAPER HAS A MEDICARE PAID AMOUNT IN EXCESS OF $250.00.
EOB CODES:	N/A
METHOD OF CORRECTION:	1. VERIFY THE MEDICARE PAID AMOUNT IS ENTERED CORRECTLY. IF NOT, CORRECT.
	2. IF THE MEDICARE PAID AMOUNT IS ENTERED CORRECTLY, FORCE THE ESC. **DO NOT DENY A CLAIM FOR FAILING THIS ESC.**

3.358 3332 (FORMER LEGACY EDIT 835)

DMS Approved 05/28/2003

ERROR STATUS CODE:	3332 (FORMER LEGACY EDIT 835)	CLAIM TYPE:	I, A
HEADER/DETAIL:	HEADER	PROVIDER TYPE:	01, 02, 04, 92, 93
OVERRIDEABLE:	YES	TYPE OF DOCUMENT:	ALL
DATA CORRECTABLE	YES	FIELD NAME:	PROC

ESC NAME:	DRG INVALID DISCHARGE STATUS
ESC CRITERIA:	IF THE DISCHARGE PATIENT STATUS IS INVALID FOR THE DRG, POST THE ESC.
EOB CODES:	0835 – CLAIM DENIED. DRG INVALID DISCHARGE STATUS.
METHOD OF CORRECTION:	5. VERIFY THAT THE PATIENT STATUS WAS KEYED CORRECTLY. IF NOT, CORRECT THE DATA.
	6. IF PATIENT STATUS WAS KEYED CORRECTLY, DENY THE CLAIM WITH EOB 0835.

3.359 3333 (FORMER LEGACY EDIT 923)

DMS Approved 01/07/03

ERROR STATUS CODE:	3333 (FORMER LEGACY EDIT 923)	**CLAIM TYPE:**	M
HEADER/DETAIL:	DETAIL	**PROVIDER TYPE:**	23, 29
OVERRIDEABLE:	YES	**TYPE OF DOCUMENT:**	PAPER, NON-PAPER, ENCOUNTERS
DATA CORRECTABLE	YES	**CLAIM FIELD LABEL:**	TAX ID

ESC NAME:	NINE-BYTE TAX ID NUMBER REQUIRED.
ESC CRITERIA: **LEGACY CRITERIA:**	KY SPECIFIC ESC FAILS IF NINE-BYTE (OR MORE), ALL-NUMERIC TAX ID NUMBER IS NOT ENTERED IN THE PATIENT'S ACCOUNT NUMBER FIELD. FOR PT.23 THE NINE BYTE TAX ID CAN BE ALPHA OR NUMERIC CHARACTERS.
EOB CODES:	0923 - CLAIM DENIED. A NINE-BYTE, ALL-NUMERIC TAX ID NUMBER MUST BE ENTERED IN THE PATIENT'S ACCOUNT NUMBER FIELD ON THE CLAIM.
METHOD OF CORRECTION:	1. VERIFY THE TAX ID NUMBER (PATIENT'S ACCOUNT NUMBER) WAS ENTERED CORRECTLY. IF NOT, CORRECT.
	2. IF THE TAX ID NUMBER WAS ENTERED CORRECTLY, DENY THE CLAIM.

3.360 3334 (FORMER LEGACY EDIT 942)

Last Approved by DMS Prior to 12/01/2005

ERROR STATUS CODE:	3334 (FORMER LEGACY EDIT 942)	**CLAIM TYPE:**	I
HEADER/DETAIL:	HEADER	**PROVIDER TYPE:**	02
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	ALL
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	ACC/ANC

ESC NAME:	REVENUE CODE 129 IS NOT VALID WITH ANY OTHER ACCOMMODATION REVENUE CODE.
ESC CRITERIA: **LEGACY CRITERIA:**	KY SPECIFIC ESC VERIFIES IF THE ACCOMMODATION CODE 129 IS PRESENT NO OTHER ACCOMODATION REVENU CODE IS BILLED (114, 118, 124, 128, 134, 138, 148, 154, 158, 208)
EOB CODES:	0942 - CLAIM DENIED. REVENUE CODE 129 IS NOT VALID WITH ANY OTHER ACCOMMODATION REVENUE CODE.
METHOD OF CORRECTION:	1. VERIFY THAT THE ACCOMMODATION/ANCILLARY CODE WAS KEYED AND KEYED CORRECTLY. IF THE ERROR WAS DUE TO KEYING, ENTER THE CORRECT ACCOMMODATION/ANCILLARY CODE.

3.361 3335 (FORMER LEGACY EDIT 981)

DMS Approved: 09/04/03

ERROR STATUS CODE:	3335 (FORMER LEGACY EDIT 981)	**CLAIM TYPE:**	M
HEADER/DETAIL:	HEADER	**PROVIDER TYPE:**	56
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	PAPER CLAIMS ONLY
DATA CORRECTABLE	NO	**CLAIM FIELD LABEL:**	BPROV

ESC NAME:	NON-EMERGENCY TRANSPORTATION CLAIMS CANNOT BE BILLED ON PAPER.
ESC CRITERIA: **LEGACY CRITERIA:**	KY SPECIFIC ESC FAIL NON-EMERGENCY TRANSPORTATION CLAIMS BILLED ON PAPER. EFFECTIVE FOR DATES OF SERVICE 7/01/03 AND AFTER, PROVIDER SPECIALTY 16 NON-EMERGENCY TRANSPORTATION CLAIMS BILLED ON PAPER ARE EXCLUDED FROM ESC 3335. (DCR 00699) EFFECTIVE FOR DATES OF SERVICE 12/1/02 THROUGH 4/30/03, NON-EMERGENCY TRANSPORTATION CLAIMS BILLED ON PAPER FOR MEMBERS LIVING IN COUNTIES 015, 056, 093, 106, AND 108 ARE EXCLUDED FROM ESC 3335. (DCR 00661)
EOB CODES:	0981 – CLAIM DENIED. PAPER BILLING ONLY ALLOWED FOR MEMBERS IN CERTAIN COUNTIES, FOR CERTAIN PROCEDURE CODES, FOR DATES OF SERVICE AFTER 11/30/02.
METHOD OF CORRECTION:	1. VERIFY THE PROVIDER NUMBER, PROCEDURE CODE, AND MEMBER ID WERE KEYED CORRECTLY. IF NOT, CORRECT.
	2. IF THE PROVIDER NUMBER, PROCEDURE CODE, AND MEMBER ID ARE KEYED CORRECTLY, DENY WITH EOB 0981.

3.362 3336 (FORMER LEGACY EDIT 66)

DMS Approved 03/06/1998

ERROR STATUS CODE:	3336 (FORMER LEGACY EDIT 66)	CLAIM TYPE:	I, L
HEADER/DETAIL:	HEADER	PROVIDER TYPE:	01, 02, 11, 12
OVERRIDEABLE:	YES	TYPE OF DOCUMENT:	PAPER, NON-PAPER, ADJUSTMENTS, ENCOUNTERS
DATA CORRECTABLE	YES	FIELD NAME:	PRO, APP FROM, APP THRU

ESC NAME:	PRO INDICATOR MISSING.
ESC CRITERIA: LEGACY CRITERIA:	KY SPECIFIC EDIT. CLAIM TYPE L (D. O. S. AFTER 9/30/90): IF PRO INDICATOR IS OTHER THAN “B’, “C”, “H”, “V”, OR “Y”, FAIL THE EDIT. CLAIM TYPE L (D. O. S. BEFORE 10/1/90): IF PRO INDICATOR IS OTHER THAN “A”, “C”, “H”, “Y”, “I”, OR “V”, FAIL THE EDIT. CLAIM TYPE I: IF PRO INDICATOR IS OTHER THAN “1”, “2”, OR “3” FAIL THE EDIT. IF A “3” (PARTIAL APPROVAL) IS ENTERED, THE FROM AND THROUGH DATES OF SERVICE MUST BE EQUAL TO OR WITHIN THE PRO APPROVAL DATES. TYPE OF BILL 110 IS EXCLUDED FROM THIS EDIT. OUT OF STATE HOSPITALS ARE EXCLUDED FROM THIS EDIT. NOTE: FOR UB-04 CLAIMS THE PRO INDICATOR IS SET FROM THE FOLLOWING CONDITION CODES: COND CODE PRO C1 = 1 C2 = 2 C3 = 3 C4 = 4 C5 = 5
EOB CODES:	0066 – PRO STICKER/INDICATOR MISSING OR INVALID.

METHOD OF CORRECTION:	1. VERIFY THAT THE PRO INDICATOR AND PRO APPROVAL DATES (IF PRESENT) WERE KEYED CORRECTLY. IF NOT, CORRECT THE DATA. FOR TYPE S CLAIMS BILLED ON THE UB-92, THE PRO INDICATOR IS CONVERTED FROM THE CORRESPONDING CONDITION CODE ACCORDING TO THE CROSS REFERENCE IN THE "EDIT CRITERIA" SECTION. IF ONE OF THE CONDITION CODES LISTED IN THE CROSS-REFERENCE IS ENTERED ON THE CLAIM BUT THE CLAIM DOES NOT HAVE THE CORRESPONDING PRO VALUE, DATA CORRECT THE APPROPRIATE PRO VALUE.
	2. OVERRIDE PRO FOR FRAZIER REHAB. AND CARDINAL HILLS HOSPITALS.
	3. FOR PROVIDER TYPE 02, IF THE PRO INDICATOR IS A "3" AND THE DIFFERENCE BETWEEN THE "FROM" AND "TO" PRO APPROVAL DATES PLUS ONE IS EQUAL TO OR GREATER THAN THE NUMBER OF DAYS IN FORM LOCATOR #23 OVERRIDE THE EDIT.
	4. FOR CLAIM TYPE L THE PRO INDICATOR IS TAKEN FROM THE FIRST DIGIT (ALPHA CHARACTOR) OF THE TREATMENT AUTHORIZATION NUMBER. CORRECT THIS NUMBER IF ENTERED INCORRECTLY.
	FOR OUT-OF-STATE PROVIDERS WITH PROVIDER NUMBER BEGINNING WITH "122" TRANSFER THE CLAIM TO DMS LOCATION 67 FOR REVIEW.
	5. IF THE PRO INDICATOR AND APPROVAL DATES ARE KEYED CORRECTLY AND THE ABOVE SITUATION DOES NOT APPLY, DENY THE CLAIM.
	6. EFFECTIVE APRIL 1, 1989, IF THE PRO INDICATOR IS A "5", DENY THE CLAIM.
	THIS EDIT IS SET TO AUTO-DENY FOR TYPE OF DOCUMENT - ELECTRONIC CLAIMS.

3.363 3337 (FORMER LEGACY EDIT 989)

DMS Approved: 12/11/03

ERROR STATUS CODE:	3337 (FORMER LEGACY EDIT 989)	**CLAIM TYPE:**	M
HEADER/DETAIL:	DETAIL	**PROVIDER TYPE:**	55
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	PAPER, NON-PAPER, ADJUSTMENTS
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	PROC, UNITS

ESC NAME:	RETURN MILEAGE NOT PAYABLE IF BILLING FOR A ONE-WAY TRIP.
ESC CRITERIA: **LEGACY CRITERIA:**	KY SPECIFIC ESC FOR DATES OF SERVICE ON OR AFTER 10/16/03 FAILS DETAILS WITH PROCEDURE CODE A0425 IF THE BASE RATE PROCEDURE CODE (A0427, A0429, A0429 UC) HAS 1 UNIT OF SERVICE.
	FOR DATES OF SERVICE AFTER 12/31/01 AND PRIOR TO 10/16/03 FAILS DETAILS WITH PROCEDURE CODE A0420 IF THE BASE RATE PROCEDURE CODE (A0426, A0427, A0433, A0434, A0428, A0429) HAS 1 UNIT OF SERVICE.
	FOR DATES OF SERVICE AFTER 3/31/97 AND PRIOR TO 1/01/02 FAILS DETAILS WITH PROCEDURE CODE A0420 IF THE BASE RATE PROCEDURE CODE (A0330, A0360, A0362) HAS 1 UNIT OF SERVICE.
	FOR DATES OF SERVICE PRIOR TO 4/1/97 FAILS DETAILS WITH PROCEDURE CODE A0222 IF THE BASE RATE PROCEDURE CODE (A0010, A0362, A0368) HAS 1 UNIT OF SERVICE.
EOB CODES:	0989 - CLAIM/DETAIL DENIED. RETURN MILEAGE NOT PAYABLE WHEN BILLING FOR ONE WAY TRIP.
METHOD OF CORRECTION:	1. VERIFY THE PROCEDURE CODE IS ENTERED CORRECTLY. IF NOT, CORRECT.
	2. VERIFY THE UNITS OF SERVICE ON ALL DETAILS ARE ENTERED CORRECTLY. IF NOT, CORRECT.
	3. IF THE CLAIM DATA IS ENTERED CORRECTLY, DENY THE DETAIL.

3.364 3338 (FORMER LEGACY EDIT 995)

DMS Approved 01/24/2002

ERROR STATUS CODE:	3338 (FORMER LEGACY EDIT 995)	**CLAIM TYPE:**	ALL
HEADER/DETAIL:	HEADER	**PROVIDER TYPE:**	ALL
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	PAPER ADJUSTMENTS
DATA CORRECTABLE:	NO	**CLAIM FIELD LABEL:**	N/A

ESC NAME:	ADJUSTMENT IN DENIED STATUS
ESC CRITERIA: **LEGACY CRITERIA:**	KY SPECIFIC ESC SUSPENDED ADJUSTMENT IS IN A 'TO BE DENIED' STATUS.
EOB CODES:	0110 - CLAIM SUSPENDED FOR REVIEW.
METHOD OF CORRECTION:	1. MOVE SUSPENDED ADJUSTMENT TO LOCATION 76.

3.365 3339 (FORMER LEGACY EDIT 996)

DMS Approved: 12/11/03

ERROR STATUS CODE:	3339 (FORMER LEGACY EDIT 996)	**CLAIM TYPE:**	M
HEADER/DETAIL:	HEADER	**PROVIDER TYPE:**	21
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	PAPER, NON-PAPER, ADJUSTMENTS
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	TOS

ESC NAME:	THE NUMBER OF STUDENTS IN THE GROUP IS MISSING/INVALID.
ESC CRITERIA: **LEGACY CRITERIA:**	KY SPECIFIC ESC FAILS IF THE PROCEDURE CODE IS X0081, X0082, X0083, X0084, 96153, 97530, 92508 OR 97110 AND THE NUMBER OF STUDENTS IN A GROUP (TYPE OF SERVICE FIELD-FIELD 24C) DOES NOT HAVE A VALUE OF 1 THROUGH 6.
EOB CODES:	0996 – THE NUMBER OF STUDENTS IN THE GROUP IS MISSING OR INVALID..
METHOD OF CORRECTION:	1. VERIFY NUMBER OF STUDENTS (FIELD 24C ON CMS CLAIM FORM) IS ENTERED CORRECTLY. IF NOT, CORRECT DATA.
	2. IF NUMBER OF STUDENTS IS KEYED CORRECTLY OR MISSING, DENY THE ESC.
	3. THIS ESC IS SET TO AUTO-DENY FOR ELECTRONIC CLAIMS

3.366 3340

DMS Approved 06/2007

ERROR STATUS CODE:	3340	**CLAIM TYPE:**	A, C, H, I, O
HEADER/DETAIL:	HEADER	**PROVIDER TYPE:**	ALL FOR THE ABOVE CLAIM TYPES THAT SUBMIT ON UB-04
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	PAPER, NON-PAPER, ADJUSTMENTS
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	

ESC NAME:	CLAIM MUST CONTAIN AT LEAST ONE VALID REVENUE CODE
ESC CRITERIA:	FAILS UB-04 CLAIMS THAT HAVE ONLY ONE DETAIL IF THAT DETAIL DOES NOT INCLUDE A REVENUE CODE OF 100 THROUGH 999. CREATED IN RESPONSE TO DEFECT 10313.
EOB CODES:	3340 – UB-04 CLAIMS MUST CONTAIN AT LEAST ONE VALID REVENUE CODE.
METHOD OF CORRECTION:	VERIFY THAT THE REVENUE CODE WAS KEYED CORRECTLY. IF NOT, CORRECT THE DATA.
	IF ENTERED CORRECTLY, DENY THE CLAIM WITH EOB CODE 3340.

3.367 3341 (FORMER LEGACY EDIT 930)

DMS Approved: 04/10/12

ERROR STATUS CODE:	3341 (FORMER LEGACY EDIT 930)	**CLAIM TYPE:**	H, I, M, O
HEADER/DETAIL:	HEADER	**PROVIDER TYPE:**	01, 02, 20, 21, 22, 30, 31, 34, 35, 36, 37, 39, 44, 54, 55, 64, 74, 77, 78, 85, 90, 92, 93
OVERRIDEABLE:	YES	**TYPE OF DOCUMENT:**	PAPER, NON-PAPER, ADJUSTMENTS
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	MEMBER ID

ESC NAME:	RECORDS INDICATE MEMBER HAS TPL (MEDICARE REPLACEMENT POLICY) COVERAGE ON FILE (HEADER).
ESC CRITERIA: **LEGACY CRITERIA:**	KY SPECIFIC ESC FAILS IF THE MEMBER HAS A TPL SEGEMENT ON FILE WITH COVERAGE CODE 25 ON THE TPL RESOURCE TABLE. THIS ESC IS SET TO AUTO-DENY ON ALL ELECTRONIC. THIS ESC IS SET AT THE DETAIL FOR HOSPICE CLAIMS (TYPE H). THIS ESC IS SET TO AUTO-DENY ON PROVIDER TYPE 02, BILLED ON THE ELECTRONIC CLAIM. THIS ESC IS ALSO SET TO AUTO-DENY IF THE CLAIM'S BATCH RANGE IS 400-499.
	EXCLUSIONS: PROVIDER NUMBERS 01022532 AND 01000256 BYPASS ESC 3341. FOR CLAIM TYPE I, CLAIMS WITH A TYPE OF BILL 110 ARE EXCLUDED. FOR CLAIM TYPE H, HOSPICE MEMBERS WHO ARE HOSPICE TYPE 2 ,3,OR 4 ARE EXCLUDED.
	FOR CLAIM TYPE H, DETAILS WITH REVENUE CODES 155, 182, 183, 184, 185, 250, 653, AND 654 ARE EXCLUDED.
	FOR PROVIDER TYPE 22 ADA PROCEDURE CODES ARE EXCLUDED FROM ESC 3341.
	FOR PROVIDER TYPE 30, ONLY DETAILS BILLED WITH A MODIFIER U1 WILL FAIL ESC 3341. FOR PROVIDER TYPE 30, EFFECTIVE FOR DATES OF SERVICE BEGINNING 12/15/2000, PROCEDURE CODES X0110, X0111, X0130, X0140, X0150, X0151, X0152, X0153, X0155, X0156 AND X0157, 90816, 99221, H0046, H2011, 90804, 90853, 90801, 99201, H0012, 90862, 90847, WHEN BILLED WITH MODIFIER "X", "GC", "F" OR 'SA'WILL BYPASS THIS ESC.

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	FOR PROVIDER TYPES 31 AND 35, DETAILS WITH DENTAL/DRUG ARE EXCLUDED FROM ESC 3341.		
	FOR PROVIDER TYPES 22, 31, 35, 64, AND 78, THE FOLLOWING PROCEDURE CODES ARE EXCLUDED FROM ESC 3341: 92002, 92004, 92012, 92014, 92015, 92018, 92019, 92020, 92060, 92065, 92070, 92081, 92082, 92083, 92100, 92120, 92130, 92140, 92225, 92226, 92230, 92235, 92250, 92260, 92265, 92270, 92280, 92283, 92284, 92285, 92286, 92287, 92310, 92311, 92312, 92313, Y5411, 92275		
	FOR PROVIDER TYPES 22, 64, AND 78, DETAILS RELATING TO ANY OF THE FOLLOWING DIAGNOSIS CODES ARE EXCLUDED FROM ESC 3341: 0542, 101, 2130, 2131, 3068, 520, 5200, 5201, 5202, 5203, 5204, 5205, 5206, 5207, 5208, 5209, 521, 5210, 5211, 5212, 5213, 5214, 5215, 5216, 5217, 5218, 5219, 522, 5220, 5221, 5222, 5223, 5224, 5225, 5226, 5227, 5228, 5229, 523, 5230, 5231, 5232, 5233, 5234, 5235, 5236, 5237, 5238, 5239, 524, 5240, 5241, 5242, 5243, 5244, 5245, 5246, 5247, 5248, 5249, 525, 5250, 5251, 5252, 5253, 5258, 5259, 526, 5260, 5261, 5262, 5263, 5264, 5265, 5268, 52681, 52689, 5269, 527, 5270, 5271, 5272, 5273, 5274, 5275, 5276, 5277, 5278, 5279, 528, 5280, 5281, 5282, 5283, 5284, 5285, 5286, 5287, 5288, 5289, 529, 5290, 5291, 5292, 5293, 5294, 5295, 5296, 5298, 5299, V700, V722		
	FOR **PROVIDER TYPE 34** CLAIMS WITH A 5010 INDICATOR, IF A CONDITION CODE OF “12” IS ENTERED, THE CLAIM WILL BYPASS EDIT 2502. NOTE – FOR 4010 CLAIMS/CLAIMS SUBMITTED PRIOR TO THE IMPLEMENTATION OF DEFECT 17726, PROVIDER TYPE 34 CLAIMS WITH A CONDITION CODE OF ‘Y1’ BYPASSED EDIT 2502.		
	FOR PROVIDER TYPE 77, THE FOLLOWING PROCEDURE CODES ARE EXCLUDED FROM ESC 3341: 76515, 76517, 92015, 92230, 92235, 92283, 92284, 92310, 92313 ENCOUNTER CLAIMS WITH A TPL INDICATOR OF 13 BYPASS THIS ESC.		
	FOR PROVIDER TYPE 78, DETAILS WITH A PLACE OF SERVICE CODE OF “31”, “32”, “54” OR “56” WILL FAIL ESC 3341.		
	FOR PROVIDER TYPE 90, THE FOLLOWING PROCEDURE CODES ARE EXCLUDED FROM ESC 3341:		
	L3000-L3039	L3321-L3329	E0625
	L3041-L3049	L3331	A4206
	L3051-L3059	L3333	A4250
	L3061-L3069	L3335-L3379	A4215
	L3071-L3079	L3381-L3389	A4627
	L3081-L3089	L3391-L3649	L3301-L3309

	L3091-L3299	XZ883	E0972
	L3301-L3309	XZ884	L3311-L3319
EOB CODES:	0930 – MEMBER HAS TPL (MEDICARE REPLACEMENT POLICY) COVERAGE ON FILE.		
METHOD OF CORRECTION:	SCAN THE CLAIM AND VERIFY THAT THE MEMBER NUMBER, PROCEDURE CODE, AND THE DATES OF SERVICE WERE KEYED CORRECTLY. IF NOT, CORRECT THE ERRORED FIELDS.		
	IF THE CLAIM TYPE IS TYPE "H" AND THE PROVIDER TYPE IS 34, HOME HEALTH, AND A MAP-34 IS ATTACHED, OVERRIDE THE ESC. IF THE MAP-34 IS INCOMPLETE, DENY THE CLAIM. **NOTE: A MAP-34 MUST BE SIGNED AND DATED WITHIN A YEAR OF THE DATES OF SERVICE, AND HAVE APPROPRATE BOX MARKED, WITH AN EXPLANATION.** FOR PROVIDER TYPE 34 CLAIMS BILLED ON THE UB04, VERIFY THAT A CONDITION CODE OF "Y1" HAS NOT BEEN ENTERED (FORM LOCATORS #24 THROUGH 30 ON THE UB04). IF A Y1 HAS BEEN ENTERED, BUT WAS NOT KEYED CORRECTLY, DATA CORRECT THE MAP-34 INDICATOR FIELD.		
	IF THE CLAIM TYPE IS TYPE "M" AND THE PROVIDER IS A NON-CONFORMING AMBUALNCE SERVICE, REVIEW THE DOCUMENTATION ATTACHED. IF DOCUMENTATION INDICATES THE SERVICE WAS NOT APPROVED FOR MEDICARE PARTICIPATION, OVERRIDE THE ESC. THIS SHOULD ONLY APPLY TO MEDICARE COVERAGE.		
	EXAMINE THE CLAIM FOR ATTACHMENTS OF DOCUMENTATION. THE ONLY ACCEPTABLE FORMS OF DOCUMENTATION ARE: D. PROOF OF DENIAL FROM MEDICARE OR MEDICARE ADVANTAGE CARRIER OR PROOF OF NON-PAYMENT FROM MEDICARE (EOMB) OR MEDICARE ADVANTAGE CARRIER (EOMB). 7. A BLUE CROSS/BLUE SHIELD EOMB WITH AN "AC" (ACTION CODE) OF 43 OR HK IS NOT ACCEPTABLE PROOF OF DENIAL. 8. FOR PROVIDER TYPES 31 AND 35 THE BILLED AMOUNT ON THE EOMB DOES NOT HAVE TO MATCH THE CLAIM. N. PROOF OF DENIAL FOR THE SAME MEMBER FOR THE SAME OR RELATED SERVICES FROM MEDICARE OR MEDICARE ADVANTAGE CARRIER. THE DENIAL CANNOT BE MORE THAN 6 MONTHS OLD. O. A LETTER FROM THE PROVIDER INDICATING THAT HE/SHE CONTACTED MEDICARE (BLUE CROSS/BLUE SHIELD) OR MEDICARE ADVANTAGE CARRIER AND SPOKE WITH AN AGENT TO VERIFY THAT THE MEMBER WAS NOT COVERED. P. CONFIRMATION OF DENIAL OF MEDICARE COVERAGE FOR PERSONS UNDER 65 FROM THE PROVIDER. Q. IF THERE IS A MEDICARE HEATH INSURANCE CARD		

	PRESENT AND IT SHOWS THAT THE MEMBER IS ELIGIBLE FOR HOSPITAL OR MEDICAL INSURANCE, CHECK THE EFFECTIVE DATES AGAINST THE DATES OF SERVICE TO VERIFY ELIGIBILITY. IF NOT ELIGIBLE FOR THE DATES OF SERVICE, OVERRIDE THE ESC. IF ELIGIBLE, DENY THE CLAIM WITH EOB 0930. IF ANY OF THE ABOVE DOCUMENTATION IS PRESENT, OVERRIDE THE ESC. IF CLAIM AND/OR DOCUMENTATION INDICATES THAT MEDICARE PAYMENT WAS RECEIVED BY THE MEMBER, DENY THE ESC WITH EOB 0278.
	IF CLAIM TYPE I, PROVIDER TYPE “02”, MENTAL HOSPITAL, ACCESS THE MEMBER SUBSYSTEM, SCREEN 3 (MEDICARE ENTITLEMENT). IF THE DATE OF SERVICE ON THE CLAIM IS GREATER THAN 90 DAYS FROM THE BEGIN DATE OF MEDICARE PART A COVERAGE, OVERRIDE THE ESC, SINCE NO MEDICARE DAYS REMAIN FOR THE BENEFIT PERIOD.
	IF CLAIM TYPE I, AND PROVIDER TYPE “02”, MENTAL HOSPITAL, AND THE “NOTICE OF MEDICARE CLAIM DETERMINATION” IS **ATTACHED** STATING THAT PAYMENT HAS BEEN MADE FOR 190 DAYS OF INPATIENT CARE IN A PSYCHIATRIC HOSPITAL, ALWAYS OVERRIDE THE ESC. IF THE “NOTICE OF MEDICARE CLAIM DETERMINATION” IS **NOT** ATTACHED, DENY THE CLAIM WITH EOB 0930.
	IF ATTACHED DOCUMENTATION IS A MEDICARE OR MEDICARE ADVANTAGE CARRIER EOMB AND MEDICARE PAYMENT HAS BEEN MADE AND THE CLAIM HAS BEEN BATCHED AS A STRAIGHT CLAIM THE FOLLOWING PROCESS SHOULD BE FOLLOWED: - COMPLETE A CLAIM RETRIEVAL FORM FROM THE WAREHOUSE, REQUESTING THE CLAIM TO BE PULLED IN ORDER TO REBATCH. - REBATCH CLAIM AS A CROSSOVER AND REPROCESS. DELETE OLD TCN FROM THE SYSTEM.
	IF THE CLAIM WAS KEYED CORRECTLY AND NONE OF THE ABOVE SITUATIONS APPLY, DENY THE LINE WITH EOB 0930.

3.368 3342 (FORMER LEGACY EDIT 930)

DMS Approved: 04/10/12

ERROR STATUS CODE:	3342 (FORMER LEGACY EDIT 930)	**CLAIM TYPE:**	H, I, M, O
HEADER/DETAIL:	DETAIL	**PROVIDER TYPE:**	01, 02, 20, 21, 22, 30, 31, 34, 35, 36, 37, 39, 44, 54, 55, 64, 70, 72, 74, 77, 78, 85, 90, 92, 93
OVERRIDEABLE:	YES	**TYPE OF DOCUMENT:**	PAPER, NON-PAPER, ADJUSTMENTS
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	MEMBER ID

ESC NAME:	RECORDS INDICATE MEMBER HAS TPL (MEDICARE REPLACEMENT POLICY) COVERAGE ON FILE (DETAIL).
ESC CRITERIA: **LEGACY CRITERIA:**	KY SPEDCIFIC ESC FAILS IF THE MEMBER HAS A TPL SEGEMENT ON FILE WITH COVERAGE CODE 25 ON THE TPL RESOURCE TABLE. THIS ESC IS SET TO AUTO-DENY ON ALL ELECTRONIC. THIS ESC IS SET AT THE DETAIL FOR HOSPICE CLAIMS (TYPE H). THIS ESC IS SET TO AUTO-DENY ON PROVIDER TYPE 02, BILLED ON THE ELECTRONIC CLAIM. THIS ESC IS ALSO SET TO AUTO-DENY IF THE CLAIM'S BATCH RANGE IS 400-499.
	EXCLUSIONS: PROVIDER NUMBERS 01022532 AND 01000256 BYPASS ESC 3342. FOR CLAIM TYPE I, CLAIMS WITH A TYPE OF BILL 110 ARE EXCLUDED. FOR CLAIM TYPE H, HOSPICE MEMBERS WHO ARE HOSPICE TYPE 2, 3, OR 4 ARE EXCLUDED.
	FOR CLAIM TYPE H, DETAILS WITH REVENUE CODES 155, 182, 183, 184, 185, 250, 653, AND 654 ARE EXCLUDED. ENCOUNTER CLAIMS WITH A TPL INDICATOR OF 13 BYPASS THIS ESC.
	FOR PROVIDER TYPE 22 ADA PROCEDURE CODES ARE EXCLUDED FROM ESC 3342.
	FOR PROVIDER TYPE 30, ONLY DETAILS BILLED WITH A MODIFIER U1 WILL FAIL ESC 3342. FOR PROVIDER TYPE 30, EFFECTIVE FOR DATES OF SERVICE BEGINNING 12/15/2000, PROCEDURE CODES

	X0110, X0111, X0130, X0140, X0150, X0151, X0152, X0153, X0155, X0156 AND X0157, 90816, 99221, H0046, H2011, 90804, 90853, 90801, 99201, H0012, 90862, 90847, WHEN BILLED WITH MODIFIER “X”, “GC”, “F” OR ‘SA’WILL BYPASS THIS ESC .		
	FOR PROVIDER TYPES 31 AND 35, DETAILS WITH DENTAL/DRUG ARE EXCLUDED FROM ESC 3342.		
	FOR PROVIDER TYPES 22, 31, 35, 64, AND 78, THE FOLLOWING PROCEDURE CODES ARE EXCLUDED FROM ESC 3342: 92002, 92004, 92012, 92014, 92015, 92018, 92019, 92020, 92060, 92065, 92070, 92081, 92082, 92083, 92100, 92120, 92130, 92140, 92225, 92226, 92230, 92235, 92250, 92260, 92265, 92270, 92280, 92283, 92284, 92285, 92286, 92287, 92310, 92311, 92312, 92313, Y5411, 92275		
	FOR PROVIDER TYPES 22, 64, AND 78, DETAILS RELATING TO ANY OF THE FOLLOWING DIAGNOSIS CODES ARE EXCLUDED FROM ESC 3342: 0542, 101, 2130, 2131, 3068, 520, 5200, 5201, 5202, 5203, 5204, 5205, 5206, 5207, 5208, 5209, 521, 5210, 5211, 5212, 5213, 5214, 5215, 5216, 5217, 5218, 5219, 522, 5220, 5221, 5222, 5223, 5224, 5225, 5226, 5227, 5228, 5229, 523, 5230, 5231, 5232, 5233, 5234, 5235, 5236, 5237, 5238, 5239, 524, 5240, 5241, 5242, 5243, 5244, 5245, 5246, 5247, 5248, 5249, 525, 5250, 5251, 5252, 5253, 5258, 5259, 526, 5260, 5261, 5262, 5263, 5264, 5265, 5268, 52681, 52689, 5269, 527, 5270, 5271, 5272, 5273, 5274, 5275, 5276, 5277, 5278, 5279, 528, 5280, 5281, 5282, 5283, 5284, 5285, 5286, 5287, 5288, 5289, 529, 5290, 5291, 5292, 5293, 5294, 5295, 5296, 5298, 5299, V700, V722		
	FOR **PROVIDER TYPE 34** CLAIMS WITH A 5010 INDICATOR, IF A CONDITION CODE OF “12” IS ENTERED, THE CLAIM WILL BYPASS EDIT 2502. NOTE – FOR 4010 CLAIMS/CLAIMS SUBMITTED PRIOR TO THE IMPLEMENTATION OF DEFECT 17451, PROVIDER TYPE 34 CLAIMS WITH A CONDITION CODE OF ‘Y1’ BYPASSED EDIT 2502.		
	FOR PROVIDER TYPE 77, THE FOLLOWING PROCEDURE CODES ARE EXCLUDED FROM ESC 3342: 76515, 76517, 92015, 92230, 92235, 92283, 92284, 92310, 92313		
	FOR PROVIDER TYPE 78, DETAILS WITH A PLACE OF SERVICE CODE OF “31”, “32”, “54” OR “56” WILL FAIL ESC 3342.		
	FOR PROVIDER TYPE 90, THE FOLLOWING PROCEDURE CODES ARE EXCLUDED FROM ESC 3342:		
	L3000-L3039	L3321-L3329	E0625
	L3041-L3049	L3331	A4206
	L3051-L3059	L3333	A4250
	L3061-L3069	L3335-L3379	A4215
	L3071-L3079	L3381-L3389	A4627

	L3081-L3089	L3391-L3649	L3301-L3309
	L3091-L3299	XZ883	E0972
	L3301-L3309	XZ884	L3311-L3319
EOB CODES:	0930 – MEMBER HAS TPL (MEDICARE REPLACEMENT POLICY) COVERAGE ON FILE.		
METHOD OF CORRECTION:	SCAN THE CLAIM AND VERIFY THAT THE MEMBER NUMBER, PROCEDURE CODE, AND THE DATES OF SERVICE WERE KEYED CORRECTLY. IF NOT, CORRECT THE ERRORED FIELDS.		
	IF THE CLAIM TYPE IS TYPE "H" AND THE PROVIDER TYPE IS 34, HOME HEALTH, AND A MAP-34 IS ATTACHED, OVERRIDE THE ESC. IF THE MAP-34 IS INCOMPLETE, DENY THE CLAIM. **NOTE: A MAP-34 MUST BE SIGNED AND DATED WITHIN A YEAR OF THE DATES OF SERVICE, AND HAVE APPROPRATE BOX MARKED, WITH AN EXPLANATION.** FOR PROVIDER TYPE 34 CLAIMS BILLED ON THE UB04, VERIFY THAT A CONDITION CODE OF "Y1" HAS NOT BEEN ENTERED (FORM LOCATORS #24 THROUGH 30 ON THE UB04). IF A Y1 HAS BEEN ENTERED, BUT WAS NOT KEYED CORRECTLY, DATA CORRECT THE MAP-34 INDICATOR FIELD.		
	IF THE CLAIM TYPE IS TYPE "M" AND THE PROVIDER IS A NON-CONFORMING AMBUALNCE SERVICE, REVIEW THE DOCUMENTATION ATTACHED. IF DOCUMENTATION INDICATES THE SERVICE WAS NOT APPROVED FOR MEDICARE PARTICIPATION, OVERRIDE THE ESC. THIS SHOULD ONLY APPLY TO MEDICARE COVERAGE.		
	EXAMINE THE CLAIM FOR ATTACHMENTS OF DOCUMENTATION. THE ONLY ACCEPTABLE FORMS OF DOCUMENTATION ARE: E. PROOF OF DENIAL FROM MEDICARE OR MEDICARE ADVANTAGE CARRIER OR PROOF OF NON-PAYMENT FROM MEDICARE (EOMB) OR MEDICARE ADVANTAGE CARRIER (EOMB). 9. A BLUE CROSS/BLUE SHIELD EOMB WITH AN "AC" (ACTION CODE) OF 43 OR HK IS NOT ACCEPTABLE PROOF OF DENIAL. 10. FOR PROVIDER TYPES 31 AND 35 THE BILLED AMOUNT ON THE EOMB DOES NOT HAVE TO MATCH THE CLAIM. R. PROOF OF DENIAL FOR THE SAME MEMBER FOR THE SAME OR RELATED SERVICES FROM MEDICARE OR MEDICARE ADVANTAGE CARRIER. THE DENIAL CANNOT BE MORE THAN 6 MONTHS OLD. S. A LETTER FROM THE PROVIDER INDICATING THAT HE/SHE CONTACTED MEDICARE (BLUE CROSS/BLUE SHIELD) OR MEDICARE ADVANTAGE CARRIER AND SPOKE WITH AN AGENT TO VERIFY THAT THE MEMBER WAS NOT COVERED. T. CONFIRMATION OF DENIAL OF MEDICARE COVERAGE FOR PERSONS UNDER 65 FROM THE PROVIDER.		

	U. IF THERE IS A MEDICARE HEATH INSURANCE CARD PRESENT AND IT SHOWS THAT THE MEMBER IS ELIGIBLE FOR HOSPITAL OR MEDICAL INSURANCE, CHECK THE EFFECTIVE DATES AGAINST THE DATES OF SERVICE TO VERIFY ELIGIBILITY. IF NOT ELIGIBLE FOR THE DATES OF SERVICE, OVERRIDE THE ESC. IF ELIGIBLE, DENY THE CLAIM WITH EOB 0930. IF ANY OF THE ABOVE DOCUMENTATION IS PRESENT, OVERRIDE THE ESC. IF CLAIM AND/OR DOCUMENTATION INDICATES THAT MEDICARE PAYMENT WAS RECEIVED BY THE MEMBER, DENY THE ESC WITH EOB 0278.
	IF CLAIM TYPE I, PROVIDER TYPE “02”, MENTAL HOSPITAL, ACCESS THE MEMBER SUBSYSTEM, SCREEN 3 (MEDICARE ENTITLEMENT). IF THE DATE OF SERVICE ON THE CLAIM IS GREATER THAN 90 DAYS FROM THE BEGIN DATE OF MEDICARE PART A COVERAGE, OVERRIDE THE ESC, SINCE NO MEDICARE DAYS REMAIN FOR THE BENEFIT PERIOD.
	IF CLAIM TYPE I, AND PROVIDER TYPE “02”, MENTAL HOSPITAL, AND THE “NOTICE OF MEDICARE CLAIM DETERMINATION” IS **ATTACHED** STATING THAT PAYMENT HAS BEEN MADE FOR 190 DAYS OF INPATIENT CARE IN A PSYCHIATRIC HOSPITAL, ALWAYS OVERRIDE THE ESC. IF THE “NOTICE OF MEDICARE CLAIM DETERMINATION” IS **NOT** ATTACHED, DENY THE CLAIM WITH EOB 0930.
	IF ATTACHED DOCUMENTATION IS A MEDICARE OR MEDICARE ADVANTAGE CARRIER EOMB AND MEDICARE PAYMENT HAS BEEN MADE AND THE CLAIM HAS BEEN BATCHED AS A STRAIGHT CLAIM THE FOLLOWING PROCESS SHOULD BE FOLLOWED: - COMPLETE A CLAIM RETRIEVAL FORM FROM THE WAREHOUSE, REQUESTING THE CLAIM TO BE PULLED IN ORDER TO REBATCH. - REBATCH CLAIM AS A CROSSOVER AND REPROCESS. DELETE OLD TCN FROM THE SYSTEM.
	IF THE CLAIM WAS KEYED CORRECTLY AND NONE OF THE ABOVE SITUATIONS APPLY, DENY THE LINE WITH EOB 0930.

3.369 3343 (FORMER LEGACY EDIT 953)

DMS Approved 01/11/01

ERROR STATUS CODE:	3343 (FORMER LEGACY EDIT 953)	CLAIM TYPE:	M
HEADER/DETAIL:	DETAIL	PROVIDER TYPE:	80
OVERRIDEABLE:	YES	TYPE OF DOCUMENT:	PAPER, NON-PAPER, ADJUSTMENTS
DATA CORRECTABLE:	YES	CLAIM FIELD LABEL:	UOS

ESC NAME:	ONLY ONE UNIT ALLOWED PER PODIATRY MODIFIER.
ESC CRITERIA: **LEGACY CRITERIA:**	KY SPECIFIC ESC FAILS IF THE PROVIDER HAS BILLED MORE UNITS OF SERVICE ON THE DETAIL THAN THERE ARE MODIFIERS. THE ESC ONLY APPLIES TO MODIFIERS LT, RT, TA, T1, T2, T3, T4, T5, T6, T7, T8, OR T9 AND ONLY IF BILLED IN CONJUNCTION WITH ONE OF THE PROCEDURE CODES LISTED ON THE FOLLOWING PAGE. THE ESC DOES **NOT** APPLY TO DETAILS WITH DATES OF SERVICE PRIOR TO 1/1/01.
EOB CODES:	0953 – CLAIM DETAIL DENIED. ONLY ONE UNIT OF SERVICE ALLOWED PER MODIFIER.
METHOD OF CORRECTION:	1. VERIFY THE MODIFIERS AND UNITS OF SERVICE WERE KEYED CORRECTLY. IF NOT, CORRECT THE DATA.
	2. IF KEYED CORRECTLY DENY THE DETAIL WITH AN EOB OF 0953.

ESC 953 IS APPLIED TO THE FOLLOWING PROCEDURE CODES:

10060
10120
10140
10160
11000
11100
11420
11421
11422
11423

11730
11750
11900
12001
12002
16000
16010
16020
20600
20670
28024
28092
28108
28122
28124
28140
28232
28272
28285
28298
28299
28308
28410
28465
28470
28475
28476
28485
28490
28495

28496
28505
28510
28515
28520
28525
28660
28675
28750
28755
28810
28820
73660
Y1154
Y0226

3.370 3345 (FORMER LEGACY EDIT 011)

DMS Approved: 12/30/2009

ERROR STATUS CODE:	3345 (FORMER LEGACY EDIT 011)	**CLAIM TYPE:**	H, M
HEADER/DETAIL:	DETAIL	**PROVIDER TYPE:**	13, 15, 20, 21, 44, 64, 65, 78, 85
OVERRIDEABLE:	YES	**TYPE OF DOCUMENT:**	PAPER, NON-PAPER, ADJUSTMENTS
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	FDOS, TDOS, UOS

ESC NAME:	DATE SPAN DOES NOT EQUAL UNITS BILLED.
ESC CRITERIA: **LEGACY CRITERIA:**	KY SPECIFIC ESC FAILS IF THE "THROUGH" DATE OF SERVICE MINUS THE "FROM" DATE OF SERVICE PLUS ONE DOES NOT EQUAL THE NUMBER OF UNITS. <u>EXCLUSIONS</u> DETAILS FOR ONLY ONE DATE OF SERVICE FOR PROVIDER TYPES OTHER THAN HOSPICE ARE EXCLUDED. NOTE - FOR HOSPICE CLAIMS PROCESSED FROM JUNE 4, 2007 THROUGH NOVEMBER 18, 2009, DETAILS FOR ONLY ONE DATE OF SERVICE WERE EXCLUDED FROM THIS EDIT. THIS EXCLUSION WAS REMOVED FOR HOSPICE CLAIMS BY CO #12831. PROCEDURE CODES 77427, 77431, 90918, 90919, 90920, AND 90921 ARE EXCLUDED. FOR DATES OF SERVICE PRIOR TO 4/1/00 77420, 77425, AND 77430 ARE EXCLUDED. REVENUE CODES 250, 652, AND 659 ARE EXCLUDED.
EOB CODES:	0011 – NUMBER OF UNITS BILLED IS NOT EQUAL TO DATE SPAN.
METHOD OF CORRECTION:	IF "THROUGH" DATE OF SERVICE MINUS "FROM" DATE OF SERVICE PLUS ONE DOES NOT EQUAL THE UNITS, DENY THE CLAIM WITH EOB 011.
	CLAIM TYPE "M" (PROV TYPE 15 & 21)
	IF "FROM" DATE OF SERVICE AND "THROUGH" DATE OF SERVICE ARE KEYED CORRECTLY, DENY THE DETAIL WITH EOB 0058.

	NOTE: THIS ESC IS SET TO AUTO-DENY, FOR THE TYPE OF DOCUMENT – ELECTRONIC CLAIMS.

3.371 3346 (FORMER LEGACY EDIT 136)

DMS Approved: 05/13/2011

ERROR STATUS CODE:	3346 (FORMER LEGACY EDIT 136)	**CLAIM TYPE:**	D, H, M, O
HEADER/DETAIL:	DETAIL	**PROVIDER TYPE:**	13, 15, 17, 20, 21, 22, 23, 24, 29, 30, 31, 32, 33, 34, 35, 36, 37, 42, 43, 50, 52, 56, 57, 60, 61, 64, 65, 70, 74, 77, 78, 80, 85, 86, 90
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	ALL
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	POS
ESC NAME:	PLACE OF SERVICE CODE INVALID FOR PROVIDER TYPE		
ESC CRITERIA:	KY SPECIFIC ESC:		
LEGACY CRITERIA:	FAILS IF THE PLACE OF SERVICE CODE IS MISSING OR INVALID. ALSO FAILS THE PROVIDER TYPES LISTED ON THE ATTACHMENT IF THE PLACE OF SERVICE IS INVALID FOR THE PROVIDER TYPE. **NOTE:** ADDED 31 AS VALID PLACE OF SERVICE FOR P/T 60/61 (DCR 01017). **NOTE:** ADDED 11 AS VALID PLACE OF SERVICE FOR P/T 32 (DCR 00976). **NOTE: EFFECTIVE WITH DOS 7/1/03 AND AFTER, FOR PROVIDER TYPE 56, SPECIALTY 16, APPLIES TO PAPER AND ELECTRONIC CLAIMS (DCR 00699).** **NOTE:** FOR PROVIDER TYPE 56, ESC 136 APPLIES TO PAPER CLAIMS ONLY (DCR 00661). **NOTE:** FOR ENCOUNTERS PROVIDER TYPE 87, CLAIM TYPE M, ESC 3346 IS TURNED OFF (CO 966). **NOTE:** ADDED 15 AS VALID PLACE OF SERVICE FOR P/T 60/61 EFFECTIVE 12/01/2010 PER CO 14915. **NOTE:** ADDED 15 AS VALID PLACE OF SERVICE FOR P/T 31 EFFECTIVE 02/01/2011 PER CO 15375.		
EOB CODES:	0136 – PLEASE INDICATE THE CORRECT PLACE OF SERVICE CODE.		
METHOD OF CORRECTION:	1. VERIFY THAT PLACE OF SERVICE WAS ENTERED CORRECTLY. IF NOT, CORRECT AND RECYCLE. 2. IF ENTERED CORRECTLY DENY THE CLAIM.		
	THIS ESC IS SET TO AUTO-DENY FOR THE TYPE OF DOCUMENT – ELECTRONIC CLAIMS.		

PLACE OF SERVICE CODES

PROVIDER TYPE	VALID POS
13	99
15	99
17	12, 99
20	11, 12, 21, 22, 23, 24, 51, 71, 99
22	11, 12, 21, 22, 23, 24, 25, 26, 31, 32, 41, 51, 52, 54, 56, 61, 62, 65, 71, 72, 99

PROVIDER TYPE	VALID POS
23	99
24	99
25	11, 99
27	99
28	99
29	99
30	12, 21, 23, 31, 32, 51, 53, 99 (for DOS prior to 10/16/03)
30	12, 21, 23, 31, 32, 33, 51, 52, 53, 99 (for DOS on or after 10/16/03)
31	11, 12, 15, 21, 22, 23, 31, 32, 51, 99
32	11, 99
33	12, 99
34	12, 99
35	11, 12, 21, 22, 23, 31, 32, 51, 72, 99
36	24, 99
37	81, 99
39	65, 99
41	12, 99
42	12, 99
43	99
46	12, 99
47	12, 99
50	11, 12, 21, 22, 23, 24, 31, 32, 41, 51, 55, 56, 61, 62, 99
52	11, 12, 21, 22, 23, 24, 31, 32, 41, 42, 51, 52, 55, 56, 61, 62, 65, 99
55	41, 42 (for DOS on and after 10/16/03)
56	11, 12, 21, 22, 23, 24, 25, 31, 32, 33, 34, 41, 42, 51, 53, 54, 55, 56, 61, 62, 65, 71, 72, 81, 99 (for DOS prior to 10/16/03)
56	41 (for DOS on and after 10/16/03)
60	11, 12, 15, 21, 22, 23, 24, 31, 32, 51, 52, 99
61	11, 12, 15, 21, 22, 23, 24, 31, 32, 51, 52, 99
64	11, 12, 21, 22, 23, 24, 25, 26, 31, 32, 33, 34, 41, 42, 51, 52, 54, 55, 56, 61, 62, 65, 71, 72, 99
65	11, 12, 21, 22, 23, 24, 25, 26, 31, 32, 33, 34, 41, 42, 51, 52, 54, 55, 56, 61, 62, 65, 71, 72, 99
70	11, 12, 21, 22, 23, 24, 31, 32, 55, 56, 61, 62, 99
72	11, 12, 21, 22, 23, 24, 25, 99
74	11, 12, 21, 22, 23, 24, 25, 26, 31, 32, 33, 34, 41, 42, 51, 52, 54, 55, 56, 61, 62, 65, 71, 72, 99
77	11, 12, 21, 22, 23, 24, 26, 31, 32, 33, 34, 51, 52, 54, 55, 56, 61, 62, 65, 71, 72, 99
78	11, 12, 21, 22, 23, 24, 25, 26, 31, 32, 33, 34, 41, 42, 51, 52, 54, 55, 56, 61, 62, 65, 71, 72, 99
80	11, 12, 21, 22, 23, 24, 31, 32, 33, 51, 52, 55, 56, 62, 65, 99
85	11, 99
86	11, 12, 72, 99
90	11, 12, 32, 33, 99

3.372 3347 (FORMER LEGACY EDIT 272)

DMS Approved: 12/19/06

ERROR STATUS CODE:	3347 (FORMER LEGACY EDIT 272)	**CLAIM TYPE:**	M
HEADER/DETAIL:	DETAIL	**PROVIDER TYPE:**	43
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	PAPER, NON-PAPER, ADJUSTMENTS
DATA CORRECTABLE	YES	**CLAIM FIELD LABEL:**	BILLED AMT

ESC NAME:	UNIT BILLED AMOUNT IS GREATER THAN $100.00.
ESC CRITERIA: **LEGACY CRITERIA:**	KY SPECIFIC ESC FAILS IF THE UNIT BILLED AMOUNT IS GREATER THAN $100.00. NOTE – THIS ESC IS ONLY APPLIED TO CLAIMS SUBMITTED BY THE FOLLOWING PROVIDERS: 17000704 33001355 43996016 17000712 33001363 43996024 17000720 33001371 43996032 17000746 33001389 43996040 17000753 33001397 43996057 17000761 33001405 43996065 17000787 33001413 43996073 17000795 33001421 43996081 17000803 33001439 43996099 17000811 33001447 43996107 17000829 33001454 43996115 17000837 33001462 43996123 17000845 33001470 43996131 17000852 33001488 43996149 17000860 33001496 43996156 17000878 33001504 **<u>EXCLUSIONS</u>** PROCEDURE CODE T2022 IS EXCLUDED FROM THIS ESC.
EOB CODES:	0272 – CLAIM DENIED. UNIT BILLED AMOUNT CANNOT BE GREATER THAN $100.00.
METHOD OF CORRECTION:	1. VERIFY THE DETAIL UNITS OF SERVICE AND BILLED AMOUNT ARE ENTERED CORRECTLY. IF NOT, CORRECT THE DATA.
	2. IF ENTERED CORRECTLY DENY THE DETAIL WITH EOB 0272.

3.373 3348 (FORMER LEGACY EDIT 986)

DMS Approved 12/11/2003

ERROR STATUS CODE:	3348 (FORMER LEGACY EDIT 986)	**CLAIM TYPE:**	M
HEADER/DETAIL:	DETAIL	**PROVIDER TYPE:**	55, 56, 57
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	PAPER, NON-PAPER, ADJUSTMENTS
DATA CORRECTABLE	YES	**CLAIM FIELD LABEL:**	PROC, UOS

ESC NAME:	THE RETURN TRIP MILEAGE PROCEDURE CODE MUST BE BILLED IF AN EXTRA MILEAGE PROCEDURE IS BILLED IN CONJUNCTION WITH A ROUND TRIP.			
ESC CRITERIA: **LEGACY CRITERIA:**	KY SPECIFIC ESC FOR DATES OF SERVICE <u>ON OR AFTER 10/16/03</u> IF A BASE RATE PROCEDURE IS BILLED WITH 2 UNITS OF SERVICE AND ONE OF THE MILEAGE PROCEDURE CODES IS BILLED, THEN THE PROCEDURE CODE A0425 (RETURN TRIP MILEAGE) MUST BE PRESENT ON THE CLAIM. IF A0425 IS NOT PRESENT, THE DETAIL WITH THE MILEAGE CODE WILL FAIL ESC 3348.			
	MILEAGE CODES	BASE RATE CODES		
	A0425 UA	A0427	A0429	A0429 UC
	A0425 UB			
	FOR DATES OF SERVICE ON OR <u>AFTER 12/31/01 AND PRIOR TO 10/16/03</u> IF A BASE RATE PROCEDURE IS BILLED WITH 2 UNITS OF SERVICE AND ONE OF THE MILEAGE PROCEDURE CODES IS BILLED, THEN THE PROCEDURE CODE A0420 (RETURN TRIP MILEAGE) MUST BE PRESENT ON THE CLAIM. IF A0420 IS NOT PRESENT, THE DETAIL WITH THE MILEAGE CODE WILL FAIL ESC 3348.			
	MILEAGE CODES	BASE RATE CODES		
	A0380	A0426	A0340	A0429
	A0390	A0427	A0342	
	A0999	A0433	A0348	
		A0434	A0428	
	FOR DATES OF SERVICE <u>AFTER</u> <u>3/31/97 AND PRIOR TO 1/01/02</u> IF A BASE RATE PROCEDURE CODE IS BILLED WITH 2 UNITS OF SERVICE AND ONE OF THE MILEAGE PROCEDURE CODES IS BILLED, THEN PROCEDURE CODE A0420 (RETURN TRIP MILEAGE) MUST BE PRESENT ON THE CLAIM. IF A0420 IS NOT PRESENT, THE DETAIL WITH THE MILEAGE CODE WILL FAIL ESC 3348.			
	MILEAGE CODES	BASE RATE CODES		
	A0380	A0330	A0348	
	A0390	A0340	A0360	
	A0999	A0342	A0362	

	FOR DATES OF SERVICE PRIOR TO 4/1/97 IF A BASE RATE PROCEDURE CODE IS BILLED WITH 2 UNITS OF SERVICE AND ONE OF THE MILEAGE PROCEDURE CODES IS BILLED, THEN PROCEDURE CODE A0222 (RETURN TRIP MILEAGE) MUST BE PRESENT ON THE CLAIM. IF A0222 IS NOT PRESENT, THE DETAIL WITH THE MILEAGE CODE WILL FAIL ESC 3348.			
	MILEAGE CODES	BASE RATE CODES		
	A0020	A0010	A0348	A0999
	A0380	A0030	A0362	
	A0390	A0342	A0368	
EOB CODES:	0986 - DETAIL DENIED. PROCEDURE CODE A0420 MUST ALSO BE BILLED WHEN AN EXTRA MILEAGE PROCEDURE CODE IS BILLED WITH A ROUND TRIP PROCEDURE CODE.			
METHOD OF CORRECTION:	1. VERIFY THAT ALL PROCEDURE CODES AND UNITS OF SERVICE ON THE CLAIM WERE ENTERED CORRECTLY. IF NOT, CORRECT.			
	2. IF KEYED CORRECTLY, DENY THE DETAIL.			
	THIS ESC IS SET TO AUTO-DENY FOR TYPE OF DOCUMENT ELECTRONIC CLAIMS.			

3.374 3349 (FORMER LEGACY EDIT 987)

DMS Approved 12/11/2003

ERROR STATUS CODE:	3349 (FORMER LEGACY EDIT 987)	**CLAIM TYPE:**	M
HEADER/DETAIL:	DETAIL	**PROVIDER TYPE:**	55, 56, 57
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	PAPER, NON-PAPER, ADJUSTMENTS
DATA CORRECTABLE	YES	**CLAIM FIELD LABEL:**	PROC, UOS

ESC NAME:	OXYGEN CODES ARE LIMITED TO 1 UNIT OF SERVICE IF BASE RATE IS ONLY 1 UNIT.			
ESC CRITERIA: **LEGACY CRITERIA:**	KY SPECIFIC ESC FOR P/T 56, SPECIALTY 16, AND DATES OF SERVICE ON OR AFTER 07/01/03 FAILS OXYGEN DETAILS BILLED WITH 2 UNITS OF SERVICE IF THE BASE RATE PROCEDURE CODE IS BILLED WITH ONLY 1 UNIT OF SERVICE. (DCR 00699)			
	OXYGEN CODES	BASE RATE CODES		
	A0422	T2005		
	FOR P/T 55 FOR DATES OF SERVICE ON OR AFTER 10/16/03 FAILS OXYGEN DETAILS BILLED WITH 2 UNITS OF SERVICE IF THE BASE RATE PROCEDURE CODE IS BILLED WITH ONLY 1 UNIT OF SERVICE.			
	OXYGEN CODES	BASE RATE CODES		
	A0422	A0427	A0429	A0429 UC
	FOR P/T 55 FOR DATES OF SERVICE AFTER 12/31/01 AND PRIOR TO 10/16/03 FAILS OXYGEN DETAILS BILLED WITH 2 UNITS OF SERVICE IF THE BASE RATE PROCEDURE CODE IS BILLED WITH ONLY 1 UNIT OF SERVICE.			
	OXYGEN CODES	BASE RATE CODES		
	A0422	A0426	A0434	A0348
		A0427	A0340	A0428
		A0433	A0342	A0429
	FOR P/T 55 FOR DATES OF SERVICE AFTER 3/31/97 AND BEFORE 1/01/02 FAILS OXYGEN DETAILS BILLED WITH 2 UNITS OF SERVICE IF THE BASE RATE PROCEDURE CODE IS BILLED WITH ONLY 1 UNIT OF SERVICE.			
	OXYGEN CODES	BASE RATE CODES		
	A0422	A0030	A0342	A0362
		A0330	A0348	
		A0340	A0360	
	FOR P/T 55 FOR DATES OF SERVICE PRIOR TO 4/1/97 FAILS OXYGEN DETAILS BILLED WITH 2 UNITS OF SERVICE IF THE BASE RATE PROCEDURE CODE IS BILLED WITH ONLY 1 UNIT OF SERVICE.			
	OXYGEN CODES	BASE RATE CODES		
	A0070	A0010	A0348	A0999
	A0422	A0030	A0362	

		A0342	A0368	
EOB CODES:	0987 - DETAIL DENIED. PROCEDURE CODE A0422 LIMITED TO 1 UNIT OF SERVICE IF BASE RATE INDICATES ONE WAY TRIP.			
METHOD OF CORRECTION:	1. VERIFY THAT ALL PROCEDURE CODES AND UNITS OF SERVICE ON THE CLAIM WERE ENTERED CORRECTLY.			
	2. IF KEYED INCORRECTLY, ENTER CORRECT DATA.			
	3. IF KEYED CORRECTLY, DENY THE DETAIL.			
	THIS ESC IS SET TO AUTO-DENY TYPE OF DOCUMENT ELECTRONIC CLAIMS.			

3.375 3350 (FORMER LEGACY EDIT 988)

DMS Approved 06/13/1997

ERROR STATUS CODE:	3350 (FORMER LEGACY EDIT 988)	**CLAIM TYPE:**	B
HEADER/DETAIL:	HEADER	**PROVIDER TYPE:**	55, 82, 85, 86, 87, 88, 89, 90, 95, 20, 36, 37, 50, 52, 70, 72, 74, 77, 78, 60, 61, 64, 65, 80
OVERRIDEABLE:	YES	**TYPE OF DOCUMENT:**	PAPER CLAIMS
DATA CORRECTABLE	YES	**FIELD NAME:**	

EDIT NAME:	HEADER MEDICARE ALLOWED AMOUNT NOT EQUAL TO THE SUM OF THE DETAIL MEDICARE ALLOWED AMOUNTS.
EDIT CRITERIA:	FAILS CMS 1500 CROSSOVER CLAIMS IF THE HEADER MEDICARE ALLOWED AMOUNT IS NOT EQUAL TO THE SUM OF THE DETAIL MEDICARE ALLOWED AMOUNTS.
EOB CODES:	0988 - HEADER MEDICARE ALLOWED AMOUNT IS NOT EQUAL TO THE SUM OF THE DETAIL MEDICARE ALLOWED AMOUNTS.
METHOD OF CORRECTION:	1. CHECK KEYING OF HEADER AND DETAIL MEDICARE ALLOWED AMOUNTS.
	2. VERIFY THAT THE CODING SHEET WAS COMPLETED CORRECTLY. CORRECT ANY ERRORS.
	3. NOTIFY SUPERVISOR, IF KEYED CORRECTLY.

3.376 3351 (FORMER LEGACY EDIT 284)

DMS Approved 01/03/97

ERROR STATUS CODE:	3351 (FORMER LEGACY EDIT 284)	**CLAIM TYPE:**	H
HEADER/DETAIL:	DETAIL	**PROVIDER TYPE:**	44
OVERRIDEABLE:	YES	**TYPE OF DOCUMENT:**	PAPER, NON-PAPER, ADJUSTMENTS
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	MEMBER ID, FDOS, TDOS

ESC NAME:	MEMBER IS ELIGIBLE FOR MEDICARE PAYMENT.
ESC CRITERIA: **LEGACY CRITERIA:**	KY SPECIFIC ESC IF THE MEMBER IS HOSPICE-TYPE 2 AND THE PROCEDURE CODES FOR DATES OF SERVICE ARE 651, 652, 655 OR 656 APPLY THE ESC. IF MEMBER IS HOSPICE TYPE 1 OR 3 FOR DATES OF SERVICE AND PROCEDURE CODES ARE 658 AND 659, APPLY THE ESC.
EOB CODES:	0284 – OUR RECORDS INDICATE THAT THIS MEMBER IS ELIGIBLE FOR HOSPICE COVERAGE BY MEDICARE. PLEASE BILL MEDICARE FIRST.
METHOD OF CORRECTION:	VERIFY THAT MEMBER MEMBER ID, DATES OF SERVICE, AND PROCEDURE CODE WERE KEYED CORRECTLY. IF NOT, CORRECT THE DATA.
	IF PROCEDURE CODE IS 658 OR 659, REVIEW ATTACHED EOMB. DETAIL DATES OF SERVICE MUST MATCH OR FALL WITHIN EOMB DATES OF SERVICE. IF SO, OVERRIDE THE ESC. SEND COPY OF CLAIM AND EOMB TO DMS. IF NOT, DENY THE LINE WITH EOB 0113.
	IF PROCEDURE CODE IS 653, 654, 182, 183, 184, OR 185 OVERRIDE THE ESC.
	REVIEW DOCUMENTATION FOR PROOF OF MEDICARE DENIAL. SUFFICIENT DOCUMENTATION INCLUDES: A. PROOF OF DENIAL FROM MEDICARE B. PROOF OF DENIAL FOR THE SAME MEMBER FOR THE SAME RELATED SERVICE FROM MEDICARE. THE DENIAL CANNOT BE MORE THAN 6 MONTHS OLD. IF SUFFICIENT DOCUMENTATION IS ATTACHED TO CLAIM, OVERRIDE THE ESC.
	IF NONE OF THE ABOVE SITUATIONS APPLY, AND NO DOCUMENTATION IS ATTACHED, DENY THE CLAIM WITH EOB 0284.

3.377 3352 (FORMER LEGACY EDIT 074)

DMS Approved 01/26/96

ERROR STATUS CODE:	3352 (FORMER LEGACY EDIT 074)	**CLAIM TYPE:**	L
HEADER/DETAIL:	DETAIL	**PROVIDER TYPE:**	11, 12
OVERRIDEABLE:	YES	**TYPE OF DOCUMENT:**	PAPER, NON-PAPER, ADJUSTMENTS
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	PROC, PRO

ESC NAME:	ANCILLARIES MAY NOT BE BILLED IN CONJUNCTION WITH VENTILATOR OR BRAIN INJURY PROGRAM REIMBURSEMENT.
ESC CRITERIA: **LEGACY CRITERIA:**	KY SPECIFIC ESC IF THERE IS AN H OR V IN THE PA#INDICATOR FIELD, THEN THE ANCILLARY CHARGES WILL SUSPEND.
EOB CODES:	0074 – ANCILLARY CHARGES NOT PAYABLE IN CONJUNCTION WITH VENTILATOR.
METHOD OF CORRECTION:	1. VERIFY THAT THE PA#INDICATOR AND THE ANCILLARY CHARGES WERE KEYED CORRECTLY. IF NOT, CORRECT THE DATA.
	2. IF ALL INFORMATION IS KEYED CORRECTLY, DENY ONLY THE ANCILLARIES LINE ITEM.
	THIS ESC IS SET TO AUTO-DENY FOR TYPE OF DOCUMENT - ELECTRONIC CLAIMS.

3.378 3353 (FORMER LEGACY EDIT 007)

DMS Approved 10/25/2010

ERROR STATUS CODE:	3353 (FORMER LEGACY EDIT 007)	**CLAIM TYPE:**	A, I, L
HEADER/DETAIL:	HEADER	**PROVIDER TYPE:**	01, 02, 04, 11, 12, 92, 93
OVERRIDEABLE:	YES	**TYPE OF DOCUMENT:**	PAPER, NON-PAPER, ADJUSTMENTS
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	FDOS, TDOS, DAYS, TOB
ESC NAME:	TOTAL DAYS NOT EQUAL TO THE DIFFERENCE BETWEEN FROM AND TO DOS.		

ESC CRITERIA: **LEGACY CRITERIA:**	KY SPECIFIC ESC VERIFIES THAT THE TOTAL NUMBER OF COVERED DAYS PLUS NON-COVERED DAYS IS EQUAL TO THE DIFFERENCE BETWEEN THE HEADER "FROM" AND "TO" DATES OF SERVICE. NOTE - FOR TYPE A CLAIMS WITH DOS PRIOR TO 9/01/02, IF EITHER THE COVERED DAYS OR COINSURANCE DAYS MATCH THE DIFFERENCE BETWEEN THE FROM AND TO DATES OF SERVICE, THE CLAIM WILL NOT FAIL. FOR DOS AFTER 8/31/02, THE TOTAL OF COVERED DAYS + NON-COVERED DAYS MUST MATCH THE DIFFERENCE BETWEEN THE FROM AND THROUGH DATES. FOR CLAIM TYPES "A" and "I" THE TO DATE IS NOT COMPUTED IF THE TYPE OF BILL IS A FINAL (110, 111, 114, 181, 184, 211, 214, 811, 814). FOR CLAIM TYPE "L" THE TO DATE IS NOT COMPUTED IF THE TYPE OF BILL INDICATES A DISCHARGE OR DEATH (181, 184, 671, 674, 691, 694, 891, 894). FOR CLAIM TYPES "A" and "I" FINAL BILLS FOR 1 DAY WILL NOT FAIL IF THE ADMIT DATE EQUALS THE FROM DATE OF SERVICE (CO 10273). FOR CLAIM TYPES "A" AND "I" IF AN OCCURRENCE CODE OF 42 IS USED, THE T. O. B. INDICATES FINAL, AND THE OCCURRENCE DATE FOR CODE 42 IS AFTER THE TDOS, CALCULATE THE DIFFERENCE BETWEEN THE FROM AND THROUGH DATES OF SERVICE INCLUDING THE THROUGH DATE. - CO 10061 EXCLUSIONS: UB04 CLAIMS WITH A TYPE OF BILL OF 121, 122, 123, 124, 131, 141, 221, 222, 223, 224, 651, 652, 653, 654, 661, 662, 663, 664, 821, 822, 823, OR 824 WILL NOT FAIL ESC 3353. PT 11/12 CROSSOVER CLAIMS WITH DOS PRIOR TO 9/01/02 ARE EXCLUDED FROM ESC 3353.
EOB CODES:	0007 – TOTAL DAYS DO NOT EQUAL THE DIFFERENCE BETWEEN FROM AND TO DATES.
METHOD OF CORRECTION:	FOR CLAIM TYPES "I", "L", AND "A" VERIFY THAT THE TYPE OF BILL WAS KEYED CORRECTLY. IF NOT, CORRECT AND RECYCLE. PLEASE NOTE: IF THE T. O. B. ON THE CLAIM INDICATES OUTPATIENT (MIDDLE DIGIT IS A 3 OR 4) AND WAS INCORRECTLY KEYED AS INPATIENT (MIDDLE DIGIT IS A 1) THE CLAIM MUST BE DELETED FOR REKEYING.

	VERIFY THAT THE COVERED DAYS (C. I. DAYS FOR CLAIM TYPE X) WERE KEYED CORRECTLY. IF NOT, CORRECT AND RECYCLE.
	FOR CLAIM TYPE "L" VERIFY THAT THE REVENUE CODE AND COVERED DAYS WERE KEYED CORRECTLY. IF NOT, CORRECT AND RECYCLE.
	IF PATIENT STATUS CODE IS DATA CORRECTED, VERIFY THAT THE ACCOMMODATION CODE MATCHES THE NEWLY CORRECTED STATUS CODE. REVENUE CODES 180 AND 185 EQUAL ACCOMMODATION CODE 'D'. ALL OTHER REVENUE CODES EQUAL ACCOMMODATION CODE 'A'. IF NECESSARY, CORRECT THE CLAIM AS DESCRIBED ABOVE.
	VERIFY THAT THE FROM AND TO DATES OF SERVICE WERE KEYED CORRECTLY. IF NOT, CORRECT THE CLAIM AND RECYCLE.
	FOR CLAIM TYPES "A" AND "I" IF AN OCCURRENCE CODE OF 42 IS USED, THE T. O. B. INDICATES FINAL, AND THE OCCURRENCE DATE FOR CODE 42 IS AFTER THE TDOS, CALCULATE THE DIFFERENCE BETWEEN THE FROM AND THROUGH DATES OF SERVICE (INCLUDE THE THROUGH DATE). IF THE HEADER COVERED DAYS (CO-INSURANCE DAYS FOR CLAIM TYPE A) IS EQUAL TO THE CALCULATED DAYS OVERRIDE THE ESC.
	FOR CLAIM TYPES "L" AND "A" IF DATE OF ADMISSION AND DATE OF DISCHARGE OR DEATH ARE ON THE SAME DAY, OVERRIDE THE ESC. TEMPORARY PROCEDURE – IF CLAIM TYPE "A" CALCULATE THE DIFFERENCE BETWEEN THE "FROM" AND "TO" DATES. IF THE DIFFERENCE BETWEEN THE "FROM" AND "TO" DATES EQUALS THE NUMBER OF DAYS ENTERED IN FORM LOCATOR 9 AND 10 ON THE UB04 CLAIM FORM, OVERRIDE THE ESC.
	FOR CLAIM TYPES "A" AND "I" IF THE TYPE OF BILL, COVERED DAYS (C. I. DAYS FOR CLAIM TYPE X), FDOS, AND THE TDOS ARE ENTERED CORRECTLY, DENY THE CLAIM.
	FOR CLAIM TYPE "L" IF THE REVENUE CODE, COVERED DAYS, FDOS, AND TDOS ARE KEYED CORRECTLY, DENY THE CLAIM.
	THIS ESC IS SET OT AUTO-DENY FOR TYPE OF DOCUMENT – ELECTRONIC CLAIMS.

3.379 3354 (FORMER LEGACY EDIT 063)

DMS Approved 07/01/96

ERROR STATUS CODE:	3354 (FORMER LEGACY EDIT 063)	**CLAIM TYPE:**	H
HEADER/DETAIL:	HEADER	**PROVIDER TYPE:**	44
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	PAPER, NON-PAPER, ADJUSTMENTS
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	LTC NUMBER

ESC NAME:	AN LTC PROVIDER NUMBER MUST BE ENTERED.
ESC CRITERIA: **LEGACY CRITERIA:**	KY SPECIFIC ESC FAILS HOSPICE CLAIMS BILLED WITH REVENUE CODES 155, 183, OR 185 IF AN 8-DIGIT PROVIDER NUMBER BEGINNING WITH “12” IS NOT ENTERED IN FORM LOCATOR #11. **NOTE: THIS ESC ONLY APPLIES TO CLAIMS WITH DOS AFTER 6/30/91.**
EOB CODES:	0063 – AN 8 -DIGIT LONG TERM CARE FACILITY NUMBER MUST BE ENTERED IN FORM LOCATOR #11.
METHOD OF CORRECTION:	1. VERIFY THE REVENUE CODES ARE KEYED CORRECTLY. IF NOT, CORRECT THE DATA.
	2. VERIFY THE NURSING FACILITY NUMBER (FORM LOCATOR #11) IS KEYED CORRECTLY. IF NOT, CORRECT THE DATA.
	3. IF THE REVENUE CODES AND NURSING FACILITY NUMBER ARE KEYED CORRECTLY, DENY THE CLAIM.
	THIS ESC IS SET TO AUTO-DENY FOR TYPE OF DOCUMENT - ELECTRONIC CLAIMS.

3.380 3355 (FORMER LEGACY EDIT 096)

DMS Approved 01/26/96

ERROR STATUS CODE:	3355 (FORMER LEGACY EDIT 096)	**CLAIM TYPE:**	L
HEADER/DETAIL:	DETAIL	**PROVIDER TYPE:**	11, 12
OVERRIDEABLE:	YES	**TYPE OF DOCUMENT:**	PAPER, NON-PAPER, ADJUSTMENTS
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	REV CODE

ESC NAME:	ANCILLARIES MAY NOT BE BILLED WITH REVENUE CODE 180 AND 185.
ESC CRITERIA: **LEGACY CRITERIA:**	KY SPECIFIC ESC ANCILLARY CHARGES MAY NOT BE BILLED IN CONJUNCTION WITH REVENUE CODES 180 AND 185.
EOB CODES:	0576 – ANCILLARY CHARGES NOT ALLOWED WITH REVENUE CODES 180 AND 185.
METHOD OF CORRECTION:	1. VERIFY THAT THE REVENUE CODE IS KEYED CORRECTLY. IF KEYED INCORRECTLY, CORRECT AND RECYCLE.
	2. IF KEYED CORRECTLY, DENY THE DETAIL.
	THIS ESC IS SET TO AUTO-DENY FOR TYPE OF DOCUMENT - ELECTRONIC CLAIMS.

3.381 3356 (FORMER LEGACY EDIT 279)

DMS Approved 01/17/97

ERROR STATUS CODE:	3356 (FORMER LEGACY EDIT 279)	**CLAIM TYPE;**	ALL EXCEPT B, M, P/Q
HEADER/DETAIL:	HEADER	**PROVIDER TYPE:**	ALL EXCEPT 23, 40, 54, 56
OVERRIDEABLE:	YES	**TYPE OF DOCUMENT:**	ALL EXCEPT PAPER ADJUSTMENT AND MASS ADJUSTMENT
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	OI, OI, PD, MEMBER ID

ESC NAME:	CLAIM INDICATES MEMBER HAS OTHER INSURANCE BUT NO INSURANCE AMOUNT.
ESC CRITERIA: **LEGACY CRITERIA:**	KY SPECIFIC ESC IF THE OTHER INSURANCE INDICATOR WAS ENTERED ON THE CLAIM AND NO OTHER INSURANCE PAYMENT AMOUNT IS ENTERED, THE CLAIM WILL SUSPEND.
EOB CODES:	0279 – CLAIM/DETAIL DENIED. CLAIM INDICATES MEMBER HAS OTHER INSURANCE BUT NO INSURANCE AMOUNT ENTERED ON CLAIM. THIS ESC IS SET TO AUTO-DENY ON C/T M AND I FOR TYPE OF DOCUMENT - ELECTRONIC CLAIMS.
METHOD OF CORRECTION:	1. VERIFY THE OTHER INSURANCE FIELD WAS KEYED CORRECTLY. IF NOT, CORRECT INSURANCE INDICATOR.
	2. CHECK THE CLAIM AND EOMB TO SEE IF MEDICARE HAS MADE PAYMENT. IF THERE IS INDICATION THAT MEDICARE DID MAKE PAYMENT, AND P/T IS AMB SURG (36) OR VISION (77, 52), PROCEED TO STEP 3. IF NOT MEDICARE EXCEPTION CLAIM TYPES, THEN STEP 2.A • COMPLETE A CLAIM RETRIEVAL FORM FROM THE WAREHOUSE, REQUESTING THE CLAIM TO BE PULLED IN ORDER TO REBATCH. • REBATCH CLAIM AS A CROSSOVER AND REPROCESS. • DELETE OLD TCN FROM THE SYSTEM. • IF MEDICARE HAS NOT MADE PAYMENT, THEN OVERRIDE THE CLAIM.
	3. VERIFY THAT NO OTHER INSURANCE PAYMENT APPEARS ON THE CLAIM. IF OTHER AMOUNT IS PRESENT, CORRECT OTHER INSURANCE PAYMENT AMOUNT.
	4. IF CLAIM AND/OR DOCUMENTATION INDICATES THAT OTHER INSURANCE PAYMENT WAS RECEIVED BY THE MEMBER, DENY THE CLAIM WITH EOB 278.
	5. IF THE OTHER INSURANCE IS CRIPPLED CHILDRENS, CRIME VICTIMS, REHABILITATION SERVICES, OVERRIDE THE ESC.
	6. IN ALL OTHER SITUATIONS EXAMINE THE CLAIM FOR

	ATTACHMENTS. THE FOLLOWING TYPES OF DOCUMENTATION ARE ACCEPTABLE.
	A. REMITTANCE STATEMENT FROM INSURANCE SHOULD INCLUDE: • MEMBER NAME (FIRST NAME IS ACCEPTABLE) • DATE OF SERVICE • DOCUMENTATION THAT THE SERVICE WAS DENIED OR APPLIED TO THE DEDUCTIBLE • INFORMATION WHICH MATCHES SERVICE TO THE CLAIM FORM (PROCEDURE CODE, BILLED CHARGE, ETC.)
	EXCEPTION: A COPY OF A PREVIOUS REMITTANCE DENIAL FOR THE SAME MEMBER FOR THE SAME OR RELATED SERVICES WHICH IS NOT MORE THAN SIX MONTHS PRIOR TO THE CLAIM DATE OF SERVICE IS ACCEPTABLE. IF THE REMITTANCE DOES NOT PROVIDE A DATE OF SERVICE, BUT THE DATE THE DENIAL WAS PRODUCED IS NOT MORE THAN SIX MONTHS PRIOR TO THE CLAIM DATE OF SERVICE, THEN OVERRIDE THE ESC. B. A LETTER FROM THE INSURANCE COMPANY SHOULD INCLUDE: • MEMBER NAME (FIRST NAME IS ACCEPTABLE) • DATE OF SERVICE (IF REFERRING TO SPECIFIC CLAIM) • DATE OF TERMINATION OR EFFECTIVE DATE (IF APPLICABLE)
	NOTE: IF THE EXPLANATION OF DENIAL INDICATES THAT THE INSURANCE COMPANY REQUIRES ADDITIONAL INFORMATION TO PROCESS THE CLAIM, DO NOT ACCEPT THAT DOCUMENTATION.
	NOTE: IF THE DATE OF SERVICE IS SPECIFIED AND DOCUMENTATION STATES THE SERVICE IS NOT COVERED DUE TO TERMINATION/EFFECTIVE DATE, A DATE OF TERMINATION/EFFECTIVENESS IS NOT REQUIRED. IF THE DATE OF SERVICE IS NOT SPECIFIED A DATE OF TERMINATION/EFFECTIVENESS IS REQUIRED. • INSURANCE LETTERHEAD OR SIGNATURE OF REPRESENTATIVE • STATEMENT OF BENEFITS AVAILABLE (IF APPLICABLE)
	EXCEPTION: A LETTER FROM THE INSURANCE COMPANY WHICH STATES THAT THEY WILL NO LONGER PROVIDE BENEFITS FOR THE BILLING PROVIDER WITH AN EFFECTIVE DATE ON OR PRIOR TO THE CLAIM DATE OF SERVICE IS ACCEPTABLE DOCUMENTATION. C. A LETTER FROM THE PROVIDER SHOULD INCLUDE: • NAME OF THE INSURANCE COMPANY • MEMBER NAME (FIRST NAME IS ACCEPTABLE) • DATE OF SERVICE (IF REFERRING TO SPECIFIC

	CLAIM) • CONTACT NAME OR NOTATION THAT THE INFORMATION WAS OBTAINED FROM AN AUTOMATED VOICE RESPONSE SYSTEM • DATE OF TERMINATION OR EFFECTIVE DATE (IF APPLICABLE)
	NOTE: IF THE DATE OF SERVICE IS SPECIFIED AND DOCUMENTATION STATES THE SERVICE IS NOT COVERED DUE TO TERMINATION/EFFECTIVE DATE, A DATE OF TERMINATION/EFFECTIVENESS IS NOT REQUIRED. IF THE DATE OF SERVICE IS NOT SPECIFIED A DATE OF TERMINATION/EFFECTIVENESS IS REQUIRED. STATEMENT OF BENEFITS AVAILABLE (IF APPLICABLE)
	D. A TPL LEAD FORM SHOULD INCLUDE: • NOTATION OF "NO RESPONSE" ON EITHER THE LEAD FORM OR ON THE CLAIM FORM • CLAIM DATES OF SERVICE GREATER THAN 120 DAYS OLD.
	E. A LETTER FROM AN EMPLOYER SHOULD INCLUDE: • MEMBER NAME (FIRST NAME IS ACCEPTABLE) • DATE OF TERMINATION OR EFFECTIVE DATE (IF APPLICABLE) EMPLOYER LETTERHEAD OR SIGNATURE OF EMPLOYER REPRESENTATIVE
	8. IF ANY OF THE ABOVE DOCUMENTATION IS PRESENT OVERRIDE THE ESC. IF OTHER INSURANCE DOCUMENTATION IS NOT SUFFICIENT TO OVERRIDE, DENY THE CLAIM WITH EOB 0277. IF NO OTHER INSURANCE DOCUMENTATION IS PRESENT, DENY THE CLAIM WITH EOB 0279.

3.382 3357 (FORMER LEGACY EDIT 280)

DMS Approved: 05/01/00

ERROR STATUS CODE:	3357 (FORMER LEGACY EDIT 280)	**CLAIM TYPE:**	ALL EXCEPT B, M, P/Q
HEADER/DETAIL:	HEADER/DETAIL	**PROVIDER TYPE:**	ALL EXCEPT 23, 40, 45, 54, 56
OVERRIDEABLE:	YES	**TYPE OF DOCUMENT:**	PAPER, NON-PAPER, ADJUSTMENTS
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	ACC IND

ESC NAME:	CLAIM INDICATES THIS SERVICE IS DUE TO A WORK-RELATED ACCIDENT/INJURY.
ESC CRITERIA: **LEGACY CRITERIA:**	KY SPECIFIC ESC FAILS CMS AND DENTAL CLAIMS IF THERE IS A 'Y' IN THE EMPLOYMENT-RELATED ACCIDENT INDICATOR AND THE OTHER INSURANCE AMOUNT IS ZERO. FAILS UB04 CLAIMS IF AN OCCURRENCE CODE OF '04' IS ENTERED AND THE OTHER INSURANCE AMOUNT IS ZERO. ALSO, DRUG DETAILS ON PRIMARY CARE AND RURAL HEALTH CLAIMS ARE EXCLUDED FROM THIS ESC. THIS ESC IS SET TO AUTO-DENY FOR THE TYPE OF DOCUMENT - ELECTRONIC CLAIMS.
EOB CODES:	0280 –YOUR CLAIM INDICATES THIS SERVICE IS DUE TO A WORK-RELATED ACCIDENT/INJURY. PLEASE BILL OTHER INSURANCE FIRST.
METHOD OF CORRECTION:	1. VERIFY THAT NO OTHER INSURANCE AMOUNT APPEARS ON THE CLAIM. IF OTHER INSURANCE AMOUNT IS PRESENT, CORRECT OTHER INSURANCE AMOUNT.
	2. IF CMS-1500 CLAIM FORM, VERIFY THAT THE ACCIDENT INDICATOR WAS KEYED CORRECTLY. IF NOT, DATA CORRECT THE FIELD.
	3. IF UB04 CLAIM FORM, REVIEW CLAIM TO DETERMINE IF OCCURRENCE CODE "04" WAS ENTERED BY THE PROVIDER. IF NO "04" OCCURRENCE CODE IS PRESENT, DELETE THE CLAIM AND REBATCH THE CLAIM. IF AN "04" OCCURRENCE CODE IS PRESENT, NO OTHER INSURANCE AMOUNT IS ENTERED, AND NO DOCUMENTATION OF DENIAL IS PRESENT, DENY THE CLAIM WITH EOB 0280.
	4. IF CLAIM AND/OR DOCUMENTATION INDICATES THAT OTHER INSURANCE PAYMENT WAS RECEIVED BY THE MEMBER, DENY THE ESC.
	5. IF OTHER INSURANCE AMOUNT AND ACCIDENT INDICATOR WERE KEYED CORRECTLY AND NO DOCUMENTATION OF DENIAL BY OTHER INSURANCE IS PRESENT, DENY THE CLAIM WITH EOB 0280.
	6. IN ALL OTHER SITUATIONS EXAMINE THE CLAIM FOR ATTACHMENTS. THE FOLLOWING TYPES OF

	DOCUMENTATION ARE ACCEPTABLE. A. REMITTANCE STATEMENT FROM INSURANCE SHOULD INCLUDE: • MEMBER NAME (FIRST NAME IS ACCEPTABLE) • DATE OF SERVICE • DOCUMENTATION THAT THE SERVICE WAS DENIED OR APPLIED TO THE DEDUCTIBLE • INFORMATION WHICH MATCHES SERVICE TO THE CLAIM FORM (PROCEDURE CODE, BILLED CHARGE, ETC.) **EXCEPTION**: A COPY OF A PREVIOUS REMITTANCE DENIAL FOR THE SAME MEMBER FOR THE SAME OR RELATED SERVICES WHICH IS NOT MORE THAN SIX MONTHS PRIOR TO THE CLAIM DATE OF SERVICE IS ACCEPTABLE. IF THE REMITTANCE DOES NOT PROVIDE A DATE OF SERVICE BUT THE DATE THE DENIAL WAS PRODUCED IS NOT MORE THAN SIX MONTHS PRIOR TO THE CLAIM DATE OF SERVICE, THEN OVERRIDE THE ESC. **NOTE: IF THE EXPLANATION OF DENIAL INDICATES THAT THE INSURANCE COMPANY REQUIRES ADDITIONAL INFORMATION TO PROCESS THE CLAIM, DO NOT ACCEPT THAT DOCUMENTATION.** B. A LETTER FROM THE INSURANCE COMPANY SHOULD INCLUDE: • MEMBER NAME (FIRST NAME IS ACCEPTABLE) • DATE OF SERVICE (IF REFERRING TO SPECIFIC CLAIM) • DATE OF TERMINATION OR EFFECTIVE DATE (IF APPLICABLE)
	NOTE: IF THE DATE OF SERVICE IS SPECIFIED AND DOCUMENTATION STATES THE SERVICE IS NOT COVERED DUE TO TERMINATION/EFFECTIVE DATE, A DATE OF TERMINATION/EFFECTIVENESS IS NOT REQUIRED. IF THE DATE OF SERVICE IS NOT SPECIFIED A DATE OF TERMINATION/EFFECTIVENESS IS REQUIRED. • INSURANCE LETTERHEAD OR SIGNATURE OF REPRESENTATIVE • STATEMENT OF BENEFITS AVAILABLE (IF APPLICABLE) C. A LETTER FROM THE PROVIDER SHOULD INCLUDE: • NAME OF THE INSURANCE COMPANY • MEMBER NAME (FIRST NAME IS ACCEPTABLE) • DATE OF SERVICE (IF REFERRING TO SPECIFIC CLAIM) • CONTACT NAME OR NOTATION THAT THE INFORMATION WAS OBTAINED FROM AN

	AUTOMATED VOICE RESPONSE SYSTEM • DATE OF TERMINATION/CLOSED/EFFEC-TIVE DATE (IF APPLICABLE) **NOTE: IF THE DATE OF SERVICE IS SPECIFIED AND DOCUMENTATION STATES THE SERVICE IS NOT COVERED DUE TO TERMINATION/EFFECTIVE DATE, A DATE OF TERMINATION/EFFECTIVENESS IS NOT REQUIRED. IF THE DATE OF SERVICE IS NOT SPECIFIED A DATE OF TERMINATION/EFFECTIVENESS IS REQUIRED.** • STATEMENT OF BENEFITS AVAILABLE (IF APPLICABLE) • IF PROVIDER INDICATES CASE IS IN LITIGATION, OVERRIDE THE ESC. D. A TPL LEAD FORM SHOULD INCLUDE: • NOTATION OF “NO RESPONSE” ON EITHER THE LEAD FORM OR ON THE CLAIM FORM • CLAIM DATES OF SERVICE GREATER THAN 120 DAYS OLD E. A LETTER FROM AN EMPLOYER SHOULD INCLUDE: • MEMBER NAME (FIRST NAME IS ACCEPTABLE) • DATE OF TERMINATION OR EFFECTIVE DATE (IF APPLICABLE) • EMPLOYER LETTERHEAD OR SIGNATURE OF EMPLOYER REPRESENTATIVE.
	IF ANY OF THE ABOVE DOCUMENTATION IS PRESENT OVERRIDE THE ESC. IF OTHER INSURANCE DOCUMENTATION IS NOT SUFFICIENT TO OVERRIDE, DENY THE CLAIM WITH EOB 0277.

3.383 3358 (FORMER LEGACY EDIT 319)

DMS Approved 10/03/05

ERROR STATUS CODE:	3358 (FORMER LEGACY EDIT 319)	**CLAIM TYPE:**	O
HEADER/DETAIL:	HEADER	**PROVIDER TYPE:**	01
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	PAPER CLAIM, ELECTRONIC CLAIM
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	TDOS, FDOS

ESC NAME:	OUTPATIENT HOSPITAL CLAIMS FOR MORE THAN TWO DAYS ARE NOT ALLOWED.
ESC CRITERIA: **LEGACY CRITERIA:**	KY SPECIFIC ESC VERIFIES THE FROM AND THROUGH DATES DO NOT EXCEED 2 DAYS.
EOB CODES:	0913- DAYS SUPPLY EXCEEDS 32 DAYS. **EXCEPTIONS**: CLAIMS WITH THE REVENUE CODE 760 OR 762 (OBSERVATION) ARE EXCLUDED FROM THIS ESC.
METHOD OF CORRECTION:	1. VERIFY THAT THE DATES ARE KEYED CORRECTLY. IF NOT, CORRECT THE DATA.
	2. IF DATA IS KEYED CORRECTLY, DENY THE CLAIM.
	THIS ESC IS SET TO AUTO-DENY ON THE TYPE OF DOCUMENT – ELECTRONIC CLAIMS.

3.384 3359

3.384.1 3359 FORMER LEGACY EDIT 188

DMS Approved 11/01/2004

ERROR STATUS CODE:	3359 (FORMER LEGACY EDIT 188)	**CLAIM TYPE:**	I
HEADER/DETAIL:	DETAIL	**PROVIDER TYPE:**	02
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	PAPER CLAIMS, PAPER ADJUSTMENTS, ELECTRONIC CLAIMS, MASS ADJUSTMENTS
DATA CORRECTABLE:	NO	**FIELD NAME:**	PROC/NDC

EDIT NAME:	REVENUE CODE NOT PAYABLE WITH 101 AND 240
ESC CRITERIA: **LEGACY CRITERIA:**	KY SPECIFIC ESC ESC 3359 WILL FAIL DETAILS WITH ANY REVENUE CODE OTHER THAN 114, 124, 129, 134, 154, 960, OR 961 BILLED ON THE SAME CLAIM AS 240 (ALL INCLUSIVE ANCILLARY). DETAILS WITH THE BILLED AMOUNT LISTED IN THE NON-COVERED FIELD WILL **NOT** FAIL THIS EDIT.
EOB CODES:	0961 - THIS REVENUE CODE IS NOT PAYABLE WHEN BILLED WITH ALL INCLUSIVE REVENUE CODE 101 AND ALL INCLUSIVE ANCILLARY REVENUE CODE 240. CHARGES MOVED TO NON-COVERED.
METHOD OF CORRECTION:	FOR ALL FAILURES, THE BILLED AMOUNT IS SYSTEMATICALLY MOVED TO THE NON-COVERED COLUMN.

3.384.2 3359 FORMER LEGACY EDIT 961

ERROR STATUS CODE:	3359 (FORMER LEGACY EDIT 961)	**CLAIM TYPE:**	I
HEADER/DETAIL:	DETAIL	**PROVIDER TYPE:**	02, 04, 92, 93
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	PAPER CLAIMS, PAPER ADJUSTMENTS, ELECTRONIC CLAIMS, MASS ADJUSTMENTS
DATA CORRECTABLE:	NO	**FIELD NAME:**	PROC/NDC

EDIT NAME:	REVENUE CODE NOT PAYABLE WITH 101 AND 240
ESC CRITERIA: **LEGACY CRITERIA:**	KY SPECIFIC ESC ESC 3359 WILL FAIL DETAILS WITH ANY REVENUE CODE OTHER THAN 100, 963, 971, 972, 973, 974, 985, OR 986 BILLED ON THE SAME CLAIM AS 101 OR 240 (ALL INCLUSIVE ANCILLARY).

EOB CODES:	0961 - THIS REVENUE CODE IS NOT PAYABLE WHEN BILLED WITH ALL INCLUSIVE REVENUE CODE 101 AND ALL INCLUSIVE ANCILLARY REVENUE CODE 240. CHARGES MOVED TO NON-COVERED.
METHOD OF CORRECTION:	FOR ALL FAILURES, THE BILLED AMOUNT IS SYSTEMATICALLY MOVED TO THE NON-COVERED COLUMN.

3.385 3360 (FORMER LEGACY EDIT 310)

DMS Approved 09/28/00

ERROR STATUS CODE:	3360 (FORMER LEGACY EDIT 310)	**CLAIM TYPE:**	L
HEADER/DETAIL:	HEADER	**PROVIDER TYPE:**	11, 12
OVERRIDEABLE:	YES	**TYPE OF DOCUMENT:**	PAPER, NON-PAPER, ADJUSTMENTS
DATA CORRECTABLE	YES	**CLAIM FIELD LABEL:**	RPROV ELIG, FDOS

ESC NAME:	NEW ADMISSIONS NOT PAYABLE BECAUSE OF PROVIDER NON-COMPLIANCE.
ESC CRITERIA: **LEGACY CRITERIA:**	KY SPECIFIC ESC FAILS IF THE PROVIDER HAS A “Z” PROVIDER ELIGIBILITY SEGMENT FOR THE DATE OF ADMISSION.
EOB CODES:	0310 –NEW ADMISSION NOT PAYABLE BECAUSE OF NON-COMPLIANCE.
METHOD OF CORRECTION:	1. VERIFY THE HEADER DATES OF SERVICE ARE ENTERED CORRECTLY. IF NOT, CORRECT.
	2. IF ENTERED CORRECTLY, DENY THE HEADER WITH EOB 0310.

3.386 3361 (FORMER LEGACY EDIT 051)

DMS Approved 06/19/06

ERROR STATUS CODE:	3361 (FORMER LEGACY EDIT 051)	**CLAIM TYPE:**	A, H, I, L, O
HEADER/DETAIL:	HEADER	**PROVIDER TYPE:**	01 (PT A/I), 02, 04, 11, 12, 41, 44, 92, 93
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	PAPERS, NON-PAPER, ADJUSTMENTS, ENCOUNTERS
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	PATIENT STATUS

ESC NAME:	INVALID PATIENT STATUS CODE.
ESC CRITERIA: **LEGACY CRITERIA:**	KY SPECIFIC ESC FAILS IF THE PATIENT STATUS CODE IS MISSING OR INVALID. SEE ATTACHED LIST OF VALID VALUES. FOR CLAIM TYPES “A” and “L” ALSO FAILS IF: • PATIENT STATUS CODE IS 30 AND LAST DIGIT OF TOB IS 1 OR 4. • PATIENT STATUS CODE IS OTHER THAN 30 AND LAST DIGIT OF TOB IS 2 OR 3. FOR CLAIM TYPE H, PT 44, PATIENT STATUS ‘50’ AND ‘51’ ARE VALID FOR CLAIMS WITH DOS ON AND AFTER 05/01/03. FOR CLAIM TYPE A, I PT.01 PATIENT STATUS ‘50’ AND ‘62’ IS VALID FOR CLAIMS WITH DOS ON AND AFTER 05/01/03. PER CO441. FOR CLAIM TYPE A, I PT. 01 PATIENT STATUS ‘62’ IS VALID FOR CLAIMS WITH DOS ON AND AFTER 12/01/03. PER DCR01063 FOR CLAIM TYPE A, I, PT 01, PATIENT STATUS ‘50’ IS VALID FOR DISCHARGE DOS ON OR AFTER 08/01/2004 PER DCR 01250. <u>EXCLUSIONS</u> TYPE A CLAIMS SUBMITTED ELECTRONICALLY WITH A TYPE OF BILL OF 121, 122, 123 OR 124 ARE EXCLUDED FROM ESC 3361. ENCOUNTER CLAIMS WITH A STATUS ‘08’ ARE EXCLUDED FROM ESC 3361. DCR00745
EOB CODES:	0051 – PATIENT CONDITION/STATUS CODE MISSING, INVALID, OR INVALID FOR TYPE OF BILL.
METHOD OF CORRECTION:	1. IF PATIENT STATUS CODE IS PRESENT, VERIFY THAT IT WAS ENTERED CORRECTLY. IF NOT, CORRECT THE CLAIM.
	2. IF NO PATIENT STATUS CODE IS ENTERED IN FIELD 13 ON THE CLAIM OR IF AN INVALID PATIENT STATUS CODE

	IS ENTERED, DENY THE CLAIM.
VALID UB04 DISCHARGE PATIENT STATUS CODES	01 – DISCHARGED TO HOME 02 – DISCHARGED TO ANOTHER HOSPITAL 03 – DISCHARGED TO SNF 04 – DISCHARGED TO ICF 05 – DISCHARGED TO OTHER INSTITUTION 06 – DISCHARGED OR TRANSFERRED TO HOME UNDER CARE OF ORGAINZED HOME HEALTH SERVICE ORGANIZATION 07 – DISCHARGED AGAINST MEDICAL ADVICE 10 – DISCHARGED TO MENTAL HEALTH CENTER 20 – EXPIRED 34 – TEMPORARY ABSENCE – HOSPITAL 35 – TEMPORARY ABSENCE – OTHER 40 – DIED AT HOME 41 – DIED AT A MEDICAL FACILITY 42 – PLACE OF DEATH UNKNOWN 50 – DISCHARGED/TRANSFERRED TO A HOSPICE/HOME SITUATION 51 – DISCHARGED TO A HOSPICE MEDICAL FACILITY 61 – DISCHARGED/TRANSFERRED WITHIN INSTITUTION TO HOSPITAL BASED MEDICARE APROVED SWING BED 62 – DISHCARGED TO ANOTHERREHABILITATION FACILITY 63 – TRANSFER/DISCHARGE TO A LONG TERM CARE FACILITY

3.387 3362 (NO FORMER LEGACY EDIT)

ERROR STATUS CODE:	3362 (NO FORMER LEGACY EDIT)	**CLAIM TYPE:**	ALL
HEADER/DETAIL:	DETAIL	**PROVIDER TYPE:**	ALL
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	PAPER, NON-PAPER, ADJUSTMENTS
DATA CORRECTABLE:	NO	**FIELD NAME:**	PA NUMBER

EDIT NAME:	PA NUMBER OR PA PAYMENT METHOD IS INVALID
ESC CRITERIA:	IF THE PRIOR AUTHORIZATION NUMBER OR PRIOR AUTHORIZATION PAYMENT METHOD IS INVALID FOR PHYSICIAN CLAIMS WHEN LESSER PA/MAX FEE PRICING METHODOLOGY APPLIES, POST THIS EDIT.
EOB CODES:	3362 - PA NUMBER OR PA PAYMENT METHOD IS NOT VALID
METHOD OF CORRECTION:	FOR ALL FAILURES, THE BILLED AMOUNT IS SYSTEMATICALLY MOVED TO THE NON-COVERED COLUMN.

3.388 3363 (FORMER LEGACY EDIT 908)

DMS Approved 06/19/09

ERROR STATUS CODE:	3363 (FORMER LEGACY EDIT 908)	**CLAIM TYPE:**	M
HEADER/DETAIL:	DETAIL	**PROVIDER TYPE:**	90
OVERRIDEABLE:	YES	**TYPE OF DOCUMENT:**	PAPER, NON-PAPER, ADJUSTMENTS
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	FDOS, TDOS

ESC NAME:	MEMBER IN NURSING FACILITY ON DATE OF SERVICE.
ESC CRITERIA: **LEGACY CRITERIA:**	KY SPECIFIC ESC FAILS DME CLAIMS IF THE MEMBER ELIGIBILITY FILE NURSING FACILITY SEGMENT HAS AN INSTITUTIONAL STATUS CODE OF M1, M3, M4, OR M5 FOR THE CLAIM DATE OF SERVICE. **EXCLUSIONS** DETAILS WITH A PROCEDURE CODE BEGINNING WITH "L" AND A DATE OF SERVICE BETWEEN 11/21/00 AND 01/01/2009 (CO 11304) ARE EXCLUDED FROM ESC 3363. DETAILS WITH A DATE OF SERVICE THE SAME AS LTC SEGMENT DATE OF DISCHARGE FROM THE NURSING FACILITY AND NO OTHER LTC SEGMENT IS ON FILE ARE EXCLUDED FROM ESC 3363.
EOB CODES:	0908 – CLAIM/DETAIL IS DENIED. THE MEMBER IS IN A NURSING FACILITY ON THE DATE OF SERVICE.
METHOD OF CORRECTION:	1. VERIFY THAT THE MEMBER MEMBER ID NUMBER, DOS, AND PROVIDER NUMBER ARE KEYED CORRECTLY. IF NOT, CORRECT THE DATA.
	2. IF KEYED CORRECTLY, DENY THE DETAIL.
	THIS ESC IS SET TO AUTO-DENY FOR TYPE OF DOCUMENT - ELECTRONIC CLAIMS.

3.389 3364 (FORMER LEGACY EDIT 149)

DMS Approved 02/24/2012

ERROR STATUS CODE:	3364 (FORMER LEGACY EDIT 149)	**CLAIM TYPE:**	D, M, O, P/Q
HEADER/DETAIL:	DETAIL	**PROVIDER TYPE:**	01, 39, 41, 46, 47, 54, 60, 61, CT M (ALL EXCEPT 27, 28, 45, 55, 56, 57)
OVERRIDEABLE:	YES	**TYPE OF DOCUMENT:**	PAPER, NON-PAPER, ADJUSTMENTS
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	PROC, MEMBER ID
ESC NAME:	PROCEDURE INVALID FOR MEMBER'S AGE.		
ESC CRITERIA: **LEGACY CRITERIA:**	KY SPECIFIC ESC FAILS IF THE MEMBER AGE IS NOT WITHIN THE AGE RANGE LISTED ON THE PROCEDURE CODE (PDD PROCEDURE)/NDC (PDD DRUG) FILE FOR THE PROCEDURE/NDC BEING BILLED. FOR PT 64/65, ESC 149 FAILS PROCEDURE CODES 90476 – 90748: IF AGE IS GREATER THAN 21 FOR DOS BEFORE 1/5/04 IF AGE IS GREATER THAN 18 FOR DOS BETWEEN 1/5/04 AND 7/30/04 IF AGE IF GREATER THAN 21 FOR DOS GREATER 7/30/04 DCR 01347 FOR PT 64/65 ESC 3364 FAILS PROCEDURE CODES 90476-90748 IF THE CLAIM DATES OF SERVICE ARE AFTER 07/30/04 AND THE MEMBERS AGE IS GREATER THAN 18 YEARS OLD. FAILS IF THE CLAIM DATE OF SERVICE IS 01/05/04 THROUGH 07/30/04 AND THE MEMBER'S AGE IS GREATER THAN 21 YEARS OLD. FAILS IF THE CLAIM DATE OF SERVICE IS PRIOR TO 01/05/04 AND THE MEMBER AGE IS GREATER THAN 18 YEARS OLD. PER DCR01181. FOR PT 64, 65, 74, AND 78 EDIT 3364 FAILS PROCEDURE CODE 54160 IF THE MEMBER IS 29 DAYS OLD OR GREATER FOR DATES OF SERVICE 01/01/2010 AND AFTER (CO 15152). FOR PT 64, 65, 74, AND 78 EDIT 3364 FAILS PROCEDURE CODE 54161 IF THE MEMBER IS LESS THAN 29 DAYS OLD FOR DATES OF SERVICE 01/01/2010 AND AFTER (CO 15152). FOR PT 30 ESC 3364 FAILS PROCEDURE CODE 90887 IF THE DOS IS AFTER 10/16/03 AND THE MEMBER AGE IS 21 OR GREATER, AND THE DOS IS BEYOND THE LAST DAY OF THE MONTH OF THE MEMBERS 21ST BIRTHDAY. FOR PT 30 CLAIMS AFTER 10/15/03 THE MEMBER AGE LIMITS ON THE PDD FILE ARE IGNORED.		

	FOR PT 31 AND 35 FAILS 92499 AND V2020 THRU V2799 IF THE MEMBER IS OVER 20 YEARS OLD. FOR PT 50 AND 70 FAILS ANY PROCEDURE IF THE DOS IS ON OR AFTER 10/16/03 AND THE MEMBER AGE IS GREATER THAN 20 YEARS OLD. FOR PT 52 AND 77 FAILS IF THE DOS IS ON OR AFTER 10/16/03 AND THE PROCEDURE CODE IS 92314-02499 OR V2020-V2799 AND THE MEMBER IS GREATER THAN 20 YEARS OLD. ESC 3364 FAILS THE FOLLOWING PROCEDURE CODES IF THE MEMBER IS **OVER 30 DAYS OLD** ON THE DETAIL FDOS (HCPCS PROCEDURE GROUP TYPE 3070): 31520 39503 61000* 84800 36450 43831 61001* 94652 36510 53025 73092* 99152 36660 54000 73592* 99440 *EFFECTIVE WITH DOS 07/01/2007 THIS CODE IS NO LONGER EDITED PER CO 10219. ESC 3364 FAILS THE FOLLOWING PROCEDURE CODES IF THE MEMBER IS **LESS THAN 31 DAYS OLD** ON THE DETAIL FDOS (HCPCS PROCEDURE GROUP TYPE 3071): 31525 39502 54152 36455 54001 54161 90764 WITH THE EXCEPTION OF THE CODES LISTED ABOVE, PROCEDURE CODES WITH AN AGE RANGE OF 000-999 ARE EXCLUDED FROM THIS ESC. WITH THE EXCEPTION OF THE CODES LISTED ABOVE, PROCEDURE CODES WITH A "THROUGH" AGE RANGE OF 99 ARE EXCLUDED FROM THIS ESC IF THE MEMBER IS GREATER THAN 99 YEARS OLD. PROCEDURE CODES BILLED BY A SCHOOL BASED PROVIDER (P/T 21) ARE LIMITED TO MEMBERS AGES 00 - 22. FOR PROVIDER TYPE 20 PROCEDURE CODES 90658 AND 90659 ARE EXCLUDED FROM ESC 149. FOR CLAIM TYPE M WITH DOS ON AND AFTER 1/2/04, FAILS PROCEDURE CODE 99100 IF THE MEMBER IS AGE 1 – 70. (DCR 00951) FOR PT 31 AND 35 PROCEDURE CODES 95119 – 95199 ARE EXCLUDED FROM ESC 149 PER CO1192
EOB CODE:	0149 – THIS PROCEDURE/NDC IS NOT APPROPRIATE FOR THE MEMBER'S AGE.
METHOD OF CORRECTION:	1. VERIFY THAT THE MEMBER ID, PROCEDURE CODE, AND

	DATES OF SERVICE WERE KEYED CORRECTLY. IF NOT, CORRECT THE DATA.
	2. IF CLAIM TYPE M (PROV TYPE 74, 78) AND PROCEDURE CODE IS 90225, 90282, OR 90285, OVERRIDE THE ESC.
	3. IF THE MEMBER ID, PROCEDURE CODE, AND DATES OF SERVICE ARE KEYED CORRECTLY, DENY THE DETAIL.
	THIS ESC IS SET TO AUTO-DENY FOR THE TYPE OF DOCUMENT – ELECTRONIC CLAIMS.

3.390 3365 (FORMER LEGACY EDIT 276)

DMS Approved: 04/06/05

ERROR STATUS CODE:	3365 (FORMER LEGACY EDIT 276)	**CLAIM TYPE:**	M
HEADER/DETAIL:	DETAIL	**PROVIDER TYPE:**	56
OVERRIDEABLE:	YES	**TYPE OF DOCUMENT:**	PAPER, NON-PAPER, ADJUSTMENTS
DATA CORRECTABLE	YES	**CLAIM FIELD LABEL:**	BPROV, MEMBER ID

ESC NAME:	THIS SERVICE IS NOT PAYABLE FOR EMPOWER NON-EMERGENCY TRANSPORTATION MEMBERS.
ESC CRITERIA: **LEGACY CRITERIA:**	KY SPECIFIC ESC FAILS IF A NON EMERGENCY TRANSPORTATION FEE-FOR-SERVICE CLAIM IS SUBMITTED FOR A MEMBER WHOSE COUNTY IS ACTIVE FOR MANAGED CARE. ACTIVE COUNTIES ARE LISTED IN A COPYBOOK CALLED NETCNTYS. **EXCEPTIONS** • CLAIMS SUBMITTED BY PROVIDERS WITH A SPECIALTY OF 661 ARE EXCLUDED FROM THIS ESC. • **NOTE: PER DCR 00339 ESC 3365 WAS SET TO PAY AND REPORT ON 08-16-2001** • **NOTE: PER DCR 01335 ESC 3365 WAS SET TO DENY ON 03-31-2005**
EOB CODES:	0276 – DETAIL DENIED. THIS SERVICE IS NOT PAYABLE FOR EMPOWER NON-EMERGENCY TRANSPORTATION MEMBERS.
METHOD OF CORRECTION:	N/A

3.391 3366 (FORMER LEGACY EDIT 066)

DMS Approved 03/02/98

ERROR STATUS CODE:	3366 (FORMER LEGACY EDIT 066)	**CLAIM TYPE:**	I, L
HEADER/DETAIL:	HEADER	**PROVIDER TYPE:**	01, 02, 04, 11, 12, 92, 93
OVERRIDEABLE:	YES	**TYPE OF DOCUMENT:**	PAPER, NON-PAPER, ADJUSTMENTS
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	PRO, APP FROM, APP THRU

ESC NAME:	PA#INDICATOR MISSING.
ESC CRITERIA: **LEGACY CRITERIA:**	KY SPECIFIC ESC CLAIM TYPE L (D. O. S. **AFTER** 9/30/90): IF PA#INDICATOR IS OTHER THAN “B’, “C”, “H”, “V”, OR “Y”, FAIL THE ESC. CLAIM TYPE I: IF PA#INDICATOR IS OTHER THAN “1”, “2”, OR “3” FAIL THE ESC. IF A “3” (PARTIAL APPROVAL) IS ENTERED, THE FROM AND THROUGH DATES OF SERVICE MUST BE EQUAL TO OR WITHIN THE PA#APPROVAL DATES. TYPE OF BILL 110 IS EXCLUDED FROM THIS ESC. OUT OF STATE HOSPITALS ARE EXCLUDED FROM THIS ESC. **NOTE: FOR UB04 CLAIMS THE PA#INDICATOR IS SET FROM THE FOLLOWING CONDITION CODES:** COND CODE = PRO C1 = 1 C2 = 2 C3 = 3 C4 = 4 C5 = 5
EOB CODES:	0066 – PA#STICKER/INDICATOR MISSING OR INVALID.
METHOD OF CORRECTION:	2. VERIFY THAT THE PA#INDICATOR AND PA#APPROVAL DATES (IF PRESENT) WERE KEYED CORRECTLY. IF NOT, CORRECT THE DATA. FOR TYPE S CLAIMS BILLED ON THE UB04, THE PA#INDICATOR IS CONVERTED FROM THE CORRESPONDING CONDITION CODE ACCORDING TO THE CROSS REFERENCE IN THE “ESC CRITERIA” SECTION. IF ONE OF THE CONDITION CODES LISTED IN THE CROSS-REFERENCE IS ENTERED ON THE CLAIM BUT THE CLAIM DOES NOT HAVE THE CORRESPONDING PA#VALUE, DATA CORRECT THE APPROPRIATE PA#VALUE.
	5. OVERRIDE PA#FOR FRAZIER REHAB. AND CARDINAL HILLS HOSPITALS.
	6. FOR PROVIDER TYPE 02, IF THE PA#INDICATOR IS A “3” AND THE DIFFERENCE BETWEEN THE “FROM” AND “TO” PA#APPROVAL DATES PLUS ONE IS EQUAL TO OR

	GREATER THAN THE NUMBER OF DAYS IN FORM LOCATOR #23 OVERRIDE THE ESC.
	7. FOR CLAIM TYPE L THE PA#INDICATOR IS TAKEN FROM THE FIRST DIGIT (ALPHA CHARACTOR) OF THE TREATMENT AUTHORIZATION NUMBER. CORRECT THIS NUMBER IF ENTERED INCORRECTLY.
	FOR OUT-OF-STATE PROVIDERS WITH PROVIDER NUMBER BEGINNING WITH “122” TRANSFER THE CLAIM TO DMS LOCATION 67 FOR REVIEW.
	7. IF THE PA#INDICATOR AND APPROVAL DATES ARE KEYED CORRECTLY AND THE ABOVE SITUATION DOES NOT APPLY, DENY THE CLAIM.
	8. EFFECTIVE APRIL 1, 1989, IF THE PA#INDICATOR IS A “5”, DENY THE CLAIM.
	THIS ESC IS SET TO AUTO-DENY FOR TYPE OF DOCUMENT - ELECTRONIC CLAIMS.

3.392 3367 (FORMER LEGACY EDIT 696)

DMS Approved 9/24/2008

ERROR STATUS CODE:	3367 (FORMER LEGACY EDIT 696)	**CLAIM TYPE:**	C, O
HEADER/DETAIL:	DETAIL	**PROVIDER TYPE:**	01
OVERRIDEABLE:	N0	**TYPE OF DOCUMENT:**	PAPER, NON-PAPER, ADJUSTMENTS
DATA CORRECTABLE:	N0	**CLAIM FIELD LABEL:**	PROC CODE

ESC NAME:	PROFESSIONAL COMPONENT CHARGES MUST BE BILLED ON CMS1500.
ESC CRITERIA: **LEGACY CRITERIA:**	KY SPECIFIC ESC FAILS OUTPATIENT HOSPITAL CLAIM LINES WITH ONE OF THE FOLLOWING REVENUE CODES: 963, 971, 972, 974, 975, 981, 982, 985, 986. Note – 982 was added on 09/05/2008 per CO 10699. Also, prior to 09/05/2008 Edit 3367 failed only if the revenue codes listed above were submitted on an outpatient hospital claim with revenue code 450. **<u>EXCLUSIONS:</u>** CLAIMS WITH DATES OF SERVICE PRIOR TO 9/01/02 ARE EXCLUDED FROM ESC 3367. FOR CLAIMS PROCESSED PRIOR TO APRIL 27, 2006 CLAIMS SUBMITTED BY THE FOLLOWING CRITICAL ACCESS HOSPITALS WERE EXCLUDED FROM ESC 3367. HOWEVER, THIS EXCLUSION WAS REMOVED PER CHANGE ORDER 0318. 01000140 01000181 01002526 01002724 01004233 01005339 01008044 01021773 01021898 01021930 01022060

	01022110 01022458 01022466 01016732 01400480 04/01/03 01600774 04/01/03 01000280 (effective 09/15/03) 01015932 (effective 12/01/03) 01001619 (effective 01/01/04) 01000074 (effective 09/02/03) 01000023 (effective 09/01/03) 01006931 (effective 07/01/04) 01022052 (effective 08/01/04) 01000306 (effective 03/29/04) 01330034 (effective 07/01/04) 01022482 (effective 05/24/05) 01014232 (effective 06/14/05) 01015338 (effective 12/01/05) 01000389 (effective 07/01/05) 01000348 (effective 12/01/05) NOTE: EFFECTIVE WITH ADMIT DOS 07/01/03 PROVIDER NUMBERS 01021815 AND 01000223 HAVE BEEN REMOVED FROM THE CRITICAL ACCESS EXCLUSION LIST. PER DCR 00840. EFFECTIVE WITH ADMIT DOS 08/03/05 PROVIDER NUMBER 01021898 HAS BEEN REMOVED FROM THE CRITICAL ACCESS EXCLUSION LIST. PER DCR1431
EOB CODES:	0696 –CLAIM /DETAIL DENIED. PROFESSIONAL COMPONENT CHARGES MUST BE BILLED ON CMS1500.
METHOD OF CORRECTION:	1. VERIFY REVENUE CODE AND PROVIDER NUMBER WERE KEYED CORRECTLY.
	2. IF ALL FIELDS ARE KEYED CORRECTLY, DENY THE CLAIM.
	THIS ESC IS SET TO AUTO-DENY FOR TYPE OF DOCUMENT - ELECTRONIC CLAIMS.

3.393 3368 (FORMER LEGACY EDIT 977)

DMS Approved: 06/02/06

ERROR STATUS CODE:	3368 (FORMER LEGACY EDIT 977)	**CLAIM TYPE:**	A, B, C, H, I, L, O
HEADER/DETAIL:	HEADER	**PROVIDER TYPE:**	01, 02, 04, 11, 12, 31, 34, 39, 44, 91, 92, 93
OVERRIDEABLE:	YES	**TYPE OF DOCUMENT:**	PAPER, NON-PAPER, ADJUSTMENTS, ENCOUNTERS
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	TYPE BILL

ESC NAME:	TYPE OF BILL INVALID FOR PROVIDER TYPE.
ESC CRITERIA: **LEGACY CRITERIA:**	KY SPECIFIC ESC FAILS IF THE TYPE OF BILL IS INVALID FOR THE PROVIDER TYPE. (SEE ATTACHED LIST OF VALID VALUES)
EOB CODES:	0977 – TYPE OF BILL INVALID FOR PROVIDER TYPE.
METHOD OF CORRECTION:	1. VERIFY THAT THE PROVIDER TYPE AND TYPE OF BILL WERE ENTERED CORRECTLY. IF NOT, DELETE THE PENDED CLAIM AND RESUBMIT THE CLAIM.
	2. IF ENTERED CORRECTLY, DENY THE CLAIM.
	THIS ESC IS SET TO AUTO-DENY FOR TYPE OF DOCUMENT - ELECTRONIC CLAIMS.

ESC 977 TYPE OF BILL X-REFERENCE

PT 01/CT I, O	110, 111, 112, 113, 114, 131, 134, 141
PT 01/CT A, C	111, 112, 113, 114, 121, 122, 123, 124, 131, 132, 133, 134, 141, 831, 832, 833, 834, 851, 852, 853, 854
PT 02/CT I	111, 112, 113, 114
PT 02/CT A	111, 112, 113, 114, 121, 122, 123, 124, 131, 132, 133, 134
PT 04/CT I	811. 812, 813, 814
PT 11/CT A, L	211, 212, 213, 214, 221, 222, 223, 224, 651, 652, 653, 654, 661, 662, 663, 664
PT 12/CT A, L	811, 812, 813, 814, 821, 822, 823, 824
PT 34/CT O	331, 337, 338
PT 39/CT O	721, 727, 728
PT 39/CT O	721, 727, 728
PT 41/CT O	339, 349
PT 42/CT H	341
PT 44	811, 812, 813, 814, 821, 822, 823, 824
PT 46/CT O	341

PT 47/CT O	341
PT 91/CT C	741, 742, 743, 744, 751, 751, 752, 753, 754
PT 12/CT L	891, 892, 893, 894
PT 11/CT L	291, 292, 293, 294, 671, 672, 673, 674, 691, 692, 693, 694
PT 92/CT I, A	111, 112, 113, 114, 121, 122, 123, 124, 131, 132, 133, 134, 141
PT 93/CT I, A	111, 112, 113, 114, 121, 122, 123, 124, 131, 132, 133, 134, 141

3.394 3369 (NO FORMER LEGACY EDIT)

DMS Approved 06/2007

ERROR STATUS CODE:	3369 (NO FORMER LEGACY EDIT)	**CLAIM TYPE:**	ALL
HEADER/DETAIL:	DETAIL	**PROVIDER TYPE:**	ALL
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	PAPER, NON-PAPER, ADJUSTMENTS
DATA CORRECTABLE:	NO	**FIELD NAME:**	PROC, DOS, COUNTY

EDIT NAME:	NO RATE ON FILE FOR COUNTY RATE
ESC CRITERIA:	IF THERE IS NO COUNTY RATE ON FILE FOR THE DOS, POST THE ESC.
EOB CODES:	9998 – PAID IN ACCORDANCE WITH KY MEDICAID
METHOD OF CORRECTION:	FOR ALL SYSTEM FAILURES, THE ESC IS ALWAYS SET IN SUSPEND STATUS. A CLAIM IS NEVER DENIED FOR THIS ESC/EOB COMBINATION.

3.395 3371

DMS Approved 3/9/2009

ERROR STATUS CODE:	3371	**CLAIM TYPE:**	I
HEADER/DETAIL:	HEADER	**PROVIDER TYPE:**	01, 02, 92, 93
OVERRIDEABLE:	YES	**TYPE OF DOCUMENT:**	PAPER, NON-PAPER, ADJUSTMENTS
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	

ESC NAME:	DISCHARGE HOUR IS MISSING OR INVALID
ESC CRITERIA:	FAILS IF THE CLAIM DOES NOT INCLUDE A DISCHARGE HOUR OF 00 THROUGH 23. NOTE – CLAIMS WITH A PATIENT STATUS CODE OF 30 (STILL A PATIENT) OR TYPES OF BILL 112 AND 113 ARE EXCLUDED FROM THIS EDIT.
EOB CODES:	3371 – THE DISCHARGE HOUR IS MISSING OR INVALID
METHOD OF CORRECTION:	VERIFY THAT THE DISCHARGE HOUR, TYPE OF BILL, AND PATIENT STATUS CODE ARE KEYED CORRECTLY. IF KEYED INCORRECTLY, CORRECT AND RECYCLE.
	IF KEYED CORRECTLY, DENY THE CLAIM.
	THIS ESC IS SET TO AUTO-DENY FOR TYPE OF DOCUMENT - ELECTRONIC CLAIMS.

3.396 3372 (FORMER LEGACY EDIT 123)

DMS Approved 06/02/2003

ERROR STATUS CODE:	3372 (FORMER LEGACY EDIT 123)	**CLAIM TYPE:**	I
HEADER/DETAIL:	HEADER	**PROVIDER TYPE:**	01, 02
OVERRIDEABLE:	YES	**TYPE OF DOCUMENT:**	PAPER, NON-PAPER, ADJUSTMENTS, MASS ADJUSTMENTS
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	FDOS, TDOS, TOB

ESC NAME:	THIS CLAIM MAY NOT SPAN A MEMBER'S 1ST BIRTHDAY.
ESC CRITERIA: **LEGACY CRITERIA:**	KY SPECIFIC ESC FOR DOS **AFTER** 6/30/91 FAILS **NON-**DISPROPORTIONATE SHARE HOSPITAL CLAIMS IF THE MEMBER'S 1ST BIRTHDAY IS AFTER THE "FROM" DATE OF SERVICE AND ON OR BEFORE THE "TO" DATE OF SERVICE. DOES **NOT** FAIL IF THE TYPE OF BILL IS FINAL (111 OR 114) AND THE "TO" DATE OF SERVICE IS **ON** THE MEMBER'S 1ST BIRTHDAY. FOR DOS **BEFORE** 7/1/91 FAILS DISPROPORTIONATE SHARE HOSPITAL (PAYMENT MODE OF "3" OR "4" FOR FDOS) CLAIMS IF THE MEMBER'S 1ST BIRTHDAY IS AFTER THE "FROM" DATE OF SERVICE AND ON OR BEFORE THE "TO" DATE OF SERVICE. DOES **NOT** FAIL IF THE TYPE OF BILL IS FINAL (111 OR 114) AND THE "TO" DATE IS **ON** THE MEMBER'S 1ST BIRTHDAY.
EOB CODES:	0123 – CLAIM DENIED. THIS CLAIM MAY NOT SPAN THE MEMBER'S 1ST BIRTHDAY. PLEASE REFER TO THE BILLING INSTRUCTIONS IN YOUR PROVIDER MANUAL.
METHOD OF CORRECTION:	1. VERIFY THE FROM AND TO DATES OF SERVICE WERE KEYED CORRECTLY. IF NOT, CORRECT THE CLAIM..
	2. VERIFY THE TYPE OF BILL WAS KEYED CORRECTLY. IF NOT, CORRECT THE CLAIM. PLEASE NOTE: IF THE T.O.B. ON THE **CLAIM** INDICATES OUTPATIENT (MIDDLE DIGIT IS A 3 OR 4) AND WAS INCORRECTLY KEYED AS INPATIENT (MIDDLE DIGIT IS A 1) THE CLAIM MUST BE DELETED FOR REKEYING.
	3. IF THE DATES OF SERVICE AND TYPE OF BILL ARE KEYED CORRECTLY, DENY THE CLAIM.
	THIS ESC IS SET TO AUTO-DENY FOR TYPE OF DOCUMENT - ELECTRONIC CLAIMS. NOTE: THIS ESC DOES NOT APPLY TO CLAIM TYPE I, PT. 01 CLAIMS WITH AN ADMISSION DATE GREATER THAN 03/31/03. THE ESC STILL APPLIES TO CRITICAL ACCESS, REHABILITATON AND VENTILATOR FACILITES. DCR80063

3.397 3379 (FORMER LEGACY EDIT 891)

DMS Approved: 12/03/04

ERROR STATUS CODE:	3379 (FORMER LEGACY EDIT 891)	**CLAIM TYPE:**	M (PT 30)
HEADER/DETAIL:	DETAIL	**PROVIDER TYPE:**	30
OVERRIDEABLE:	YES	**TYPE OF DOCUMENT:**	PAPER, NON-PAPER, ADJUSTMENTS
DATA CORRECTABLE	YES	**CLAIM FIELD LABEL:**	PROC, DX DTL

ESC NAME:	THIS PROCEDURE CODE NOT PAYABLE WITHOUT A DESIGNATED SUBSTANCE ABUSE DIAGNOSIS CODE		
ESC CRITERIA: **LEGACY CRITERIA:**	KY SPECIFIC ESC FOR DOS PRIOR TO 10/16/03 FAILS IF A PROCEDURE CODE BEGINNING WITH “WB” (EXCEPT THOSE LISTED AS EXCLUSIONS BELOW) IS BILLED ON A CLAIM WITHOUT ONE OF THE SUBSTANCE ABUSE DIAGNOSIS CODES LISTED BELOW. NOTE: FOR DOS 10/16/03 AND AFTER WILL FAIL ANY PROCEDURE SUBMITTED WITH A UD MODIFIER THAT IS BILLED WITHOUT A SUBSTANCE ABUSE DIAGNOSIS CODE.		
	SUBSTANCE ABUSE DIAGNOSIS CODES		
	30390	30450	30530
	30400	30460	30540
	30410	30480	30550
	30420	30490	30560
	30430	30500	30570
	30440	30520	30590
	<u>EXCLUSIONS</u> PROCEDURE CODES 96150 AND H0001 AND ANY PROCEDURE CODE WITH A MODIFIER OF HD, HK OR HF IS EXCLUDED FROM THIS ESC. THE FOLLOWING PROCEDURE CODES ARE EXCLUDED FROM THIS ESC – WB002, WB101, WB102, WB103, WB109, WB110, WB111, WB119, WB120, WB121, WB200, WB230, WB231, WB234, WB235, WB236, WB512, WB513, WB515, WB600, 96150, H0024, H0025.		
EOB CODES:	0891 – CLAIM/DETAIL DENIED. THIS PROCEDURE CODE NOT PAYABLE IF BILLED WITHOUT ONE OF THE DESIGNATED SUBSTANCE ABUSE DIAGNOSIS CODES.		
METHOD OF CORRECTION:	1. VERIFY THE PROCEDURE CODE AND DIAGNOSIS CODES ARE ENTERED CORRECTLY. IF NOT, CORRECT.		
	2. IF ENTERED CORRECTLY, DENY THE DETAIL WITH EOB 0891.		

3.398 3380 (FORMER LEGACY EDIT 890)

DMS Approved: 12/11/03

ERROR STATUS CODE:	3380 (FORMER LEGACY EDIT 890)	**CLAIM TYPE:**	M
HEADER/DETAIL:	DETAIL	**PROVIDER TYPE:**	30
OVERRIDEABLE:	YES	**TYPE OF DOCUMENT:**	PAPER, NON-PAPER, ADJUSTMENTS
DATA CORRECTABLE	YES	**CLAIM FIELD LABEL:**	PROC, DX DTL

ESC NAME:	THIS PROCEDURE CODE IS NOT PAYABLE IF BILLED WITHOUT ONE OF THE DESIGNATED PREGNANCY DIAGNOSIS CODES.
ESC CRITERIA: **LEGACY CRITERIA:**	KY SPECIFIC ESC FOR DOS PRIOR TO 10/16/03 FAILS IF A PROCEDURE CODE BEGINNING WITH "WB" IS BILLED ON A CLAIM **WITHOUT** ONE (OR MORE) OF THE PREGNANCY DIAGNOSIS CODES LISTED BELOW. FOR DOS 10/16/03 AND AFTER FAILS ANY PROCEDURE CODE WITH A UD MODIFIER IF SUBMITTED ON A CLAIMS WITHOUT A PREGNANCY DIAGNOSIS CODE. **PREGNANCY DIAGNOSIS CODES** V220 THRU V222 V230 THRU V239 V240 THRU V242 630 THRU 677
EOB CODES:	0890 – CLAIM/DETAIL DENIED. THIS PROCEDURE IS NOT PAYABLE IF BILLED WITHOUT ONE OF THE DESIGNATED PREGNANCY DIAGNOSIS CODES.
METHOD OF CORRECTION:	1. VERIFY THE REVENUE CODE AND DIAGNOSIS CODES ARE ENTERED CORRECTLY. IF NOT, CORRECT.
	2. IF ENTERED CORRECTLY, DENY THE DETAIL WITH EOB 0890.

3.399 3381 (FORMER LEGACY EDIT 889)

DMS Approved: 08/25/00

ERROR STATUS CODE:	3381 (FORMER LEGACY EDIT 889)	**CLAIM TYPE:**	M
HEADER/DETAIL:	DETAIL	**PROVIDER TYPE:**	30
OVERRIDEABLE:	YES	**TYPE OF DOCUMENT:**	PAPER, NON-PAPER, ADJUSTMENTS
DATA CORRECTABLE	YES	**CLAIM FIELD LABEL:**	PROC, DX DTL

ESC NAME:	THIS PROCEDURE CODE NOT PAYABLE WITH A SUBSTANCE ABUSE DIAGNOSIS CODE.	
ESC CRITERIA: **LEGACY CRITERIA:**	KY SPECIFIC ESC FOR DOS PRIOR TO 10/16/03 FAILS IF ONE OF THE FOLLOWING PROCEDURE CODES IS BILLED ON A CLAIM WITH ONE OF THE SUBSTANCE ABUSE DIAGNOSIS CODES LISTED BELOW. FOR DOS AFTER 10/15/03 FAILS IF THE DETAIL HAS A MODIFIER OF HD OR HK AND IS BILLED WITH ONE OF THE SUBSTANCE ABUSE DIAGNOSIS CODES LISTED BELOW ON A CLAIM. PROCEDURE CODE IS <u>NOT</u> CONSIDERED.	
	MONITORED PROCEDURE CODES	
	WB101	**WB102**
	WB109	**WB110**
	WB119	**WB120**
	WB200	WB230
	WB234	WB235
	WB512	WB513
	SUBSTANCE ABUSE DIAGNOSIS CODES	
	30390	30400
	30410	30420
	30430	30440
	30450	30460
	30480	30490
	30500	30520
	30530	30540
	30550	30560
	30570	30590
EOB CODES:	0889 – PROCESSED PER KY MEDICAID POLICY	
METHOD OF CORRECTION:	1. VERIFY THE PROCEDURE CODE AND DIAGNOSIS CODES ARE ENTERED CORRECTLY. IF NOT, CORRECT.	
	2. IF ENTERED CORRECTLY, DENY THE DETAIL WITH EOB 0889.	

3.400 3382 (FORMER LEGACY EDIT 201)

DMS Approved: 12/10/03

ERROR STATUS CODE:	3382 (FORMER LEGACY EDIT 201)	**CLAIM TYPE:**	M
HEADER/DETAIL:	HEADER	**PROVIDER TYPE:**	30
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	PAPER, NON-PAPER, ADJUSTMENTS
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	PDIAG, SDIAG, TDIAG

ESC NAME:	DIAGNOSIS CODE INVALID FOR PROVIDER TYPE.
ESC CRITERIA: **LEGACY CRITERIA:**	KY SPECIFIC ESC IF PROVIDER TYPE 30 AND DIAGNOSIS TREATED INDICATOR DOES NOT REFERENCE A DIAGNOSIS CODE ON ATTACHED LIST, THE CLAIM WILL FAIL. **<u>EXCLUSIONS</u>** CLAIMS WITH DATES OF SERVICE AFTER 10/15/03 DO NOT FAIL IF THE DETAILS ARE BILLED WITH A UD MODIFIER. DETAILS WITH PROCEDURE CODES BEGINNING WITH “WB” ARE EXCLUDED FROM ESC 3382.
EOB CODE:	3382 - THIS DIAGNOSIS IS NOT PAYABLE FOR THIS PROVIDER TYPE.
METHOD OF CORRECTION:	1. VERIFY THAT THE DIAGNOSIS WAS KEYED CORRECTLY. IF NOT, CORRECT THE DATA.
	2. VERIFY THAT THE DIAGNOSIS TREATED INDICATOR WAS KEYED CORRECTLY. IF NOT, CORRECT THE DATA.
	3. IF BOTH DIAGNOSIS AND DIAGNOSIS TREATED INDICATOR WAS KEYED CORRECTLY, DENY THE DETAIL.
	THIS ESC IS SET TO AUTO-DENY FOR TYPE OF DOCUMENT – ELECTRONIC CLAIMS.

Payable For CMHC Services

290.00	295.40	296.64	301.81	305.90	312.89	995.52
290.10	295.60	296.65	301.82	306.51	312.90	995.53
290.11	295.70	296.66	301.83	307.00	313.23	995.54
290.12	295.90	296.70	301.84	307.10	313.81	995.81
290.13	296.00	296.80	301.90	307.20	313.82	995.83
290.20	296.01	296.89	302.20	307.21	313.89	995.86
290.21	296.02	296.90	302.30	307.22	313.90	V61.12
290.30	296.03	297.10	302.40	307.23	314.00	V61.20
290.40	296.04	297.30	302.60	307.30	314.01	V61.21
290.41	296.05	298.80	302.70	307.42	314.90	V61.9
290.42	296.06	298.90	302.71	307.44	315.00	V62.2
290.43	296.20	299.00	302.72	307.45	315.10	V62.3
291.00	296.21	299.10	302.73	307.46	315.20	V62.4
291.10	296.22	299.80	302.74	307.47	315.31	V62.81
291.20	296.23	300.00	302.75	307.50	315.32	V62.82
291.30	296.24	300.01	302.76	307.51	315.39	V62.83
291.50	296.25	300.02	302.79	307.52	315.40	V62.89
291.81	296.26	300.11	302.81	307.53	315.90	V65.2
291.90	296.30	300.12	302.82	307.59	316.00	V71.01
292.00	296.31	300.13	302.83	307.60	317.00	V71.02
292.11	296.32	300.14	302.84	307.70	318.00	V71.09
292.12	296.33	300.15	302.85	307.80	318.10	
292.81	296.34	300.16	302.89	307.89	318.20	
292.82	296.35	300.19	302.90	307.90	319.00	
292.83	296.36	300.21	303.00	308.30	332.10	
292.84	296.40	300.22	303.90	309.00	333.10	
292.89	296.41	300.23	304.00	309.21	333.70	
292.90	296.42	300.29	304.10	309.24	333.82	
293.00	296.43	300.30	304.20	309.28	333.90	
293.81	296.44	300.40	304.30	309.30	333.92	
293.82	296.45	300.60	304.40	309.40	333.99	
293.83	296.46	300.70	304.50	309.81	347.00	
293.84	296.50	300.81	304.60	309.90	607.84	
293.89	296.51	300.82	304.80	310.10	608.89	
293.90	296.52	300.90	304.90	311.00	625.00	
294.00	296.53	301.00	305.00	312.30	625.80	
294.10	296.54	301.13	305.10	312.31	780.09	
294.11	296.55	301.20	305.20	312.32	780.52	
294.80	296.56	301.22	305.30	312.33	780.59	
294.90	296.60	301.40	305.40	312.34	780.90	
295.10	296.61	301.50	305.50	312.39	787.60	
295.20	296.62	301.60	305.60	312.81	799.90	
295.30	296.63	301.70	305.70	312.82	995.20	

3.401 3384 (FORMER LEGACY EDIT 181)

DMS Approved 08/12/2012

ERROR STATUS CODE:	3384 (FORMER LEGACY EDIT 181)	**CLAIM TYPE:**	M
HEADER/DETAIL:	DETAIL	**PROVIDER TYPE:**	CT M (ALL EXCEPT 27, 28, 40, 45, 50, 52, 55, 56, 57, 70, 77, 80)
OVERRIDEABLE:	YES	**TYPE OF DOCUMENT:**	ALL (EXCEPT MASS ADJUSTMENT)
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	PROC, DIAG

ESC NAME:	DIAGNOSIS RELATED TO STERILIZATION
ESC CRITERIA: **MMIS CRITERIA:**	KY SPECIFIC ESC FAILS IF DETAIL DIAGNOSIS IS A STERILIZATION DIAGNOSIS
	NOTE: FOR CMS CLAIMS, ONLY DETAILS WHICH RELATE TO ONE OF THE DIAGNOSIS CODES FAIL.
	EXCLUSIONS: CLAIM TYPE M, PTs 17, 30, 32-34, 37, 41-43, 46, 47, 72, 74, 78, 86, AND 90, WITH DATES OF SERVICE ON OR AFTER 07/01/03 BYPASS ESC 3384. CLAIM TYPE M WITH THE PROVIDER SPECIALTY '311' WITH DATES OF SERVICE ON OR AFTER 07/01/03 BYPASS ESC 3384. PER DCR00885 **FOR DOS PRIOR TO 01/01/2009:** IF THE DETAIL DIAGNOSIS CODE IS V615, V252, OR V2520, AND THE PROCEDURE CODE IS J1055, Y0002, WP177, WP407, 11975, 11977, 55150, 55200, 55250, 55300, 55400, 55450, 55520, 55530, 55801, 55821, 55831, 56300 – 56309, 56320, 57451, 58565, 58600, 58605, 58611, 58615, 58660 – 58662, 58670 – 58673, 58700, 58720, 58740, 58750, 58760, 58770, 58940, 58943, 58980, 58982 - 58988, 59101, 59106, 59120, 59121, 59151, 70000 – 89999, AND/OR 99201 – 99275, THE DETAIL WILL NOT FAIL ESC 3384. **EFFECTIVE FOR DOS 01/01/2009:** IF THE DETAIL DIAGNOSIS CODE IS V615, V252, OR V2520, AND THE PROCEDURE CODE IS A4264, J1055, Y0002, WP177, WP407, 11975, 11977, 55250, 55450, 56300 – 56309, 56320, 57451, 58565, 58600, 58605, 58611, 58615, 58660 – 58662, 58670 – 58673, 58700, 58720, 58740, 58750, 58760, 58770, 58940, 58943, 58980, 58982 - 58988, 59101, 59106, 70000 – 89999, AND/OR 99201 – 99275, THE DETAIL WILL NOT FAIL ESC 3384. PROCEDURE CODE 58565 IS EXCLUDED FROM EDIT 3384 PER CO 10220. EFFECTIVE WITH DATE OF SERVICE 01/01/2009 PROCEDURE CODES 55150, 55200, 55300, 55400, 55520, 55530, 55801, 55821, 55831, 59120, 59121, AND 59151 ARE NOT EXCLUDED FROM EDIT 3384 PER CO 11540 AND 11544. EFFECTIVE WITH DATE OF SERVICE 01/01/2011PROCEDURE CODE A4264 IS EXCLUDED FROM EDIT 3384 PER CO 15967.

EOB CODES:	0029 – DOCUMENTATION OF MEDICAL NECESSITY REQUIRED. CONSULT YOUR PROVIDER MANUAL.
METHOD OF CORRECTION FOR THE UTILIZATION MANAGEMENT ANALYST:	0108 – CONSENT FORM IS INCOMPLETE. 0109 – INCORRECT STERILIZATION CONSENT FORM USED. 0114 - REQUIRED CONSENT FORM DOCUMENTATION WAS NOT COMPLETED PRIOR TO STERILIZATION PROCEDURE. CLAIM NOT PAYABLE BY MEDICAID. 0153 – PROCEDURE CODE INVALID FOR DIAGNOSIS CODE. 0178 – EXPECTED DATE OF DELIVERY MUST BE AT LEAST 30 DAYS FROM DATE OF CONSENT. 0181 – RESUBMIT WITH FEDERAL STERILIZATION CONSENT FORM ATTACHED. 0185 – CONSENT FORM MUST BE SIGNED BY MEMBER 30 DAYS PRIOR TO STERILIZATION. 0186 – STERILIZATION MUST BE 180 DAYS OR LESS FROM DATE CONSENT SIGNED BY MEMBER. 0187 – STAMPED SIGNATURES ARE UNACCEPTABLE. 0189 – CONSENT FORM MUST BE SIGNED AND DATED AT LEAST 72 HOURS PRIOR TO STERILIZATION PROCEDURE IN CASES OF EMERGENCY SURGERY OR PREMATURE DELIVERY.
PROCESSING INSTRUCTIONS FOR RESO FOR PROVIDER TYPES 30, 31, 33 AND 35 ONLY	1. REVIEW THE ATTACHED DOCUMENTATION TO DETERMINE IF A STERILIZATION CONSENT FORM (MAP 250) IS ATTACHED. THE CONSENT FORM MUST BE A MAP 250. IFTHERE IS A CONSENT FORM OTHER THAN A MAP 250 AND NO MEDICAL DOCUMENTATION IS ATTACHED, DENY THE ESC WITH EOB 0109.
	2. IF THERE IS NO CONSENT FORM, BUT MEDICAL DOCUMENTATION DESCRIBING THE PROCEDURE PERFORMED IS ATTACHED TRANSFER THE CLAIM TO PRIOR AUTHORIZATION LOCATION 20.
	3. IF THERE IS NO CONSENT FORM AND NO MEDICAL DOCUMENTATION PRESENT AND STEP TWO DOES NOT APPLY, DENY THE CLAIM/DETAIL WITH EOB 0181.
	4. IF A STERILIZATION CONSENT FORM IS ATTACHED REVIEW THE CONSENT FORM TO ENSURE IT IS COMPLETED TO THE FOLLOWING SPECIFICATIONS
	STERLIZATION CLAIMS PROCESSING
FOR ALL OTHER PROVIDER TYPES A PRIOR AUTHORIZATION IS REQUIRED WHEN SUBMITTING THE CLAIM	**IN COMPLIANCE WITH FEDERAL REGULATIONS, (EFFECTIVE MARCH 8, 1979), THE KENTUCKY MEDICAID PROGRAM WILL ONLY REIMBURSE FOR STERILZATION PROCEDURES WHEN THE FOLLOWING CONDITIONS ARE MET:**
	1. THE RECIPIENT MUST VOLUNTARILY REQUEST THE STERILIZATION PROCEDURE AND MUST BE ADVISED, AT LEAST THIRTY DAYS BEFORE THE STERILIZATION PROCEDURE, OF THE EXPECTED BENEFITS OF THE PROCEDURE, THE ATTENDANT DISCOMFORTS AND RISK, ALTERNATIVE METHODS OF FAMILY PLANNING, AND MUST BE GIVEN AN EXPLANATION OF THE PROCEDURE ITSELF.

	2. THE RECIPIENT, MALE OR FEMALE, MUST SIGN AND DATE A STERILIZATION CONSENT FORM (MAP-250) OR OTHER FORM AS APPROVED BY THE SECRETARY OF HEALTH AND HUMAN SERVICES. THE RECIPIENT MUST BE ADVISED THAT A DECISION **NOT** TO BE STERILIZED WILL NOT AFFECT HIS OR HER ENTITLEMENT TO BENEFITS UNDER ANY GOVERNMENT ASSISTANCE PROGRAM. THE STERLIZATION CONSIENT FORM MUST BE SIGNED BY THE RECIPIENT AT LEAST 30 DAYS BEFORE THE SURGERY.
FOR ALL OTHER PROVIDER TYPES A PRIOR AUTHORIZATION IS REQUIRED WHEN SUBMITTING THE CLAIM	3. THE RECIPIENT, MALE OR FEMAILE, MUST BE 21 YEARS OF AGE OR OLDER AT THE TIME THE CONSENT IS SIGNED.
	4. THE RECIPIENT, MALE OR FEMALE, HAS NOT BEEN LEGALLY DECLARED MENTALLY INCOMPETENT FOR PURPOSES WHICH INCLUDE THE ABILITY TO CONSENT TO STERLIZATION, AND MUST NOT BE INSTITUTIONALIZED.
	5. THE PHYSICIAN WHO PERFORMS THE PROCEDURE MUST SIGN AND DATE THE MAP-250 AFTER THE STERLIZATION PROCEDURE IS PERFORMED.
	6. INTERPRETERS MUST BE PROVIDED WHEN THERE ARE LANGUAGE BARRIERS, AND SPECIAL ARRANGEMENTS MUST BE MADE FOR DISABLED INDIVIDUALS. INTERPRETERS MUST ALSO SIGN AND DATE THE STERILIZATION CONSENT FORM.
	7. TO REDUCE THE CHANCES OF STERILIZATION BEING CHOSEN UNDER DURESS, A CONSENT MAY NOT BE OBTAINED FROM ANYONE IN LABOR OR CHILDBIRTH, UNDER THE INFLUENCE OF ALCOHOL OR OTHER DRUGS, OR SEEKING AN ABORTION.
	8. THESE REGULATIONS APPLY TO ALL MEDICAL PROCEDURES PERFORMED FOR THE PURPOSE OF PRODUCING STERILITY.
	9. REIMBURSEMENT IS NOT AVAILABLE FOR HYSTERECTOMIES PERFORMED SPECIFICALLY FOR STERILIZATION PURPOSES OR PERSONAL HYGIENE.
	10. ALL APPLICABLE SPACES ON THE STERILIZATION CONSENT FORM MUST BE COMPLETED. A STERILIZATION CONSENT FORM (MAP-250, REV. 5-87) MUST ACCOMPANY ALL CLAIMS SUBMITTED FOR PAYMENT FOR A STERILIZATION PROCEDURE.
	VOLUNTARY STERLIZATION CLAIM REVIEW
	ALL VOLUNTARY STERILIZATION CLAIMS MUST BE REVIEWED FOR THE FOLLOWING DATA BEFORE A VALIDITY

	DETERMINATION IS MADE.
	1. CONSENT FORM (MAP-250), OR OTHER FORM APPROVED BY THE SECRETARY OF HEALTH AND HUMAN SERVICES, MUST BE ATTACHED TO THE CLAIM AS REQUIRED BY LAW AFTER MARCH 6, 1979. QUESTIONABLE CONSENT FORMS MUST BE ROUTED TO THE COMMONWEALTH FOR REVIEW AND DECISION. (AN EXAMPLE OF AN APPROVED CONSENT FORM IS PROVIDED IN THE FOLLOWING PAGES).
	2. SIGNATURE OF PERSON GIVING CONSENT AND SIGNATURE DATE MUST BE COMPLETED AND UNCHANGED. (ORIGINAL SUBMISSION MUST BE LEGIBLE.) SUPPLEMENTAL COPIES NEED TO BE REASONABLY RECOGNIZABLE AT LEAST IN PART IN ORDER TO ESTABLISH THE IDENTITY OF THE PERSON GIVING CONSENT.
	3. ALL BLOCKS ARE COMPLETED WITH THE EXCEPTION OF PREMATURE DELIVERY AND EMERGENCY ABDOMINAL SURGERY. A CONSENT FORM, MAP-250, SIGNED BY THE INDIVIDUAL BEING STERILIZED 72 HOURS BEFORE THE STERILIZATION PROCEDURE IS PERFORMED, SHALL BE ACCEPTED.
	4. RECIPIENT MUST SIGN AND DATE CONSENT FORM. **NOTE: GUARDIANS OF MENTALLY IMPAIRED INDIVIDUALS CANNOT GIVE CONSENT FOR STERILIZATION.**
	5. RECIPIENT, MALE OR FEMALE, WAS AT LEAST 21 YEARS OF AGE ON THE DATE CONSENT FORM WAS SIGNED AND DATED (DATE OF BIRTH CAN BE ACCESSED ON ELIGIBILITY FILE). IF ELIGIBILITY INFORMATION ON FILE IS DIFFERENT FROM ANY ATTACHED DOCUMENTATION, ROUTE TO THE COMMONWEALTH ELIGIBILITY SECTION FOR REVIEW AND UPDATING PRIOR TO PROCESSING.
	6. DATE OF STERILIZATION MUST BE 180 DAYS OR LESS FROM DATE THE CONSENT IS SIGNED BY RECIPIENT.
	7. THE CLAIM HAS MET THE REQUIRED 30 DAY OR 3 DAY WAITING PERIOD AFTER SIGNATURE.
	8. THE CONSENT FORM MUST BE SIGNED AT LEAST 3 DAYS, BUT LESS THAN 30 DAYS, PRIOR TO STERILIZATION AND MUST BE DOCUMENTED INDICATING EMERGENCY ABDOMINAL SURGERY OR PREMATURE DELIVERY.
	9. PREMATURE DELIVERY, EXPECTED DATE OF DELIVERY WOULD BE 30 DAYS OR GREATER FROM DATE OF RECIPIENT'S SIGNATURE.
	10. DATE AND SIGNATURE OF PERSON OBTAINING CONSENT IS ON OR AFTER DATE OF RECIPIENT'S SIGNATURE. SIGNATURE OF THE PERSON OBTAINING CONSENT CANNOT BE THAT OF THE RECIPIENT.
	11. DATES OF SERVICE ON CLAIM AND CONSENT MUST

	AGREE.
	12. PHYSICIAN SIGNED AND DATED CONSENT ON OR AFTER DATE OF STERILIZATION. OFFICE PERSONNEL MAY NOT SIGN FOR PHYSICIAN AFTER SERVICE.
	13. RECIPIENT HAS NOT BEEN LEGALLY DECLARED MENTALLY INCOMPETENT**.**
	IF ANY OF THE ABOVE CRITERIA ARE NOT MET, THE CLAIM IS DENIED WITH AN APPROPRIATE EOB MESSAGE.

IN THOSE CASES WHERE STERILIZATION IS PERFORMED IN CONJUNCTION WITH ANOTHER SURGICAL PROCEDURE (E.G., CESAREAN SECTION, CYST REMOVAL) AND COMPLIANCE WITH FEDERAL REGULATIONS GOVERNING PAYMENT FOR THE STERILIZATION HAS NOT BEEN MET, UNISYS CAN ONLY MAKE PAYMENT FOR THE NON-STERILIZATION PROCEDURE. PAYMENT FOR THE STERILIZATION PROCEDURE WILL BE DENIED, UNLESS THE FOLLOWING CHARGES ARE DISALLOWED:

- ONE-HALF OF THE HOSPITAL: OPERATING ROOM, ANESTHESIA AND PATHOLOGY CHARGES

  OR,
- ONE DAY'S CHARGES FOR HOSPITALS THAT BILL COMBINED CHARGES AS "ROOM/BOARD" AND "ALL INCL. ANCIL."

APPLICABLE CHARGES MUST BE ENTERED IN THE NON-COVERED COLUMN OF THE UB-92 BILLING FORM, INDICATING NON-PAYMENT FOR THE ACTUAL STERILIZATION PROCEDURE.

WHEN A STERILIZATION PROCEDURE IS PERFORMED CONCURRENTLY WITH A DELIVERY AND STERILIZATION COMPLIANCE PROCEDURES ARE NOT DOCUMENTED, THE DISALLOWED COMPONENTS WILL BE THE TOTAL OPERATING ROOM CHARGES, OR ONE DAY'S CHARGES FOR THOSE HOSPITALS THAT BILL COMBINED CHARGES AS "ROOM/BOARD" AND "ALL INCL. ANCIL." THE DELIVERY SERVICE IS PAYABLE IF THE PATIENT IS AN ELIGIBLE MEDICAID RECIPIENT.

A COPY OF THE STERILIZATION CONSENT FORM SIGNED BY THE RECIPIENT AS PROOF THAT THE PROCEDURE HAS BEEN FULLY EXPLAINED **MUST** BE ATTACHED TO ALL STERILIZATION-RELATED CLAIMS.

PER COMMONWEALTH INSTRUCTIONS, ACCEPTABLE CONSENT FORM SIGNATURES INCLUDE:

- INITIALS ONLY
- INITIALS AND LAST NAME
- ABBREVIATED NAMES
- PRINTED NAME.

ALTERED SIGNATURES AND DATES ON THE CONSENT FORM ARE PERMISSIBLE FOR ALL PARTIES EXCEPT THE RECIPIENT'S CONSENTING SIGNATURE AND DATE.

FEDERAL REGULATIONS PROHIBIT THE USE OF STAMPED SIGNATURES ON CONSENT FORMS. PROVIDED THAT THE SIGNATURE IS WRITTEN BY THE SIGNER, REGARDLESS OF THE MANNER IN WHICH IT IS WRITTEN (I.E. CURSIVE OR PRINTED), THE SIGNATURE IS ACCEPTABLE PER STATE AND FEDERAL GUIDELINES.

PER COMMONWEALTH INSTRUCTION, COMMONWEALTH MEMORANDA DIRECTING PAYMENT OF CLAIMS ARE SUFFICIENT DOCUMENTATION FOR UNISYS PAYMENT OF THE CLAIMS. SUCH

MEMORANDA MUST BE MAINTAINED WITH OTHER CLAIM DOCUMENTATION IN UNISYS FILES FOR JUSTIFICATION OF PAYMENT.

STERILIZATION FORM REVIEW PROCEDURES
INFORMATION TO BE REVIEWED ON THE STERILIZATION CONSENT FORM HAS BEEN NUMBERED ON THE ATTACHED EXAMPLE TO COORDINATE WITH THE FOLLOWING REVIEW INSTRUCTIONS: (PLEASE NOTE THAT ALL REQUIRED INFORMATION MUST BE LEGIBLE OR THE ESC SHOULD BE DENIED WITH EOB 095).

CONSENT TO STERILIZATION

1) THE NAME OF THE PHYSICIAN OR THE CLINIC AT WHICH THE MEMBER OBTAINED INFORMATION REGARDING THE STERILIZATION PROCEDURE IS REQUIRED. IF MISSING, DENY WITH EOB 0108.

- THE NAME OF THE STERILIZATION PROCEDURE TO BE PERFORMED IS REQUIRED. IF MISSING, REVIEW BLANK SIX. IF BOTH BLANK TWO AND SIX ARE MISSING, DENY WITH EOB 0114. IF BLANK TWO IS MISSING BUT BLANK SIX IS COMPLETED, DENY WITH EOB 0108.

- THE MEMBER'S BIRTHDATE (MONTH, DAY, AND YEAR) IS REQUIRED. IF MISSING, DENY WITH EOB 0098.

- THE MEMBER'S NAME IS REQUIRED. THE NAME OF THE MEMBER ON THE CONSENT FORM MUST BE THE SAME AS THE NAME OF THE MEMBER ON THE CLAIM FORM. IF INFORMATION ON THE CLAIM OR THE CONSENT FORM INDICATES THAT THE MEMBER'S LAST NAME HAS CHANGED, IT IS ACCEPTABLE FOR THE LAST NAMES TO BE DIFFERENT. IF MISSING, DENY WITH EOB 0108.

- THE NAME OF A DOCTOR, CLINIC, OR MEDICAL FACILITY IS REQUIRED. IF MISSING, DENY WITH EOB 0108.

- THE NAME OF THE STERILIZATION PROCEDURE TO BE PERFORMED IS REQUIRED. IF MISSING REVIEW BLANK TWO. IF BOTH BLANK TWO AND SIX ARE MISSING, DENY WITH EOB 0114. IF BLANK SIX IS MISSING BUT BLANK TWO IS COMPLETE DENY WITH EOB 0108.

- THE MEMBER'S SIGNATURE IS REQUIRED. THIS SIGNATURE CANNOT APPEAR ALTERED IN ANY WAY. IF THE SIGNATURE APPEARS TO HAVE BEEN ALTERED, DENY WITH EOB 0103. ACCEPTABLE FORMS OF THE MEMBER'S SIGNATURE INCLUDES INITIALS ONLY, INITIALS AND LAST NAME, ABBREVIATED NAME, AND PRINTED NAME.

- THE DATE OF THE MEMBER'S SIGNATURE IS REQUIRED. COMPARE THE MEMBER'S SIGNATURE DATE TO THE DATE OF BIRTH LISTED IN BLANK NUMBER THREE TO ENSURE THE MEMBER WAS AT LEAST 21 YEARS OLD ON THAT DATE. IF THE MEMBER WAS NOT 21 YEARS OLD ON THIS DATE, DENY THE ESC WITH EOB 0098. THIS DATE CANNOT BE ALTERED OR CHANGED IN ANY WAY. IF THE DATE APPEARS TO ALTERED, DENY THE ESC WITH EOB 0103.

INTERPRETER'S STATEMENT

BLANKS NUMBER 8A, 8B, AND 8C ARE NOT REQUIRED TO BE COMPLETED, BUT IF ONE OF THEM IS COMPLETED THEN ALL OF THEM MUST BE COMPLETED.

8A. THE LANGUAGE THE CONSENT FORM WAS INTERPRETED IN MUST BE LISTED, IF APPLICABLE.

8B. THE SIGNATURE OF THE INTERPRETER MUST BE LISTED, IF APPLICABLE.

8C. THE DATE OF THE INTERPRETER'S SIGNATURE MUST BE LISTED IF APPLICABLE. IF COMPLETED, THE DATE OF THE INTERPRETER'S SIGNATURE MUST BE ON OR AFTER THE DATE OF THE MEMBER'S SIGNATURE IN BLANK EIGHT.

IF ONE OF THE THREE BLANKS IS COMPLETED AND ALL THREE ARE NOT COMPLETED, DENY WITH EOB 0108.

STATEMENT OF PERSON OBTAINING CONSENT

1. THE NAME OF THE MEMBER IS REQUIRED. IF MISSING, DENY WITH EOB 0108.

- THE NAME OF THE STERILIZATION PROCEDURE IS REQUIRED. IF MISSING, DENY WITH EOB 0108.
- THE SIGNATURE OF THE PERSON OBTAINING CONSENT IS REQUIRED. PLEASE NOTE THIS CANNOT BE THE MEMBER'S SIGNATURE. AN ORIGINAL HANDWRITTEN SIGNATURE IS REQUIRED.. IF MISSING OR A STAMPED SIGNATURE, DENY WITH EOB 0099.
- THE SIGNATURE DATE OF THE PERSON OBTAINING CONSENT MUST BE ON OR AFTER THE DATE IN BLANK EIGHT. IF IT IS NOT ON OR AFTER THIS DATE, OR IF THE DATE IS MISSING DENY WITH EOB 0099.
- A NAME OR FACILITY WHERE CONSENT WAS OBTAINED IS REQUIRED. A SPECIFIC STREET ADDRESS IS SUFFICIENT. IF MISSING DENY WITH EOB 0108.
- THE CITY OR TOWN WHERE THE CONSENT WAS OBTAINED IS REQUIRED. IF MISSING DENY WITH EOB 0108.

PHYSICIAN'S STATEMENT

1. THE MEMBER'S NAME IS REQUIRED. IF MISSING DENY WITH EOB 0108.

- THE DATE THE STERILIZATION OPERATION WAS PERFORMED IS REQUIRED. COMPARE THIS DATE TO THE DATE ON THE CLAIM FORM TO ENSURE THAT THEY MATCH. ON UB04 CLAIMS, IF BILLING FOR LABORATORY SERVICES ONLY, THE DATE ON THE CONSENT MAY BE AFTER THE CLAIM SERVICE DATE. ON OTHER UB04 CLAIMS COMPARE THE CONSENT FORM DATE TO THE DATE NEXT TO THE STERILIZATION SURGICAL PROCEDURE CODE. IF NO STERILIZATION PROCEDURE CODE IS LISTED VERIFY THAT THE DATE ON THE CONSENT IS DURING THE STATEMENT COVERED PERIOD ON THE CLAIM. IF THE DATE ON THE CLAIM DOES NOT MATCH THE DATE ON THE FORM OR THE DATE IS MISSING, DENY WITH EOB 0097. ALSO, THIS DATE MUST BE AT LEAST MORE THAN 30 DAYS FROM THE DATE IN BLANK EIGHT BUT NO MORE THAN 180 DAYS FROM THE DATE. IF LESS THAN 30 DAYS REVIEW BLANKS 18A, 18B, AND 18C.
- THIS BLANK IS A CONTINUATION OF BLANK 16. NO ENTRY IS REQUIRED.
- THE NAME OF THE STERILIZATION PROCEDURE IS REQUIRED. IF MISSING, DENY WITH EOB 0108.

THE BLOCKS 18A, 18B, AND 18C ARE USED TO INDICATE A REASON FOR A STERILIZATION PROCEDURE BEING PERFORMED BEFORE 30 DAYS HAVE ELAPSED FROM THE DATE OF THE MEMBER'S SIGNATURE. THEY ARE REQUIRED ONLY IF APPLICABLE.

18A. IF PREMATURE DELIVERY IS CHECKED REVIEW BLANK 18B FOR INSTRUCTIONS.

18B. IF BLANK 18A IS CHECKED, THE MEMBER'S EXPECTED DELIVERY DATE MUST BE LISTED AND MUST BE MORE THAN 30 DAYS FROM THE DATE IN BLANK EIGHT. IF

THE DATE OF EXPECTED DELIVERY IS NOT 30 DAYS FROM THE DATE OF CONSENT, DENY THE ESC WITH EOB 0178. IF DATE OF EXPECTED DELIVERY IS NOT AT LEAST THREE DAYS FROM THE DATE THE PROCEDURE WAS PERFORMED DENY WITH EOB 0189.

18C. EMERGENCY ABDOMINAL SURGERY IS CHECKED IF APPLICABLE. IF THIS BLANK IF CHECKED THE DATE IN BLANK EIGHT MUST BE AT LEAST THREE 3 DAYS FROM THE DATE THE PROCEDURE WAS PERFORMED. IF NOT DENY THE ESC WITH EOB 0189.

- THE PHYSICIAN'S SIGNATURE IS REQUIRED. AN ORIGINAL HANDWRITTEN SIGNATURE IS REQUIRED. IF A STAMPED SIGNATURE IS PRESENT, DENY WITH EOB 0187. IF MISSING, DENY WITH EOB 0094.
- THE DATE OF THE PHYSICIAN'S SIGNATURE IS REQUIRED. THIS DATE MUST BE ON OR AFTER THE DATE THE PROCEDURE IS PERFORMED. IF THE PHYSICIAN'S SIGNATURE IS PRIOR TO THE DATE IN BLANK SIXTEEN OR IS MISSING, DENY WITH EOB 0094.

INSTRUCTIONS FOR OVERRIDING ESC 3384

17. IF EVERYTHING IS COMPLETED CORRECTLY, OVERRIDE THE ESC.
18. IF THE ESC IS OVERRIDDEN, AND THE CLAIM IS NOT A UB04 BILLING FOR LABORATORY CHARGES ONLY, THE DIAGNOSIS MUST BE CHANGED TO ONE OF THE FOLLOWING CODES AS APPROPRIATE FOR THE SITUATION:
    - Y8500 – ELECTIVE STERILIZATION
    - Y8501 – ELECTIVE STERILIZATION WITH INTERPRETER STATEMENT
    - Y3400 – PREMATURE DELIVERY AND STERILIZATION
    - Y3401 – PREMATURE DELIVERY AND STERILIZATION WITH INTERPRETER STATEMENT
    - Y3500 – STERILIZATION WITH EMERGENCY ABDOMINAL SURGERY
    - Y3501 – STERILIZATION WITH EMERGENCY ABDOMINAL SURGERY WITH INTERPRETER STATEMENT
    - UTILIZE THE FOLLOWING GUIDELINES IN DETERMINING WHICH DIAGNOSIS FIELD (PRIMARY, SECONDARY, TERTIARY, FOURTH, OR FIFTH) TO BE DATA CORRECTED.
    - IF THERE IS ONLY ONE DIAGNOSIS CODE PRESENT ON THE CLAIM AND THAT DIAGNOSIS CODE IS A STERILIZATION DIAGNOSIS (V615, V233, V252, OR V259) THEN OVERLAY THE PRIMARY DIAGNOSIS CODE WITH APPROPRIATE STERILIZATION DIAGNOSIS.
    - IF NONE OF THE STERILIZATION DIAGNOSIS CODES ARE PRESENT (V615, V233, V252, OR V259), CORRECT THE APPROPRIATE DIAGNOSIS CODE IN THE NEXT AVAILABLE BLANK DIAGNOSIS CODE FIELD (PRIMARY, SECONDARY, TERTIARY, FOURTH, OR FIFTH).
    - IF ALL OF THE CLAIM'S DIAGNOSIS FIELDS ARE FILLED AND NONE ARE THE STERILIZATION DIAGNOSIS CODES, THEN ENTER THE APPROPRIATE DIAGNOSIS CODE INTO THE FIFTH DIAGNOSIS CODE FIELD.

ON CMS CLAIM FORMS, CHANGE THE DETAIL DIAGNOSIS CODE INDICATOR ON THE DETAIL WITH THE STERILIZATION PROCEDURE CODE TO CORRESPOND WITH THE DIAGNOSIS FIELD IN WHICH THE STERILIZATION APPROVAL DIAGNOSIS CODE WAS ENTERED.

MAP-250
(REV. 5/87)

CONSENT FORM

NOTICE: YOUR DECISION AT ANY TIME NOT TO BE STERILIZED WILL NOT RESULT IN THE WITHDRAWAL OR WITHHOLDING OF ANY BENEFITS PROVIDED BY PROGRAMS OR PROJECTS RECEIVING FEDERAL FUNDS.

Press firmly to assure legible copies

■ CONSENT TO STERILIZATION ■

I have asked for and received information about sterilization from John Smith MD (doctor or clinic). When I first asked for the information, I was told that the decision to be sterilized is completely up to me. I was told that I could decide not to be sterilized. If I decide not to be sterilized, my decision will not affect my right to future care or treatment. I will not lose any help or benefits from programs receiving Federal funds, such as A.F.D.C. or Medicaid that I am now getting or for which I may become eligible.

I UNDERSTAND THAT THE STERILIZATION MUST BE CONSIDERED PERMANENT AND NOT REVERSIBLE. I HAVE DECIDED THAT I DO NOT WANT TO BECOME PREGNANT, BEAR CHILDREN OR FATHER CHILDREN.

I was told about those temporary methods of birth control that are available and could be provided to me which will allow me to bear or father a child in the future. I have rejected these alternatives and chosen to be sterilized.

I understand that I will be sterilized by an operation known as a Tubal Ligation. The discomforts, risks and benefits associated with the operation have been explained to me. All my questions have been answered to my satisfaction.

I understand that the operation will not be done until at least thirty days after I sign this form. I understand that I can change my mind at any time and that my decision at any time not to be sterilized will not result in the withholding of any benefits or medical services provided by federally funded programs.

I am at least 21 years of age and was born on 09 27 70 (Month Day Year)

I, Jane Doe, hereby consent of my own free will to be sterilized by John Smith MD (doctor) by a method called Tubal Ligation. My consent expires 180 days from the date of my signature below.

I also consent to the release of this form and other medical records about the operation to:

Representatives of the Department of Health, Education, and Welfare or

Employees of programs or projects funded by that Department but only for determining if Federal laws were observed.

I have received a copy of this form.

Jane Doe (Signature) Date 09-19-95 (Month Day Year)

You are requested to supply the following information, but it is not required:

Race and ethnicity designation (please check)

- ☐ American Indian or Alaska Native
- ☐ Asian or Pacific Islander
- ☐ Black (not of Hispanic origin)
- ☐ Hispanic
- ☒ White (not of Hispanic origin)

■ INTERPRETER'S STATEMENT ■

If an interpreter is provided to assist the individual to be sterilized:

I have translated the information and advice presented orally to the individual to be sterilized by the person obtaining this consent. I have also read him/her the consent form in _____ language and explained its contents to him/her. To the best of my knowledge and belief he/she understood this explanation.

_____ (Interpreter) _____ (Date)

■ STATEMENT OF PERSON OBTAINING CONSENT ■

Before Jane Doe (name of individual) signed the consent form, I explained to him/her the nature of the sterilization operation Tubal Ligation, the fact that it is intended to be a final and irreversible procedure and the discomforts, risks and benefits associated with it.

I counseled the individual to be sterilized that alternative methods of birth control are available which are temporary. I explained that sterilization is different because it is permanent.

I informed the individual to be sterilized that his/her consent can be withdrawn at any time and that he/she will not lose any health services or any benefits provided by Federal funds.

To the best of my knowledge and belief the individual to be sterilized is at least 21 years old and appears mentally competent. He/She knowingly and voluntarily requested to be sterilized and appears to understand the nature and consequence of the procedure.

John Smith M.D. (Signature of person obtaining consent) 09-19-95 (Date)

123 Lone Oak (Facility)

Derby, Kentucky 40000 (Address)

■ PHYSICIAN'S STATEMENT ■

Shortly before I performed a sterilization operation upon Jane Doe (name of individual to be sterilized) on 10 20 95 (Date of sterilization) Tubal Ligation (operation), I explained to him/her the nature of the sterilization operation Tubal Ligation (specify type of operation), the fact that it is intended to be a final and irreversible procedure and the discomforts, risks and benefits associated with it.

I counseled the individual to be sterilized that alternative methods of birth control are available which are temporary. I explained that sterilization is different because it is permanent.

I informed the individual to be sterilized that his/her consent can be withdrawn at any time and that he/she will not lose any health services or benefits provided by Federal funds.

To the best of my knowledge and belief the individual to be sterilized is at least 21 years old and appears mentally competent. He/She knowingly and voluntarily requested to be sterilized and appeared to understand the nature and consequences of the procedure.

(Instructions for use of alternative final paragraphs: Use the first paragraph below except in the case of premature delivery or emergency abdominal surgery where the sterilization is performed less than 30 days after the date of the individual's signature on the consent form. In those cases, the second paragraph below must be used. Cross out the paragraph which is not used.)

(1) At least thirty days have passed between the date of the individual's signature on this consent form and the date the sterilization was performed.

~~(2) This sterilization was performed less than 30 days but more than 72 hours after the date of the individual's signature on this consent form because of the following circumstances (check applicable box and fill in information requested):~~

- ~~☐ Premature delivery~~
- ~~☐ Individual's expected date of delivery:~~
- ~~☒ Emergency abdominal surgery~~

~~(describe circumstances):~~

John Smith M.D. (Physician) 10-20-95 (Date)

3. State Agency, Program or Project

☆U.S. GOVERNMENT PRINTING OFFICE: 1988 O—206-332

3.401.1 Utilization Management Analyst Action

When a claim fails sterilization edit/audits the Utilization Management Analyst must review the claim to ensure all guidelines are met.

1. Determine whether the diagnosis indicates a medical reason for which sterility is the end result, but not the primary purpose of the procedure (i.e., carcinoma). If a medical reason exists, override the edit. If the procedure code used is inappropriate, deny the claim with the appropriate EOB message code.
2. If a procedure code suspends for review and it is not a sterilization procedure, process the claim if the provider attaches a statement of notification or stamps the notification on the claim that the procedure did not render the patient sterile. The statement must have the original signature of the provider. If all requirements are met, override the edit.
3. If the diagnosis and/or procedure codes indicate voluntary sterilization, a copy of the sterilization consent form (MAP-250) or other form, approved by the Secretary of Health and Human Services must be attached to all sterilization-related claims.
   - If a consent form is not present, deny the claim with EOB message code 181.
   - If a consent form is present, complete sterilization claim review according to state and federal guidelines.

   NOTE: Consent forms with signatures written in pencil are acceptable provided they are legible.
4. If all state and federal criteria has been met, change the diagnosis to any of the appropriate diagnosis codes:

Y8500	Elective Sterilization
Y8501	Elective Sterilization, Interpreter Statement
Y3400	Premature Delivery And Sterilization
Y3401	Premature Delivery and Sterilization, Interpreter Statement
Y3500	Sterilization With Emergency Abdominal Surgery
Y3501	Sterilization With Emergency Abdominal Surgery, Interpreter Statement

5. Utilize the following guidelines in determining which diagnosis field (primary, secondary, tertiary, fourth, or fifth) to be data corrected:
   a) If there is only one diagnosis code present on the claim, and that diagnosis code is a sterilization diagnosis code (V615, V233, V252, V2520 or V259) then overlay the primary diagnosis code with the appropriate sterilization diagnosis.
   b) If none of the sterilization diagnosis codes (V615, V233, V252, V2520 or V259) are present correct the appropriate diagnosis code in the next available blank diagnosis field (primary, secondary, tertiary, fourth, or fifth).
   c) If all of the claim's diagnosis code fields have valid values then overlay the appropriate diagnosis code into the fifth diagnosis code field.
   d) Diagnosis indicators, in the detail level for provider types billing on the HCFA claim form, should correspond to the diagnosis code field in the header that was changed.

   If the claim meets all the above criteria, key Y8500 in the next available blank diagnosis code field and override the edit.
6. If any of the state or federal requirements have not been met, deny the claim with the appropriate EOB message code.

3.401.2 EOB Denial Message Code Listing for Sterilization Claim Review

029	Claim requires documentation. Please resubmit on paper.
094	Physician signature and date on consent form must be on or after date of service.

095	Consent form is illegible. Resubmit legible copy with claim.
097	Dates of service on claim and consent form disagree.
098	Recipient must be 21 to legally sign the Federal Sterilization Consent Form.
099	Person obtaining consent must sign on or after date of recipient signature but prior to the sterilization procedure. Claim not payable by Medicaid.
103	Altered recipient signature or date on consent form is not acceptable. Claim not payable by Medicaid.
108	Consent form is incomplete.
109	Incorrect sterilization consent form used.
114	Required consent form documentation was not completed prior to sterilization procedure. Claim not payable by Medicaid.
153	Procedure code invalid for diagnosis code.
178	Expected date of delivery must be at least 30 days from date of consent.
181	Resubmit with Federal Sterilization consent form attached.
185	Consent form must be signed by recipient 30 days prior to sterilization.
186	Sterilization must be 180 days or less from date consent signed by recipient.
187	Stamped signatures are unacceptable.
189	Consent form must be signed and dated at least 72 hours prior to sterilization procedure in cases of emergency surgery or premature delivery.
352	Claim denied. Inappropriate procedure code used.
235	Services not covered under the Medicaid Program.

3.402 3385

DMS Approved 06/2007

ERROR STATUS CODE:	3385 (FORMER LEGACY EDIT 150)	**CLAIM TYPE:**	M
HEADER/DETAIL:	DETAIL	**PROVIDER TYPE:**	30
OVERRIDEABLE:	YES	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENT
DATA CORRECTABLE:	YES	**FIELD NAME:**	PROC/NDC, MAID

ESC NAME:	MODIFIER INVALID FOR MEMBER'S SEX
ESC CRITERIA: **LEGACY CRITERIA:**	KY SPECIFIC ESC. VERIFIES THAT A LOGICAL RELATIONSHIP EXISTS BETWEEN THE PROCEDURE CODE AND THE RECIPIENT'S SEX. FOR PROVIDER TYPE 30 FAILS PROCEDURE CODES WITH A UD MODIFIER IF THE SEX = MALE.
EOB CODES:	0150 – THIS PROCEDURE IS INVALID FOR THE RECIPIENT'S SEX.
METHOD OF CORRECTION:	1. VERIFY THAT THE MAID NUMBER AND THE PROCEDURE CODE WERE KEYED CORRECTLY. IF NOT, CORRECT THE DATA.
	2. REVIEW THE CLAIM TO DETERMINE IF THE PROCEDURE BEING BILLED REALLY IS INVALID FOR THE RECIPIENT'S SEX, OR IF IT IS A FILE PROBLEM. IF THE EDIT FAILURE IS DUE TO A SEX ERROR ON THE ELIGIBILITY FILE, FORWARD TO THE LOCATION APPROPRIATE FOR PRIOR AUTHORIZATON. IF THE EDIT IS DUE TO A PROCEDURE FILE PROBLEM (i. e. THE SEX LIMITATION ON FILE IS ILLOGICAL, ETC.): THEN OVERRIDE THE EDIT. NOTIFY PRIOR AUTHORIZATION OF FILE PROBLEM.
	3. IF THE EDIT FAILURE IS DUE TO THE PROVIDER BILLING FOR A PROCEDURE THAT IS INVALID FOR THE RECIPIENT'S SEX. (SEE YOUR SUPERVISOR TO VERIFY THIS): THE DETAIL OR CLAIM MUST BE DENIED.
	4. IF DOCUMENTATION IN THE PROCEDURE CODE, DESCRIPTION FIELD INDICATES A MALE INFANTS SERVICES ARE BEING PAID UNDER THE MOTHERS' MAID NUMBER, OVERRIDE. IF DOCUMENTATION IS NOT PRESENT, DENY THE CLAIM.

3.403 3386 (FORMER LEGACY EDIT 012)

Updated 3/25/2008

ERROR STATUS CODE:	3386 (FORMER LEGACY EDIT 012)	**CLAIM TYPE:**	B, M
HEADER/DETAIL:	DETAIL	**PROVIDER TYPE:**	13, 15, 23, 27, 28, 31, 35, 36, 55, 64, 65, 74, 78, 85
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	PAPER, NON-PAPER, ADJUSTMENTS, MASS ADJUSTMENTS
DATA CORRECTABLE:	NO	**CLAIM FIELD LABEL:**	UOS

ESC NAME:	ONLY ONE UNIT OF SERVICE PAYABLE.				
	01960 - 01961	01967 - 01969	10060	11000	11055
	11056	11057	11100	11200	11719
	11720	11721	11730	11900	11901
	15000	15100	15120	15200	15786
	15850	15851	15852	15860	16035
	17000	17004	17110	17111	17304
	17305	17306	17340	17360	19000
	19125	19140	19160	19162	19180-19240
	21248-21249	22100-22102	22110-22114	22220-22224	22325-22327
	22520	22521	22532	22533	22548
	22554	22556	22558	22600	22610
	22612	22630	22800-22830	22842-22855	33510-33516
	33517-33523	33533-33536	43234-43272	56633	56800
	56810	56820	56821	57000	57010
	57022	57023	57420	57421	
	57420	57421	57454	57455	
	57460	57461	57500	57510	57513

	58558-58770	59409	59410	59514	59515
	59525	59620	59622	62280	62281
	62284	64400-64470	64475	64479	
	64505-64530	90476-90780	90801-90911	90918-90921	92012
	92014	92081-92083	92551-92597	92601-92620	92625
	93303-93350	93886	93888-93990	94010-94656	94660-94667
	94762	94770	94772	95250	96400-96410
	96420	96422	96440-96542	99201-99285	
	99289	99291	99293-99313	99321-99350	99381-99397
	99431-99440	95115	95117		
ESC CRITERIA: **LEGACY CRITERIA:**	KY SPECIFIC ESC VERIFIES THAT THE UNITS OF SERVICE IS ONE. FOR DATES OF SERVICE PRIOR TO 07/01/2007 ALL ANESTHESIA PROCEDURE CODES (00100-01999) WERE LIMITED TO ONE UNIT OF SERVICE. THIS WAS CHANGED BY CO 8953. PROCEDURE CODE RANGE 94010-94656 CHANGED TO 94010-94621 PER CO433. FOR PT. 23, THE FOLLOWING CODES ARE NO LONGER MONITORED BY ESC 012: 99244, 99245 THESE CODES ARE MONITORED BY AUDIT 441. PER DCR 00604. NOTE – FOR PROVIDER TYPES OTHER THAN 15, ESC 3386 FAILURES DO NOT SUSPEND. THE UNITS ARE SET TO 1 AND AN EOB CODE OF 0012 IS SET. FOR CLAIM TYPE M, IF MORE THAN ONE UNIT IS BILLED PER DATE OF SERVICE ON A DETAIL BY A TARGETED CASE MANAGEMENT PROVIDER, FAIL THE ESC. FOR CLAIM TYPE M (P/T 64/65) AND (P/T 31, 35), IF MORE THAN ONE UNIT OF SERVICE IS BILLED ON A				

	DETAIL FOR PROCEDURE CODES: 96400, 96408, 96410, 96414, 96420, 96422, 96425, 96440, 96445, 96450, AND 96549 AND THE PLACE OF SERVICE IS OTHER THAN 21 OR 51 (INPATIENT), FAIL THE ESC. FOR CLAIM TYPES B AND M, IF MORE THAN ONE UNIT OF SERVICE IS BILLED ON A DETAIL FOR PROCEDURE CODES IN THE RANGE OF 00100 TO 01999. FAIL THE ESC. FOR CLAIM TYPES B AND M, IF THE DETAIL "FROM DATE OF SERVICE" IS NOT EQUAL TO THE "TO DATE OF SERVICE", BYPASS THE ESC. FOR CLAIM TYPES B AND M, WITH DATES OF SERVICE 1/1/96 AND AFTER IF MORE THAN ONE UNIT OF SERVICE IS BILLED ON A DETAIL FOR THE FOLLOWING PROCEDURE CODES, FAIL THE ESC. 22100 22222 22600 22804 22844 90925 22101 22224 22610 22808 22845 92597 22110 22325 22612 22810 22846 99239 22112 22554 22630 22812 22847 99435 22114 22556 22800 22842 90923 22220 22558 22802 22843 90924
	FOR CLAIM TYPE M (PT 36), THE FOLLOWING PROCEDURE CODES ARE ESCED:

	33510 – 33516	64408	64430	76810
	56501	64410	64435	76816
	56515	64412	64440 – 64443	82951
	62274 – 62279	64413	64445	85024
	62281	64415	64450	87082
	62282	64417	64505	
	62298	64418	64508	
	64400	64420	64510	
	64402	64421	64520	

	64405	64425	64530	
	FOR CLAIM TYPES B AND M, ESC 3386 SETS THE UNIT OF SERVICE TO 1 IF UNITS ARE GREATER THAN 1 FOR THE FOLLOWING PROCEDURE CODES:			
	92012	92014	92081	
	92082	92083	92230	
	92235	92250	92260	
	FOR CLAIM TYPE M (P/T 55) IF MORE THAN ONE UNIT OF SERVICE IS BILLED ON A DETAIL FOR PROCEDURE CODES A0430 OR A0431, THE UNITS ARE SET TO ONE AND AN EOB OF 0012 IS SET (DCR 00816).			
EOB CODES:	0012 – ONLY ONE UNIT IS PAYABLE PER DATE OF SERVICE FOR THIS SERVICE. UNITS OF SERVICE CHANGED TO ONE.			
METHOD OF CORRECTION:	FOR FAILURES OF THIS ESC THE UNITS OF SERVICE FIELD IS SYSTEMATICALLY CHANGED TO ONE (1) UNIT. THE CLAIM DOES NOT SUSPEND. NOTE: PT. 64/65, 74, 78 CT. M, WAS ADDED PER DCR 00666.			

3.404 3387 (FORMER LEGACY EDIT 186)

DMS Approved: 05/04/05

ERROR STATUS CODE:	3387 (FORMER LEGACY EDIT 186)	**CLAIM TYPE:**	D, H, M
HEADER/DETAIL:	DETAIL	**PROVIDER TYPE:**	13, 22, 31, 34, 35, 60, 61, 65, 74, 78, 85
OVERRIDEABLE:	YES	**TYPE OF DOCUMENT:**	PAPER, NON-PAPER, ADJUSTMENTS
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	PROC, UOS

ESC NAME:	CERTAIN PROCEDURE CODES ARE LIMITED TO ONE (1) UNIT OF SERVICE PER DATE OF SERVICE.
ESC CRITERIA: **LEGACY CRITERIA:**	KY SPECIFIC ESC NOTE: FOR CLAIM TYPE M, IF THE DOS IS ON OR AFTER 04/01/05 ESC 3387 IS BYPASSED. PER DCR1336 FAILS CLAIM TYPES “M” IF THE FOLLOWING PROCEDURE CODES ARE BILLED WITH UNITS OF SERVICE GREATER THAN ONE (1) PER D.O.S.: 62274 THRU 62279 62281 62282 62298 64400 64402 64405 64408 64410 64412 64413 64415 64417 64418 64420 64421 64425 64430 64435 64440 THRU 64443 64445 64450 64505 64508 64510 64520 64530 76805 94360 94400 95030 76810 76815 76816 76818 90224 90282 90292 90701 90707 90712 90728 90731 90737 90742 90922 90988 95000 THRU 95003 95005 THRU 95009 95011 THRU 95014 95016 THRU 95023 95080 THRU 95082 99150 99221 THRU 99223 99238 99295 99431 99432 94370 94450 95043 99433 99440 M0059 33510-33514 33516-33519 33521 33523 33533-33536 43239 85024 87082 92551-92553 92555-92557 92559-92565 92567-92569 92571-92578 92580 92582-92585 92589-92596 92599 94010 94061 94031 94240 94250 94260 94350 94375 94620 95050-95051 FAILS CLAIM TYPES “M” IF THE FOLLOWING PROCEDURE CODES ARE BILLED WITH UNITS OF SERVICE

	GREATER THAN ONE PER DATE OF SERVICE: 56501 95040 96444 97700 56515 95041 96445 99201 THRU 99205 82951 95042 96450 99211 THRU 99215 93307 95043 97112 99218 THRU 99223 93320 95050 97114 99241 THRU 99245 93880 95051 97116 99251 THRU 99255 93886 95961 97118 99261 THRU 99263 93925 96400 97120 99271 THRU 99275 93930 96408 97122 99281 THRU 99285 93970 96410 97124 99291 93975 96414 97126 99381 THRU 99387 93978 96420 97128 99391 THRU 99397 93980 96422 97139 M0059 94650 96425 FAILS CLAIM TYPES “D” AND “M” IF THE FOLLOWING PROCEDURES CODES ARE BILLED WITH UNITS OF SERVICE GREATER THAN ONE (1) PER D.O.S.: 00150, 00140, 00220, 00270, 00272, 00274, 00330, 00340, 01110, D1201, D1202, D1205, 05750, 05751, 07110, 07960, 09110. THE FOLLOWING PROCEDURE CODES SHOULD BE EXCLUDED FROM THE ESC, ONLY IF BILLED WITH TYPE OF SERVICE 7 OR B (MODIFIER AG) 33510-33514 33516-33519 33521 33523 33533-33536 43239 56501 56515 65855 67311 67312 67314 67316 67227
EOB CODES:	0286 – THIS PROCEDURE CODE IS LIMITED TO ONE UNIT OF SERVICE PER DATE OF SERVICE.
METHOD OF CORRECTION:	VERIFY THE PROCEDURE CODE, DATES OF SERVICE, AND UNITS OF SERVICE ARE KEYED CORRECTLY. IF NOT, CORRECT THE DATA.
	FOR THE FOLLOWING PROCEDURE CODES: 90282, 90225, 99431, 99432, 99433, AND 99440 IF THE CLAIM INDICATES TWIN A, TWIN B, OR MULTIPLE, BIRTHS, OVERRIDE THE ESC.
	IF THE PROCEDURE CODE, DATES OF SERVICE, AND UNITS OF SERVICE ARE KEYED CORRECTLY AND STEP B DOES NOT APPLY, DENY THE CLAIM.
FOR PAPER ADJUSTMENTS:	FOLLOW RESOLUTION INSTRUCTIONS FOR CONDITIONS EXISTING IN STEPS A AND/OR B.
	IF CONDITIONS IN RESOLUTION STEPS A AND/OR B DO NOT EXIST AND THE ADJUSTMENT REQUEST IS ADDING OR CHANGING ONE OF THE MONITORED PROCEDURE CODES OR CHANGING THE UNITS ON ONE OF THE MONITORED PROCEDURES. ATTACH AN RTP SHEET TO THE ADJUSTMENT REQUEST FORM. INDICATE ON THE RTP SHEET, “PROCEDURE CODE IS LIMITED TO ONE UNIT OF SERVICE PER DATE OF SERVICE.”
	IF CONDITIONS IN RESOLUTION STEPS A AND/OR B DO NOT EXIST AND THE ADJUSTMENT REQUEST IS NOT CHANGING

	ONE OF THE MONITORED PROCEDURE CODES OR THE UNITS ON ONE OF THE MONITORED PROCEDURE CODES, DENY THE DETAIL.
	THIS ESC IS SET TO AUTO-DENY ON THE TYPE OF DOCUMENT – ELECTRONIC CLAIMS.

3.405 3388 (FORMER LEGACY EDIT 144)

DMS Approved 01/26/96

ERROR STATUS CODE:	3388 (FORMER LEGACY EDIT 144)	**CLAIM TYPE:**	A, I
HEADER/DETAIL:	HEADER	**PROVIDER TYPE:**	02
OVERRIDEABLE:	YES	**TYPE OF DOCUMENT:**	PAPER, NON-PAPER, ADJUSTMENTS
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	MEMBER ID, DOS

ESC NAME:	MENTAL HOSPITAL SERVICES NOT PAYABLE FOR MEMBERS AGE 22 THROUGH 64.
ESC CRITERIA: **LEGACY CRITERIA:**	KY SPECIFIC ESC IF THE MEMBER'S AGE ON FILE IS 22 THROUGH 64, FAIL THE ESC.
EOB CODES:	0124 – CLAIM WAS PRICED IN ACCORDANCE WITH CURRENT KENTUCKY HEALTH COVERAGE PROGRAM PO LICIES.
METHOD OF CORRECTION:	1. VERIFY THAT THE MEMBER ID NUMBER WAS KEYED CORRECTLY. IF NOT, CORRECT THE MEMBER ID FIELD IN THE HEADER.
	2. VERIFY THAT THE DATES OF SERVICE WERE KEYED CORRECTLY. IF NOT, CORRECT THE FDOS AND/OR TDOS FIELDS IN THE HEADER.
	3. IF KEYED CORRECTLY, DENY THE CLAIM.
	THIS ESC IS SET TO AUTO-DENY FOR TYPE OF DOCUMENT - ELECTRONIC CLAIMS.

3.406 3389 (FORMER LEGACY EDIT 964)

DMS Approved 01/26/96

ERROR STATUS CODE:	3389 (FORMER LEGACY EDIT 964)	**CLAIM TYPE:**	I
HEADER/DETAIL:	HEADER	**PROVIDER TYPE:**	04
OVERRIDEABLE:	YES	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENT, ELECTRONIC ADJUSTMENT
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	MBR AGE, TDOS

ESC NAME:	PRTF SERVICES NOT PAYABLE TO MEMBERS OVER AGE 21.
ESC CRITERIA: **LEGACY CRITERIA:**	KY SPECIFIC ESC FAILS IF THE MEMBER IS OVER AGE 21 ON THE HEADER "TO" DATE OF SERVICE.
EOB CODES:	0964 – CLAIM DENIED. PSYCHIATRIC RESIDENTIAL TREATMENT FACILITY SERVICES ARE NOT PAYABLE TO MEMBERS OVER AGE 21.
METHOD OF CORRECTION:	1. VERIFY THAT THE MEMBER ID NUMBER AND "TO" DATE OF SERVICE WERE KEYED CORRECTLY. IF NOT, CORRECT THE DATA.
	2. IF ENTERED CORRECTLY, DENY THE CLAIM.
	THIS ESC IS SET TO AUTO-DENY ON THE TYPE OF DOCUMENT – ELECTRONIC CLAIMS.

3.407 3390 (FORMER LEGACY EDIT 985)

DMS Approved: 12/11/03

ERROR STATUS CODE:	3390 (FORMER LEGACY EDIT 985)	**CLAIM TYPE:**	M (PT 55, 56, 57)
HEADER/DETAIL:	DETAIL	**PROVIDER TYPE:**	55, 56, 57
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	PAPER, NON-PAPER, ADJUSTMENTS
DATA CORRECTABLE	YES	**CLAIM FIELD LABEL:**	PROC, UNITS

ESC NAME:	CERTAIN AMBULANCE PROCEDURE CODES LIMITED TO NO MORE THAN TWO UNITS.			
ESC CRITERIA: **LEGACY CRITERIA:**	KY SPECIFIC ESC FOR P/T 56 SPECIALTY 16 AND DATES OF SERVICE ON OR AFTER 07/01/03 IF MORE THAN TWO UNITS ARE BILLED FOR ONE OF THE FOLLOWING PROCEDURE CODES, THE DETAIL WILL FAIL ESC 3390 (DCR 00699)			
	T2005	T2005GM		
	FOR P/T 55 FOR DATES OF SERVICE ON OR AFTER 10/16/03 IF MORE THAN TWO UNITS ARE BILLED FOR ONE OF THE FOLLOWING PROCEDURE CODES, THE DETAIL WILL FAIL ESC 3390			
	A0422	A0429		
	A0427	A0429 UC		
	FOR DATES OF SERVICE AFTER 06/26/03 AND PRIOR TO 10/16/03 IF MORE THAN TWO UNITS ARE BILLED FOR ONE OF THE FOLLOWING PROCEDURE CODES, THE DETAIL WILL FAIL ESC 3390 (PROCEDURE CODES A0430 AND A0431 REMOVED FROM ESC 3390 TO BE MONITORED BY ESC 012 PER DCR 00816)			
	A0340	A0422	A0428	A0434
	A0342	A0426	A0429	
	A0348	A0427	A0433	
	FOR P/T 55 FOR DATES OF SERVICE AFTER 12/31/01 AND PRIOR TO 06/27/03 IF MORE THAN TWO UNITS ARE BILLED FOR ONE OF THE FOLLOWING PROCEDURE CODES, THE DETAIL WILL FAIL ESC 3390			
	A0340	A0422	A0428	A0431
	A0342	A0426	A0429	A0433
	A0348	A0427	A0430	A0434
	FOR P/T 55 FOR DATES OF SERVICE AFTER 3/31/97AND BEFORE 01/01/02 IF MORE THAN TWO UNITS ARE BILLED FOR ONE OF THE FOLLOWING PROCEDURE CODES, THE DETAIL WILL FAIL ESC 3390			
	A0030	A0342	A0362	
	A0330	A0348	A0422	
	A0340	A0360		
	FOR P/T 55 FOR DATES OF SERVICE PRIOR TO 4/1/97 IF MORE THAN TWO UNITS ARE BILLED FOR ONE OF THE			

	FOLLOWING PROCEDURE CODES, THE DETAIL WILL FAIL ESC 3390:			
	A0010	A0342	A0368	
	A0030	A0348	A0422	
	A0070	A0362	A0999	
EOB CODES:	0985 - DETAIL DENIED. THIS PROCEDURE LIMITED TO TWO UNITS OF SERVICE.			
METHOD OF CORRECTION:	1. VERIFY THAT THE PROCEDURE CODE AND UNITS OF SERVICE WERE ENTERED CORRECTLY.			
	2. IF KEYED INCORRECTLY, ENTER CORRECT DATA.			
	3. IF KEYED CORRECTLY, DENY THE CLAIM.			
	THIS ESC IS SET TO AUTO-DENY FOR TYPE OF DOCUMENT ELECTRONIC CLAIMS.			

3.408 3391 (FORMER LEGACY EDIT 124)

DMS Approved 06/02/2003

ERROR STATUS CODE:	3391 (FORMER LEGACY EDIT 124)	**CLAIM TYPE:**	I
HEADER/DETAIL:	HEADER	**PROVIDER TYPE:**	01, 02
OVERRIDEABLE:	YES	**TYPE OF DOCUMENT:**	PAPER, NON-PAPER, ADJUSTMENTS
DATA CORRECTABLE:	YES	**FIELD NAME:**	PROV, MAID, FDOS, TDOS

ESC NAME:	DISPROPORTIONATE SHARE HOSPITAL CLAIMS CANNOT SPAN A RECIPIENT'S 6TH BIRTHDAY.
ESC CRITERIA: **LEGACY CRITERIA:**	KY SPECIFIC EDIT. FAILS DISPROPORTIONATE SHARE HOSPITAL (PAYMENT MODE OF "3" OR "4" FOR FDOS) CLAIMS IF THE RECIPIENT'S 6TH BIRTHDAY IS AFTER THE "FROM" DATE OF SERVICE AND ON OR BEFORE THE "TO" DATE OF SERVICE. DOES NOT FAIL IF THE TYPE OF BILL IS FINAL (111 OR 114) AND THE "TO" DATE OF SERVICE IS **ON** THE RECIPIENT'S 6TH BIRTHDAY. **NOTE** – THIS EDIT ONLY APPLIES TO CLAIMS WITH AN FDOS AFTER 6/30/91.
EOB CODES:	0924 – CLAIM DENIED. DISPROPORTIONATE SHARE HOSPITAL CLAIMS WHICH SPAN A RECIPIENT'S 6TH BIRTHDAY MUST BE SPLIT BILLED. PLEASE REFER TO THE BILLING INSTRUCTIONS IN YOUR PROVIDER MANUAL.
METHOD OF CORRECTION:	1. VERIFY THE FROM AND TO DATES OF SERVICE WERE KEYED CORRECTLY. IF NOT, CORRECT AND RECYCLE.
	2. VERIFY THE TYPE OF BILL WAS KEYED CORRECTLY. IF NOT, CORRECT THE DATA. PLEASE NOTE: IF THE T.O.B. ON THE CLAIM INDICATES OUTPATIENT (MIDDLE DIGIT IS A 3 OR 4) AND WAS INCORRECTLY KEYED AS INPATIENT (MIDDLE DIGIT IS A 1), THE CLAIM MUST BE DELETED FOR REKEYING.
	3. IF THE DATES OF SERVICE AND TYPE OF BILL WERE KEYED CORRECTLY, DENY THE CLAIM.
	THIS EDIT IS SET TO AUTO-DENY FOR TYPE OF DOCUMENT - ELECTRONIC CLAIMS. NOTE: THIS EDIT DOES NOT APPLY TO CLAIM TYPE I, PT. 01 CLAIMS WITH AN ADMISSION DATE GREATER THAN 03/31/03. THE EDIT STILL APPLIES TO CRITICAL ACCESS, REHABILITATON AND VENTILATOR FACILITES. DCR80063

3.409 3392 (FORMER LEGACY EDIT 124)

DMS Approved 06/02/2003

ERROR STATUS CODE:	3392 (FORMER LEGACY EDIT 124)	**CLAIM TYPE:**	I
HEADER/DETAIL:	DETAIL	**PROVIDER TYPE:**	01, 92, 93
OVERRIDEABLE:	YES	**TYPE OF DOCUMENT:**	PAPER, NON-PAPER, ELECTRONIC
DATA CORRECTABLE:	YES	**FIELD NAME:**	REV CODE

ESC NAME:	CERTAIN REV CDE MUST BILL IN CONJ/W SOME REV CDE
ESC CRITERIA: **LEGACY CRITERIA:**	KY SPECIFIC ESC CODES IN COLUMN A MUST BE BILLED IN CONJUNCTION WITH AN APPROPRIATE CORRESPONDING REVENUE CODE IN COLUMN B. A — REVENUE CODE / B — IN CONJUNCTION WITH REVENUE CODE 230, 234 — 210 THROUGH 214 230, 231 — 170 THROUGH 175 230, 233 — 200 THROUGH 208
EOB CODES:	0137 – CLAIM DENIED. SERVICES MUST BE BILLED IN CONJUNCTION WITH APPROPRIATE ROOM CHARGES.
METHOD OF CORRECTION:	1. VERIFY THAT THE REVENUE CODES WERE KEYED CORRECTLY. IF NOT, DATA CORRECT AND RECYCLE.
	2. VERIFY THAT THE REVENUE CODE FROM COLUMN A, WAS BILLED IN CONJUNCTION WITH THE REVENUE CODE IN COLUMN B. IF SO, OVERRIDE THIS EDIT.
	3. IF THE REVENUE CODES IN COLUMN A ARE NOT BILLED IN CONJUNCTION WITH THE REVENUE CODES IN COLUMN B, DENY THE EDIT.
	THIS EDIT IS SET TO AUTO-DENY ON C/T I, FOR THE TYPE OF DOCUMENT – ELECTRONIC CLAIMS.

3.410 3393 (FORMER LEGACY EDIT 972)

DMS Approved 12/26/2001

ERROR STATUS CODE:	3393 (FORMER LEGACY EDIT 972)	**CLAIM TYPE:**	M
HEADER/DETAIL:	HEADER	**PROVIDER TYPE:**	55, 56, 57
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENT
DATA CORRECTABLE:	YES	**FIELD NAME:**	PROC

EDIT NAME:	PROCEDURE CODES MUST MATCH THE BASE RATE CATEGORY	
EDIT CRITERIA: **LEGACY CRITERIA:**	KY SPECIFIC ESC FOR P/T 56, SPECIALTY 661, FOR DATES OF SERVICE ON OR AFTER 07/01/03 FAILS IF THE BASE RATE PROCEDURE CODE IN COLUMN **A** IS BILLED WITH A PROCEDURE CODE OTHER THAN THE CORRESPONDING CODE IN COLUM **B**.(DCR 00699)	
	COLUMN A	COLUMN B
	T2005	A0422, A0425
	T2005GM	A0422, A0425
	FOR P/T 55 FOR DATES OF SERVICE ON OR AFTER 10/16/03 FAILS IF THE BASE RATE PROCEDURE CODES IN COLUMN **A** ARE BILLED WITH A PROCEDURE CODE OTHER THAN THE CORRESPONDING CODES IN COLUMN **B**.	
	COLUMN A	COLUMN B
	A0427	A0425, A0425UA, A0422, A0398
	A0427GM	A0422, A0398
	A0429	A0425, A0425UB, A0422, A0382
	A0429GM	A0422, A0382
	A0429UC	A0425, A0425UB, A0422, A0382
	FOR P/T 55 FOR DATES OF SERVICE AFTER 12/31/01 AND PRIOR TO 10/16/03 FAILS IF THE BASE RATE/ADDITIONAL BASE RATE PROCEDURE CODES IN COLUMN **A** ARE BILLED WITH A PROCEDURE CODE OTHER THAN THE CORRESPONDING CODES IN COLUM **B**.	
	COLUMN A	COLUMN B
	A0426	A0390, A0422, A0398, A0888, A0420
	A0427	A0390, A0422, A0398, A0888, A0420
	A0433	A0390, A0422, A0398, A0888, A0420
	A0434	A0390, A0422, A0398, A0888, A0420
	A0348	A0390, A0422, A0398, A0888, A0420
	A0429	A0380, A0422, A0382, A0888, A0420
	A0342	A0380, A0422, A0382, A0888, A0420
	A0340	A0999, A0422, A0382, A0888, A0420
	A0428	A0999, A0422, A0382, A0888, A0420

	FOR P/T 55 FOR DATES OF SERVICE AFTER 3/30/97AND PRIOR TO 01/01/02 FAILS IF THE BASE RATE/ADDITIONAL BASE RATE PROCEDURE CODES IN COLUMN A ARE BILLED WITH A PROCEDURE CODE OTHER THAN THE CORRESPONDING CODES IN COLUMN B:	
	COLUMN A	COLUMN B
	A0330	A0390, A0422, A0398, A0888, A0420
	A0348	A0390, A0422, A0398, A0888, A0420
	A0362	A0380, A0422, A0382, A0888, A0420
	A0342	A0380, A0422, A0382, A0888, A0420
	A0340	A0999, A0422, A0382, A0888, A0420
	A0360	A0999, A0422, A0382, A0888, A0420
	FOR P/T 55 FOR DATES OF SERVICE PRIOR TO 4/1/97 FAILS IF THE BASE RATE/ADDITIONAL BASE RATE PROCEDURE CODES IN COLUMN A ARE BILLED WITH A PROCEDURE CODE OTHER THAN THE CORRESPONDING CODES IN COLUMN B:	
	COLUMN A	COLUMN B
	A0368	A0390, A0422, A0398, A0888
	A0348	A0390, A0422, A0398, A0888
	A0362	A0380, A0422, A0382, A0888
	A0342	A0380, A0422, A0382, A0888
	A0010	A0020, A0070, A0215, A0888
	A0999	A0020, A0070, A0215, A0888
EOB CODES:	0972 - CLAIM DENIED. PROCEDURE CODES FOR MILEAGE, OXYGEN, AND SUPPLIES MUST MATCH THE BASE RATE CATEGORY.	
METHOD OF CORRECTION:	1. VERIFY ALL PROCEDURE CODES ON THE CLAIM HAVE BEEN ENTERED CORRECTLY. IF NOT, CORRECT.	
	2. IF THE PROCEDURE CODES HAVE BEEN ENTERED CORRECTLY, DENY THE CLAIM.	

3.411 3394

DMS Approved 10/28/2009

ERROR STATUS CODE:	3394	**CLAIM TYPE:**	M, O
HEADER/DETAIL:	DETAIL	**PROVIDER TYPE:**	01, 36
OVERRIDEABLE:	YES	**TYPE OF DOCUMENT:**	PAPER, NON-PAPER, ELECTRONIC
DATA CORRECTABLE:	YES	**FIELD NAME:**	HEADER DIAG, PROC

ESC NAME: DENTAL PROCEDURE CODE TO DIAGNOSIS CODE

ESC CRITERIA:

IF THE HEADER DIAGNOSIS CODES DOES NOT INCLUDE ONE, OR MORE, OF THE EXCLUSION DIAGNOSIS CODES LISTED BELOW, FOR THE DENTAL PROCEDURE CODE BILLED, POST THE EDIT AND SUSPEND CLAIM FOR DMS REVIEW.

FOR P/T 01 BILLING REVENUE CODE 360 OR P/T 36, IF THE CLAIM IS FOR DENTAL SERVICES (D0001 THRU D9999) AND BILLING ONE OF THE FOLLOWING DIAGNOSIS CODES IN ANY DIAGNOSIS CODE FIELD, BYPASS EDIT 3394 (CO314)

DIAGNOSIS CODES:

296-29699	298-29899	299-29999	300-30099
301-30199	308-30899	312-31299	317-31799
318-31899	319-31999	396-39699	492-49299
493-49399	494-49499		

EFFECTIVE WITH PROCESSING DATE 05/28/2009, FOR P/T 01 BILLING REVENUE CODE 360 OR P/T 36, IF THE CLAIM IS FOR DENTAL SERVICES (D0001 THRU D9999) AND BILLING ONE OF THE FOLLOWING DIAGNOSIS CODES IN ANY DIAGNOSIS CODE FIELD, BYPASS EDIT 3394 PER CO 11288. MEMBERS AGES 0 THROUGH 6 BYPASS ESC 3394 PER CO 11288.

DIAGNOSIS CODES:

1400 – 20930	24910 – 24981	25010 – 25083	2990 – 29991
30400 – 30402	30410 – 30412	30540 – 30542	30550 – 30552
30723	317	3180 - 3182	319
340 – 3419	3430 – 3439	3450 – 34591	393 – 39899
4010	4020 – 40291	4150 – 4179	4200 – 4299
4920 – 4928	49300 – 49302	49320 – 49322	496
5283	5303	53084	7450 – 7459
7460 – 7469	7470 – 7479	74900 – 74925	7503
7560	7580 – 7589	75981 – 75989	78039
78340	7852	80605 – 80609	80615 – 80619
V151	V440	V4500 – V4509	

EOB CODES:

0029 – CLAIM REQUIRES DOCUMENTATIION. PLEASE RESUBMIT ON PAPER. DEPENDENT ON SPECIFICPROCEDURE CODE AND CRITERIA SET FOR REVIEW.

0113 – CLAIM DENIED. REQUIRED DOCUMENTATION MISSING/INCOMPLETE.

	0763 – SERVICES RENDERED DO NOT MEET DMS CRITERIA.
METHOD OF CORRECTION:	1. FOR CLAIM TYPE O, PT 01 AND CT M, PT 36, IF THE CLAIM IS FOR DENTAL SERVICES (D0140 THRU D9420) THE CLAIM WILL SUSPEND FOR ESC 3394. THESE CLAIMS SHOULD BE FORWARDED TO DMS LOCATION 86 (PT 01 AND 36).
	2. VERIFY THAT THE PROCEDURE CODE AND DIAGNOSIS CODE(S) WERE KEYED CORRECTLY.
	3. IF NOT, DATA CORRECT.
	4. IF PROCEDURE CODE AND DIAGNOSIS CODE(S) WERE KEYED CORRECTLY, AND NO ATTACHMENT OR WRITTEN DOCUMENTATION IS ATTACHED ON THE CLAIM DENY, THE ESC WITH EOB 113.

3.412 3395 (FORMER LEGACY EDIT 105)

DMS Approved 9/24/2009

ERROR STATUS CODE:	3395 (FORMER LEGACY EDIT 105)	**CLAIM TYPE:**	H
HEADER/DETAIL:	DETAIL	**PROVIDER TYPE:**	44
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	PAPER, NON-PAPER, ADJUSTMENTS
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	MEMBER ID
ESC NAME:	HOSPICE ELIGIBILITY – RECYCLE EDIT FOR EDIT 817		
ESC CRITERIA:	ESC 3395 WILL FAIL FOR THE FOLLOWING: 1. MEMBER DOES NOT HAVE A HOSPICE SEGMENT ON THE MEMBER INFORMATION/ELIGIBILITY PANEL FOR DATES OF SERVICE BILLED, 2. DATES OF SERVICE BILLED ARE NOT WITHIN THE MEMBER'S HOSPICE EFFECTIVE DATES		
LEGACY CRITERIA:	MEMBER HAS NO HOSPICE SEGMENT ON THE ELIGIBILITY FILE.		
EOB CODES:	NA		
METHOD OF CORRECTION:	1. VERIFY THAT THE MEMBER ID NUMBER WAS KEYED CORRECTLY. IF NOT, DATA CORRECT BY CHANGING THE MEMBER ID NUMBER FIELD IN THE HEADER. 2. IF THE CLAIM WAS KEYED CORRECTLY, MAKE NO CHANGES. CLAIM WILL RECYCLE IN THE SYSTEM FOR 9 DAYS OR UNTIL A HOSPICE SEGMENT IS FOUND.		
	NOTE: IF SYSTEM AGE IS OVER 9 DAYS, CLAIM WILL AUTO-DENY FOR ESC 817.		

3.413 3397 (FORMER LEGACY EDIT 916)

DMS Approved 12/10/2010

ERROR STATUS CODE:	3397 (FORMER LEGACY EDIT 916)	**CLAIM TYPE:**	M
HEADER/DETAIL:	DETAIL	**PROVIDER TYPE:**	21, 45, 56
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	ALL
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	MEMBER ID, PROVIDER ID, DOS
ESC NAME:	PROVIDER TYPES 21, 45 AND 56 NOT ALLOWED FOR MEMBERS WITH STATUS CODE M7 OR P7		
ESC CRITERIA:	FAILS EPSDT SPECIAL SERVICES CLAIMS, SCHOOL- BASED HEALTH, OR NON-EMERGENCY TRANSPORTATION CLAIMS IF THE MEMBER HAS A PROGRAM CODE OF I OR P AND A STATUS CODE OF M7 OR P7 FOR THE DETAIL FROM DATE OF SERVICE. EFFECTIVE FOR CLAIM TYPE M, PROVIDER TYPE 45, FOR DATES OF SERVICE AFTER 10/31/1999. EFFECTIVE FOR CLAIM TYPE M, PROVIDER TYPE 21, FOR DATES OF SERVICE ON OR AFTER 02/03/2003. EFFECTIVE FOR CLAIM TYPE M, PROVIDER TYPE 56, PROVIDER SPECIALTY 661, FOR DATES OF SERVICE AFTER 09/01/2003.		
EOB CODES:	0916 – EPSDT SPECIAL SERVICES/SCHOOL BASED HEALTH SERVICES CLAIMS NOT PAYABLE FOR THIS MEMBER.		
METHOD OF CORRECTION:	1. VERIFY THAT MEMBER ID, PROVIDER ID AND DATE OF SERVICE WERE KEYED CORRECTLY. 2. IF NOT, DATA CORRECT. 3. IF ENTERED CORRECTLY, DENY THE DETAIL WITH EOB 0916.		

3.414 3398

DMS Approved

ERROR STATUS CODE:	3398	**CLAIM TYPE:**	M
HEADER/DETAIL:	DETAIL	**PROVIDER TYPE:**	64, 65, 78
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	PAPER CLAIMS
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	

ESC NAME:	SUBSTANCE ABUSE DIAGNOSIS CODE NOT VALID FOR THIS PROVIDER TYPE
ESC CRITERIA:	FAILS IF THE DETAIL IS CORRELATED (BASED ON DIAGNOSIS INDICATOR) TO ONE OF THE FOLLOWING DIAGNOSIS CODES: E800 291 2918 29181 292 2920 303 thru 30393 304 thru 30493 305 thru 30593 NOTE – THIS IS A FORM EDIT CREATED BY CO #12828. ALSO NOTE – PER A REQUEST BY THE COMMONWEALTH, THIS EDIT WAS INACTIVATED ON NOVEMBER 9, 2009.
EOB CODES:	3398 - SERVICE(S) NOT COVERED BY KY MEDICAID. DIAGNOSIS CODE INDICATES SUBSTANCE ABUSE/CHEMICAL DEPENDENCY.
METHOD OF CORRECTION:	5. VERIFY THE DIAGNOSIS CODES AND DIAGNOSIS INDICATORS WERE KEYED CORRECTLY. IF NOT, DATA CORRECT THE APPROPRIATE FIELDS.
	6. IF ALL DATA WAS KEYED CORRECTLY DENY THE DETAIL WITH EOB CODE 3398.

3.415 3399 (FORMER LEGACY EDIT N/A)

DMS Approved 04/28/2010

ERROR STATUS CODE:	3399	**CLAIM TYPE:**	B, M
HEADER/DETAIL:	DETAIL	**PROVIDER TYPE:**	64
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	PAPER, NON-PAPER, ADJUSTMENTS
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	MODIFIER, RENDERING PROVIDER ID
ESC NAME:	RENDERING PROVIDER SERVICE RESTRICTION		
ESC CRITERIA:	IF THE SERVICE BILLED IS NOT ALLOWED FOR THE RENDERING PROVIDER NUMBER THE DETAIL WILL FAIL ESC 3399. PROCEDURE CODES BILLED FOR RENDERING PROVIDER NUMBER 64207384 (NPI 1194720342) MUST BE APPENDED WITH MODIFIER 80 EFFECTIVE 11/20/2008 PER CO 13485.		
EOB CODES:	3399 - SERVICE NOT COVERED FOR THE RENDERING PROVIDER NUMBER.		
METHOD OF CORRECTION:	4. VERIFY THAT THE RENDERING PROVIDER NUMBER AND MODIFIER WAS KEYED CORRECTLY. 5. IF NOT, DATA CORRECT. 6. IF KEYED CORRECTLY, DENY THE DETAIL WITH EOB 3399.		

3.416 3402 (FORMER LEGACY EDIT N/A)

ERROR STATUS CODE:	3402 (FORMER LEGACY EDIT N/A)	**CLAIM TYPE:**	M
HEADER/DETAIL:	DETAIL	**PROVIDER TYPE:**	90
OVERRIDEABLE:	YES	**TYPE OF DOCUMENT:**	PAPER, NON-PAPER, ELECTRONIC
DATA CORRECTABLE:	YES	**FIELD NAME:**	PROC CODE
ESC NAME:	CERTAIN DIABETIC SUPPLIES MUST BILL PHARMACY		
ESC CRITERIA:	CERTAIN DME PROCEDURE CODES ARE NOW REIMBURSED THROUGH PHARMACY EFFECTIVE 10/5/2010 PER CO 14484. **MONITORED PROCEDURE CODES**: A4206 A4250 A4252 A4253 A4256 A4258 A4259 E0607 E2100 NOTE- PER CO 14940 PROCEDURE CODE A4210 HAS BEEN REMOVED FROM THIS EDIT. NOTE- PER CO 15011 PROCEDURE CODE A4206 WILL BYPASS ESC 3402 UNLESS ANY DETAIL DIAGNOSIS CODE IS 25000-25093, 3572, OR 45989 EFFECTIVE WITH DATE OF SERVICE 10/5/2010.		
EOB CODES:	3402 – THE FOLLOWING CODES ARE REIMBURSED THROUGH THE PHARMACY PROGRAM: A4206, A4250, A4252, A4253, A4256, A4258, A4259, E0607 AND E2100.		
METHOD OF CORRECTION:	1. VERIFY THAT THE PROCEDURE CODES WERE KEYED CORRECTLY. IF NOT, DATA CORRECT AND RECYCLE. 2. IF ATTACHED DOCUMENTATION SHOWS A VALID DENIAL FROM MEDICARE, OVERRIDE THE ESC. 3. IF KEYED CORRECTLY DENY THE CLAIM WITH EOB 3402.		
	THIS EDIT IS SET TO AUTO-DENY FOR ELECTRONIC CLAIMS.		

3.417 3404

DMS Approved

ERROR STATUS CODE:	3404	**CLAIM TYPE:**	ALL
HEADER/DETAIL:	HEADER	**PROVIDER TYPE**	ALL
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	ENCOUNTERS ONLY
DATA CORRECTABLE:	NO	**CLAIM FIELD LABEL:**	

ESC NAME:	BILLING PROVIDER NOT ENROLLED WITH MCO
ESC CRITERIA:	FAILS IF THE BILLING PROVIDER NUMBER IS NOT LISTED AS A MEMBER OF THE MCO'S PROVIDER GROUP FOR THE HEADER FROM DATE OF SERVICE. APPLIES TO MCO ENCOUNTERS ONLY. CREATED BY CO 16932
EOB CODES:	3404 – BILLING PROVIDER NOT ENROLLED WITH THE MCO.
METHOD OF CORRECTION:	NONE
	NOTE – THIS IS A PAY AND REPORT (INFORMATIONAL) EDIT

3.418 3595

DMS Approved 02/04/2011

ERROR STATUS CODE:	3595	**CLAIM TYPE:**	M
HEADER/DETAIL:	DETAIL	**PROVIDER TYPE:**	64, 65, 74
OVERRIDEABLE:	YES	**TYPE OF DOCUMENT:**	PAPER, NON-PAPER, ADJUSTMENTS, MASS ADJUSTMENTS
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	UNITS

ESC NAME:	ANESTHESIA UNITS EXCEED 360
ESC CRITERIA: **LEGACY CRITERIA:**	FAILS ANESTHESIA PROCEDURE CODES 00100 THROUGH 01999 IF THE UNITS OF SERVICE ARE GREATER THAN 360. Note – the units limit on this edit was originally 14, then was changed to 30 per CO #10790. It was changed to 360 per CO 16811. **EXCLUSIONS:** PROCEDURE CODES 00539, 00548, 00561, 00580, 00604, 00754, 00756, 00796, 00836, 00868, 00950, 01150, 001160, 01170, 01670, 01680, 01782, 01925, 01953, 01961, 01962, 01966, 01967 ARE EXCLUDED FROM THIS EDIT. THIS EDIT IS EFFECTIVE FOR DATES OF SERVICE 07/01/2007 AND AFTER AND WAS CREATED BY AN ADDENDUM TO CO #8953. THIS EDIT IS BYPASSED FOR CLAIMS BILLED WITH MODIFIER G8 PER CO 12203.
EOB CODES:	3595 – THE NUMBER OF UNITS BILLED FOR THIS PROCEDURE IS IN EXCESS OF THE THRESHOLD SET BY DMS TO AUTOMATICALLY INITIATE A SUSPENSION AND REVIEW OF THE CLAIM.
METHOD OF CORRECTION:	CLAIM FAILURES FOR THIS EDIT ARE ROUTED TO HP's UTILIZATION MANAGEMENT DEPARTMENT.
	1. VERIFY THE UNITS OF SERVICE WERE KEYED CORRECTLY. IF NOT, CORRECT THE DATA
	2. IF THE UNITS WERE KEYED CORRECTLY, VERIFY THE UNITS MATCH THE START AND END TIME.
	3. IF THE UNITS AND TIME DO NOT MATCH, DENY THE CLAIM.
	EXAMPLE OF CALCULATION: Anesthesia start time 0830, anesthesia stop time 1930 = 11 hours x 60 (minutes in one hour) = 660 units Anesthesia start time 0620, anesthesia stop time 1834 = 12 hours and 14 minutes = 12 hours x 60 (minutes in one hour)

	= 720 + 14 extra minutes in anesthesia time =734 units

3.419 3596

DMS Approved

ERROR STATUS CODE:	3596	**CLAIM TYPE:**	I
HEADER/DETAIL:	HEADER	**PROVIDER TYPE:**	01
OVERRIDEABLE:	YES	**TYPE OF DOCUMENT:**	PAPER, NON-PAPER, ADJUSTMENTS
DATA CORRECTABLE:		**CLAIM FIELD LABEL:**	

ESC NAME:	TYPE OF BILL 110 NOT VALID FOR DRG CLAIMS
ESC CRITERIA:	FAILS IF AN INPATIENT HOSPITAL DRG CLAIM (PROVIDER CONTRACT = HOSP) WITH A TO DATE OF SERVICE GREATER THAN 10/14/2007 IS SUBMITTED WITH A TYPE OF BILL OF 110. CREATED PER CO 8639.
EOB CODES:	3596 – TYPE OF BILL 110 NOT VALID FOR DRG CLAIMS.
METHOD OF CORRECTION:	1. VERIFY THAT THE DATES OF SERVICE AND TYPE OF BILL ARE ENTERED CORRECTLY. IF NOT, CORRECT.
	2. IF THE DATES OF SERVICE AND TYPE OF BILL ARE ENTERED CORRECTLY, DENY WITH EOB 3596.

3.420 3597

DMS Approved 02/29/2012

ERROR STATUS CODE:	3597	**CLAIM TYPE:**	H, M
HEADER/DETAIL:	DETAIL	**PROVIDER TYPE:**	17, 33, 34, 42, 43, 90
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENTS AND ENCOUNTERS
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	
ESC NAME:	MFP ASSIGNMENT PLAN AND PROGRAM CODE CONFLICT		
ESC CRITERIA:	FAILS IF THE MEBER HAS AN MFP ASSIGNMENT PLAN FOR THE DATE OF SERVICE AND DOES NOT HAVE ONE OF THE MFP MEMBER PROGRAM CODES LISTED BELOW. THE EDIT ALSO FAILS IF THE MEMBER HAS AN MFP PROGRAM CODE WITH A STATUS CODE BEGINNING WITH ‘8’ FOR THE DATE OF SERVICE BUT DOES NOT HAVE AN MFP ASSIGNMENT PLAN. MFP MEMBER PROGRAM CODES: AM BM DM JM KM MM NOTE – THIS IS A FORM EDIT CREATED BY CO #15923.		
EOB CODES:	3597 - CLAIM/DETAIL DENIED. MFP MEMBER PLAN AND PROGRAM CODE DO NOT CORRESPOND. PLEASE CONTACT THE DEPARTMENT FOR MEDICAID SERVICES AT 502-564-5560.		
METHOD OF CORRECTION:	1. VERIFY THE MEMBER ID AND DATES OF SERVICE WERE KEYED CORRECTLY. IF NOT, DATA CORRECT THE APPROPRIATE FIELDS.		
	2. IF ALL DATA WAS KEYED CORRECTLY FORWARD THE CLAIM TO THE SYSTEMS CLAIMS PROCESSING BA.		

3598 (FORMER LEGACY EDIT N/A)

DMS Approved: 02/04/2012

ERROR STATUS CODE:	3598 (FORMER LEGACY EDIT NA)	**CLAIM TYPE:**	D (DENTAL)
HEADER/DETAIL:	DETAIL	**PROVIDER TYPE:**	31, 35, 45, 60, 61
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	PAPER, NON-PAPER, ADJUSTMENTS, ENCOUNTERS
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	PROCEDURE CODE, TOOTH NUMBER, PROVIDER TYPE
ESC NAME:	TOOTH NUMBER TO PROCEDURE CODE AND PROVIDER TYPE.		
ESC CRITERIA:	IF PROCEDURE CODE IS D3310, D3320 OR D3330 AND BILLING PROVIDER TYPE IS 45 AND TOOTH NUMBER IS NOT IN RANGE A – T, FAIL ESC 3598. IF PROCEDURE CODE IS D3310, D3320 OR D3330 AND BILLING PROVIDER TYPE IS 31, 35, 60, OR 61 AND TOOTH NUMBER IS NOT IN RANGE 01 – 60 OR 99, FAIL ESC 3598.		
EOB CODES:	3598 – TOOTH NUMBER IS NOT VALID FOR PROCEDURE CODE AND PROVIDER TYPE.		
METHOD OF CORRECTION:	1. VERIFY THAT THE PROCEDURE CODE, TOOTH NUMBER AND PROVIDER ID WERE KEYED CORRECTLY. IF NOT, DATA CORRECT AND RESUBMIT. 2. IF KEYED CORRECTLY, DENY THE DETAIL WITH EOB 3598.		
	THIS ESC IS SET TO AUTO-DENY FOR THE TYPE OF DOCUMENT – ELECTRONIC CLAIMS		

3.421 3600 (FORMER LEGACY EDIT 266)

DMS Approved 01/12/00

ERROR STATUS CODE:	3600 (FORMER LEGACY EDIT 266)	**CLAIM TYPE:**	H, M, O
HEADER/DETAIL:	HEADER/DETAIL	**PROVIDER TYPE:**	17, 33, 41, 42, 43
OVERRIDEABLE:	YES	**TYPE OF DOCUMENT:**	ALL (EXCEPT MASS ADJUSTMENT)
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	MEMBER ID, FDOS, TDOS

ESC NAME:	PROCEDURE NOT COVERED FOR MEMBER'S LOCKIN PROV	
ESC CRITERIA: **LEGACY CRITERIA:**	IF THE BILLING PROVIDER MATCHES THE BENE'S ASSIGNED PLAN LEVEL LOCKIN PROVIDER, THEN CHECK IF THE PROCEDURE IS COVERED. IF IT'S NOT COVERED, POST EDIT. IF THE CLAIM IS ONE OF THE FOLLOWING CATEGORIES OF SERVICE, THE MEMBER MUST HAVE THE CORRESPONDING WAIVER INDICATOR FOR THE DETAIL DATE OF SERVICE.	
	COS	**INDICATOR**
	05	D
	07	E
	50	A
	52	B OR C
	53	C
	57	G
	59	H
	60	F
EOB CODES:	3600 – SERVICES NOT COVERED UNDER MEMBERS' PROGRAM.	
METHOD OF CORRECTION:	1. VERIFY MEMBER NUMBER. IF INCORRECT, CORRECT THE INFORMATION.	
	2. VERIFY HEADER AND DETAIL DATES OF SERVICE WERE KEYED CORRECTLY. IF NOT, CORRECT **HEADER** DATES OF SERVICE AND CORRECT **DETAIL** DATES OF SERVICE.	
	3. IF MEMBER NUMBER, HEADER AND DETAIL DATES OF SERVICE WERE KEYED CORRECTLY, DENY THE CLAIM.	
	4. IF MASS ADJUSTMENT OR ELECTRONIC ADJUSTMENT, REFER TO DMS FOR REVIEW.	

3.422 3997 (NO FORMER LEGACY EDIT)

DMS Approved 06/2007

ERROR STATUS CODE:	3997 (NO FORMER LEGACY EDIT)	CLAIM TYPE:	I, A
HEADER/DETAIL:	HEADER	PROVIDER TYPE:	01, 02, 04, 92, 93
OVERRIDEABLE:	YES	TYPE OF DOCUMENT:	PAPER, NON-PAPER, ADJUSTMENTS
DATA CORRECTABLE	YES	FIELD NAME:	DRG, DOS

ESC NAME:	REIMBURSEMENT AGREEMENT – DRG
ESC CRITERIA:	IF NO FEE IS FOUND ON TABLE PROVIDER DRG RATE TABLE FOR THE DRG ON THE CLAIM, POST THE EDIT.
EOB CODES:	9998 – CLAIM WAS PRICED IN ACCORDANCE WITH KENTUCKY MEDICAID.
METHOD OF CORRECTION:	15. VERIFY THAT THE DATE OF SERVICE AND PROVIDER IDWERE ENTERED CORRECTLY. IF NOT, CORRECT THE CLAIM.
	16. IF ENTERED CORRECTLY SUSPEND THE CLAIM WITH EOB 9998 AND NOTIFY SUPERVISOR.
	NOTE: NEVER DENY CLAIM FOR THIS ESC/EOB – ALWAYS NOTIFY SUPERVISOR!

3.423 3998 (NO FORMER LEGACY EDIT)

DMS Approved 06/2007

ERROR STATUS CODE:	3998 (NO FORMER LEGACY EDIT)	CLAIM TYPE:	I, O, H, L, A, C
HEADER/DETAIL:	DETAIL	PROVIDER TYPE:	01, 02, 04, 92, 93, 42, 34, 44, 11, 12, 39, 46, 47,
OVERRIDEABLE:	YES	TYPE OF DOCUMENT:	PAPER, NON-PAPER, ADJUSTMENTS
DATA CORRECTABLE	YES	FIELD NAME:	REVENUE CODE, DOS

ESC NAME:	REIMBURSEMENT AGREEMENT – REVENUE CODE
ESC CRITERIA:	IF NO FEE IS FOUND ON TABLE PROVIDER REVENUE CODE RATE TABLE FOR THE REVENUE CODE ON THE CLAIM, POST THE EDIT.
EOB CODES:	9998 – CLAIM WAS PRICED IN ACCORDANCE WITH KENTUCKY MEDICAID.
METHOD OF CORRECTION:	17. VERIFY THAT THE DATE OF SERVICE AND PROVIDER IDWERE ENTERED CORRECTLY. IF NOT, CORRECT THE CLAIM.
	18. IF ENTERED CORRECTLY SUSPEND THE CLAIM WITH EOB 9998 AND NOTIFY SUPERVISOR.
	NOTE: NEVER DENY CLAIM FOR THIS ESC/EOB – ALWAYS NOTIFY SUPERVISOR!

3.424 3999 (NO FORMER LEGACY EDIT)

DMS Approved 06/2007

ERROR STATUS CODE:	3999 (NO FORMER LEGACY EDIT)	CLAIM TYPE:	ALL
HEADER/DETAIL:	DETAIL	PROVIDER TYPE:	ALL
OVERRIDEABLE:	YES	TYPE OF DOCUMENT:	PAPER, NON-PAPER, ADJUSTMENTS
DATA CORRECTABLE	YES	FIELD NAME:	PROCEDURE CODE, DOS

ESC NAME:	REIMBURSEMENT AGREEMENT – PROCEDURE
ESC CRITERIA:	IF NO FEE IS FOUND ON TABLE PROVIDER PROCEDURE CODE RATE TABLE FOR THE REVENUE CODE ON THE CLAIM, POST THE EDIT.
EOB CODES:	9998 – CLAIM WAS PRICED IN ACCORDANCE WITH KENTUCKY MEDICAID.
METHOD OF CORRECTION:	19. VERIFY THAT THE DATE OF SERVICE AND PROVIDER IDWERE ENTERED CORRECTLY. IF NOT, CORRECT THE CLAIM.
	20. IF ENTERED CORRECTLY SUSPEND THE CLAIM WITH EOB 9998 AND NOTIFY SUPERVISOR.
	NOTE: NEVER DENY CLAIM FOR THIS ESC/EOB – ALWAYS NOTIFY SUPERVISOR!

3.425 4001 (FORMER LEGACY EDIT N/A)

DMS Approved 06/2007

ERROR STATUS CODE:	4001 (FORMER LEGACY EDIT N/A)	**CLAIM TYPE:**	ALL
HEADER/DETAIL:	DETAIL	**PROVIDER TYPE:**	ALL
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	ALL
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	MEMBER ID

ESC NAME:	BILLING PT/PS RESTRICTION ON DIAG CVG RULE
ESC CRITERIA: **LEGACY CRITERIA:**	PHYSICIAN, PHYSICIAN CROSSOVER CLAIM TYPES: IF THE BILLING PT/PS IS NOT WITHIN THE BILLING PT/PS RESTRICTION OF THE COVERAGE RULE FOR ANY DIAGNOSIS POINTED TO BY THE DETAIL, POST THE EDIT. THE DETAIL FDOS/TDOS RANGE IS USED TO COMPARE THE RULE EFFECTIVE DATES. OUTPATIENT, LONG TERM CARE, AND HOME HEALTH: IF THE BILLING PT/PS IS NOT WITHIN THE BILLING PT/PS RESTRICTION OF THE COVERAGE RULE FOR ANY HEADER DIAGNOSIS INCLUDING THE ADMIT OR EMERGENCY DIAGNOSIS, POST THE EDIT. THE DETAIL FDOS/TDOS RANGE IS USED TO COMPARE TO THE RULE EFFECTIVE DATES. INPATIENT: IF THE BILLING PT/PS IS NOT WITHIN THE BILLING PT/PS RESTRICTION OF THE COVERAGE RULE FOR THE PRIMARY, SECONDARY, OR ADMIT DIAGNOSIS, POST THE EDIT. THE DETAIL FDOS/TDOS RANGE IS USED TO COMPARE TO THE RULE EFFECTIVE DATES. INPATIENT CROSSOVERS, OUTPATIENT CROSSOVERS: IF THE BILLING PT/PS IS NOT WITHIN THE BILLING PT/PS RESTRICTION OF THE COVERAGE RULE FOR ANY HEADER DIAGNOSIS INCLUDING THE ADMIT OR EMERGENCY DIAGNOSIS, POST THE EDIT. THE HEADER FDOS/TDOS RANGE IS USED TO COMPARE TO THE RULE EFFECTIVE DATES. N/A
EOB CODES:	4001 - BILLING PT/PS RESTRICTION ON DIAG CVG RULE
METHOD OF CORRECTION:	VERIFY THAT THE INFORMATION WAS KEYED CORRECTLY. IF NOT, CORRECT THE DATA.
	IF ENTERED CORRECTLY, DENY THE CLAIM

3.426 4004(FORMER LEGACY EDIT N/A)

DMS Approved 06/2007

ERROR STATUS CODE:	4004 (FORMER LEGACY EDIT N/A)	**CLAIM TYPE:**	P, Q
HEADER/DETAIL:	DETAIL	**PROVIDER TYPE:**	54
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	ENCOUNTERS ONLY
DATA CORRECTABLE:	NO	**CLAIM FIELD LABEL:**	NDC

ESC NAME:	NDC NOT ON FILE
ESC CRITERIA: **LEGACY CRITERIA:**	IF THE NDC IS NOT ON FILE, POST THE EDIT. NA
EOB CODES:	2360– THIS NATIONAL DRUG CODE IS NOT ON FILE
METHOD OF CORRECTION:	**THIS ESC IS ACTIVE FOR REGIONS 25, 26, 59, 65 AND 71 ONLY. THIS EDIT IS ALSO SET AS THRESHOLD**

3.427 4007(FORMER LEGACY EDIT 907)

DMS Approved 02/28/2003

ERROR STATUS CODE:	4007 (FORMER LEGACY EDIT 907)	**CLAIM TYPE:**	P, Q
HEADER/DETAIL:	DETAIL	**PROVIDER TYPE:**	54
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	ENCOUNTERS ONLY
DATA CORRECTABLE:	NO	**CLAIM FIELD LABEL:**	NDC

ESC NAME:	NON-COVERED NDC DUE TO CMS TERMINATION
ESC CRITERIA: **LEGACY CRITERIA:**	IF THE NDC IS NOT ACTIVE, POST THE EDIT. CLAIM FAILS IF: THE NDC LISTED ON THE CLAIM HAS A TERMINATION DATE ON THE PDD DRUG FILE LESS THAN OR EQUAL TO THE DATE OF SERVICE ON THE CLAIM AND THE NDC LISTED ON THE CLAIM DOES NOT HAVE A REINSTATEMENT DATE ON THE PDD DRUG FILE THAT IS GREATER THAN THE TERMINATION DATE AND LESS THAN OR EQUAL TO THE CLAIM DATE OF SERVICE. **OR** THE NDC LISTED ON THE CLAIM HAS AN OBSOLETE DATE (PLUS 18 MONTHS) LESS THAN OR EQUAL TO THE DATE OF SERVICE, AND THE NDC LISTED ON THE CLAIM DOES NOT HAVE A REINSTATEMENT DATE THAT IS GREATER THAN THE OBSOLETE DATE AND LESS THAN OR EQUAL TO THE CLAIM DATE OF SERVICE. NOTE: THE OBSOLETE DATE IS NOT CONSIDERED IF THERE IS A TERMINATION DATE PRESENT PER DCR00498 NOT APPLICABLE FOR ENCOUNTERS NOTE* WITH THE IMPLEMENTATION OF CO16374 THE *TERMINATION DATE* ON THE DRUG FILE IS NO LONGER BEING CONSIDERED WHEN DETERMINING WHETHER TO SET EDIT 4007, THE *OBSOLETE* DATE PLUS 366 IS USED TO SET THE EDIT.
EOB CODES:	2356– NDC IS DEACTIVED AND NOT PAYABLE ON DATE FILLED
METHOD OF CORRECTION:	**THIS ESC IS ACTIVE FOR REGIONS 25, 26, 59, 65 AND 71 ONLY. THIS EDIT IS ALSO SET AS THRESHOLD**

3.428 4012 (FORMER LEGACY EDIT 182)

DMS Approved 05/24/2004

ERROR STATUS CODE:	4012 (FORMER LEGACY EDIT 182)	**CLAIM TYPE:**	H, I, M, O
HEADER/DETAIL:	HEADER/DETAIL	**PROVIDER TYPE:**	01, 02, 04, 34, 39, 41, 42, 46, 47,92, 93, CT M (ALL EXCEPT 27, 28, 40, 45, 50, 52, 55, 56, 57, 70, 77, 80)
OVERRIDEABLE:	YES	**TYPE OF DOCUMENT:**	PAPER, NON-PAPER, ADJUSTMENTS
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	PROC, PSUR, SSUR, PDIAG, SDIAG, TDIAG

ESC NAME:	PROCEDURE/DIAGNOSIS RELATED TO ABORTION – SUSPENDED
ESC CRITERIA:	IF A CLAIM IS SUBMITTED WITH A DIAGNOSIS CODE LISTED IN THE ABORTION DIAGNOSIS GROUP (10), POST THE ESC. IF A CLAIM IS SUBMITTED WITH A PROCEDURE CODE LISTED IN THE ABORTION PROCEDURE GROUP (57) INDICATING AN ELECTIVE ABORTION WAS PERFORMED, POST THE ESC.
MMIS CRITERIA:	SUSPENDS WHEN PROCEDURE CODE IS: 750, 6901, 6902, 6909, 6951, 6952, 6959, 6993, 7491, 9649, 56343, 56344, 58996, 59100, 59105, 59106, 59160, 59800, 59801, 59810, 59811, 59812, 59820, 59821, 59830, 59840, 59841, 59850, 59851, 59852, 59855-59857, IF DIAGNOSIS CODE IS: 6320, 6340 THRU 6349, 6350 THROUGH 6389, 6400, 6408, 6409, 6463. **<u>EXCLUSIONS:</u>** FOR PT 64/65 BYPASS ESC 4012 IF THE PRIOR AUTHORIZATION NUMBER ON THE CLAIM IS GREATER THAN ZERO. PER DCR01116 CLAIM TYPES I AND M WITH DATES OF SERVICE ON OR AFTER 07/01/03 BYPASS ESC 4012. (DCR 00923) PT 64/65 WITH THE PROVIDER SPECIALITY ‘311’ WITH DATES OF SERVICE ON OR AFTER 07/01/03 BYPASS ESC 4012. (DCR 00923)
EOB CODES:	0182 – RESUBMIT WITH OPERATIVE NOTES OR EXPLANATION OF PROCEDURE.
METHOD OF CORRECTION FOR THE UTILIZATION MANAGEMENT ANALYST	1. VERIFY ALL DATA WAS KEYED CORRECTLY. IF NOT, CORRECT THE DATA.
	2. REVIEW STATE CRITERIA TO DETERMINE IF ABORTION MEETS THE STATE AND FEDERAL GUIDELINES. IF ABORTION MEETS CRITERIA, OVERRIDE ALL DETAILS.

	3. IF STATE CRITERIA IS NOT MET, DENY THE CLAIM.
	THIS ESC IS SET TO AUTO-DENY FOR THE TYPE OF DOCUMENT – ELECTRONIC AND INTERNET CLAIMS.
ABORTION	KRS. 205.560 SPECIFIES THE CONDITIONS UNDER WHICH THE KMAP CAN MAKE PAYMENT FOR INDUCED ABORTION, INDUCED MISCARRIAGE, AND PREMATURE BIRTHS FOR TITLE XIX RECIPIENTS. THE LAW STATES IN PART THAT TITLE XIX PROGRAM PAYMENT CANNOT BE MADE "WHEN SUCH AID IS FOR THE PURPOSE OF OBTAINING AN ABORTION, INDUCED MISCARRIAGE OR INDUCED PREMATURE BIRTH UNLESS, IN THE OPINION OF A PHYSICIAN, SUCH A PROCEDURE IS NECESSARY FOR THE PRESERVATION OF THE LIFE OF THE WOMAN SEEKING SUCH TREATMENT OR EXCEPT AN INDUCED PREMATURE BIRTH INTENDED TO PRODUCE A LIVE VIABLE CHILD AND SUCH PROCEDURE IS NECESSARY FOR THE HEALTH OF THE MOTHER AND HER UNBORN CHILD."
	THE FORM MAP-236, OR OTHER FORMS, APPROVED BY THE SECRETARY OF HEALTH AND HUMAN SERVICES, MUST BE COMPLETED AND SIGNED BY THE PHYSICIAN FOR CASES INVOLVING INDUCED PREMATURE BIRTH.
	THE FORM MAP-235 (CERTIFICATION FORM FOR INDUCED ABORTION OR INDUCED MISCARRIAGE) MUST BE COMPLETED AND SIGNED BY THE PHYSICIAN FOR CASES INVOLVING INDUCED ABORTIONS OR INDUCED MISCARRIAGES
	CERTIFICATION OF NECESSITY FOR ABORTION MAY BE ACCEPTED AS REQUIRED CERTIFICATION THROUGH MARCH 1, 1997, FOR INDUCED ABORTION WHEN THE PREGNANCY IS THE RESULT OF RAPE OR INCEST.
	PHYSICIAN'S CERTIFICATION REGARDING AN ABORTION PROCEDURE PERFORMED FOR THE PURPOSE OF TERMINATING A PREGNANCY CAUSED BY AN ACT OF RAPE OR INCEST MUST BE COMPLETED AND SIGNED BY THE PHYSICIAN FOR PROCEDURES WITH DATES OF SERVICE AFTER MARCH 1, 1997.

Utilization management analyst will:	1.	DETERMINE WHETHER THE DIAGNOSIS AND/OR PROCEDURE CODES INDICATE ABORTION RELATED PROCEDURE PERFORMED. IF THE DIAGNOSIS AND/OR PROCEDURE CODES PROVIDE INSUFFICIENT BASIS FOR DETERMINATION AND NO MEDICAL DOCUMENTATION IS ATTACHED, DENY THE CLAIM WITH EOB MESSAGE CODE 0182.
	2.	IF THE PROCEDURE PERFORMED IS CLEARLY NOT ABORTION-RELATED, OVERRIDE THE EDIT.
	3.	IF ALL STATE/FEDERAL CRITERIA HAVE BEEN MET, CHANGE THE HEADER DIAGNOSIS TO: • Y8600 - MEDICAL CARE - DIAGNOSIS Y8600 IS APPLIED WHEN THE CLAIM INDICATES THE RECIPIENT WAS OBSERVED (I.E., IN THE CASE OF THREATENED ABORTION), BUT NO TREATMENT WAS DONE. • Y3700 - SPONTANEOUS/INCOMPLETE/SEPTIC ABORTION - DIAGNOSIS Y3700 IS APPLIED WHEN THE CLAIM INDICATES THAT THE PROCEDURE PERFORMED WAS NECESSARY DUE TO A SPONTANEOUS, INCOMPLETE OR SEPTIC ABORTION. • Y3800 - LIFE-THREATENING REASONS - DIAGNOSIS Y3800 IS APPLIED WHEN THE CLAIM INDICATES THE PROCEDURE DONE WAS NECESSARY, AND IS DOCUMENTED AS SUCH, FOR MATERNAL LIFE-THREATENING REASONS.
	4.	IF ANY OF THE STATE/FEDERAL REQUIREMENTS HAVE NOT BEEN MET, DENY THE CLAIM IN THE HEADER AND/OR DETAIL WITH THE APPROPRIATE EOB MESSAGE CODE.
	5.	MAKE COPIES OF ALL CLAIMS PAID WITH THE DIAGNOSIS OF Y3800 - LIFE THREATENING REASONS, AND KEEP ON FILE FOR THE QUARTERLY REPORT TO BE SENT TO COMMONWEALTH.

3.428.1 EOB Denial Message Code Listing For Abortion Claim Review

0029	CLAIM REQUIRES DOCUMENTATION. PLEASE RESUBMIT ON PAPER MEDIA.
0092	THIS SERVICE DENIED. PLEASE RESUBMIT WITH COPY OF PATHOLOGY REPORT.
0093	THIS SERVICE DENIED. PLEASE RESUBMIT WITH HISTORY AND PHYSICAL NOTES.
0153	PROCEDURE IS INVALID FOR DIAGNOSIS CODE.
0182	RESUBMIT WITH OPERATIVE NOTES OR EXPLANATION OF PROCEDURE.
0184	RESUBMIT WITH MAP-235, MAP-236, OR PHYSICIAN'S CERTIFICATION REGARDING AN ABORTION PROCEDURE PERFORMED FOR PURPOSE OF TERMINATING A PREGNANCY CAUSED BY AN ACT OF RAPE OR INCEST; ATTACHED IF APPROPRIATE.
0235	SERVICES NOT COVERED UNDER THE MEDICAID PROGRAM.

3.428.2 MAP 235 (Rev 08//78)

CERTIFICATION FORM FOR INDUCED ABORTION OR INDUCED MISCARRIAGE

I, _____, certify that on the basis of
(Physician's Name)

my professional judgement, the life of _____
(Patient's Name)

_____ of _____
(MAID #) (Patient's Address)

would be endangered if the fetus were carried to term. I further certify that the following procedure(s) was medically necessary to induce the abortion or miscarriage.

(Please indicate date and the procedure that was performed.) __

_____

_____

_____
(Physician's Signature)

_____
(Name of Physician)

_____
(License number)

_____
(Date)

3.428.3 MAP 236 (Rev 08//78)

CERTIFICATION FORM FOR INDUCED PREMATURE BIRTH

I, _____, certify that on the basis of
(Physician's Name)

my professional judgment, it was necessary to perform the following procedure on _____
(Date)

to induce premature birth intended to produce a live viable child. _____
(Name of Mother)

_____ of _____
(MAID #) (Patient's Address)

and/or her unborn child.

_____
(Physician's Signature)

_____
(Name of Physician)

_____
(License number)

_____
(Date)

3.428.4 Certification of Necessity for Abortion

CERTIFICATION OF NECESSITY FOR ABORTION

I, _____, attending physician to
(Physician's Name)

_____ certify that the patient reported
(Patient's Name)

to me that her pregnancy resulted from rape or incest.

_____
(Date)

_____
(Signature of Physician)

3.428.5 Physician's Certification for Abortion Due to Rape or Incest

PHYSICIAN'S CERTIFICATION REGARDING AN ABORTION PROCEDURE PERFORMED FOR THE PURPOSE OF TERMINATING A PREGNANCY CAUSED BY AN ACT OF RAPE OR INCEST

I, _____, attending physician for the
(Physician's Name)

below-identified patient, certify that prior to performing an abortion procedure to terminate her pregnancy, I obtained a non-notarized signed statement from her that her pregnancy was the result of an act of rape or incest. That statement is now part of her medical record.

_____
(Patient's Name)

_____
(Patient's Address)

_____
(Patient's Medicaid Identification Number))

_____
(Date)

I understand that completion of this form is for Medicaid payment purposes only. Relevant medical records shall be made available for inspection and/or photocopying for Medicaid payment purposes only upon request of an agency of the United States or the Commonwealth of Kentucky. I further understand that any falsification of the foregoing or fraud in the procurement or attempted procurement of any payment from Federal or State funds shall be reported to appropriate authorities for action.

_____
(Date)

_____ _____
(Signature of Attending Physician) (Physician's KY Medicaid Provider Number)

Each Medicaid provider submitting a claim for abortion services (e.g., physician, hospital, anesthesiologist, etc.) shall attach a copy of this completed certification to the claim form. The original shall remain in the patient's medical record.

3.428.6 Abortion Report (HMBR 710v)

PURPOSE	TO PROVIDE A QUARTERLY REPORT LISTING ABORTION CLAIMS PAID. THE HMBR-710V CAN ALSO BE GENERATED ON REQUEST FOR ANY SPAN OF TIME FOR FEDERAL AUDIT PURPOSES.
FORMAT	ALPHABETICAL BY RECIPIENT LAST NAME.
USE	GENERATED QUARTERLY AND USED TO ABORTION FILES.

1. THERE MUST BE A COPY OF ALL CLAIMS AND SUPPORTING DOCUMENTATION THAT APPEAR ON THE REPORT IN THE RESPECTIVE FILES.
2. REVIEW CLAIMS TO SEE THAT THEY MEET GUIDELINES FOR REIMBURSEMENT.
3. CLAIMS THAT HAVE BEEN PAID IN ERROR MUST BE ADJUSTED. (PLEASE REFER TO RESOLUTION MANUAL FOR ADJUSTMENT PROCEDURES.)

3.429 4013 (FORMER LEGACY EDIT 151)

DMS Approved 04/23/08

ERROR STATUS CODE:	4013 (FORMER LEGACY EDIT 151)	**CLAIM TYPE:**	D, H, I, M, O, P/Q
HEADER/DETAIL:	DETAIL	**PROVIDER TYPE:**	01, 02, 04, 12, 13, 15, 17, 20, 21, 23, 24, 27, 28, 29, 30, 31, 32, 33, 35, 34, 37, 39, 40, 41, 42, 43, 44, 45, 46, 47, 50, 52, 54, 60, 61, 64, 65, 70, 71, 72, 74, 75, 77, 78, 80, 85, 86, 90, 92, 93,
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	PAPER, NON-PAPER, ADJUSTMENTS
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	PROC, FDOS

ESC NAME:	PROCEDURE CODE IS NOT COVERED FOR DATE OF SERVICE
ESC CRITERIA: **LEGACY CRITERIA:**	IF THE DATE OF SERVICE ON THE CLAIM FORM IS NOT WITHIN THE EFFECTIVE DATE AND END DATE ON THE HCPCS LIMITS/RESTRICTIONS TABLE, POST THE ESC. FAILS IF THE PROCEDURE OR REVENUE CODE IS NOT EFFECTIVE FOR THE DETAIL DATE OF SERVICE BASED ON THE EFFECTIVE DATES LISTED ON THE PDD PROCEDURE FILE. ALSO FAILS IF THE NDC CODE IS NOT EFFECTIVE BASED ON EFFECTIVE DATES LISTED ON THE PDD DRUG FILE. CLAIM TYPE I FAILURES FOR REVENUE CODES 100 THROUGH 219 ARE AUTO-DENIED AT THE HEADER WITH EOB 0751. FOR OTHER CLAIM TYPE I FAILURES, THE DETAIL BILLED CHARGE IS SYSTEMATICALLY MOVED TO THE NON-COVERED COLUMN AND EOB 0753 IS SET. THE CLAIM DOES NOT SUSPEND.
EOB CODES:	0151 –PROCEDURE/NDC INVALID FOR DATES OF SERVICE.
METHOD OF CORRECTION:	1. VERIFY THE PROCEDURE CODE AND DATES OF SERVICE WERE KEYED CORRECTLY. IF NOT, CORRECT THE DATA.
	2. IF CLAIM DATA IS KEYED CORRECTLY, DENY THE DETAIL WITH EOB 0151.
	THIS ESC IS SET TO AUTO-DENY FOR THE TYPE OF DOCUMENT – ELECTRONIC CLAIMS. CLAIM TYPE M (PROV TYPE 01) FAILURES ARE AUTO-DENIED WITH EOB 0751.
	THIS ESC TURNED OFF FOR ENCOUNTERS 2/25/2003 PER DCR 00725

3.430 4014 (FORMER LEGACY EDIT 374)

DMS Approved 03/25/96

ERROR STATUS CODE:	4014 (FORMER LEGACY EDIT 374)	**CLAIM TYPE:**	B (PT 30), D, H, M, O
HEADER/DETAIL:	DETAIL	**PROVIDER TYPE:**	01,13, 17, 27, 30, 32, 33, 34, 36, 37, 39, 41, 43, 44, 46, 47, 50, 52, 60, 61, 64, 65, 70, 74, 77, 78, 80, 85, 86, 90
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	PAPER, NON-PAPER, ADJUSTMENTS, MASS ADJUSTMENTS
DATA CORRECTABLE:	YES	**FIELD NAME:**	PROCEDURE

ESC NAME:	NO PROVIDER PROCEDURE RATE OR PROCEDURE RATE PRICING RECORD FOUND.
ESC CRITERIA:	IF A PRICING SEGMENT IS NOT ON FILE FOR THE DATE OF SERVICE AND IF THE CLAIM IS NOT AN ENCOUNTER CLAIM (REGION 70), POST THE EDIT. IF THE UCC RATE IS LESS THAN ZERO (0) AND IF THE PREVAILING AMOUNT IS LESS THAN ZERO (0) AND THE AMOUNT MAX FREE IS LESS THAN ZERO (0) AND IF THE CLAIM IS NOT AN ENCOUNTER CLAIM (REGION 70), POST THE EDIT. IF A PRICING SEGMENT IS NOT ON FILE FOR THE DATE OF SERVICE AND IF THE CLAIM IS NOT AN ENCOUNTER CLAIM (REGION 70) AND IF THE MODIFIER CODE IS SPACES, POST THE EDIT. IF WE DO NOT FIND A ROW ON THE MAC PERCENT TABLE FOR DISPENSE DATE, DRUG CLASS, DRUG TYPE, POST THE EDIT. IF THE AMOUNT EAC, MAC, AND SMAC ARE 9999, POST THE EDIT.
LEGACY CRITERIA:	BYPASS THE EDIT IF THE QUANTITY BILLED UNITS IS LESS THAN OR EQUAL TO ZERO (0). IF PRICING LOGIC INDICATES WE MUST USE THE PROVIDER PROCEDURE RATE AND/OR PROCEDURE RATE PRICING FILES AND NO PRICING RECORD EXISTS ON EITHER FILE FOR THE PROCEDURE CODE, SUSPEND THE CLAIM.
EOB CODES:	0029 – CLAIM REQUIRES DOCUMENTATION. PLEASE RESUBMIT ON PAPER MEDIA. 0145 – THIS PROCEDURE IS NOT CERTIFIED FOR THIS PROVIDER.

	0146 – THIS PROCEDURE IS NOT COVERED FOR THIS PROVIDER TYPE. 0156 – THE INTERIM RATE FOR THIS PROCEDURE HAS NOT BEEN ESTABLISHED FOR THIS PROVIDER. 0157 – PROCEDURE CODE INVALID FOR PROVIDER SPECIALTY.
METHOD OF CORRECTION:	1. VERIFY PROVIDER NUMBER AND PROCEDURE CODE WERE KEYED CORRECTLY. IF NOT, CORRECT THE DATA.
	2. IF ALL DATA IS CORRECT AND GENERAL MEDICAL (C/T U) WORK AS FOLLOWS: A. IF PROVIDER TYPE 37 (INDEPENDENT LAB) AND LINE FAILED ESC 374 ONLY, DENY THE DETAIL WITH EOB 0145. IF PROVIDER TYPE 34 (HOME HEALTH) AND LINE FAILED ESC 4014 ONLY, ROUTE TO PRIOR AUTHORIZATION. PRIOR AUTHORIZATION WILL THEN CONTACT DMS FOR WORKSHEET TO UPDATE PROVIDER PROCEDURE RATE OR PROCEDURE RATE FILES. B. IF CLAIM TYPE H. PROVIDER TYPE 34 (HOME HEALTH) OR PROVIDER TYPE 42 (HOME AND COMMUNITY BASED SERVICE) AND THE CLAIM IS TO BE DENIED, DENY THE DETAIL WITH EOB 0156. C. IF THE LINE FAILED 4014 AND 4149, DENY THE DETAIL FOR ESC 4149.
DMS Approved 03/25/96	
ERROR STATUS CODE:	374 (Continued)
	D. IF THE LINE FAILED 4014 AND ANY OTHER PROCEDURE CODE ESC, BRING TO YOUR SUPERVISOR'S ATTENTION.
	E. IF THE LINE FAILED 4014 WITH A PROCEDURE CODE XZ, BLANK OUT THE MODIFIER (IF IT HAS RR MODIFIER).
	IF CLAIM TYPE "O", PROCEDURE CODE 86029, DENY THE DETAIL. IF OTHER THAN THE ABOVE, FORWARD TO PRIOR AUTHORIZATION.
	IF MASS ADJUSTMENT, FORWARD TO DMS.

3.431 4016 (FORMER LEGACY EDIT N/A)

DMS Approved 06/2007

ERROR STATUS CODE:	4016 (FORMER LEGACY EDIT N/A)	**CLAIM TYPE:**	ALL
HEADER/DETAIL:	DETAIL	**PROVIDER TYPE:**	ALL
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	ALL
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	MEMBER ID

ESC NAME:	PERFORMING/FACILITY PT/PS RESTRICTION ON DIAG CVG
ESC CRITERIA: **LEGACY CRITERIA:**	PHYSICIAN, PHYSICIAN CROSSOVER CLAIM TYPES: IF THE PERFORMING PT/PS IS NOT WITHIN THE PERFORMING PT/PS RESTRICTION OF THE COVERAGE RULE FOR ANY DIAGNOSIS POINTED TO BY THE DETAIL, POST THE EDIT. THE DETAIL FDOS/TDOS RANGE IS USED TO COMPARE THE RULE EFFECTIVE DATES. OUTPATIENT, LONG TERM CARE, AND HOME HEALTH: IF THE FACILITY PT/PS IS NOT WITHIN THE FACILITY PT/PS RESTRICTION OF THE COVERAGE RULE FOR ANY HEADER DIAGNOSIS INCLUDING THE ADMIT OR EMERGENCY DIAGNOSIS, POST THE EDIT. THE DETAIL FDOS/TDOS RANGE IS USED TO COMPARE TO THE RULE EFFECTIVE DATES. INPATIENT: IF THE FACILITY PT/PS IS NOT WITHIN THE FACILITY PT/PS RESTRICTION OF THE COVERAGE RULE FOR THE PRIMARY, SECONDARY, OR ADMIT DIAGNOSIS, POST THE EDIT. THE DETAIL FDOS/TDOS RANGE IS USED TO COMPARE TO THE RULE EFFECTIVE DATES. INPATIENT CROSSOVERS, OUTPATIENT CROSSOVER: IF THE FACILITY PT/PS IS NOT WITHIN THE FACILITY PT/PS RESTRICTION OF THE COVERAGE RULE FOR ANY HEADER DIAGNOSIS INCLUDING THE ADMIT OR EMERGENCY DIAGNOSIS, POST THE EDIT. THE HEADER FDOS/TDOS RANGE IS USED TO COMPARE TO THE RULE EFFECTIVE DATES. N/A
EOB CODES:	4016 - PERFORMING/FACILITY PT/PS RESTRICTION ON DIAG CVG
METHOD OF CORRECTION:	VERIFY THAT THE INFORMATION WAS KEYED CORRECTLY. IF NOT, CORRECT THE DATA.
	IF ENTERED CORRECTLY, DENY THE CLAIM

3.432 4017 (FORMER LEGACY EDIT N/A)

DMS Approved 06/2007

ERROR STATUS CODE:	4017 (FORMER LEGACY EDIT N/A)	**CLAIM TYPE:**	A, I
HEADER/DETAIL:	DETAIL	**PROVIDER TYPE:**	01, 02, 04, 92, 93
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	PAPER, NON-PAPER, ADJUSTMENTS
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	DRG

ESC NAME:	BILLING PT/PS RESTRICTION FOR COVERED DRG
ESC CRITERIA: **LEGACY CRITERIA:**	INPATIENT, INPATIENT CROSSOVERS CLAIM TYPES: IF THE BILLING PT/PS IS NOT WITHIN THE BILLING PT/PS RESTRICTION FOR THE DRG COVERAGE RULE, POST THE EDIT. THE HEADER FDOS/TDOS RANGE IS USED TO COMPARE TO THE RULE EFFECTIVE DATES. SEE THE BENEFIT PLAN COVERAGE RULE ADMIN GUIDE FOR MORE INFORMATION ON HOW THE RULES ARE CONFIGURED. N/A
EOB CODES:	4017 - BILLING PT/PS RESTRICTION ON DRG CVG RULE
METHOD OF CORRECTION:	VERIFY THAT THE INFORMATION WAS KEYED CORRECTLY. IF NOT, CORRECT THE DATA.
	IF ENTERED CORRECTLY, DENY THE CLAIM

3.433 4018 (FORMER LEGACY EDIT N/A)

DMS Approved 06/2007

ERROR STATUS CODE:	4018 (FORMER LEGACY EDIT N/A)	**CLAIM TYPE:**	ALL
HEADER/DETAIL:	DETAIL	**PROVIDER TYPE:**	ALL
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	ALL
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	MEMBER ID

ESC NAME:	PERFORMING PT/PS RESTRICTION ON DRG CVG RULE
ESC CRITERIA: **LEGACY CRITERIA:**	INPATIENT, INPATIENT CROSSOVERS CLAIM TYPES: IF THE PERFORMING PT/PS IS NOT WITHIN THE PERFORMING PT/PS RESTRICTION FOR THE DRG COVERAGE RULE, POST THE EDIT. THE HEADER FDOS/TDOS RANGE IS USED TO COMPARE TO THE RULE EFFECTIVE DATES. SEE THE BENEFIT PLAN COVERAGE RULE ADMIN GUIDE FOR MORE INFORMATION ON HOW THE RULES ARE CONFIGURED. N/A
EOB CODES:	4018 - PERFORMING PT/PS RESTRICTION ON DRG CVG RULE
METHOD OF CORRECTION:	VERIFY THAT THE INFORMATION WAS KEYED CORRECTLY. IF NOT, CORRECT THE DATA.
	IF ENTERED CORRECTLY, DENY THE CLAIM

3.434 4019

3.434.1 4019 (FORMER LEGACY EDIT 181)

DMS Approved 05/24/2004

ERROR STATUS CODE:	4019 (FORMER LEGACY EDIT 181)	**CLAIM TYPE:**	H, I, M, O
HEADER/DETAIL:	HEADER/DETAIL	**PROVIDER TYPE:**	01, 02, 04, 34, 39, 41, 42, 46, 47, 92, 93, CT M (ALL EXCEPT 27, 28, 40, 45, 50, 52, 55, 56, 57, 70, 77, 80)
OVERRIDEABLE:	YES	**TYPE OF DOCUMENT:**	PAPER, NON-PAPER, ADJUSTMENTS
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	PROC/NDC, PDUR, SSUR, PDIAG, SDIAG, TDIAG

ESC NAME:	PROCEDURE CODE REQUIRES ATTACHMENT
ESC CRITERIA: **LEGACY CRITERIA:**	IF THE BILLED PROCEDURE HAS AN ATTACHMENT INDICATOR NOT EQUAL TO 'N' ON THE PROCEDURE CODE, AND NO ATTACHMENT IS SUBMITTED WITH THE CLAIM, POST THE ESC. FAILS IF THE PROCEDURE CODE HAS A “Y” IN THE STERILIZATION FIELD ON THE PDD FILE PROCEDURE DISPLAY SCREEN 1.
	FAILS IF THE DIAGNOSIS CODE HAS A “Y” IN THE STERILIZATION FIELD ON THE PDD FILE - DIAGNOSIS DISPLAY SCREEN.
	NOTE: FOR HCFA CLAIMS, ONLY DETAILS WHICH RELATE TO ONE OF THE DIAGNOSIS CODES FAIL.
	EXCLUSIONS: FOR PT 64/65 BYPASS ESC 3384 IF THE PRIOR AUTHORIZATION NUMBER ON THE CLAIM IS GREATER THAN ZERO. PER DCR01116. CLAIM TYPE M WITH DATES OF SERVICE ON OR AFTER 07/01/03 BYPASS ESC 4019. (DCR 00923) CLAIM TYPE I WITH DATES OF SERVICE ON OR AFTER 07/01/03 BYPASS ESC 4019. CLAIM TYPE M WITH THE PROVIDER SPECIALITY ‘05’ WITH DATES OF SERVICE ON OR AFTER 07/01/03 BYPASS ESC 4019. PER DCR00885 IF THE DIAGNOSIS CODE IS V615, V233, V252, V2520, OR V259 AND THE PROCEDURE CODE IS J1055, Y0002 AND/OR 11975, 11977, OR 99201 THROUGH 99275, THE DETAIL WILL NOT FAIL ESC 4019. FOR CLAIM TYPE M, DETAILS WITH A PROCEDURE CODE OF 70000 THROUGH 89999 (REGARDLESS OF THE DIAGNOSIS) ARE EXCLUDED FROM ESC 4019.

EOB CODES:	4019 – PROCEDURE CODE REQUIRES ATTACHMENT.
METHOD OF CORRECTION:	0108 – CONSENT FORM IS INCOMPLETE. 0109 – INCORRECT STERILIZATION CONSENT FORM USED. 0114 - REQUIRED CONSENT FORM DOCUMENTATION WAS NOT COMPLETED PRIOR TO STERILIZATION PROCEDURE. CLAIM NOT PAYABLE BY MEDICAID. 0153 – PROCEDURE CODE INVALID FOR DIAGNOSIS CODE. 0178 – EXPECTED DATE OF DELIVERY MUST BE AT LEAST 30 DAYS FROM DATE OF CONSENT. 0181 – RESUBMIT WITH FEDERAL STERILIZATION CONSENT FORM ATTACHED. 0185 – CONSENT FORM MUST BE SIGNED BY MEMBER 30 DAYS PRIOR TO STERILIZATION. 0186 – STERILIZATION MUST BE 180 DAYS OR LESS FROM DATE CONSENT SIGNED BY MEMBER. 0187 – STAMPED SIGNATURES ARE UNACCEPTABLE. 0189 – CONSENT FORM MUST BE SIGNED AND DATED AT LEAST 72 HOURS PRIOR TO STERILIZATION PROCEDURE IN CASES OF EMERGENCY SURGERY OR PREMATURE DELIVERY.
METHOD OF CORRECTION	1. 1. VERIFY THAT THE DIAGNOSIS CODE, DIAGNOSIS INDICATOR, AND THE PROCEDURE CODES ARE KEYED CORRECTLY. IF NOT, CORRECT THE FIELD IN ERROR AND HIT ENTER.
	2. IF STEP TWO DOES NOT APPLY, REVIEW THE ATTACHED DOCUMENTATION TO DETERMINE IF A STERILIZATION CONSENT FORM (MAP 250) IS ATTACHED. THE CONSENT FORM MUST BE A MAP 250. IFTHERE IS A CONSENT FORM OTHER THAN A MAP 250 AND NO MEDICAL DOCUMENTATION IS ATTACHED, DENY THE ESC WITH EOB 0109.
	3. IF THERE IS NO CONSENT FORM, BUT MEDICAL DOCUMENTATION DESCRIBING THE PROCEDURE PERFORMED IS ATTACHED TRANSFER THE CLAIM TO PRIOR AUTHORIZATION LOCATION 20.
	4. IF THERE IS NO CONSENT FORM AND NO MEDICAL DOCUMENTATION PRESENT AND STEP TWO DOES NOT APPLY, DENY THE CLAIM/DETAIL WITH EOB 0181.
	5. IF A STERILIZATION CONSENT FORM IS ATTACHED REVIEW THE CONSENT FORM TO ENSURE IT IS COMPLETED TO THE FOLLOWING SPECIFICATIONS:

Sterilization Form Review Procedures
Information to be reviewed on the Sterilization Consent Form has been numbered on the attached example to coordinate with the following review instructions: (Please note that all required information must be Legible or the ESC should be Denied with EOB 0095).

CONSENT TO STERILIZATION

1. THE NAME OF THE PHYSICIAN OR THE CLINIC AT WHICH THE MEMBER OBTAINED INFORMATION REGARDING THE STERILIZATION PROCEDURE IS REQUIRED. IF MISSING, DENY WITH EOB 0108.

- THE NAME OF THE STERILIZATION PROCEDURE TO BE PERFORMED IS REQUIRED. IF MISSING, REVIEW BLANK SIX. IF BOTH BLANK TWO AND SIX ARE MISSING, DENY WITH EOB 0114. IF BLANK TWO IS MISSING BUT BLANK SIX IS COMPLETED, DENY WITH EOB 0108.
- THE MEMBER'S BIRTHDATE (MONTH, DAY, AND YEAR) IS REQUIRED. IF MISSING, DENY WITH EOB 0098.
- THE MEMBER'S NAME IS REQUIRED. THE NAME OF THE MEMBER ON THE CONSENT FORM MUST BE THE SAME AS THE NAME OF THE MEMBER ON THE CLAIM FORM. IF INFORMATION ON THE CLAIM OR THE CONSENT FORM INDICATES THAT THE MEMBER'S LAST NAME HAS CHANGED, IT IS ACCEPTABLE FOR THE LAST NAMES TO BE DIFFERENT. IF MISSING, DENY WITH EOB 0108.
- THE NAME OF A DOCTOR, CLINIC, OR MEDICAL FACILITY IS REQUIRED. IF MISSING, DENY WITH EOB 0108.
- THE NAME OF THE STERILIZATION PROCEDURE TO BE PERFORMED IS REQUIRED. IF MISSING REVIEW BLANK TWO. IF BOTH BLANK TWO AND SIX ARE MISSING, DENY WITH EOB 0114. IF BLANK SIX IS MISSING BUT BLANK TWO IS COMPLETE DENY WITH EOB 0108.
- THE MEMBER'S SIGNATURE IS REQUIRED. THIS SIGNATURE CANNOT APPEAR ALTERED IN ANY WAY. IF THE SIGNATURE APPEARS TO HAVE BEEN ALTERED, DENY WITH EOB 0103. ACCEPTABLE FORMS OF THE MEMBER'S SIGNATURE INCLUDES INITIALS ONLY, INITIALS AND LAST NAME, ABBREVIATED NAME, AND PRINTED NAME.
- THE DATE OF THE MEMBER'S SIGNATURE IS REQUIRED. COMPARE THE MEMBER'S SIGNATURE DATE TO THE DATE OF BIRTH LISTED IN BLANK NUMBER THREE TO ENSURE THE MEMBER WAS AT LEAST 21 YEARS OLD ON THAT DATE. IF THE MEMBER WAS NOT 21 YEARS OLD ON THIS DATE, DENY THE ESC WITH EOB 0098. THIS DATE CANNOT BE ALTERED OR CHANGED IN ANY WAY. IF THE DATE APPEARS TO ALTERED, DENY THE ESC WITH EOB 0103.

INTERPRETER'S STATEMENT

Blanks number 8A, 8B, AND 8C are not required to be completed, but if one of them is completed then ALL of them must be completed.

8A. THE LANGUAGE THE CONSENT FORM WAS INTERPRETED IN MUST BE LISTED, IF APPLICABLE.

8B. THE SIGNATURE OF THE INTERPRETER MUST BE LISTED, IF APPLICABLE.

8C. THE DATE OF THE INTERPRETER'S SIGNATURE MUST BE LISTED IF APPLICABLE. If completed, the date of the interpreter's signature must be on or after the date of the

MEMBER's signature in Blank Eight.

If one of the three blanks is completed and all three are not completed, deny with eob 0108.

STATEMENT OF PERSON OBTAINING CONSENT

1) THE NAME OF THE MEMBER IS REQUIRED. IF MISSING, DENY WITH EOB 0108.

- THE NAME OF THE STERILIZATION PROCEDURE IS REQUIRED. IF MISSING, DENY WITH EOB 0108.
- THE SIGNATURE OF THE PERSON OBTAINING CONSENT IS REQUIRED. PLEASE NOTE THIS CANNOT BE THE MEMBER'S SIGNATURE. AN ORIGINAL HANDWRITTEN SIGNATURE IS REQUIRED.. IF MISSING OR A STAMPED SIGNATURE, DENY WITH EOB 0099.
- THE SIGNATURE DATE OF THE PERSON OBTAINING CONSENT MUST BE ON OR AFTER THE DATE IN BLANK EIGHT. IF IT IS NOT ON OR AFTER THIS DATE, OR IF THE DATE IS MISSING DENY WITH EOB 0099.
- A NAME OR FACILITY WHERE CONSENT WAS OBTAINED IS REQUIRED. A SPECIFIC STREET ADDRESS IS SUFFICIENT. IF MISSING DENY WITH EOB 0108.
- THE CITY OR TOWN WHERE THE CONSENT WAS OBTAINED IS REQUIRED. IF MISSING DENY WITH EOB 0108.

PHYSICIAN'S STATEMENT

1. THE MEMBER'S NAME IS REQUIRED. IF MISSING DENY WITH EOB 0108.

- THE DATE THE STERILIZATION OPERATION WAS PERFORMED IS REQUIRED. COMPARE THIS DATE TO THE DATE ON THE CLAIM FORM TO ENSURE THAT THEY MATCH. ON UB04 CLAIMS, IF BILLING FOR LABORATORY SERVICES ONLY, THE DATE ON THE CONSENT MAY BE AFTER THE CLAIM SERVICE DATE. ON OTHER UB04 CLAIMS COMPARE THE CONSENT FORM DATE TO THE DATE NEXT TO THE STERILIZATION SURGICAL PROCEDURE CODE. IF NO STERILIZATION PROCEDURE CODE IS LISTED VERIFY THAT THE DATE ON THE CONSENT IS DURING THE STATEMENT COVERED PERIOD ON THE CLAIM. IF IF THE DATE ON THE CLAIM DOES NOT MATCH THE DATE ON THE FORM OR THE DATE IS MISSING, DENY WITH EOB 0097. ALSO, THIS DATE MUST BE AT LEAST MORE THAN 30 DAYS FROM THE DATE IN BLANK EIGHT BUT NO MORE THAN 180 DAYS FROM THE DATE. IF LESS THAN 30 DAYS REVIEW BLANKS 18A, 18B, AND 18C.
- THIS BLANK IS A CONTINUATION OF BLANK 16. NO ENTRY IS REQUIRED.
- THE NAME OF THE STERILIZATION PROCEDURE IS REQUIRED. IF MISSING, DENY WITH EOB 0108.

THE BLOCKS 18A, 18B, AND 18C ARE USED TO INDICATE A REASON FOR A STERILIZATION PROCEDURE BEING PERFORMED BEFORE 30 DAYS HAVE ELAPSED FROM THE DATE OF THE MEMBER'S SIGNATURE. THEY ARE REQUIRED ONLY IF APPLICABLE.

18A. IF PREMATURE DELIVERY IS CHECKED REVIEW BLANK 18B FOR INSTRUCTIONS.

18B. IF BLANK 18A IS CHECKED, THE MEMBER'S EXPECTED DELIVERY DATE MUST BE LISTED AND MUST BE MORE THAN 30 DAYS FROM THE DATE IN BLANK EIGHT. IF THE DATE OF EXPECTED DELIVERY IS NOT 30 DAYS FROM THE DATE OF CONSENT, DENY THE ESC WITH EOB 0178. IF DATE OF EXPECTED

DELIVERY IS NOT AT LEAST THREE DAYS FROM THE DATE THE PROCEDURE WAS PERFORMED DENY WITH EOB 0189.

18C. EMERGENCY ABDOMINAL SURGERY IS CHECKED IF APPLICABLE. IF THIS BLANK IF CHECKED THE DATE IN BLANK EIGHT MUST BE AT LEAST THREE 3 DAYS FROM THE DATE THE PROCEDURE WAS PERFORMED. IF NOT DENY THE ESC WITH EOB 0189.

- THE PHYSICIAN'S SIGNATURE IS REQUIRED. AN ORIGINAL HANDWRITTEN SIGNATURE IS REQUIRED. IF A STAMPED SIGNATURE IS PRESENT, DENY WITH EOB 0187. IF MISSING, DENY WITH EOB 0094.
- THE DATE OF THE PHYSICIAN'S SIGNATURE IS REQUIRED. THIS DATE MUST BE ON OR AFTER THE DATE THE PROCEDURE IS PERFORMED. IF THE PHYSICIAN'S SIGNATURE IS PRIOR TO THE DATE IN BLANK SIXTEEN OR IS MISSING, DENY WITH EOB 0094.

INSTRUCTIONS FOR OVERRIDING ESC 4019

1. IF EVERYTHING IS COMPLETED CORRECTLY, OVERRIDE THE ESC.

19. IF THE ESC IS OVERRIDDEN, AND THE CLAIM IS NOT A UB04 BILLING FOR LABORATORY CHARGES ONLY, THE DIAGNOSIS MUST BE CHANGED TO ONE OF THE FOLLOWING CODES AS APPROPRIATE FOR THE SITUATION:

    - Y8500 – ELECTIVE STERILIZATION
    - Y8501 – ELECTIVE STERILIZATION WITH INTERPRETER STATEMENT
    - Y3400 – PREMATURE DELIVERY AND STERILIZATION
    - Y3401 – PREMATURE DELIVERY AND STERILIZATION WITH INTERPRETER STATEMENT
    - Y3500 – STERILIZATION WITH EMERGENCY ABDOMINAL SURGERY
    - Y3501 – STERILIZATION WITH EMERGENCY ABDOMINAL SURGERY WITH INTERPRETER STATEMENT
    - UTILIZE THE FOLLOWING GUIDELINES IN DETERMINING WHICH DIAGNOSIS FIELD (PRIMARY, SECONDARY, TERTIARY, FOURTH, OR FIFTH) TO BE DATA CORRECTED.
    - IF THERE IS ONLY ONE DIAGNOSIS CODE PRESENT ON THE CLAIM AND THAT DIAGNOSIS CODE IS A STERILIZATION DIAGNOSIS (V615, V233, V252, OR V259) THEN OVERLAY THE PRIMARY DIAGNOSIS CODE WITH APPROPRIATE STERILIZATION DIAGNOSIS.
    - IF NONE OF THE STERILIZATION DIAGNOSIS CODES ARE PRESENT, CORRECT THE APPROPRIATE DIAGNOSIS CODE IN THE NEXT AVAILABLE BLANK DIAGNOSIS CODE FIELD.
    - IF ALL OF THE CLAIM'S DIAGNOSIS FIELDS ARE FILLED AND NONE ARE THE STERILIZATION DIAGNOSIS CODES, THEN ENTER THE APPROPRIATE DIAGNOSIS CODE INTO THE FIFTH DIAGNOSIS CODE FIELD.
    - ON CMS CLAIM FORMS, CHANGE THE DETAIL DIAGNOSIS CODE INDICATOR ON THE DETAIL WITH THE STERILIZATION PROCEDURE CODE TO CORRESPOND WITH THE DIAGNOSIS FIELD IN WHICH THE

STERILIZATION APPROVAL DIAGNOSIS CODE WAS ENTERED.

MAP-250
(REV. 5/87)

CONSENT FORM

NOTICE: YOUR DECISION AT ANY TIME NOT TO BE STERILIZED WILL NOT RESULT IN THE WITHDRAWAL OR WITHHOLDING OF ANY BENEFITS PROVIDED BY PROGRAMS OR PROJECTS RECEIVING FEDERAL FUNDS.

Press firmly to assure legible copies

■ CONSENT TO STERILIZATION ■

I have asked for and received information about sterilization from John Smith MD (doctor or clinic). When I first asked for the information, I was told that the decision to be sterilized is completely up to me. I was told that I could decide not to be sterilized. If I decide not to be sterilized, my decision will not affect my right to future care or treatment. I will not lose any help or benefits from programs receiving Federal funds, such as A.F.D.C. or Medicaid that I am now getting or for which I may become eligible.

I UNDERSTAND THAT THE STERILIZATION MUST BE CONSIDERED PERMANENT AND NOT REVERSIBLE. I HAVE DECIDED THAT I DO NOT WANT TO BECOME PREGNANT, BEAR CHILDREN OR FATHER CHILDREN.

I was told about those temporary methods of birth control that are available and could be provided to me which will allow me to bear or father a child in the future. I have rejected these alternatives and chosen to be sterilized.

I understand that I will be sterilized by an operation known as a Tubal Ligation. The discomforts, risks and benefits associated with the operation have been explained to me. All my questions have been answered to my satisfaction.

I understand that the operation will not be done until at least thirty days after I sign this form. I understand that I can change my mind at any time and that my decision at any time not to be sterilized will not result in the withholding of any benefits or medical services provided by federally funded programs.

I am at least 21 years of age and was born on 09 27 70 (Month Day Year)

I, Jane Doe, hereby consent of my own free will to be sterilized by John Smith MD (doctor) by a method called Tubal Ligation. My consent expires 180 days from the date of my signature below.

I also consent to the release of this form and other medical records about the operation to:

Representatives of the Department of Health, Education, and Welfare or

Employees of programs or projects funded by that Department but only for determining if Federal laws were observed.

I have received a copy of this form.

Jane Doe (Signature) Date 09-19-95 (Month Day Year)

You are requested to supply the following information, but it is not required:

Race and ethnicity designation (please check)

- ☐ American Indian or Alaska Native
- ☐ Asian or Pacific Islander
- ☐ Black (not of Hispanic origin)
- ☐ Hispanic
- ☒ White (not of Hispanic origin)

■ INTERPRETER'S STATEMENT ■

If an interpreter is provided to assist the individual to be sterilized:

I have translated the information and advice presented orally to the individual to be sterilized by the person obtaining this consent. I have also read him/her the consent form in _____ language and explained its contents to him/her. To the best of my knowledge and belief he/she understood this explanation.

_____ (Interpreter) _____ (Date)

■ STATEMENT OF PERSON OBTAINING CONSENT ■

Before Jane Doe (name of individual) signed the consent form, I explained to him/her the nature of the sterilization operation Tubal Ligation the fact that it is intended to be a final and irreversible procedure and the discomforts, risks and benefits associated with it.

I counseled the individual to be sterilized that alternative methods of birth control are available which are temporary. I explained that sterilization is different because it is permanent.

I informed the individual to be sterilized that his/her consent can be withdrawn at any time and that he/she will not lose any health services or any benefits provided by Federal funds.

To the best of my knowledge and belief the individual to be sterilized is at least 21 years old and appears mentally competent. He/She knowingly and voluntarily requested to be sterilized and appears to understand the nature and consequence of the procedure.

John Smith M.D. (Signature of person obtaining consent) 09-19-95 (Date)

123 Lone Oak (Facility)

Derby, Kentucky 40000 (Address)

■ PHYSICIAN'S STATEMENT ■

Shortly before I performed a sterilization operation upon Jane Doe (name of individual to be sterilized) on 10 20 95 (Date of sterilization) Tubal Ligation (operation) I explained to him/her the nature of the sterilization operation Tubal Ligation (specify type of operation), the fact that it is intended to be a final and irreversible procedure and the discomforts, risks and benefits associated with it.

I counseled the individual to be sterilized that alternative methods of birth control are available which are temporary. I explained that sterilization is different because it is permanent.

I informed the individual to be sterilized that his/her consent can be withdrawn at any time and that he/she will not lose any health services or benefits provided by Federal funds.

To the best of my knowledge and belief the individual to be sterilized is at least 21 years old and appears mentally competent. He/She knowingly and voluntarily requested to be sterilized and appeared to understand the nature and consequences of the procedure.

(Instructions for use of alternative final paragraphs: Use the first paragraph below except in the case of premature delivery or emergency abdominal surgery where the sterilization is performed less than 30 days after the date of the individual's signature on the consent form. In those cases, the second paragraph below must be used. Cross out the paragraph which is not used.)

(1) At least thirty days have passed between the date of the individual's signature on this consent form and the date the sterilization was performed.

~~(2) This sterilization was performed less than 30 days but more than 72 hours after the date of the individual's signature on this consent form because of the following circumstances (check applicable box and fill in information requested):~~

- ~~☐ Premature delivery~~
- ~~☐ Individual's expected date of delivery:~~
- ~~☐ Emergency abdominal surgery:~~

~~(describe circumstances):~~

John Smith M.D. (Physician) 10-20-95 (Date)

3. State Agency, Program or Project

U.S. GOVERNMENT PRINTING OFFICE: 1978 O—276-333

3.434.2 4019 (FORMER LEGACY EDIT 183)

DMS Approved 07/08/04

ERROR STATUS CODE:	4019 (FORMER LEGACY EDIT 183)	**CLAIM TYPE:**	H, I, M, O
HEADER/DETAIL:	HEADER/DETAIL	**PROVIDER TYPE:**	01, 02, 04, 34, 39, 41, 42, 46, 47, 92, 93, CT M (ALL EXCEPT 27, 28, 40, 45, 50, 52, 55, 56, 57, 70, 77, 80)
OVERRIDEABLE:	YES	**TYPE OF DOCUMENT:**	PAPER, NON-PAPER, ADJUSTMENTS
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	PROC/NDC, PDUR, SSUR, PDIAG, SDIAG, TDIAG

ESC NAME:	PROCEDURE CODE REQUIRES ATTACHMENT.
ESC CRITERIA: **LEGACY CRITERIA:**	IF THE BILLED PROCEDURE HAS AN ATTACHMENT INDICATOR NOT EQUAL TO 'N' ON THE PROCEDURE CODE, AND NO ATTACHMENT IS SUBMITTED WITH THE CLAIM, POST THE ESC. SUSPENDS WHEN PROCEDURE CODE IS: 51925, 58150, 58152, 58180, 58200, 58210, 58240, 58260, 58262, 58263, 58265, 58267, 58270, 58275, 58280, 58285, 58308, 58951, 59525, 59560, 59561, 59580, 58581, 683 THRU 688 OR WP175.
EOB CODES: **EXCLUSIONS:**	4019 – PROCEDURE CODE REQUIRES ATTACHMENT. 0208 – THIS PROCEDURE IS NOT COVERED FOR THIS DIAGNOSIS. 0029 – CLAIM REQUIRES DOCUMENTATION. PLEASE RESUBMIT ON PAPER. DEPENDENT UPON SPECIFIC PROCEDURE CODE AND CRITERIA SET FOR REVIEW. 0093 – THIS SERVICE DENIED. PLEASE RESUBMIT WITH HISTORY AND PHYSICAL NOTES. 0095 – CONSENT FORM IS ILLEGIBLE. RESUBMIT LEGIBLE COPY WITH CLAIM. 0096 – MEMBER'S SIGNATURE ON CONSENT FORM MUST BE ON OR BEFORE DATE OF SERVICE. 0103 – ALTERED MEMBER SIGNATURE OR DATE ON CONSENT FORM IS NOT ACCEPTABLE. 0108 – CONSENT FORM IS INCOMPLETE. 0182 – RESUBMIT WITH OPERATIVE NOTES OR EXPLANATION OF PROCEDURES. **<u>EXCLUSIONS:</u>** CLAIM TYPES I AND M WITH DATES OF SERVICE ON OR AFTER 07/01/03 BYPASS ESC 4019. (DCR 01119) CLAIM TYPE M WITH THE PROVIDER SPECIALITY '05' WITH DATES OF SERVICE ON OR AFTER 07/01/03 BYPASS ESC 4019. (DCR 01119)

	FOR PT 64/65 BYPASS ESC 4019 IF THE PRIOR AUTHORIZATION NUMBER ON THE CLAIM IS GREATER THAN ZERO. PER DCR01116
METHOD OF CORRECTION:	1. REFER TO PRIOR AUTHORIZATION.
PRIOR AUTHORIZATION NURSE	1. VERIFY ALL DATA WAS KEYED CORRECTLY. IF NOT, CORRECT THE DATA.
	2. REVIEW STATE CRITERIA TO DETERMINE IF HYSTERECTOMY MEETS THE STATE AND FEDERAL GUIDELINES. IF HYSTERECTOMY MEETS CRITERIA, OVERRIDE ALL DETAILS.
	3. IF STATE CRITERIA IS NOT MET, DENY THE CLAIM.
	THIS ESC IS SET TO AUTO-DENY FOR THE TYPE OF DOCUMENT – ELECTRONIC CLAIMS.

3.435 4021

3.435.1 4021

DMS Approved 05/01/2009

ERROR STATUS CODE:	4021	**CLAIM TYPE:**	ALL EXCEPT A, B, C
HEADER/DETAIL:	BOTH	**PROVIDER TYPE:**	ALL
OVERRIDEABLE:	YES	**TYPE OF DOCUMENT:**	PAPER, NON-PAPER, ADJUSTMENTS
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	FDOS, MEMBER ID, PROCEDURE CODE

ESC NAME:	NO COVERAGE FOR BILLED PROCEDURE
ESC CRITERIA:	IF NO COVERAGE RULE IS FOUND ON THE MEMBER'S BENEFIT PLAN (MEMBER PLAN OTHER THAN MCASA) FOR THE PROCEDURE CODE BILLED, POST THE ESC.
EOB CODES:	4021 – THIS PROCEDURE IS NOT COVERED FOR THIS MEMBER.
METHOD OF CORRECTION:	1. VERIFY THAT THE FROM DATE OF SERVICE WAS KEYED CORRECTLY. IF NOT, DATA CORRECT. 2. VERIFY THE MEMBER ID NUMBER WAS KEYED CORRECTLY. IF NOT, DATA CORRECT. 3. VERIFY THAT THE PROCEDURE CODE WAS KEYED CORRECTLY. IF NOT, DATA CORRECT.
	4. IF THE FDOS, MEMBER ID, AND PROCEDURE CODE ARE KEYED CORRECTLY, DENY THE CLAIM.
	THIS ESC IS SET TO AUTO-DENY FOR TYPE OF DOCUMENT - ELECTRONIC CLAIMS.

3.435.2 4021 (FORMER LEGACY EDIT 106)

DMS Approved 01/26/96

ERROR STATUS CODE:	4021 (FORMER LEGACY EDIT 106)	**CLAIM TYPE:**	H
HEADER/DETAIL:	DETAIL	**PROVIDER TYPE:**	44
OVERRIDEABLE:	YES	**TYPE OF DOCUMENT:**	PAPER, NON-PAPER, ADJUSTMENTS
DATA CORRECTABLE	YES	**CLAIM FIELD LABEL:**	MEMBER ID, FDOS, TDOS

ESC NAME:	NO COVERAGE FOR BILLED PROCEDURE.
ESC CRITERIA: **LEGACY CRITERIA:**	IF NO COVERAGE RULES FOR THE PROCEDURE ARE FOUND FOR THE MEMBER BENEFIT PLAN, POST THE ESC. DETAIL DATES OF SERVICE DO NOT FALL WITHIN HOSPICE MEMBER ELIGIBILITY DATES.
EOB CODES:	0298: VERIFY HOSPICE MEMBER ELIGILBITY. **NOTE: THIS EOB IS SET FOR CLAIM TYPE H AND PROVIDER 44 FOR ALL BENEFIT PLANS.**
METHOD OF CORRECTION:	1. VERIFY THAT THE MEMBER ID NUMBER AND DATES OF SERVICE WERE KEYED CORRECTLY. IF NOT, CORRECT BY CHANGING THE APPROPRIATE FIELDS.
	2. IF THE CLAIM WAS KEYED CORRECTLY, MAKE NO CHANGES. CLAIM WILL RECYCLE IN THE SYSTEM FOR 15 DAYS OR UNTIL A HOSPICE SEGMENT IS FOUND.
	NOTE: IF SYSTEM AGE IS OVER 15 DAYS, CLAIM WILL AUTO-DENY FOR ESC 4021.

3.435.3 4021 (FORMER LEGACY EDIT 121)

DMS Approved 05/01/2009

ERROR STATUS CODE:	4021 (FORMER LEGACY EDIT 121)	**CLAIM TYPE:**	ALL EXCEPT A, B, C
HEADER/DETAIL:	HEADER	**PROVIDER TYPE:**	01, 02, 04, 92, 93
OVERRIDEABLE:	YES	**TYPE OF DOCUMENT:**	PAPER, NON-PAPER, ADJUSTMENTS
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	FDOS, MEMBER ID, PROCEDURE

ESC NAME:	NO COVERAGE FOR BILLED PROCEDURE.
ESC CRITERIA: **LEGACY CRITERIA:**	IF NO COVERAGE RULE IS FOUND ON THE MEMBER'S BENEFIT PLAN FOR THE PROCEDURE CODE BILLED, POST THE ESC. FAILS NON-CROSSOVER CLAIMS FILED ON QMB-ONLY MEMBERS (PROGRAM CODE Z, BENEFIT PLAN MCASA, FOR D.O.S.) AS FOLLOWS: • IF CLAIM TYPE I, L, M (PROV TYPES 31, 35, 55, 56, 57) O (PT 01), P OR Q AND THE MEMBER PROGRAM CODE IS Z, FAIL THE CLAIM IN THE HEADER. • IF CLAIM TYPE D, M (PROV TYPES OTHER THAN 31, 35, 55, 56, 57) OR O (PROV TYPE 39) AND THE MEMBER PROGRAM CODE IS Z, FAIL THE DETAIL. • IF CLAIM TYPE H, THE PROCEDURE CODE IS **NOT** 658 OR 659, AND THE MEMBER PROGRAM IS Z, FAIL THE DETAIL.
EOB CODES:	0121 – THIS SERVICE IS NOT PAYABLE FOR QMB-ONLY MEMBER. (PRIOR TO 06/01/2006) 1121 - FOR QMB ONLY MEMBERS, THIS SERVICE IS NOT PAYABLE. FOR QDWI, QI1, QI2 AND SLMBMEMBERS, KENTUCKY MEDICAID PROGRAM IS ONLY RESPONSIBLE FOR BUY-IN PREMIUMS. (AFTER 05/31/2006)
METHOD OF CORRECTION:	1. VERIFY THAT THE FROM DATE OF SERVICE WAS KEYED CORRECTLY. IF NOT, DATA CORRECT. 2. VERIFY THE MEMBER ID NUMBER WAS KEYED CORRECTLY. IF NOT, DATA CORRECT. 3. IF THE FDOS AND MEMBER ID ARE KEYED CORRECTLY, DENY THE CLAIM.
	THIS ESC IS SET TO AUTO-DENY FOR TYPE OF DOCUMENT - ELECTRONIC CLAIMS.

3.435.4 4021 (FORMER LEGACY EDIT 260)

DMS Approved 05/01/2009

ERROR STATUS CODE:	4021 (FORMER LEGACY EDIT 260)	**CLAIM TYPE:**	ALL
HEADER/DETAIL:	BOTH	**PROVIDER TYPE:**	ALL
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	ALL
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	MEMBER ID, FDOS, TDOS

ESC NAME:	NO COVERAGE FOR BILLED PROCEDURE.
ESC CRITERIA: **LEGACY CRITERIA:**	IF NO COVERAGE RULE IS FOUND ON THE MEMBER'S BENEFIT PLAN FOR THE PROCEDURE CODE BILLED, POST THE ESC. . FAILS IF THE MEMBER HAS A PROGRAM CODE OF "ZJ", "ZK", "ZL" OR "ZQ" FOR EITHER THE "FROM" OR "TO" DATE OF SERVICE.
EOB CODES:	0260 – KY MEDICAID IS ONLY RESPONSIBLE FOR MEDICARE BUY-IN PREMIUMS FOR THIS MEMBER. KY MEDICAID CLAIMS ARE NOT REIMBURSABLE FOR THIS MEMBER. (PRIOR TO 06/01/2006) 1121 - FOR QMB ONLY MEMBERS, THIS SERVICE IS NOT PAYABLE. FOR QDWI, QI1, QI2 AND SLMBMEMBERS, KENTUCKY MEDICAID PROGRAM IS ONLY RESPONSIBLE FOR BUY-IN PREMIUMS. (AFTER 05/31/2006)
METHOD OF CORRECTION: **FOR PAPER ADJUSTMENT:** **FOR MASS ADJUSTMENT OR ELECTRONIC ADJUSTMENT:**	1. VERIFY THE MEMBER ID WAS KEYED CORRECTLY. IF NOT, CORRECT THE DATA. 2. VERIFY THE DATES OF SERVICE WERE KEYED CORRECTLY. IF NOT, CORRECT THE DATA. 3. IF THE MEMBER ID AND DATES OF SERVICE WERE KEYED CORRECTLY, DENY THE ESC. 4. IF THE CLAIM IS KEYED CORRECTLY, THE ENTIRE CLAIM FAILS THE ESC, AND NO ELIGIBILITY CARD IS PRESENT, DENY THE CLAIM AND REQUEST A PROVIDER REFUND USING THE APPROPRIATE EOB CODE. 5. IF ONLY CERTAIN DETAILS FAIL THE ESC, DENY THE DETAILS. 6. IF THE ENTIRE CLAIM FAILS THE ESC, VERIFY THE MEMBER ID NUMBER BY USING THE NAME AND BIRTH DATE TO OBTAIN THE RECORD. IF A NEW NUMBER IS FOUND, DATA CORRECT THE MEMBER ID NUMBER. IF KEYED CORRECTLY AND NO MATCH IS FOUND ON MEMBER ELIGIBILITY FILE, REFER TO DMS FOR

	REVIEW. IF DMS RETURNS WITH “NO MATCH FOUND”, DENY THE CLAIM AND REQUEST A PROVIDER REFUND. IF DMS INDICATES A NEW MEMBER ID NUMBER, DATA CORRECT THE MEMBER ID.
	7. IF ONLY CERTAIN DETAILS FAIL THE ESC, DENY THE DETAILS.

3.435.5 4021 (FORMER LEGACY EDIT 298)

DMS Approved 01/26/96

ERROR STATUS CODE:	4021 (FORMER LEGACY EDIT 298)	**CLAIM TYPE:**	H
HEADER/DETAIL:	DETAIL	**PROVIDER TYPE:**	44
OVERRIDEABLE:	YES	**TYPE OF DOCUMENT:**	PAPER, NON-PAPER, ADJUSTMENTS
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	MEMBER ID, FDOS, TDOS
ESC NAME:	NO COVERAGE FOR BILLED PROCEDURE.		
ESC CRITERIA: **LEGACY CRITERIA:**	IF NO COVERAGE RULES FOR THE PROCEDURE ARE FOUND FOR THE MEMBER BENEFIT PLAN, POST THE ESC. DETAIL DATES OF SERVICE DO NOT FALL WITHIN HOSPICE MEMBER ELIGIBILITY DATES.		
EOB CODES:	0298 – MEMBER IS NOT ELIGIBLE FOR HOSPICE FOR BILLED DATES OF SERVICE. **NOTE: THIS EOB IS SET FOR CLAIM TYPE H AND PROVIDER 44 FOR ALL BENEFIT PLANS.**		
METHOD OF CORRECTION:	1. VERIFY THAT THE DATES OF SERVICE AND MEMBER ID NUMBER WERE KEYED CORRECTLY. IF NOT, DATA CORRECT BY CHANGING THE APPROPRIATE FIELDS.		
	2. IF THE CLAIM WAS KEYED CORRECTLY, MAKE NO CHANGES. CLAIM WILL RECYCLE IN THE SYSTEM FOR 15 DAYS OR UNTIL A HOSPICE SEGMENT IS FOUND. **NOTE: IF SYSTEM AGE IS OVER 15 DAYS, MANUALLY DENY THE CLAIM.**		

3.435.6 4021 (FORMER LEGACY EDIT 399)

DMS Approved 04/07/2010

ERROR STATUS CODE:	4021 (FORMER LEGACY EDIT 399)	**CLAIM TYPE:**	ALL
HEADER/DETAIL:	HEADER/DETAIL	**PROVIDER TYPE:**	ALL
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	PAPER, NON-PAPER, ADJUSTMENTS
DATA CORRECTABLE	YES	**CLAIM FIELD LABEL:**	MEMBER ID, FDOS, TDOS
ESC NAME:	NO COVERAGE FOR BILLED PROCEDURE.		
ESC CRITERIA: **LEGACY CRITERIA:**	IF NO COVERAGE RULES FOR THE PROCEDURE ARE FOUND FOR THE MEMBER BENEFIT PLAN, POST THE ESC. FAILS IF THE MEMBER HAS A PROGRAM CODE OF PE FOR THE DATE OF SERVICE AND THE SERVICE IS NOT A COVERED BENEFIT FOR PRESUMPTIVE ELIGIBILITY. COVERED PE BENEFITS ARE LISTED AS EXCLUSIONS BELOW:		

	EXCLUSIONS: A. CLAIMS SUBMIT BY PROVIDER TYPES 20 (PREVENTIVE SVCS), 31 (PRIMARY CARE), 35 (RURAL HEALTH), 54 (PHARMACY), 55 (AMBULANCE), 56 (NON-EMERGENCY TRANSPORTATION), 60 (DENTAL), 61 (DENTAL CLINIC), AND 95 (PHYSICIAN ASSISTANT) DO NOT FAIL THIS ESC. B. FOR CLAIMS SUBMITTED BY PHYSICIANS (PT 64, 65), IF THE BILLING PROVIDER HAS A SPECIALTY OF 01 (GENERAL), 11 (INTERNAL MEDICINE), 16 (OB/GYN), 25 (FAMILY PRACTICE) AND 37 (PEDIATRICS) THE ESC DOES NOT FAIL. C. FOR CLAIM SUBMITTED BY ARNP PROVIDERS (PT 78), IF THE BILLING PROVIDER HAS A SPECIALTY OF 50 (PEDIATRIC), 51 (FAMILY), 52 (ADULT), 57 (MIDWIFE), AND 58 (OB/GYN) THE ESC DOES NOT FAIL. D. CLAIM DETAILS WITH A PLACE OF SERVICE CODE OF 23 (EMERGENCY ROOM) DO NOT FAIL THIS ESC. E. CLAIM DETAILS FOR LABORATORY AND X-RAY SERVICES DO NOT FAIL THIS ESC (PROC CODES 36415, 70100-76977, 80000-89999; REV CODES 254, 255, 300-307, 310-312, 314, 320-324, 330, 340-342, 350-352, 400-404, 621, 622, 920, 923-925, 971-974). F. OUTPATIENT HOSPITAL CLAIMS (CT M, PROV TYPE 01) WHICH INCLUDE AN EMERGENCY ROOM REVENUE CODE (450, 451, 452, 456) DO NOT FAIL THIS ESC (ALL DETAILS). G. OUTPATIENT HOSPITAL CLAIMS (C/T M, PROVIDER TYPE 01), WHICH INCLUDES OBSERVATION ROOM REVENUE CODE 762, DO NOT FAIL THIS ESC. H. CLAIM DETAILS BILLING REVENUE CODES 250, 258, 260, 270, 720, OR 940 DO NOT FAIL THIS ESC WHEN BILLED AS OUTPATIENT HOSPITAL CLAIMS (C/T M, P/T 01) WITH TYPE OF BILL 131. I. CLAIM DETAILS BILLING REVENUE CODES 610, 611 OR 612 DO NOT FAIL ESC 4021 WHEN BILLED BY PROVIDER TYPE 01 PER CO 13721.
EOB CODES:	0399 –THIS SERVICE NOT COVERED FOR THIS MEMBER. **NOTE: THIS EOB IS SET FOR BENEFIT PLANS PE AND GCENC.**
METHOD OF CORRECTION:	1. VERIFY PROCEDURE/REVENUE CODE AND PLACE OF SERVICE CODE ARE ENTERED CORRECTLY. IF NOT, CORRECT. 2. IF ENTERED CORRECTLY, DENY THE DETAIL WITH EOB 0399.

3.435.7 4021 (FORMER LEGACY EDIT 414)

DMS Approved 12/28/06

ERROR STATUS CODE:	4021 (FORMER LEGACY EDIT 414)	**CLAIM TYPE:**	ALL EXCEPT A, L, M
HEADER/DETAIL:	HEADER/DETAIL	**PROVIDER TYPE:**	ALL EXCEPT 11, 12,

			27, 28
OVERRIDEABLE:	YES	**TYPE OF DOCUMENT:**	PAPER, NON-PAPER, ADJUSTMENTS
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	MEMBER ID, FDOS, TDOS

ESC NAME:	NO COVERAGE FOR BILLED PROCEDURE.
ESC CRITERIA: **LEGACY CRITERIA:**	IF NO COVERAGE RULES FOR THE PROCEDURE ARE FOUND FOR THE MEMBER BENEFIT PLAN, POST THE ESC. FAILS IF THE MEMBER IS ENROLLED IN MANAGED CARE DURING THE DATES OF SERVICE. **EXCLUSIONS:** • CLAIM TYPE M –PROVIDER TYPE 45-PROCEDURE CODES S8990, S9480, H0005, H0031, H2020, H0046 AND H0047. • CLAIM TYPE M – PROVIDER TYPES 30, 33, 41, 42, AND 43 • CLAIM TYPE M – PROVIDER TYPES 20, 21, 23, AND 24 **NOTE**: P/T 20 EXCLUDED PER CO1287 • CLAIM TYPES A AND I – PROVIDER TYPE 02, 04 • CLAIM TYPE A AND I – PROVIDER TYPE 01, 92 AND 93 – CLAIMS WITH REVENUE CODES 114, 124, 134, 144, 154, AND 204 AND NO OTHER ACCOMMODATION REVENUE CODE (100 THRU 219) • PROVIDER TYPE 45 – H5050, H5170, ZR121, ZR124, ZR128, ZR158, 90801, 90844, 90862, J8499, X0050, X0051, AND 99450, H0015, H0017, H0018, 90804. • PROVIDER TYPE 45 – H2029, H2036 AND T2048- DCR 00995 • PROVIDER TYPE 56 – DETAILS WITH PLACE OF SERVICE 09, 51, 52, 53, 54, 55, OR 56 ARE EXCLUDED • PROVIDER TYPE 54 – PRESCRIBERS LICENSE NUMBER HAS A SPECIALTY OF 27 – PSYCHIATRIST • PROVIDER TYPES 64, 65, 78 – CLAIMS WITH A BILLING PROVIDER WHO HAS A SPECIALITY OF 26 ARE EXCLUDED • CLAIM TYPE B – PROVIDER TYPES 82 AND 89 • PROVIDER TYPE 45 - 90847, 90853, 90804, and H0001 PER DCR I3316 (CO 1401) EFFECTIVE 2/01/07.
EOB CODES:	0414 – CLAIM WAS PRICED IN ACCORDANCE WITH CURRENT KENTUCKY HEALTH COVERAGE PROGRAM POLICIES. **NOTE: THIS EOB IS SET FOR ASSIGNMENT PLAN PART AND BENEFIT PLANS PASWC AND PASNC.**
METHOD OF CORRECTION:	1. VERIFY THAT THE MEMBER ID AND DATES OF SERVICE ARE KEYED CORRECTLY. IF NOT, CORRECT THE DATA.
	2. IF KEYED CORRECTLY, DENY.

3.435.8 4021 (FORMER LEGACY EDIT 950)

DMS Approved 03/25/96

ERROR STATUS CODE:	4021 (FORMER LEGACY EDIT 950)	**CLAIM TYPE:**	H, L, M, O
HEADER/DETAIL:	BOTH	**PROVIDER TYPE:**	11, 12, 30, 34, 42, 43, 44, 56, 64, 65
OVERRIDEABLE:	YES	**TYPE OF DOCUMENT:**	PAPER, NON-PAPER, ADJUSTMENTS
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	MEMBER ID, FDOS, TDOS

ESC NAME:	NO COVERAGE FOR BILLED PROCEDURE.
ESC CRITERIA: **LEGACY CRITERIA:**	IF NO COVERAGE RULES FOR THE PROCEDURE ARE FOUND FOR THE MEMBER BENEFIT PLAN, POST THE ESC. FAILS NURSING FACILITY (CLAIM TYPE “T”), HOME HEALTH (CLAIM TYPE “U”; PROV TYPE 34), AND HCB (CLAIM TYPE “U”; PROV TYPE 42) CLAIMS AT THE HEADER IF THE MEMBER HAS A PRTF SEGMENT (PRTF TABLE) FOR THE HEADER “FROM” DATE OF SERVICE. FAILS COMMUNITY MENTAL HEALTH (CLAIM TYPE “U”; PROV TYPE 30), ADC (CLAIM TYPE “U”; PROV TYPE 43), HOSPICE (CLAIM TYPE “H”), NON-EMERGENCY TRANSPORTATION (CLAIM TYPE “N”; PROV TYPE 56), AND PHYSICIAN* (CLAIM TYPE “J”) CLAIMS AT THE DETAIL IF THE MEMBER HAS A PRTF SEGMENT (PRTF TABLE) FOR THE DETAIL “FROM” DATE OF SERVICE. **NOTE: ONLY THE FOLLOWING SITUATIONS ARE MONITORED FOR PHYSICIAN CLAIMS:** 1. PROCEDURE CODE 90000 – 90070 AND 90400 – 90470 IF BILLED BY A PROVIDER WITH A SPECIALTY OF “26”. 2. PROCEDURE CODES 90801 – 90915. 3. PROCEDURE CODES 90000 – 90170 IF BILLED WITH DIAGNOSIS CODES OF 290 – 31999. **NOTE – THE DIAGNOSIS CODE IS REFERENCED TO THE PROCEDURE CODE USING THE DIAGNOSIS INDICATOR. IF NO DIAGNOSIS INDICATOR IS PRESENT AND ONE OF THE MONITORED DIAGNOSIS CODES IS LISTED ON THE CLAIM, ESC LOGIC ASSUMES THAT THE MONITORED DIAGNOSIS CODE SHOULD BE REFERENCED TO THE MONITORED PROCEDURE CODE AND FAILS THE DETAIL IF THE MEMBER IS PRTF ELIGIBLE.**
EOB CODES:	0950 – CLAIM DENIED. THIS SERVICE IS NOT PAYABLE FOR PSYCHIATRIC RESIDENTIAL TREATMENT FACILITY MEMBERS. **NOTE: THIS EOB IS SET FOR ASSIGNMENT PLAN PRTF.**
METHOD OF CORRECTION:	1. VERIFY THAT THE PROVIDER NUMBER, MEMBER ID NUMBER, AND DATES OF SERVICE WERE KEYED

	CORRECTLY. IF NOT, CORRECT THE DATA.
	1. IF ENTERED CORRECTLY, DENY THE DETAIL.
	THIS ESC IS SET TO AUTO-DENY FOR TYPE OF DOCUMENT - ELECTRONIC CLAIMS.

3.436 4022 (FORMER LEGACY EDIT 182)

DMS Approved 05/24/2004

ERROR STATUS CODE:	4022 (FORMER LEGACY EDIT 182)	**CLAIM TYPE:**	H, I, M, O
HEADER/DETAIL:	HEADER/DETAIL	**PROVIDER TYPE:**	01, 02, 04, 34, 39, 41, 42, 46, 47, 92, 93, CT M (ALL EXCEPT 15, 20, 21, 22, 23, 24, 27, 28, 29, 40, 45, 50, 52, 55, 56, 57, 70, 77, 80)
OVERRIDEABLE:	YES	**TYPE OF DOCUMENT:**	PAPER, NON-PAPER, ADJUSTMENTS
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	PROC, PSUR, SSUR, PDIAG, SDIAG, TDIAG

ESC NAME:	ABORTION DIAGNOSIS/ICD9 PROCEDURE INDICATED
ESC CRITERIA: **LEGACY CRITERIA:**	IF A CLAIM IS SUBMITTED WITH A DIAGNOSIS CODE LISTED ON THE ABORTION DIAGNOSIS GROUP (10) OR THE ICD-9 ABORTION PROCEDURE GROUP (4) INDICATING AN ELECTIVE ABORTION WAS PERFORMED, POST THE ESC. SUSPENDS WHEN PROCEDURE CODE IS: 750, 6901, 6902, 6909, 6951, 6952, 6959, 6993, 7491, 9649, 56343, 56344, 58996, 59100, 59105, 59106, 59160, 59800, 59801, 59810, 59811, 59812, 59820, 59821, 59830, 59840, 59841, 59850, 59851, 59852, 59855-59857, IF DIAGNOSIS CODE IS: 6320, 6340 THRU 6349, 6350 THROUGH 6389, 6400, 6408, 6409, 6463. **<u>EXCLUSIONS:</u>** FOR PT 64/65 BYPASS ESC 4022 IF THE PRIOR AUTHORIZATION NUMBER ON THE CLAIM IS GREATER THAN ZERO. PER DCR01116 CLAIM TYPES I AND M WITH DATES OF SERVICE ON OR AFTER 07/01/03 BYPASS ESC 4022. (DCR 00923) CLAIM TYPE M WITH THE PROVIDER SPECIALITY ‘05’ WITH DATES OF SERVICE ON OR AFTER 07/01/03 BYPASS ESC 4022. (DCR 00923)
EOB CODES:	0182 – RESUBMIT W/OPERATIVE NOTES OR EXPLANATION OF PROCEDURE. 0029 – CLAIM REQUIRES DOCUMENTATION. PLEASE RESUBMIT ON PAPER. DEPENDENT ON SPECIFIC PROCEDURE CODE AND CRITERIA SET FOR REVIEW. 0092 - THIS SERVICE DENIED. PLEASE RESUBMIT WITH COPY OF PATHOLOGY REPORT. 0093 - THIS SERVICE DENIED. PLEASE RESUBMIT WITH HISTORY AND PHYSICAL NOTES. 0153 - PROCEDURE CODE INVALID FOR DIAGNOSIS CODE.

	0182 - RESUBMIT WITH OPERATIVE NOTES OR EXPLANATION OF PROCEDURE. 0184 - RESUBMIT WITH MAP-235 OR MAP 236 ATTACHED IF APPROPRIATE. 0235 - SERVICE NOT PROVIDED UNDER THE MEDICAID PROGRAM.
METHOD OF CORRECTION:	**1.REFER TO PRIOR AUTHORIZATION.**
PRIOR AUTHORIZATION NURSE	**1. VERIFY ALL DATA WAS KEYED CORRECTLY. IF NOT, CORRECT THE DATA.**
	2. REVIEW STATE CRITERIA TO DETERMINE IF ABORTION MEETS THE STATE AND FEDERAL GUIDELINES. IF ABORTION MEETS CRITERIA, OVERRIDE ALL DETAILS.
	3. IF STATE CRITERIA IS NOT MET, DENY THE CLAIM.
	THIS ESC IS SET TO AUTO-DENY FOR THE TYPE OF DOCUMENT- ELECTRONIC CLAIMS.

3.437 4028 (FORMER LEGACY EDIT N/A)

DMS Approved 06/2007

ERROR STATUS CODE:	4028 (FORMER LEGACY EDIT N/A)	**CLAIM TYPE:**	ALL
HEADER/DETAIL:	DETAIL	**PROVIDER TYPE:**	ALL
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	PAPER, NON-PAPER, ADJUSTMENTS
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	GENDER, MEMBER ID

ESC NAME:	GENDER RESTRICTION FOR COVERED DIAGNOSIS
ESC CRITERIA:	IPHYSICIAN, PHYSICIAN CROSSOVER:: IF THE MEMBER'S GENDER IS NOT WITHIN THE GENDER RESTRICTION OF THE COVERAGE RULE FOR ANY DIAGNOSIS POINTED TO BY THE DETAIL, POST THE EDIT. THE DETAIL FDOS/TDOS RANGE IS USED TO COMPARE THE RULE EFFECTIVE DATES. OR IF ANY OF THE DIAGNOSIS POINTED TO BY THE DETAIL FALL WITHIN THE GENDER RESTRICTION ON THE DIAGNOSIS RESTRICTION FOR THE PAYER, POST THE EDIT. THE DETAIL FDOS IS USED TO COMPARE THE DIAGNOSIS RESTRICTION EFFECTIVE DATES. OUTPATIENT, LONG TERM CARE, AND HOME HEALTH: IF THE MEMBER'S GENDER IS NOT WITHIN THE GENDER RESTRICTION OF THE COVERAGE RULE FOR ANY HEADER DIAGNOSIS INCLUDING THE ADMIT OR EMERGENCY DIAGNOSIS, POST THE EDIT. THE DETAIL FDOS/TDOS RANGE IS USED TO COMPARE TO THE RULE EFFECTIVE DATES. INPATIENT: IF THE MEMBER'S GENDER IS NOT WITHIN THE GENDER RESTRICTION OF THE COVERAGE RULE FOR THE PRIMARY, SECONDARY, OR ADMIT DIAGNOSIS, POST THE EDIT. THE DETAIL FDOS/TDOS RANGE IS USED TO COMPARE TO THE RULE EFFECTIVE DATES. INPATIENT CROSSOVERS, OUTPATIENT CROSSOVERS: IF THE MEMBER'S GENDER IS NOT WITHIN THE GENDER RESTRICTION OF THE COVERAGE RULE FOR ANY HEADER DIAGNOSIS INCLUDING THE ADMIT OR EMERGENCY DIAGNOSIS, POST THE EDIT. THE HEADER FDOS/TDOS RANGE IS USED TO COMPARE TO THE RULE EFFECTIVE DATES.
LEGACY CRITERIA:	N/A
EOB CODES:	4028 - GENDER RESTRICTION FOR DIAG CVG RULE
METHOD OF CORRECTION:	VERIFY THAT THE INFORMATION WAS KEYED CORRECTLY. IF NOT, CORRECT THE DATA.
	IF ENTERED CORRECTLY, DENY THE CLAIM

3.438 4029 (FORMER LEGACY EDIT N/A)

DMS Approved 06/2007

ERROR STATUS CODE:	4029 (FORMER LEGACY EDIT N/A)	**CLAIM TYPE:**	ALL
HEADER/DETAIL:	DETAIL	**PROVIDER TYPE:**	ALL
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	ALL
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	MEMBER ID

ESC NAME:	POS RESTRICTION FOR DIAG CVG RULE
ESC CRITERIA:	IPHYSICIAN, PHYSICIAN CROSSOVER:: IF THE MEMBER'S POS IS NOT WITHIN THE POS RESTRICTION OF THE COVERAGE RULE FOR ANY DIAGNOSIS POINTED TO BY THE DETAIL, POST THE EDIT. THE DETAIL FDOS/TDOS RANGE IS USED TO COMPARE THE RULE EFFECTIVE DATES. OR IF ANY OF THE DIAGNOSIS POINTED TO BY THE DETAIL FALL WITHIN THE POS RESTRICTION ON THE DIAGNOSIS RESTRICTION FOR THE PAYER, POST THE EDIT. THE DETAIL FDOS IS USED TO COMPARE THE DIAGNOSIS RESTRICTION EFFECTIVE DATES. OUTPATIENT, LONG TERM CARE, AND HOME HEALTH: IF THE MEMBER'S POS IS NOT WITHIN THE POS RESTRICTION OF THE COVERAGE RULE FOR ANY HEADER DIAGNOSIS INCLUDING THE ADMIT OR EMERGENCY DIAGNOSIS, POST THE EDIT. THE DETAIL FDOS/TDOS RANGE IS USED TO COMPARE TO THE RULE EFFECTIVE DATES. INPATIENT: IF THE MEMBER'S POS IS NOT WITHIN THE POS RESTRICTION OF THE COVERAGE RULE FOR THE PRIMARY, SECONDARY, OR ADMIT DIAGNOSIS, POST THE EDIT. THE DETAIL FDOS/TDOS RANGE IS USED TO COMPARE TO THE RULE EFFECTIVE DATES. INPATIENT CROSSOVERS, OUTPATIENT CROSSOVERS: IF THE MEMBER'S POS IS NOT WITHIN THE POS RESTRICTION OF THE COVERAGE RULE FOR ANY HEADER DIAGNOSIS INCLUDING THE ADMIT OR EMERGENCY DIAGNOSIS, POST THE EDIT. THE HEADER FDOS/TDOS RANGE IS USED TO COMPARE TO THE RULE EFFECTIVE DATES.
LEGACY CRITERIA:	N/A
EOB CODES:	4029 - POS RESTRICTION FOR DIAG CVG RULE
METHOD OF CORRECTION:	VERIFY THAT THE INFORMATION WAS KEYED CORRECTLY.

	IF NOT, CORRECT THE DATA.
	IF ENTERED CORRECTLY, DENY THE CLAIM

3.439 4030

3.439.1 4030 (FORMER LEGACY EDIT 192)

DMS Approved 01/26/96

ERROR STATUS CODE:	4030 (FORMER LEGACY EDIT 192)	**CLAIM TYPE:**	H (PT 34, 42 ONLY), M (ALL EXCEPT PT 55, 56, 57), I, L, O
HEADER/DETAIL:	HEADER	**PROVIDER TYPE:**	01, 02, 04, 11, 12, 39, 41, 34, 42, 46, 47, 92, 93, CT M (ALL EXCEPT 55, 56, 57)
OVERRIDEABLE:	YES	**TYPE OF DOCUMENT:**	PAPER, NON-PAPER, ADJUSTMENTS
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	PDIAG, MEMBER ID

ESC NAME:	AGE NOT ALLOWED FOR COVERED DIAGNOSIS
ESC CRITERIA: **LEGACY CRITERIA:**	IF THE MEMBER AGE AS OF THE MEMBER DATE OF BIRTH IS NOT WITHIN THE AGE RESTRICTION FOR THE DIAGNOSIS COVERAGE RULE, POST THE ESC. FOR PHYSICIAN CLAIMS, IF THE MEMBER'S AGE DOES NOT FALL WITHIN THE AGE LIMITATIONS FOR THE DIAGNOSIS CODE, POST THE ESC. FOR UB92 CLAIMS, IF THE MEMBER'S AGE DOES NOT FALL WITHIN THE AGE LIMITATIONS FOR THE DIAGNOSIS CODE, FOR THE PRIMARY, SECONDARY, OR ADMIT DIAGNOSIS, POST THE ESC. VERIFIES THAT A LOGICAL RELATIONSHIP EXISTS BETWEEN THE MEMBER'S AGE AND THE PRIMARY DIAGNOSIS.
EOB CODES:	0192 – THIS DIAGNOSIS IS NOT COVERED FOR THE MEMBER'S AGE.
METHOD OF CORRECTION:	1. VERIFY THAT THE MEMBER ID AND THE DIAGNOSIS WERE KEYED CORRECTLY. IF NOT, CORRECT THE DATA.
	2. IF THE MEMBER ID AND DIAGNOSIS WERE KEYED CORRECTLY, FORWARD TO THE APPROPRIATE LOCATION TO BE REVIEWED BY PRIOR AUTHORIZATION.
	THIS ESC IS SET TO AUTO-DENY TYPE OF DOCMENT - ELECTRONIC CLAIMS.

3.439.2 4030 (FORMER LEGACY EDIT 193)

DMS Approved 01/26/96

ERROR STATUS CODE:	4030 (FORMER LEGACY EDIT 193)	**CLAIM TYPE:**	H, I, L, M, O
HEADER/DETAIL:	HEADER	**PROVIDER TYPE:**	01, 02, 04, 11, 12, 39, 41, 34, 42, 46, 47, 92, 93, CT M (ALL

			EXCEPT 55, 56, 57)
OVERRIDEABLE:	YES	**TYPE OF DOCUMENT:**	PAPER, NON-PAPER, ADJUSTMENTS
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	SDIAG, MEMBER ID
ESC NAME:	AGE NOT ALLOWED FOR COVERED DIAGNOSIS		
ESC CRITERIA: **LEGACY CRITERIA:**	IF THE MEMBER AGE AS OF THE MEMBER DATE OF BIRTH IS NOT WITHIN THE AGE RESTRICTION FOR THE DIAGNOSIS COVERAGE RULE, POST THE ESC. FOR PHYSICIAN CLAIMS, IF THE MEMBER'S AGE DOES NOT FALL WITHIN THE AGE LIMITATIONS FOR THE DIAGNOSIS CODE, POST THE ESC. FOR UB92 CLAIMS, IF THE MEMBER'S AGE DOES NOT FALL WITHIN THE AGE LIMITATIONS FOR THE DIAGNOSIS CODE, FOR THE PRIMARY, SECONDARY, OR ADMIT DIAGNOSIS, POST THE ESC. VERIFIES THAT A LOGICAL RELATIONSHIP EXISTS BETWEEN THE MEMBER'S AGE AND THE SECONDARY DIAGNOSIS IF ONE EXISTS.		
EOB CODES:	0192 – THIS DIAGNOSIS IS NOT COVERED FOR THE MEMBER'S AGE.		
METHOD OF CORRECTION:	1. VERIFY THAT THE SECONDARY DIAGNOSIS WAS KEYED CORRECTLY. IF NOT, CORRECT THE DATA.		
	2. VERIFY THAT THE MEMBER ID WAS KEYED CORRECTLY. IF NOT, CORRECT THE DATA.		
	THIS ESC IS SET TO AUTO-DENY TYPE OF DOCUMENT - ELECTRONIC CLAIMS.		

3.439.3 4030 (FORMER LEGACY EDIT 215)

DMS Approved-01/26/96

ERROR STATUS CODE:	4030 (FORMER LEGACY EDIT 215)	**CLAIM TYPE:**	H, M, O
HEADER/DETAIL:	HEADER	**PROVIDER TYPE:**	34, 41, 42, 46, 47, CT M (ALL EXCEPT PT 31, 35, 36, 50, 52, 55, 56, 57, 70, 77)
OVERRIDEABLE:	YES	**TYPE OF DOCUMENT:**	PAPER, NON-PAPER, ADJUSTMENTS
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	MEMBER ID, TDIAG
ESC NAME:	AGE NOT ALLOWED FOR COVERED DIAGNOSIS		
ESC CRITERIA:	IF THE MEMBER AGE AS OF THE MEMBER DATE OF BIRTH IS NOT WITHIN THE AGE RESTRICTION FOR THE DIAGNOSIS COVERAGE RULE, POST THE ESC. FOR PHYSICIAN CLAIMS, IF THE MEMBER'S AGE DOES NOT FALL WITHIN THE AGE LIMITATIONS FOR THE DIAGNOSIS CODE, POST THE ESC.		

LEGACY CRITERIA:	FOR UB92 CLAIMS, IF THE MEMBER'S AGE DOES NOT FALL WITHIN THE AGE LIMITATIONS FOR THE DIAGNOSIS CODE, FOR THE PRIMARY, SECONDARY, OR ADMIT DIAGNOSIS, POST THE ESC. SUSPEND IF DIAGNOSIS MASTER FILE INDICATES DIAGNOSIS IS ILLOGICAL FOR MEMBER'S AGE.
EOB CODES:	0192 – THIS DIAGNOSIS IS NOT COVERED FOR THE MEMBER'S AGE.
METHOD OF CORRECTION:	1. VERIFY THAT THE TERTIARY DIAGNOSIS CODE AND THE MEMBER ID WERE ENTERED CORRECTLY. IF NOT, CORRECT THE MEMBER ID AND THE TERTIARY DIAGNOSIS CODE.
	2. IF ALL DATA WAS ENTERED CORRECTLY, THEN DENY THE CLAIM.
	THIS ESC IS SET TO AUTO-DENY ON THE TYPE OF DOCUMENT – ELECTRONIC CLAIMS.

3.440 4031

3.440.1 4031 (FORMER LEGACY EDIT 194)

DMS Approved 01/26/96

ERROR STATUS CODE:	4031 (FORMER LEGACY EDIT 194)	**CLAIM TYPE:**	H, I, L, M, O
HEADER/DETAIL:	HEADER	**PROVIDER TYPE:**	01, 02, 04, 11, 12, 34, 39, 41, 42, 46, 47, 92, 93, CT M (ALL EXCEPT 55, 56, 57)
OVERRIDEABLE:	YES	**TYPE OF DOCUMENT:**	PAPER, NON-PAPER, ADJUSTMENTS
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	PDIAG, MEMBER ID
ESC NAME:	GENDER RESTRICTION FOR BILLED DIAGNOSIS.		
ESC CRITERIA: **LEGACY CRITERIA:**	IF THE MEMBER GENDER IS NOT WITHIN THE GENDER RESTRICTION FOR THE DIAGNOSIS BILLING RULE (T_DIAG_LIMIT), POST THE ESC. VERIFIES THAT A VALID RELATIONSHIP EXISTS BETWEEN THE DIAGNOSIS AND THE MEMBER'S SEX.		
EOB CODES:	4031 – GENDER RESTRICTION FOR BILLED DIAGNOSIS.		
METHOD OF CORRECTION:	1. VERIFY THAT THE MEMBER ID AND THE DIAGNOSIS WERE KEYED CORRECTLY. IF NOT, CORRECT THE DATA.		
	THIS ESC IS SET TO AUTO-DENY TYPE OF DOCUMENT - ELECTRONIC CLAIMS.		

3.440.2 4031 (FORMER LEGACY EDIT 195)

DMS Approved 01/26/96

ERROR STATUS CODE:	4031 (FORMER LEGACY EDIT 195)	**CLAIM TYPE:**	H, I, L, M, O
HEADER/DETAIL:	HEADER	**PROVIDER TYPE:**	01, 02, 04, 11, 12, 34, 39, 41, 42, 46, 47, 92, 93, CT M (ALL EXCEPT 55, 56, 57)
OVERRIDEABLE:	YES	**TYPE OF DOCUMENT:**	PAPER, NON-PAPER, ADJUSTMENTS
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	SDIAG, MEMBER ID
ESC NAME:	GENDER RESTRICTION FOR BILLED DIAGNOSIS.		
ESC CRITERIA: **LEGACY CRITERIA:**	IF THE MEMBER GENDER IS NOT WITHIN THE GENDER RESTRICTION FOR THE DIAGNOSIS BILLING RULE (T_DIAG_LIMIT), POST THE ESC. VERIFIES A LOGICAL RELATIONSHIP EXISTS BETWEEN MEMBER'S SEX AND THE SECONDARY DIAGNOSIS IF PRESENT. (SECONDARY DIAGNOSIS NOT REQUIRED.)		
EOB CODES:	4031 – GENDER RESTRICTION FOR BILLED DIAGNOSIS.		

METHOD OF CORRECTION:	1. VERIFY THAT THE MEMBER ID AND THE SECONDARY DIAGNOSIS WERE KEYED CORRECTLY. IF NOT, CORRECT THE DATA.
	2. IF KEYED CORRECTLY, DENY THE CLAIM.
	THIS ESC IS SET TO AUTO-DENY TYPE OF DOCUMENT - ELECTRONIC CLAIMS.

3.440.3 4031 (FORMER LEGACY EDIT 216)

DMS Approved 01/26/96

ERROR STATUS CODE:	4031 (FORMER LEGACY EDIT 216)	**CLAIM TYPE:**	H, M, O
HEADER/DETAIL:	HEADER	**PROVIDER TYPE:**	34, 41, 42, 46, 47, CT M (ALL EXCEPT 31, 35, 36, 50, 52, 55, 56, 57, 70, 77, 80)
OVERRIDEABLE:	YES	**TYPE OF DOCUMENT:**	PAPER, NON-PAPER, ADJUSTMENTS
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	TDIAG, MEMBER ID
ESC NAME:	GENDER RESTRICTION FOR BILLED DIAGNOSIS.		
ESC CRITERIA: **LEGACY CRITERIA:**	IF THE MEMBER GENDER IS NOT WITHIN THE GENDER RESTRICTION FOR THE DIAGNOSIS BILLING RULE (T_DIAG_LIMIT), POST THE ESC. SUSPEND IF DIAGNOSIS MASTER FILE INDICATES DIAGNOSIS IS ILLOGICAL FOR MEMBER'S SEX.		
EOB CODES:	4031 – GENDER RESTRICTION FOR BILLED DIAGNOSIS.		
METHOD OF CORRECTION:	1. VERIFY THAT THE TERTIARY DIAGNOSIS CODE AND THE MEMBER ID WERE ENTERED CORRECTLY. IF NOT, CORRECT THE MEMBER ID AND THE TERTIARY DIAGNOSIS CODE.		
	2. IF DATA IS KEYED CORRECTLY, REFER TO PRIOR AUTHORIZATION.		

3.441 4032 (FORMER LEGACY EDIT 152)

DMS Approved 01/26/96

ERROR STATUS CODE:	4032 (FORMER LEGACY EDIT 152)	**CLAIM TYPE:**	D, H, I, M (ALL EXCEPT PT 80), O, P/Q
HEADER/DETAIL:	DETAIL	**PROVIDER TYPE:**	01, 02, 04, 34, 39, 41, 42, 44, 46, 47, 54, 60, 61, 92, 93, CT M (ALL EXCEPT 80)
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	PAPER, NON-PAPER, ADJUSTMENTS, ENCOUNTERS
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	PROC

ESC NAME:	PROCEDURE CODE NOT ON FILE
ESC CRITERIA: **LEGACY CRITERIA:**	IF THE PROCEDURE CODE IS NOT ON THE PROCEDURE CODE TABLE (T_PROC), POST THE ESC. FAILS IF THE PROCEDURE, REVENUE, OR NDC CODE IS NOT ON THE PDD PROCEDURE FILE OR PDD DRUG FILE, AS APPLICABLE. CLAIM TYPE I FAILURES FOR REVENUE CODES ZR100 THROUGH ZR219 ARE AUTO-DENIED AT THE HEADER WITH EOB 752. FOR OTHER CLAIM TYPE I FAILURES, THE DETAIL CHARGE IS SYSTEMATICALLY MOVED TO THE NON-COVERED COLUMN AND EOB 0753 IS SET. THE CLAIM DOES NOT SUSPEND.
EOB CODES:	0152 – PROCEDURE/REVENUE CODE MISSING OR NOT COVERED BY KY MEDICAID.
METHOD OF CORRECTION:	1. VERIFY THE PROCEDURE/NDC IS KEYED CORRECTLY. IF NOT, CORRECT THE DATA.
	2. IF THE CODE USED BY THE PROVIDER IS INVALID, DENY THE DETAIL WITH EOB 0152.
	THIS ESC IS SET TO AUTO-DENY TYPE OF DOCUMENT - ELECTRONIC CLAIMS.

3.442 4034 (FORMER LEGACY EDIT N/A)

DMS Approved 06/2007

ERROR STATUS CODE:	4034 (FORMER LEGACY EDIT N/A)	**CLAIM TYPE:**	ALL
HEADER/DETAIL:	DETAIL	**PROVIDER TYPE:**	ALL
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	ALL
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	MEMBER ID

ESC NAME:	AGE RESTRICTION ON PROC CVG RULE
ESC CRITERIA:	PHYSICIAN CROSSOVER, DENTAL, HOME HEALTH, PHYSICIAN, OUTPATIENT: IF THE MEMBER'S AGE IS NOT WITHIN THE AGE RESTRICTION FOR THE PROCEDURE COVERAGE RULE, POST THE EDIT. THE MEMBER'S AGE IS CALCULATED USING THE DETAIL FDOS. THE DETAIL FDOS/TDOS RANGE IS USED TO COMPARE TO THE RULE EFFECTIVE DATES. INPATIENT CROSSOVER, OUTPATIENT CROSSOVER: IF THE MEMBER'S AGE IS NOT WITHIN THE AGE RESTRICTION FOR THE PROCEDURE COVERAGE RULE, POST THE EDIT. THE MEMBER'S AGE IS CALCULATED USING THE HEADER FDOS. THE HEADER FDOS/TDOS RANGE IS USED TO COMPARE TO THE RULE EFFECTIVE DATES.
LEGACY CRITERIA:	N/A
EOB CODES:	4034 - AGE RESTRICTION ON PROC CVG RULE
METHOD OF CORRECTION:	VERIFY THAT THE INFORMATION WAS KEYED CORRECTLY. IF NOT, CORRECT THE DATA.
	IF ENTERED CORRECTLY, DENY THE CLAIM

3.443 4035 (FORMER LEGACY EDIT 150)

DMS Approved 01/29/04

ERROR STATUS CODE:	4035 (FORMER LEGACY EDIT 150)	**CLAIM TYPE:**	D, H, M, O, P/Q
HEADER/DETAIL:	DETAIL	**PROVIDER TYPE:**	01, 34, 39, 41, 42, 46, 47, 54, 60, 61, CT M (ALL EXCEPT 27, 27, 55, 56, 57, 80)
OVERRIDEABLE:	YES	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENT
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	PROC/NDC, MEMBER ID

ESC NAME:	GENDER RESTRICTION FOR COVERED PROCEDURE
ESC CRITERIA: **LEGACY CRITERIA:**	IF THE PROCEDURE CODE FILE GENDER RESTRICTION IS NOT INDICATED AS BOTH GENDERES, OR THE MEMBER'S GENDER DOES NOT MATCH THE PROCEDURE CODE FILE GENDER RESTRICTION FROM THE PROCEDURE LIMITS TABLE, POST THE ESC. VERIFIES THAT A LOGICAL RELATIONSHIP EXISTS BETWEEN THE PROCEDURE CODE AND THE MEMBER'S SEX. FOR PROVIDER TYPE 30 FAILS PROCEDURE CODES WITH A UD MODIFIER IF THE GENDER = MALE. FOR PT 30 CLAIMS WITH DOS AFTER 10/15/03 THE GENDER LIMITATIONS ON THE PDD FILE ARE IGNORED.
EOB CODES:	0150 – THIS PROCEDURE IS INVALID FOR THE MEMBER'S GENDER.
METHOD OF CORRECTION:	1. VERIFY THAT THE MEMBER ID NUMBER AND THE PROCEDURE CODE WERE KEYED CORRECTLY. IF NOT, CORRECT THE DATA.
	2. REVIEW THE CLAIM TO DETERMINE IF THE PROCEDURE BEING BILLED REALLY IS INVALID FOR THE MEMBER'S GENDER, OR IF IT IS A FILE PROBLEM. 3. IF THE ESC FAILURE IS DUE TO A GENDER ERROR ON THE ELIGIBILITY FILE, FORWARD TO THE LOCATION APPROPRIATE FOR PRIOR AUTHORIZATON. 4. IF THE ESC IS DUE TO A PROCEDURE FILE PROBLEM (i. e. THE GENDER LIMITATION ON FILE IS ILLOGICAL, ETC.): THEN OVERRIDE THE ESC. NOTIFY PRIOR AUTHORIZATION OF FILE PROBLEM.
	5. IF THE ESC FAILURE IS DUE TO THE PROVIDER BILLING FOR A PROCEDURE THAT IS INVALID FOR THE MEMBER'S GENDER. (SEE YOUR SUPERVISOR TO VERIFY THIS): THE DETAIL OR CLAIM MUST BE DENIED.
	6. IF DOCUMENTATION IN THE PROCEDURE CODE, DESCRIPTION FIELD INDICATES A MALE INFANTS SERVICES ARE BEING PAID UNDER THE MOTHERS' MEMBER ID NUMBER, OVERRIDE. IF DOCUMENTATION IS NOT PRESENT, DENY THE CLAIM.

3.444 4036 (Former Legacy Edit 148)

DMS Approved 01/29/2004

ERROR STATUS CODE:	4036 (FORMER LEGACY EDIT 148)	**CLAIM TYPE:**	H, I, M, O
HEADER/DETAIL:	DETAIL	**PROVIDER TYPE:**	44, 13, 85, 64, 65, 60, 61, 01, 36, 39, 50, 52, 70, 77, 31, 35, 04, 92, 93, 02, 40, 15, 20, 21, 22, 23, 24, 29, 55, 56, 57, 17, 30, 32, 33, 34, 41, 42, 43, 46, 47, 74, 78, 86, 90, 80
OVERRIDEABLE:	YES	**TYPE OF DOCUMENT:**	ALL (EXCEPT MASS ADJUSTMENT)
DATA CORRECTABLE:	YES	**FIELD NAME::**	PROC, POS

EDIT NAME:	PROCEDURE INVALID FOR PLACE OF SERVICE.
EDIT CRITERIA: **LEGACY CRITERIA:**	IF THE CLAIM CONTAINS A PROCEDURE THAT IS A COVERED BENEFIT FOR THE BENEFIT PLAN, BUT THE PLACE OF SERVICE FOR THAT COVERED BENEFIT DOES NOT EXIST ON THE COVERED BENEFIT POS TABLE, POST THE EDIT. FAILS IF THE PROCEDURE CODE OR REVENUE CODE IS NOT VALID FOR THE PLACE OF SERVICE BASED ON PLACE OF SERVICE INCLUSIONS AND EXCLUSIONS LISTED ON THE PROCEDURE CODE FILE. CLAIM TYPE S FAILURES FOR REVENUE CODES 100 THROUGH 219 ARE AUTO-DENIED AT THE HEADER WITH EOB 748. FOR OTHER CLAIM TYPE S FAILURES THE DETAIL BILLED CHARGE IS SYSTEMATICALLY MOVED TO THE NON-COVERED COLUMN AND EOB 753 IS SET. THE CLAIM DOES NOT SUSPEND. CLAIM TYPE M (PROVIDER TYPE 01) FAILURES FOR EDIT 148 ARE AUTO-DENIED WITH EOB 748. CLAIM TYPE J, ELECTRONIC CLAIMS FAILURES ARE AUTO-DENIED WITH AN EOB OF 148. FOR CLAIM TYPE U (P/T 30) IF DOS IS 10/16/03 OR AFTER AND THE PROCEDURE CODE IS 90816 AND THE PLACE OF SERVICE IS OTHER THAN 21, 51, OR 52 FAIL THE EDIT. ALSO FAILS PROCEDURE CODE H2019 AND H2021 IF THE PLACE OF SERVICE IS OTHER THAN 12 AND FAILS H0046 IF THE PLACE OF SERVICE IS OTHER THAN 33. FOR P/T 30 THE PLACE OF SERVICE INCLUSIONS AND EXCLUSIONS ON THE PDD FILE ARE IGNORED.
EOB CODES:	0148 – THIS PROCEDURE IS NOT APPROPRIATE FOR THIS PLACE OF SERVICE. 0748 – (CLAIM TYPES M AND S) REVENUE/PROCEDURE CODE INVALID FOR PLACE OF SERVICE. 0753 – (CLAIM TYPE S) – INVALID REVENUE CODE. CHARGES ARE NOT ALLOWED.
METHOD OF CORRECTION:	1. VERIFY THAT THE PLACE OF SERVICE AND PROCEDURE CODES WERE KEYED CORRECTLY. IF NOT, CORRECT

	THE DATA.
	2. FOR PROCEDURE CODES 07110/D7110 AND 07120/D7120, IF THE PROVIDER SPECIALTY IS OTHER THAN 265, 271, 318 OR 578, 273, THEN OVERRIDE THE ESC.
	3. FOR PROCEDURE CODES 07110 AND 07120 AND A PROVIDER SPECIALTY OF 08 OR 88, VERIFY THERE IS DOCUMENTATION WITH CLAIMS INDICATING THAT PROCEDURES ARE MEDICALLY NECESSARY OR NO ORAL SURGEON IS AVAILABLE, THEN OVERRIDE THE ESC.
	4. IF THE PLACE OF SERVICE AND PROCEDURE CODE WERE KEYED CORRECTLY, AND THE ABOVE EXCEPTIONS DO NOT APPLY, THE DETAIL SHOULD BE DENIED WITH EOB 0146. **NOTE: FAILURE OF THIS EDIT COULD INDICATE A PROVIDER INVESTIGATION IS NEEDED. DISCUSS WITH YOUR SUPERVISOR.**

3.445 4037 (FORMER LEGACY EDIT N/A)

DMS Approved 06/2007

ERROR STATUS CODE:	4037 (FORMER LEGACY EDIT N/A)	**CLAIM TYPE:**	ALL
HEADER/DETAIL:	DETAIL	**PROVIDER TYPE:**	ALL
OVERRIDEABLE:	YES	**TYPE OF DOCUMENT:**	ALL
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	MEMBER ID

ESC NAME:	PROCEDURE CODE VS. DIAG
ESC CRITERIA:	ON INPATIENT CLAIMS, THE PROCEDURE CODE IS ONLY CHECKED AGAINST THE PRIMARY, SECONDARY, AND ADMITTING DIAGNOSIS. HOME HEALTH CLAIMS, LONG TERM CARE CLAIMS, AND OUTPATIENT CLAIMS CHECK THE PROCEDURE CODE AGAINST EVERY DIAGNOSIS AT THE HEADER. PHYSICIAN CLAIMS AND PHYSICIAN CROSSOVER CLAIMS CHECK THE PROCEDURE CODE AGAINST ALL THE DIAGNOSES POINTED TO BY THE DETAIL. IF THE PROCEDURE CODE ON THE CLAIM HAS THE PROCEDURE/DIAGNOSIS COMPATIBILITY GROUPING INDICATOR ON THE PROCEDURE LIMITS PANEL EQUALS 'I' (INCLUDE), AND THE PROCEDURE CODE CANNOT BE FOUND ON THE PROCEDURE/DIAGNOSIS LIMIT PANEL FOR DETAIL FDOS (HEADER FDOS IF PHYSICIAN CROSSOVER CLAIM), POST THE EDIT. IF THE PROCEDURE CODE ON THE CLAIM HAS THE PROCEDURE/DIAGNOSIS COMPATIBILITY GROUPING INDICATOR ON THE PROCEDURE LIMITS PANEL EQUALS 'E' (EXCLUDE), AND THE PROCEDURE CODE IS FOUND ON THE PROCEDURE/DIAGNOSIS LIMIT PANEL FOR DETAIL FDOS (HEADER FDOS IF PHYSICIAN CROSSOVER CLAIM), POST THE EDIT.
LEGACY CRITERIA:	N/A
EOB CODES:	4037 - PROCEDURE CODE VS. DIAG
METHOD OF CORRECTION:	VERIFY THAT THE INFORMATION WAS KEYED CORRECTLY. IF NOT, CORRECT THE DATA.
	BYPASS IF EDIT 4013 HAS BEEN SET.
	IF ENTERED CORRECTLY, DENY THE CLAIM

3.446 4040 (FORMER LEGACY EDIT 190)

DMS Approved 03/25/96

ERROR STATUS CODE:	4040 (FORMER LEGACY EDIT 190)	**CLAIM TYPE:**	H, I, L, M, O
HEADER/DETAIL:	HEADER	**PROVIDER TYPE:**	01, 02, 11, 12, 34, 39, 41, 42, 44, 46, 47, 92, 93, CT M (ALL EXCEPT 55, 56, 57)
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	PAPER, NON-PAPER, ADJUSTMENTS
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	PDIAG/19

ESC NAME:	PRIMARY DIAGNOSIS CODE NOT ON FILE
ESC CRITERIA: **LEGACY CRITERIA:**	IF THE CLAIM'S PRIMARY DIAGNOSIS IS NOT ON THE DIAGNOSIS TABLE, POST THE ESC. VERIFIES THAT THE PRIMARY DIAGNOSIS CODE IS PRESENT AND VALID. FOR DENTAL, PROFESSIONAL, AND PROFESSIONAL CROSSOVER CLAIMS, DIAGNOSIS CODES AT THE HEADER ARE ONLY ESCED IF REFERENCED BY A CLAIM DETAIL (DIAGNOSIS TREATMENT INDICATOR).
EOB CODES:	0190 – THE CLAIM DIAGNOSIS IS MISSING OR INVALID. PLEASE ENTER THE APPROPRIATE DIAGNOSIS CODE AND RESUBMIT THE CLAIM.
METHOD OF CORRECTION:	1. VERIFY THAT THE HEADER DIAGNOSIS CODE WAS CODED AND KEYED CORRECTLY. IF NOT, CORRECT THE DATA.
	2. IF THE DIAGNOSIS CODE IS NOT A VALID CODE, DENY THE CLAIM.
	THIS ESC IS SET TO AUTO-DENY TYPE OF DOCUMENT - ELECTRONIC CLAIMS.

3.447 4041 (FORMER LEGACY EDIT 191)

DMS Approved 11/1/2004

ERROR STATUS CODE:	4041 (FORMER LEGACY EDIT 191)	**CLAIM TYPE:**	H, I, M, O
HEADER/DETAIL:	HEADER	**PROVIDER TYPE:**	44, 13, 85, 64, 65, 60, 61, 01, 36, 39, 50, 52, 70, 77, 31, 35, 04, 92, 93, 02, 40, 15, 20, 21, 22, 23, 24, 29, 55, 56, 57, 17, 30, 32, 33, 34, 41, 42, 43, 46, 47, 74, 78, 86, 90, 80
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	ALL (EXCEPT MASS ADJUSTMENT)
DATA CORRECTABLE:	YES	**FIELD NAME:**	SDIAG

ESC NAME:	SECONDARY HEADER DIAGNOSIS NOT ON DIAGNOSIS FILE.
ESC CRITERIA:	VERIFIES THAT THE SECONDARY DIAGNOSIS CODE IS VALID.
EOB CODES:	0191 – THE SECONDARY DIAGNOSIS IS INVALID. PLEASE ENTER THE APPROPRIATE DIAGNOSIS CODE AND RESUBMIT THE CLAIM.
METHOD OF CORRECTION:	1. VERIFY THAT THE SECONDARY DIAGNOSIS WAS KEYED CORRECTLY. IF NOT, CORRECT THE DATA.
	2. IF DATA WAS ERRONEOUSLY ENTERED INTO THE FIELD, CLEAR THE FIELD. THE SECONDARY DIAGNOSIS IS NOT REQUIRED TO PROCESS THE CLAIM.
	3. IF THE SECONDARY DIAGNOSIS CODE IS INVALID, DENY THE CLAIM.
	SET TO IGNORE.

3.448 4042 (FORMER LEGACY EDIT 211)

DMS Approved 05/06/2010

ERROR STATUS CODE:	4042 (FORMER LEGACY EDIT 211)	**CLAIM TYPE:**	I, M, O
HEADER/DETAIL:	HEADER	**PROVIDER TYPE:**	01, 02, 04, 39, 41, 46, 47, CT M (ALL EXCEPT 31, 35, 36, 50, 52, 55, 56, 57, 70, 77), 92, 93
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	PAPER, NON-PAPER, ADJUSTMENTS
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	DIAGNOSIS
ESC NAME:	THIRD DIAGNOSIS CODE NOT ON FILE		
ESC CRITERIA: **LEGACY CRITERIA:**	IF THE HEADER THIRD DIAGNOSIS CODE IS NOT ON THE DIAGNOSIS TABLE (T_DIAGNOSIS), POST THE EDIT. SUSPEND IF DIAGNOSIS IS NOT ON PDD DIAGNOSIS FILE.		
EOB CODES:	0211 – THIRD DIAGNOSIS IS NOT ON FILE.		
METHOD OF CORRECTION:	1. VERIFY THAT THE TERTIARY DIAGNOSIS CODE WAS ENTERED CORRECTLY. IF NOT, DATA CORRECT. 2. IF ENTERED CORRECTLY, DENY THE CLAIM.		
	THIS ESC IS SET TO AUTO-DENY ON THE TYPE OF DOCUMENT – ELECTRONIC CLAIMS.		

3.449 4043 (FORMER LEGACY EDIT N/A)

DMS Approved 05/06/2010

ERROR STATUS CODE:	4043 (FORMER LEGACY EDIT N/A)	**CLAIM TYPE:**	I, O
HEADER/DETAIL:	HEADER	**PROVIDER TYPE:**	01, 02, 04, 39, 92, 93
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	PAPER, NON-PAPER, ADJUSTMENTS
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	DIAGNOSIS
ESC NAME:	FOURTH DIAGNOSIS CODE NOT ON FILE OR INACTIVE		
ESC CRITERIA: **LEGACY CRITERIA:**	IF THE HEADER FOURTH DIAGNOSIS CODE IS NOT ON THE DIAGNOSIS TABLE (T_DIAGNOSIS), POST THE EDIT. N/A		
EOB CODES:	0213 – THE FOURTH DIAGNOSIS IS MISSING OR INVALID. PLEASE ENTER THE APPROPRIATE DIAGNOSIS CODE AND RESUBMIT THE CLAIM.		
METHOD OF CORRECTION:	1. VERIFY THAT THE FOURHT DIAGNOSIS CODE WAS ENTERED CORRECTLY. IF NOT, DATA CORRECT. 2. IF ENTERED CORRECTLY, DENY THE CLAIM.		
	THIS ESC IS SET TO AUTO-DENY ON THE TYPE OF DOCUMENT – ELECTRONIC CLAIMS.		

3.450 4044 (FORMER LEGACY EDIT N/A)

DMS Approved 06/2007

ERROR STATUS CODE:	4044 (FORMER LEGACY EDIT N/A)	**CLAIM TYPE:**	ALL
HEADER/DETAIL:	DETAIL	**PROVIDER TYPE:**	ALL
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	PAPER, NON-PAPER, ADJUSTMENTS
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	MEMBER ID, DOB

ESC NAME:	NO REIMBURSEMENT RULE FOR MEMBER'S AGE
ESC CRITERIA:	PHYSICIAN, PHYSICIAN CROSSOVER CLAIM TYPES: IF THE MEMBER'S AGE IS NOT WITHIN THE AGE RESTRICTION OF THE PROCEDURE REIMBURSEMENT RULE, POST THE EDIT. THE MEMBER'S AGE IS CALCULATED USING THE DETAIL FDOS. THE DETAIL FDOS/TDOS RANGE IS USED TO COMPARE THE RULE EFFECTIVE DATES. OUTPATIENT, LONG TERM CARE, AND HOME HEALTH: IF THE MEMBER'S AGE IS NOT WITHIN THE AGE RESTRICTION OF THE PROCEDURE, REVENUE CODE, OR ICD9 REIMBURSEMENT RULE, POST THE EDIT. THE MEMBER'S AGE IS CALCULATED USING THE DETAIL FDOS. THE DETAIL FDOS/TDOS RANGE IS USED TO COMPARE TO THE RULE EFFECTIVE DATES. INPATIENT: IF THE MEMBER'S AGE IS NOT WITHIN THE AGE RESTRICTION OF THE PROCEDURE, REVENUE CODE, DRG OR ICD9 REIMBURSEMENT RULE, POST THE EDIT. THE MEMBER'S AGE IS CALCULATED USING THE DETAIL FDOS. THE DETAIL FDOS/TDOS RANGE IS USED TO COMPARE TO THE RULE EFFECTIVE DATES. INPATIENT CROSSOVERS: IF THE MEMBER'S AGE IS NOT WITHIN THE AGE RESTRICTION OF THE PROCEDURE, REVENUE CODE, DRG OR ICD9 REIMBURSEMENT RULE, POST THE EDIT. THE MEMBER'S AGE IS CALCULATED USING THE HEADER FDOS. THE HEADER FDOS/TDOS RANGE IS USED TO COMPARE TO THE RULE EFFECTIVE DATES. OUTPATIENT CROSSOVERS: IF THE MEMBER'S AGE IS NOT WITHIN THE AGE RESTRICTION OF THE PROCEDURE, REVENUE CODE, OR ICD9 REIMBURSEMENT RULE, POST THE EDIT. THE MEMBER'S AGE IS CALCULATED USING THE HEADER FDOS. THE HEADER FDOS/TDOS RANGE IS USED TO COMPARE TO THE RULE EFFECTIVE DATES.
LEGACY CRITERIA:	N/A

EOB CODES:	4044 - NO REIMBURSEMENT RULE FOR MEMBER'S AGE
METHOD OF CORRECTION:	VERIFY THAT THE INFORMATION WAS KEYED CORRECTLY. IF NOT, CORRECT THE DATA.
	IF ENTERED CORRECTLY, DENY THE CLAIM.

3.451 4045 (FORMER LEGACY EDIT N/A)

DMS Approved 06/2007

ERROR STATUS CODE:	4045 (FORMER LEGACY EDIT N/A)	**CLAIM TYPE:**	ALL
HEADER/DETAIL:	DETAIL	**PROVIDER TYPE:**	ALL
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	ALL
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	NONE
ESC NAME:	NO REIMBURSEMENT RULE FOR BENEFIT PLAN		
ESC CRITERIA:	PHYSICIAN, PHYSICIAN CROSSOVER CLAIM TYPES: IF THE MEMBER'S BENEFIT PLAN IS NOT WITHIN THE BENEFIT PLAN RESTRICTION OF THE PROCEDURE REIMBURSEMENT RULE, POST THE EDIT. THE MEMBER'S BENEFIT PLAN IS CALCULATED USING THE DETAIL FDOS. THE DETAIL FDOS/TDOS RANGE IS USED TO COMPARE THE RULE EFFECTIVE DATES. OUTPATIENT, LONG TERM CARE, AND HOME HEALTH: IF THE MEMBER'S BENEFIT PLAN IS NOT WITHIN THE BENEFIT PLAN RESTRICTION OF THE PROCEDURE, REVENUE CODE, OR ICD9 REIMBURSEMENT RULE, POST THE EDIT. THE MEMBER'S BENEFIT PLAN IS CALCULATED USING THE DETAIL FDOS. THE DETAIL FDOS/TDOS RANGE IS USED TO COMPARE TO THE RULE EFFECTIVE DATES. INPATIENT: IF THE MEMBER'S BENEFIT PLAN IS NOT WITHIN THE BENEFIT PLAN RESTRICTION OF THE PROCEDURE, REVENUE CODE, DRG OR ICD9 REIMBURSEMENT RULE, POST THE EDIT. THE MEMBER'S BENEFIT PLAN IS CALCULATED USING THE DETAIL FDOS. THE DETAIL FDOS/TDOS RANGE IS USED TO COMPARE TO THE RULE EFFECTIVE DATES. INPATIENT CROSSOVERS: IF THE MEMBER'S BENEFIT PLAN IS NOT WITHIN THE BENEFIT PLAN RESTRICTION OF THE PROCEDURE, REVENUE CODE, DRG OR ICD9 REIMBURSEMENT RULE, POST THE EDIT. THE MEMBER'S BENEFIT PLAN IS CALCULATED USING THE HEADER FDOS. THE HEADER FDOS/TDOS RANGE IS USED TO COMPARE TO THE RULE EFFECTIVE DATES. OUTPATIENT CROSSOVERS: IF THE MEMBER'S BENEFIT PLAN IS NOT WITHIN THE BENEFIT PLAN RESTRICTION OF THE PROCEDURE, REVENUE CODE, OR ICD9 REIMBURSEMENT RULE, POST THE EDIT. THE MEMBER'S BENEFIT PLAN IS CALCULATED USING THE HEADER FDOS. THE HEADER FDOS/TDOS RANGE IS USED TO COMPARE TO THE RULE EFFECTIVE		

LEGACY CRITERIA:	DATES. N/A
EOB CODES:	4045 - NO REIMBURSEMENT RULE FOR BENEFIT PLAN
METHOD OF CORRECTION:	VERIFY THAT THE INFORMATION WAS KEYED CORRECTLY. IF NOT, CORRECT THE DATA.
	IF ENTERED CORRECTLY, DENY THE CLAIM.

3.452 4046 (NO FORMER LEGACY EDIT)

DMS Approved 06/2007

ERROR STATUS CODE:	4046 (NO FORMER LEGACY EDIT)	**CLAIM TYPE:**	D, H, I, M, 0
HEADER/DETAIL:	DETAIL	**PROVIDER TYPE:**	ALL (FOR ABOVE CLAIM TYPES)
OVERRIDEABLE:	YES	**TYPE OF DOCUMENT:**	PAPER, NON-PAPER, ELECTRONIC
DATA CORRECTABLE:	YES	**FIELD NAME:**	DOS, PROC
ESC NAME:	PROCEDURE CODE BILLED PRIOR TO THE PROCEDURE EFFECTIVE DATE		
ESC CRITERIA:	IF THE FROM DOS (DATE FIRST SERVICE) ON THE CLAIM IS PRIOR OR EQUAL TO THE PROCEDURE CODE'S EFFECTIVE DATE ON THE PROCEDURE CODE LIMIT TABLE (T_PROC_LIMITS), POST THE EDIT.		
EOB CODES:	2322 – DATE OF SERVICE BEFORE PROCEDURE IS PAYABLE		
METHOD OF CORRECTION:	1. VERIFY THE DATES OF SERVICE AND PROCEDURE CODE ARE ENTERED CORRECTLY. IF NOT, CORRECT.		
	2. IF THE DATES OF SERVICE AND PROCEDURE CODE ARE ENTERED CORRECTLY, DENY THE DETAIL WITH EOB CODE 2322.		

3.453 4047 (FORMER LEGACY EDIT N/A)

DMS Approved 05/06/2010

ERROR STATUS CODE:	4047 (FORMER LEGACY EDIT N/A)	**CLAIM TYPE:**	I, O
HEADER/DETAIL:	HEADER	**PROVIDER TYPE:**	01, 02, 04, 39, 92, 93
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	PAPER, NON-PAPER, ADJUSTMENTS
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	DIAGNOSIS
ESC NAME:	FOURTH DIAGNOSIS CODE NOT ON FILE		
ESC CRITERIA: **LEGACY CRITERIA:**	IF THE HEADER FOURTH DIAGNOSIS CODE IS NOT ON THE DIAGNOSIS TABLE (T_DIAGNOSIS), POST THE EDIT. N/A		
EOB CODES:	4047 – FIFTH DIAGNOSIS CODE IS INVALID.		
METHOD OF CORRECTION:	1. VERIFY THAT THE FIFTH DIAGNOSIS CODE WAS ENTERED CORRECTLY. IF NOT, DATA CORRECT. 2. IF ENTERED CORRECTLY, DENY THE CLAIM.		
	THIS ESC IS SET TO AUTO-DENY ON THE TYPE OF DOCUMENT – ELECTRONIC CLAIMS.		

3.454 4048 (FORMER LEGACY EDIT N/A)

DMS Approved 05/06/2010

ERROR STATUS CODE:	4048 (FORMER LEGACY EDIT N/A)	**CLAIM TYPE:**	I, O
HEADER/DETAIL:	HEADER	**PROVIDER TYPE:**	01, 02, 04, 39, 92, 93
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	PAPER, NON-PAPER, ELECTRONIC
DATA CORRECTABLE:	YES	**FIELD NAME:**	DIAG
ESC NAME:	SIXTH DIAGNOSIS CODE NOT ON FILE		
ESC CRITERIA:	IF THE CLAIM'S SIXTH DIAGNOSIS CODE IS NOT ON THE DIAGNOSIS TABLE (T_DIAGNOSIS), POST THE EDIT.		
EOB CODES:	4048 – SIXTH DIAGNOSIS CODE IS INVALID.		
METHOD OF CORRECTION:	1. VERIFY THAT THE SIXTH DIAGNOSIS CODE WAS ENTERED CORRECTLY. IF NOT, DATA CORRECT. 2. IF ENTERED CORRECTLY, DENY THE CLAIM.		

3.455 4049 (FORMER LEGACY EDIT N/A)

DMS Approved 05/06/2010

ERROR STATUS CODE:	4049 (FORMER LEGACY EDIT N/A)	**CLAIM TYPE:**	I, O
HEADER/DETAIL:	HEADER	**PROVIDER TYPE:**	01, 02, 04, 39, 92, 93
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	PAPER, NON-PAPER, ELECTRONIC
DATA CORRECTABLE:	YES	**FIELD NAME:**	DIAG
ESC NAME:	SEVENTH DIAGNOSIS CODE NOT ON FILE		
ESC CRITERIA:	IF THE CLAIM'S SEVENTH DIAGNOSIS CODE IS NOT ON THE DIAGNOSIS TABLE (T_DIAGNOSIS), POST THE EDIT.		
EOB CODES:	4049 – SEVENTH DIAGNOSIS CODE IS INVALID.		
METHOD OF CORRECTION:	1. VERIFY THAT THE SEVENTH DIAGNOSIS CODE WAS ENTERED CORRECTLY. IF NOT, DATA CORRECT. 2. IF ENTERED CORRECTLY, DENY THE CLAIM.		

3.456 4050 (FORMER LEGACY EDIT N/A)

DMS Approved 05/06/2010

ERROR STATUS CODE:	4050 (FORMER LEGACY EDIT N/A)	**CLAIM TYPE:**	I, O
HEADER/DETAIL:	HEADER	**PROVIDER TYPE:**	01, 02, 04, 39, 92, 93
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	PAPER, NON-PAPER, ELECTRONIC
DATA CORRECTABLE:	YES	**FIELD NAME:**	DIAG
ESC NAME:	EIGHTH DIAGNOSIS CODE NOT ON FILE		
ESC CRITERIA:	IF THE CLAIM'S EIGHTH DIAGNOSIS CODE IS NOT ON THE DIAGNOSIS TABLE (T_DIAGNOSIS), POST THE EDIT.		
EOB CODES:	4050 – EIGHTH DIAGNOSIS CODE IS INVALID.		
METHOD OF CORRECTION:	1. VERIFY THE DIAGNOSIS CODE IS ENTERED CORRECTLY. IF NOT, DATA CORRECT. 2. IF THE DIAGNOSIS CODE IS ENTERED CORRECTLY, DENY THE CLAIM WITH EOB CODE 4050.		

3.457 4051 (FORMER LEGACY EDIT N/A)

DMS Approved 05/06/2010

ERROR STATUS CODE:	4051 (FORMER LEGACY EDIT N/A)	**CLAIM TYPE:**	I, O
HEADER/DETAIL:	HEADER	**PROVIDER TYPE:**	01, 02, 04, 39, 92, 93
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	PAPER, NON-PAPER, ELECTRONIC
DATA CORRECTABLE:	YES	**FIELD NAME:**	DIAG
ESC NAME:	NINTH DIAGNOSIS CODE NOT ON FILE		
ESC CRITERIA:	IF THE CLAIM'S NINTH DIAGNOSIS CODE IS NOT ON THE DIAGNOSIS TABLE (T_DIAGNOSIS), POST THE EDIT.		
EOB CODES:	4051 – NINTH DIAGNOSIS CODE IS INVALID.		
METHOD OF CORRECTION:	1. VERIFY THE DIAGNOSIS CODE IS ENTERED CORRECTLY. IF NOT, DATA CORRECT. 2. IF THE DIAGNOSIS CODE IS ENTERED CORRECTLY, DENY THE CLAIM WITH EOB CODE 4051.		

3.458 4052 (FORMER LEGACY EDIT N/A)

DMS Approved 05/06/2010

ERROR STATUS CODE:	4052 (FORMER LEGACY EDIT N/A)	**CLAIM TYPE:**	I
HEADER/DETAIL:	HEADER	**PROVIDER TYPE:**	01, 02, 04, 92, 93
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	PAPER, NON-PAPER, ADJUSTMENTS
DATA CORRECTABLE	YES	**FIELD NAME:**	DIAGNOSIS
ESC NAME:	ADMITTING DIAGNOSIS CODE NOT ON FILE		
ESC CRITERIA:	IF THE ADMITTING DIAGNOSIS CODE IS NOT ON THE DIAGNOSIS TABLE (T_DIAGNOSIS), POST THE EDIT.		
EOB CODES:	4052 – ADMITTING DIAGNOSIS CODE IS INVALID.		
METHOD OF CORRECTION:	1. VERIFY THAT THE DIAGNOSIS CODE WAS ENTERED CORRECTLY. 2. IF NOT, DATA CORRECT. 3. IF ENTERED CORRECTLY, DENY THE CLAIM WITH EOB 4052.		

3.459 4053 (FORMER LEGACY EDIT 164)

DMS Approved 04/05/04

ERROR STATUS CODE:	4053 (FORMER LEGACY EDIT 164)	**CLAIM TYPE:**	I, M, O
HEADER/DETAIL:	HEADER	**PROVIDER TYPE:**	01, 36, 39, 92,93
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	PAPER, NON-PAPER, ADJUSTMENTS
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	PSUR

ESC NAME:	PRINCIPAL PROCEDURE CODE NOT ON FILE
ESC CRITERIA: **LEGACY CRITERIA:**	IF THE PRINCIPAL PROCEDURE CODE IS NOT ON THE ICD-9 PROCEDURE TABLE, POST THE ESC. FAILS WHEN THE PRIMARY PROCEDURE CODE IS NOT ON FILE.
EOB CODES:	0164 – PRIMARY SURGICAL PROCEDURE CODE MISSING OR NOT ON FILE.
METHOD OF CORRECTION:	1. VERIFY THAT THE PRIMARY SURGICAL PROCEDURE CODE WAS KEYED CORRECTLY. IF NOT, CORRECT THE DATA.
	2. IF KEYED CORRECTLY, DENY THE CLAIM.
	THIS ESC IS SET TO AUTO-DENY ON THE TYPE OF DOCUMENT – ELECTRONIC CLAIMS.

3.460 4054 (FORMER LEGACY EDIT 165)

DMS Approved 04/06/04

ERROR STATUS CODE:	4054 (FORMER LEGACY EDIT 165)	**CLAIM TYPE:**	I, M
HEADER/DETAIL:	HEADER	**PROVIDER TYPE:**	01, 36, 92, 93
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	PAPER, NON-PAPER, ADJUSTMENTS
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	SSUR

ESC NAME:	FIRST OTHER PROCEDURE CODE NOT ON FILE
ESC CRITERIA: **LEGACY CRITERIA:**	IF THE FIRST OTHER PROCEDURE CODE IS NOT ON THE ICD-9 PROCEDURE TABLE, POST THE ESC. FAILS WHEN THE SECONDARY PROCEDURE CODE IS NOT ON FILE.
EOB CODES:	0165 – SECONDARY SURGICAL PROCEDURE CODE NOT ON FILE.
METHOD OF CORRECTION:	1. VERIFY THAT THE SECONDARY SURGICAL PROCEDURE CODE WAS KEYED CORRECTLY. IF INCORRECT, CORRECT THE CLAIM.
	2. IF KEYED CORRECTLY, DENY THE CLAIM.
	THIS ESC IS SET TO AUTO-DENY ON THE TYPE OF DOCUMENT – ELECTRONIC CLAIMS.

3.461 4055 (FORMER LEGACY EDIT 171)

DMS Approved 04/06/04

ERROR STATUS CODE:	4055 (FORMER LEGACY EDIT 171)	**CLAIM TYPE:**	I, M
HEADER/DETAIL:	HEADER	**PROVIDER TYPE:**	01, 36, 92, 93
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	PAPER, NON-PAPER, MASS ADJUSTMENTS
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	SSUR, SSUR DTE

ESC NAME:	SECOND OTHER PROCEDURE CODE NOT ON FILE
ESC CRITERIA: **LEGACY CRITERIA:**	IF THE SECOND OTHER PROCEDURE CODE IS NOT ON FILE, POST THE ESC. IF THE SURGICAL PROCEDURE PERFORMED IS INVALID FOR THE DATE OF SERVICE, THE CLAIM WILL SUSPEND.
EOB CODES:	0171 – SURGICAL PROCEDURE CODE NOT FOUND.
METHOD OF CORRECTION:	1. VERIFY THAT THE PROCEDURE CODE WAS KEYED CORRECTLY. IF NOT, CORRECT THE DATA.
	2. VERIFY THAT THE DATE OF SERVICE WAS KEYED CORRECTLY. IF NOT, CORRECT THE DATA.
	3. IF KEYED CORRECTLY, DENY THE CLAIM.
	THIS ESC IS SET TO AUTO-DENY FOR THE TYPE OF DOCUMENT – ELECTRONIC CLAIMS.

3.462 4059 (FORMER LEGACY EDIT 152)

DMS Approved 01/26/96

ERROR STATUS CODE:	4059 (FORMER LEGACY EDIT 152)	**CLAIM TYPE:**	H, I, L, O
HEADER/DETAIL:	DETAIL	**PROVIDER TYPE:**	01, 02, 04, 11, 12, 34, 39, 41, 42, 44, 46, 47, 92, 93
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	PAPER, NON-PAPER, ADJUSTMENTS, ENCOUNTERS
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	REV CODE

ESC NAME:	REVENUE CODE NOT ON FILE
ESC CRITERIA: **LEGACY CRITERIA:**	IF THE REVENUE CODE IS NOT ON FILE, POST THE ESC. FAILS IF THE PROCEDURE, REVENUE, OR NDC CODE IS NOT ON THE PDD PROCEDURE FILE OR PDD DRUG FILE, AS APPLICABLE. CLAIM TYPE I FAILURES FOR REVENUE CODES ZR100 THROUGH ZR219 ARE AUTO-DENIED AT THE HEADER WITH EOB 752. FOR OTHER CLAIM TYPE I FAILURES, THE DETAIL CHARGE IS SYSTEMATICALLY MOVED TO THE NON-COVERED COLUMN AND EOB 753 IS SET. THE CLAIM DOES NOT SUSPEND.
EOB CODES:	0752 – PROCEDURE/REVENUE CODE MISSING OR NOT COVERED BY KY MEDICAID.
METHOD OF CORRECTION:	1. VERIFY THE PROCEDURE/NDC IS KEYED CORRECTLY. IF NOT, CORRECT THE DATA.
	2. IF THE CODE USED BY THE PROVIDER IS INVALID, DENY THE DETAIL WITH EOB 152.
	THIS ESC IS SET TO AUTO-DENY TYPE OF DOCUMENT - ELECTRONIC CLAIMS.

3.463 4060 (FORMER LEGACY EDIT N/A)

DMS Approved 05/06/2010

ERROR STATUS CODE:	4060 (FORMER LEGACY EDIT N/A)	**CLAIM TYPE:**	I , O
HEADER/DETAIL:	HEADER	**PROVIDER TYPE:**	01, 02, 04, 39, 92, 93
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	PAPER, NON-PAPER, ADJUSTMENTS
DATA CORRECTABLE	YES	**FIELD NAME:**	DIAGNOSIS
ESC NAME:	E (EMERGENCY) DIAGNOSIS CODE NOT ON FILE		
ESC CRITERIA:	IF THE E (EMERGENCY) DIAGNOSIS CODE IS NOT ON THE DIAGNOSIS TABLE (T_DIAGNOSIS), POST THE EDIT.		
EOB CODES:	4060 – E (EMERGENCY) DIAGNOSIS CODE IS INVALID.		
METHOD OF CORRECTION:	1. VERIFY THAT THE DIAGNOSIS CODE WAS ENTERED CORRECTLY. 2. IF NOT, DATA CORRECT. 3. IF ENTERED CORRECTLY, DENY THE CLAIM WITH EOB 4060.		

3.464 4061 (FORMER LEGACY EDIT N/A)

DMS Approved 06/2007

ERROR STATUS CODE:	4061 (FORMER LEGACY EDIT N/A)	**CLAIM TYPE:**	ALL
HEADER/DETAIL:	DETAIL	**PROVIDER TYPE:**	ALL
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	PAPER, NON-PAPER, ADJUSTMENTS
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	PROVIDER ID

ESC NAME:	NO REIMBURSEMENT RULE FOR CLAIM TYPE
ESC CRITERIA:	PHYSICIAN, PHYSICIAN CROSSOVER CLAIM TYPES: IF THE MEMBER'S CLAIM TYPE IS NOT WITHIN THE CLAIM TYPE RESTRICTION OF THE PROCEDURE REIMBURSEMENT RULE, POST THE EDIT. THE MEMBER'S CLAIM TYPE IS CALCULATED USING THE DETAIL FDOS. THE DETAIL FDOS/TDOS RANGE IS USED TO COMPARE THE RULE EFFECTIVE DATES. OUTPATIENT, LONG TERM CARE, AND HOME HEALTH: IF THE MEMBER'S CLAIM TYPE IS NOT WITHIN THE CLAIM TYPE RESTRICTION OF THE PROCEDURE, REVENUE CODE, OR ICD9 REIMBURSEMENT RULE, POST THE EDIT. THE MEMBER'S CLAIM TYPE IS CALCULATED USING THE DETAIL FDOS. THE DETAIL FDOS/TDOS RANGE IS USED TO COMPARE TO THE RULE EFFECTIVE DATES. INPATIENT: IF THE MEMBER'S CLAIM TYPE IS NOT WITHIN THE CLAIM TYPE RESTRICTION OF THE PROCEDURE, REVENUE CODE, DRG OR ICD9 REIMBURSEMENT RULE, POST THE EDIT. THE MEMBER'S CLAIM TYPE IS CALCULATED USING THE DETAIL FDOS. THE DETAIL FDOS/TDOS RANGE IS USED TO COMPARE TO THE RULE EFFECTIVE DATES. INPATIENT CROSSOVERS: IF THE MEMBER'S CLAIM TYPE IS NOT WITHIN THE CLAIM TYPE RESTRICTION OF THE PROCEDURE, REVENUE CODE, DRG OR ICD9 REIMBURSEMENT RULE, POST THE EDIT. THE MEMBER'S CLAIM TYPE IS CALCULATED USING THE HEADER FDOS. THE HEADER FDOS/TDOS RANGE IS USED TO COMPARE TO THE RULE EFFECTIVE DATES. OUTPATIENT CROSSOVERS: IF THE MEMBER'S CLAIM TYPE IS NOT WITHIN THE CLAIM TYPE RESTRICTION OF THE PROCEDURE, REVENUE CODE, OR ICD9 REIMBURSEMENT RULE, POST THE EDIT. THE MEMBER'S CLAIM TYPE IS CALCULATED USING THE HEADER FDOS. THE HEADER FDOS/TDOS RANGE IS USED TO COMPARE TO THE RULE EFFECTIVE DATES.
LEGACY CRITERIA:	N/A

EOB CODES:	4061 - NO REIMBURSEMENT RULE FOR CLAIM TYPE
METHOD OF CORRECTION:	VERIFY THAT THE INFORMATION WAS KEYED CORRECTLY. IF NOT, CORRECT THE DATA.
	IF ENTERED CORRECTLY, DENY THE CLAIM.

3.465 4062 (FORMER LEGACY EDIT N/A)

DMS Approved 06/2007

ERROR STATUS CODE:	4062 (FORMER LEGACY EDIT N/A)	**CLAIM TYPE:**	ALL
HEADER/DETAIL:	DETAIL	**PROVIDER TYPE:**	ALL
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	ALL
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	NONE

ESC NAME:	NO REIMBURSEMENT RULE FOR CONDITION CODE
ESC CRITERIA:	PHYSICIAN, PHYSICIAN CROSSOVER CLAIM TYPES: IF THE MEMBER'S CONDITION CODE IS NOT WITHIN THE CONDITION CODE RESTRICTION OF THE PROCEDURE REIMBURSEMENT RULE, POST THE EDIT. THE MEMBER'S CONDITION CODE IS CALCULATED USING THE DETAIL FDOS. THE DETAIL FDOS/TDOS RANGE IS USED TO COMPARE THE RULE EFFECTIVE DATES. OUTPATIENT, LONG TERM CARE, AND HOME HEALTH: IF THE MEMBER'S CONDITION CODE IS NOT WITHIN THE CONDITION CODE RESTRICTION OF THE PROCEDURE, REVENUE CODE, OR ICD9 REIMBURSEMENT RULE, POST THE EDIT. THE MEMBER'S CONDITION CODE IS CALCULATED USING THE DETAIL FDOS. THE DETAIL FDOS/TDOS RANGE IS USED TO COMPARE TO THE RULE EFFECTIVE DATES. INPATIENT: IF THE MEMBER'S CONDITION CODE IS NOT WITHIN THE CONDITION CODE RESTRICTION OF THE PROCEDURE, REVENUE CODE, DRG OR ICD9 REIMBURSEMENT RULE, POST THE EDIT. THE MEMBER'S CONDITION CODE IS CALCULATED USING THE DETAIL FDOS. THE DETAIL FDOS/TDOS RANGE IS USED TO COMPARE TO THE RULE EFFECTIVE DATES. INPATIENT CROSSOVERS: IF THE MEMBER'S CONDITION CODE IS NOT WITHIN THE CONDITION CODE RESTRICTION OF THE PROCEDURE, REVENUE CODE, DRG OR ICD9 REIMBURSEMENT RULE, POST THE EDIT. THE MEMBER'S CONDITION CODE IS CALCULATED USING THE HEADER FDOS. THE HEADER FDOS/TDOS RANGE IS USED TO COMPARE TO THE RULE EFFECTIVE DATES. OUTPATIENT CROSSOVERS: IF THE MEMBER'S CONDITION CODE IS NOT WITHIN THE CONDITION CODE RESTRICTION OF THE PROCEDURE, REVENUE CODE, OR ICD9 REIMBURSEMENT RULE, POST THE EDIT. THE MEMBER'S CONDITION CODE IS CALCULATED USING THE HEADER FDOS. THE HEADER FDOS/TDOS RANGE IS USED TO COMPARE TO THE RULE

LEGACY CRITERIA:	EFFECTIVE DATES. N/A
EOB CODES:	4062 - NO REIMBURSEMENT RULE FOR CONDITION CODE
METHOD OF CORRECTION:	VERIFY THAT THE INFORMATION WAS KEYED CORRECTLY. IF NOT, CORRECT THE DATA.
	IF ENTERED CORRECTLY, DENY THE CLAIM.

3.466 4063

3.466.1 4063 (FORMER LEGACY EDIT 166)

DMS Approved 04/06/04

ERROR STATUS CODE:	4063 (FORMER LEGACY EDIT 166)	**CLAIM TYPE:**	I, M
HEADER/DETAIL:	HEADER	**PROVIDER TYPE:**	01, 36, 92, 93
OVERRIDEABLE:	YES	**TYPE OF DOCUMENT:**	PAPER, NON-PAPER, ADJUSTMENTS
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	PSUR, MEMBER ID
ESC NAME:	ICD-9-CM PROCEDURE CODE/AGE RESTRICTION		
ESC CRITERIA: **LEGACY CRITERIA:**	IF THE MEMBER'S AGE DOES NOT FALL WITHIN THE ICD-9-CM PROCEDURE FILE AGE RANGE, POST THE ESC. FAILS WHEN THE PRIMARY PROCEDURE IS INVALID FOR THE MEMBER'S AGE AS INDICATED ON THE PDDS FILE.		
EOB CODES:	4063 – ICD-9-CM PROCEDURE CODE/AGE RESTRICTION.		
METHOD OF CORRECTION:	1. VERIFY THAT THE MEMBER NUMBER WAS KEYED CORRECTLY. IF NOT, CORRECT THE DATA.		
	2. VERIFY THAT THE PRIMARY SURGICAL PROCEDURE CODE WAS KEYED CORRECTLY. IF NOT, CORRECT THE DATA.		
	3. IF KEYED CORRECTLY, DENY THE CLAIM.		
	THIS ESC IS SET TO AUTO-DENY ON THE TYPE OF DOCUMENT – ELECTRONIC CLAIMS.		

3.466.2 4063 (FORMER LEGACY EDIT 167)

DMS Approved 04/06/04

ERROR STATUS CODE:	4063 (FORMER LEGACY EDIT 167)	**CLAIM TYPE:**	I, M
HEADER/DETAIL:	HEADER	**PROVIDER TYPE:**	01, 36, 92, 93
OVERRIDEABLE:	YES	**TYPE OF DOCUMENT:**	PAPER, NON-PAPER, ADJUSTMENTS
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	SSUR, MEMBER ID
ESC NAME:	ICD-9-CM PROCEDURE CODE/AGE RESTRICTION		
ESC CRITERIA: **LEGACY CRITERIA:**	IF THE MEMBER'S AGE DOES NOT FALL WITHIN THE ICD-9-CM PROCEDURE FILE AGE RANGE, POST THE ESC. FAILS WHEN THE SECONDARY PROCEDURE IS INVALID FOR THE MEMBER'S AGE AS INDICATED ON THE PDDS FILE.		
EOB CODES:	4063 – ICD-9-CM PROCEDURE CODE/AGE RESTRICTION.		
METHOD OF CORRECTION:	1. VERIFY THE SECONDARY SURGICAL PROCEDURE CODE AND MEMBER NUMBER WERE KEYED CORRECTLY. IF NOT, CORRECT THE DATA.		
	2. IF CORRECT, DENY THE CLAIM.		
	THIS ESC IS SET TO AUTO-DENY ON THE TYPE OF		

	DOCUMENT – ELECTRONIC CLAIMS.

3.467 4064

3.467.1 4064 (FORMER LEGACY EDIT 168)

DMS Approved 04/06/04

ERROR STATUS CODE:	4064 (FORMER LEGACY EDIT 168)	**CLAIM TYPE:**	I, M
HEADER/DETAIL:	HEADER	**PROVIDER TYPE:**	01, 36, 92, 93
OVERRIDEABLE:	YES	**TYPE OF DOCUMENT:**	PAPER, NON-PAPER, ADJUSTMENTS
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	PSUR, MEMBER ID

ESC NAME:	GENDER RESTRICTION FOR COVERED ICD-9.
ESC CRITERIA: **LEGACY CRITERIA:**	IF THE GENDER FOR THE ICD-9 PROCEDURE CODE ON THE CLAIM IS NOT INDICATED AS BOTH GENDERES, OR THE GENDER ON THE CLAIM DOES NOT MATCH THE GENDER FOR THE PROCEDURE, POST THE ESC. IF THE SURGICAL PROCEDURE PERFORMED IS INCONSISTENT OR ILLOGICAL FOR THE MEMBER'S SEX, THE CLAIM WILL SUSPEND.
EOB CODES:	4064 – GENDER RESTRICTION FOR COVERED ICD-9
METHOD OF CORRECTION:	1. VERIFY THAT THE PROCEDURE CODE, MEMBER'S GENDER, AND MEMBER NUMBER WERE KEYED CORRECTLY. IF NOT, CORRECT THE DATA.
	2. IF KEYED CORRECTLY, DENY THE CLAIM.
	THIS ESC IS SET TO AUTO-DENY ON THE TYPE OF DOCUMENT – ELECTRONIC CLAIMS.

3.467.2 4064 (FORMER LEGACY EDIT 169)

DMS Approved 04/06/04

ERROR STATUS CODE:	4064 (FORMER LEGACY EDIT 169)	**CLAIM TYPE:**	I, M
HEADER/DETAIL:	HEADER	**PROVIDER TYPE:**	01, 36, 92, 93
OVERRIDEABLE:	YES	**TYPE OF DOCUMENT:**	PAPER, NON-PAPER, ADJUSTMENTS
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	SSUR, MEMBER ID

ESC NAME:	GENDER RESTRICTION FOR COVERED ICD-9.
ESC CRITERIA: **LEGACY CRITERIA:**	IF THE GENDER FOR THE ICD-9 PROCEDURE CODE ON THE CLAIM IS NOT INDICATED AS BOTH GENDERES, OR THE GENDER ON THE CLAIM DOES NOT MATCH THE GENDER FOR THE PROCEDURE, POST THE ESC. IF THE SURGICAL PROCEDURE PERFORMED IS INCONSISTENT OR ILLOGICAL FOR THE MEMBER'S SEX, THE CLAIM WILL SUSPEND.
EOB CODES:	4064 – GENDER RESTRICTION FOR COVERED ICD-9
METHOD OF CORRECTION:	1. VERIFY THAT THE SECONDARY SURGICAL PROCEDURE CODE, MEMBER'S GENDER, AND MEMBER NUMBER

	WERE KEYED CORRECTLY. IF NOT, CORRECT THE DATA.
	2. IF KEYED CORRECTLY, DENY THE CLAIM.
	THIS ESC IS SET TO AUTO-DENY ON THE TYPE OF DOCUMENT – ELECTRONIC CLAIMS.

3.468 4065

3.468.1 4065 (FORMER LEGACY EDIT 181)

DMS Approved 05/24/2004

ERROR STATUS CODE:	4065 (FORMER LEGACY EDIT 181)	**CLAIM TYPE:**	H, I, M, O
HEADER/DETAIL:	HEADER/DETAIL	**PROVIDER TYPE:**	01, 02, 04, 34, 39, 41, 42, 46, 47, 92, 93, CT M (ALL EXCEPT 27, 28, 40, 45, 50, 52, 55, 56, 57, 70, 77, 80)
OVERRIDEABLE:	YES	**TYPE OF DOCUMENT:**	PAPER, NON-PAPER, ADJUSTMENTS
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	PROC/NDC, PDUR, SSUR, PDIAG, SDIAG, TDIAG

ESC NAME:	ICD-9-CM PROCEDURE CODE REQUIRES ATTACHMENT
ESC CRITERIA:	IF THE ICD9-CM PROCEDURE REQUIRES AN ATTACHMENT AND THE CLAIM'S REGION CODE INDICATES THAT IT DOES NOT HAVE AN ATTACHMENT (10, 20, 22, 25), POST THE ESC.
LEGACY CRITERIA:	FAILS IF THE PROCEDURE CODE HAS A “Y” IN THE STERILIZATION FIELD ON THE PDD FILE PROCEDURE DISPLAY SCREEN 1. FAILS IF THE DIAGNOSIS CODE HAS A “Y” IN THE STERILIZATION FIELD ON THE PDD FILE - DIAGNOSIS DISPLAY SCREEN. **NOTE: FOR CMS CLAIMS, ONLY DETAILS WHICH RELATE TO ONE OF THE DIAGNOSIS CODES FAIL.**
EOB CODES:	4065 – ICD-9-CM PROCEDURE CODE REQUIRES ATTACHMENT
METHOD OF CORRECTION:	0108 – CONSENT FORM IS INCOMPLETE. 0109 – INCORRECT STERILIZATION CONSENT FORM USED. 0114 - REQUIRED CONSENT FORM DOCUMENTATION WAS NOT COMPLETED PRIOR TO STERILIZATION PROCEDURE. CLAIM NOT PAYABLE BY MEDICAID. 0153 – PROCEDURE CODE INVALID FOR DIAGNOSIS CODE. 0178 – EXPECTED DATE OF DELIVERY MUST BE AT LEAST 30 DAYS FROM DATE OF CONSENT. 0181 – RESUBMIT WITH FEDERAL STERILIZATION CONSENT FORM ATTACHED. 0185 – CONSENT FORM MUST BE SIGNED BY MEMBER 30 DAYS PRIOR TO STERILIZATION. 0186 – STERILIZATION MUST BE 180 DAYS OR LESS FROM DATE CONSENT SIGNED BY MEMBER. 0187 – STAMPED SIGNATURES ARE UNACCEPTABLE. 0189 – CONSENT FORM MUST BE SIGNED AND DATED AT LEAST 72 HOURS PRIOR TO STERILIZATION PROCEDURE IN CASES OF EMERGENCY SURGERY OR PREMATURE DELIVERY.
	1. IF THE CLAIM IS A UB04 AND HAS CHARGES LISTED UNDER NON-COVERED IN FORM LOCATOR 48

	TRANSFER THE CLAIM TO LOCATION 20 FOR PRIOR AUTHORIZATION STAFF REVIEW.
	2. IF STEP TWO DOES NOT APPLY, REVIEW THE ATTACHED DOCUMENTATION TO DETERMINE IF A STERILIZATION CONSENT FORM (MAP 250) IS ATTACHED. THE CONSENT FORM MUST BE A MAP 250. IFTHERE IS A CONSENT FORM OTHER THAN A MAP 250 AND NO MEDICAL DOCUMENTATION IS ATTACHED, DENY THE ESC WITH EOB 0109.
	3. IF THERE IS NO CONSENT FORM, BUT MEDICAL DOCUMENTATION DESCRIBING THE PROCEDURE PERFORMED IS ATTACHED TRANSFER THE CLAIM TO PRIOR AUTHORIZATION LOCATION 20.
	4. IF THERE IS NO CONSENT FORM AND NO MEDICAL DOCUMENTATION PRESENT AND STEP TWO DOES NOT APPLY, DENY THE CLAIM/DETAIL WITH EOB 0181.
	5. IF A STERILIZATION CONSENT FORM IS ATTACHED REVIEW THE CONSENT FORM TO ENSURE IT IS COMPLETED TO THE FOLLOWING SPECIFICATIONS:

Sterilization Form Review Procedures

Information to be reviewed on the Sterilization Consent Form has been numbered on the attached example to coordinate with the following review instructions: (Please note that all required information must be Legible or the ESC should be Denied with EOB 095).

CONSENT TO STERILIZATION

1. THE NAME OF THE PHYSICIAN OR THE CLINIC AT WHICH THE MEMBER OBTAINED INFORMATION REGARDING THE STERILIZATION PROCEDURE IS REQUIRED. IF MISSING, DENY WITH EOB 0108.

- THE NAME OF THE STERILIZATION PROCEDURE TO BE PERFORMED IS REQUIRED. IF MISSING, REVIEW BLANK SIX. IF BOTH BLANK TWO AND SIX ARE MISSING, DENY WITH EOB 114. IF BLANK TWO IS MISSING BUT BLANK SIX IS COMPLETED, DENY WITH EOB 0108.
- THE MEMBER'S BIRTHDATE (MONTH, DAY, AND YEAR) IS REQUIRED. IF MISSING, DENY WITH EOB 0098.
- THE MEMBER'S NAME IS REQUIRED. THE NAME OF THE MEMBER ON THE CONSENT FORM MUST BE THE SAME AS THE NAME OF THE MEMBER ON THE CLAIM FORM. IF INFORMATION ON THE CLAIM OR THE CONSENT FORM INDICATES THAT THE MEMBER'S LAST NAME HAS CHANGED, IT IS ACCEPTABLE FOR THE LAST NAMES TO BE DIFFERENT. IF MISSING, DENY WITH EOB 0108.
- THE NAME OF A DOCTOR, CLINIC, OR MEDICAL FACILITY IS REQUIRED. IF MISSING, DENY WITH EOB 0108.
- THE NAME OF THE STERILIZATION PROCEDURE TO BE PERFORMED IS REQUIRED. IF MISSING REVIEW BLANK TWO. IF BOTH BLANK TWO AND SIX ARE MISSING, DENY WITH EOB 0114. IF BLANK SIX IS MISSING BUT BLANK TWO IS COMPLETE DENY WITH EOB 0108.
- THE MEMBER'S SIGNATURE IS REQUIRED. THIS SIGNATURE CANNOT APPEAR ALTERED IN ANY WAY. IF THE SIGNATURE APPEARS TO HAVE BEEN ALTERED, DENY WITH EOB 0103. ACCEPTABLE FORMS OF THE MEMBER'S SIGNATURE INCLUDES INITIALS ONLY, INITIALS AND LAST NAME, ABBREVIATED NAME, AND PRINTED NAME.
- THE DATE OF THE MEMBER'S SIGNATURE IS REQUIRED. COMPARE THE MEMBER'S SIGNATURE DATE TO THE DATE OF BIRTH LISTED IN BLANK NUMBER THREE TO ENSURE THE MEMBER WAS AT LEAST 21 YEARS OLD ON THAT DATE. IF THE MEMBER WAS NOT 21 YEARS OLD ON THIS DATE, DENY THE ESC WITH EOB 0098. THIS DATE CANNOT BE ALTERED OR CHANGED IN ANY WAY. IF THE DATE APPEARS TO ALTERED, DENY THE ESC WITH EOB 0103.

INTERPRETER'S STATEMENT

Blanks number 8A, 8B, AND 8C are not required to be completed, but if one of them is completed then ALL of them must be completed.

8A. THE LANGUAGE THE CONSENT FORM WAS INTERPRETED IN MUST BE LISTED, IF APPLICABLE.

8B. THE SIGNATURE OF THE INTERPRETER MUST BE LISTED, IF APPLICABLE.

8C. THE DATE OF THE INTERPRETER'S SIGNATURE MUST BE LISTED IF APPLICABLE. If completed, the date of the interpreter's signature must be on or after the date of the MEMBER's signature in Blank Eight.

If one of the three blanks is completed and all three are not completed, deny with eob 0108.

STATEMENT OF PERSON OBTAINING CONSENT

1. THE NAME OF THE MEMBER IS REQUIRED. IF MISSING, DENY WITH EOB 0108.

- THE NAME OF THE STERILIZATION PROCEDURE IS REQUIRED. IF MISSING, DENY WITH EOB 0108.
- THE SIGNATURE OF THE PERSON OBTAINING CONSENT IS REQUIRED. PLEASE NOTE THIS CANNOT BE THE MEMBER'S SIGNATURE. AN ORIGINAL HANDWRITTEN SIGNATURE IS REQUIRED.. IF MISSING OR A STAMPED SIGNATURE, DENY WITH EOB 0099.
- THE SIGNATURE DATE OF THE PERSON OBTAINING CONSENT MUST BE ON OR AFTER THE DATE IN BLANK EIGHT. IF IT IS NOT ON OR AFTER THIS DATE, OR IF THE DATE IS MISSING DENY WITH EOB 0099.
- A NAME OR FACILITY WHERE CONSENT WAS OBTAINED IS REQUIRED. A SPECIFIC STREET ADDRESS IS SUFFICIENT. IF MISSING DENY WITH EOB 0108.
- THE CITY OR TOWN WHERE THE CONSENT WAS OBTAINED IS REQUIRED. IF MISSING DENY WITH EOB 0108.

PHYSICIAN'S STATEMENT

1. THE MEMBER'S NAME IS REQUIRED. IF MISSING DENY WITH EOB 0108.

- THE DATE THE STERILIZATION OPERATION WAS PERFORMED IS REQUIRED. COMPARE THIS DATE TO THE DATE ON THE CLAIM FORM TO ENSURE THAT THEY MATCH. ON UB04 CLAIMS, IF BILLING FOR LABORATORY SERVICES ONLY, THE DATE ON THE CONSENT MAY BE AFTER THE CLAIM SERVICE DATE. ON OTHER UB04 CLAIMS COMPARE THE CONSENT FORM DATE TO THE DATE NEXT TO THE STERILIZATION SURGICAL PROCEDURE CODE. IF NO STERILIZATION PROCEDURE CODE IS LISTED VERIFY THAT THE DATE ON THE CONSENT IS DURING THE STATEMENT COVERED PERIOD ON THE CLAIM. IF IF THE DATE ON THE CLAIM DOES NOT MATCH THE DATE ON THE FORM OR THE DATE IS MISSING, DENY WITH EOB 097. ALSO, THIS DATE MUST BE AT LEAST MORE THAN 30 DAYS FROM THE DATE IN BLANK EIGHT BUT NO MORE THAN 180 DAYS FROM THE DATE. IF LESS THAN 30 DAYS REVIEW BLANKS 18A, 18B, AND 18C.
- THIS BLANK IS A CONTINUATION OF BLANK 16. NO ENTRY IS REQUIRED.
- THE NAME OF THE STERILIZATION PROCEDURE IS REQUIRED. IF MISSING,

DENY WITH EOB 0108.

THE BLOCKS 18A, 18B, AND 18C ARE USED TO INDICATE A REASON FOR A STERILIZATION PROCEDURE BEING PERFORMED BEFORE 30 DAYS HAVE ELAPSED FROM THE DATE OF THE MEMBER'S SIGNATURE. THEY ARE REQUIRED ONLY IF APPLICABLE.

18A. IF PREMATURE DELIVERY IS CHECKED REVIEW BLANK 18B FOR INSTRUCTIONS.

18B. IF BLANK 18A IS CHECKED, THE MEMBER'S EXPECTED DELIVERY DATE MUST BE LISTED AND MUST BE MORE THAN 30 DAYS FROM THE DATE IN BLANK EIGHT. IF THE DATE OF EXPECTED DELIVERY IS NOT 30 DAYS FROM THE DATE OF CONSENT, DENY THE ESC WITH EOB 0178. IF DATE OF EXPECTED DELIVERY IS NOT AT LEAST THREE DAYS FROM THE DATE THE PROCEDURE WAS PERFORMED DENY WITH EOB 0189.

18C. EMERGENCY ABDOMINAL SURGERY IS CHECKED IF APPLICABLE. IF THIS BLANK IF CHECKED THE DATE IN BLANK EIGHT MUST BE AT LEAST THREE 3 DAYS FROM THE DATE THE PROCEDURE WAS PERFORMED. IF NOT DENY THE ESC WITH EOB 0189.

- THE PHYSICIAN'S SIGNATURE IS REQUIRED. AN ORIGINAL HANDWRITTEN SIGNATURE IS REQUIRED. IF A STAMPED SIGNATURE IS PRESENT, DENY WITH EOB 187. IF MISSING, DENY WITH EOB 0094.
- THE DATE OF THE PHYSICIAN'S SIGNATURE IS REQUIRED. THIS DATE MUST BE ON OR AFTER THE DATE THE PROCEDURE IS PERFORMED. IF THE PHYSICIAN'S SIGNATURE IS PRIOR TO THE DATE IN BLANK SIXTEEN OR IS MISSING, DENY WITH EOB 0094.

INSTRUCTIONS FOR OVERRIDING ESC 4065

1. IF EVERYTHING IS COMPLETED CORRECTLY, OVERRIDE THE ESC.

20. IF THE ESC IS OVERRIDDEN, AND THE CLAIM IS NOT A UB04 BILLING FOR LABORATORY CHARGES ONLY, THE DIAGNOSIS MUST BE CHANGED TO ONE OF THE FOLLOWING CODES AS APPROPRIATE FOR THE SITUATION:

- Y8500 – ELECTIVE STERILIZATION
- Y8501 – ELECTIVE STERILIZATION WITH INTERPRETER STATEMENT
- Y3400 – PREMATURE DELIVERY AND STERILIZATION
- Y3401 – PREMATURE DELIVERY AND STERILIZATION WITH INTERPRETER STATEMENT
- Y3500 – STERILIZATION WITH EMERGENCY ABDOMINAL SURGERY
- Y3501 – STERILIZATION WITH EMERGENCY ABDOMINAL SURGERY WITH INTERPRETER STATEMENT
- UTILIZE THE FOLLOWING GUIDELINES IN DETERMINING WHICH DIAGNOSIS FIELD (PRIMARY, SECONDARY, TERTIARY, FOURTH, OR FIFTH)

TO BE DATA CORRECTED.

- IF THERE IS ONLY ONE DIAGNOSIS CODE PRESENT ON THE CLAIM AND THAT DIAGNOSIS CODE IS A STERILIZATION DIAGNOSIS (V615, V233, V252, OR V259) THEN OVERLAY THE PRIMARY DIAGNOSIS CODE WITH APPROPRIATE STERILIZATION DIAGNOSIS.
- IF NONE OF THE STERILIZATION DIAGNOSIS CODES ARE PRESENT, CORRECT THE APPROPRIATE DIAGNOSIS CODE IN THE NEXT AVAILABLE BLANK DIAGNOSIS CODE FIELD.
- IF ALL OF THE CLAIM'S DIAGNOSIS FIELDS ARE FILLED AND NONE ARE THE STERILIZATION DIAGNOSIS CODES, THEN ENTER THE APPROPRIATE DIAGNOSIS CODE INTO THE FIFTH DIAGNOSIS CODE FIELD.
- ON CMS CLAIM FORMS, CHANGE THE DETAIL DIAGNOSIS CODE INDICATOR ON THE DETAIL WITH THE STERILIZATION PROCEDURE CODE TO CORRESPOND WITH THE DIAGNOSIS FIELD IN WHICH THE STERILIZATION APPROVAL DIAGNOSIS CODE WAS ENTERED.

MAP-250
(REV. 5/87)

CONSENT FORM

NOTICE: YOUR DECISION AT ANY TIME NOT TO BE STERILIZED WILL NOT RESULT IN THE WITHDRAWAL OR WITHHOLDING OF ANY BENEFITS PROVIDED BY PROGRAMS OR PROJECTS RECEIVING FEDERAL FUNDS.

Press firmly to assure legible copies

■ CONSENT TO STERILIZATION ■

I have asked for and received information about sterilization from John Smith MD (doctor or clinic). When I first asked for the information, I was told that the decision to be sterilized is completely up to me. I was told that I could decide not to be sterilized. If I decide not to be sterilized, my decision will not affect my right to future care or treatment. I will not lose any help or benefits from programs receiving Federal funds, such as A.F.D.C. or Medicaid that I am now getting or for which I may become eligible.

I UNDERSTAND THAT THE STERILIZATION MUST BE CONSIDERED PERMANENT AND NOT REVERSIBLE. I HAVE DECIDED THAT I DO NOT WANT TO BECOME PREGNANT, BEAR CHILDREN OR FATHER CHILDREN.

I was told about those temporary methods of birth control that are available and could be provided to me which will allow me to bear or father a child in the future. I have rejected these alternatives and chosen to be sterilized.

I understand that I will be sterilized by an operation known as a Tubal Ligation. The discomforts, risks and benefits associated with the operation have been explained to me. All my questions have been answered to my satisfaction.

I understand that the operation will not be done until at least thirty days after I sign this form. I understand that I can change my mind at any time and that my decision at any time not to be sterilized will not result in the withholding of any benefits or medical services provided by federally funded programs.

I am at least 21 years of age and was born on 09 27 70 (Month Day Year)

I, Jane Doe, hereby consent of my own free will to be sterilized by John Smith MD (doctor) by a method called Tubal Ligation. My consent expires 180 days from the date of my signature below.

I also consent to the release of this form and other medical records about the operation to:

Representatives of the Department of Health, Education, and Welfare or

Employees of programs or projects funded by that Department but only for determining if Federal laws were observed.

I have received a copy of this form.

Jane Doe (Signature) Date 09-19-95 (Month Day Year)

You are requested to supply the following information, but it is not required:

Race and ethnicity designation (please check)

- ☐ American Indian or Alaska Native
- ☐ Asian or Pacific Islander
- ☐ Black (not of Hispanic origin)
- ☐ Hispanic
- ☒ White (not of Hispanic origin)

■ INTERPRETER'S STATEMENT ■

If an interpreter is provided to assist the individual to be sterilized:

I have translated the information and advice presented orally to the individual to be sterilized by the person obtaining this consent. I have also read him/her the consent form in _____ language and explained its contents to him/her. To the best of my knowledge and belief he/she understood this explanation.

_____ (Interpreter) _____ (Date)

■ STATEMENT OF PERSON OBTAINING CONSENT ■

Before Jane Doe (name of individual) signed the consent form, I explained to him/her the nature of the sterilization operation Tubal Ligation, the fact that it is intended to be a final and irreversible procedure and the discomforts, risks and benefits associated with it.

I counseled the individual to be sterilized that alternative methods of birth control are available which are temporary. I explained that sterilization is different because it is permanent.

I informed the individual to be sterilized that his/her consent can be withdrawn at any time and that he/she will not lose any health services or any benefits provided by Federal funds.

To the best of my knowledge and belief the individual to be sterilized is at least 21 years old and appears mentally competent. He/She knowingly and voluntarily requested to be sterilized and appears to understand the nature and consequence of the procedure.

John Smith M.D. (Signature of person obtaining consent) 09-19-95 (Date)

123 Lone Oak (Facility)

Derby, Kentucky 40000 (Address)

■ PHYSICIAN'S STATEMENT ■

Shortly before I performed a sterilization operation upon Jane Doe (name of individual to be sterilized) on 10 20 95 (Date of sterilization) Tubal Ligation (operation), I explained to him/her the nature of the sterilization operation Tubal Ligation (specify type of operation), the fact that it is intended to be a final and irreversible procedure and the discomforts, risks and benefits associated with it.

I counseled the individual to be sterilized that alternative methods of birth control are available which are temporary. I explained that sterilization is different because it is permanent.

I informed the individual to be sterilized that his/her consent can be withdrawn at any time and that he/she will not lose any health services or benefits provided by Federal funds.

To the best of my knowledge and belief the individual to be sterilized is at least 21 years old and appears mentally competent. He/She knowingly and voluntarily requested to be sterilized and appeared to understand the nature and consequences of the procedure.

(Instructions for use of alternative final paragraphs: Use the first paragraph below except in the case of premature delivery or emergency abdominal surgery where the sterilization is performed less than 30 days after the date of the individual's signature on the consent form. In those cases, the second paragraph below must be used. Cross out the paragraph which is not used.)

(1) At least thirty days have passed between the date of the individual's signature on this consent form and the date the sterilization was performed.

~~(2) This sterilization was performed less than 30 days but more than 72 hours after the date of the individual's signature on this consent form because of the following circumstances (check applicable box and fill in information requested):~~

- ~~☐ Premature delivery~~
- ~~☐ Individual's expected date of delivery:~~
- ~~☒ Emergency abdominal surgery:~~

~~(describe circumstances):~~

John Smith M.D. (Physician) 10-20-95 (Date)

3. State Agency, Program or Project

(U.S. GOVERNMENT PRINTING OFFICE: 1978 O—276-333)

3.468.2 4065 (FORMER LEGACY EDIT 182)

DMS Approved 05/24/2004

ERROR STATUS CODE:	4065 (FORMER LEGACY EDIT 182)	**CLAIM TYPE:**	H, I, M, O
HEADER/DETAIL:	HEADER/DETAIL	**PROVIDER TYPE:**	01, 02, 04, 34, 39, 41, 42, 46, 47, 92, 93, CT M (ALL EXCEPT 15, 20, 21, 22, 23, 24, 27, 28, 29, 40, 45, 50, 52, 55, 56, 57, 70, 77, 80)
OVERRIDEABLE:	YES	**TYPE OF DOCUMENT:**	PAPER, NON-PAPER, ADJUSTMENTS
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	PROC, PSUR, SSUR, PDIAG, SDIAG, TDIAG

ESC NAME:	ICD-9-CM PROCEDURE CODE REQUIRES ATTACHMENT
ESC CRITERIA: **LEGACY CRITERIA:**	IF THE ICD9-CM PROCEDURE REQUIRES AN ATTACHMENT AND THE CLAIM'S REGION CODE INDICATES THAT IT DOES NOT HAVE AN ATTACHMENT (10, 20, 22, 25), POST THE ESC. SUSPENDS WHEN PROCEDURE CODE IS: 750, 6901, 6902, 6909, 6951, 6952, 6959, 6993, 7491, 9649, 56343, 56344, 58996, 59100, 59105, 59106, 59160, 59800, 59801, 59810, 59811, 59812, 59820, 59821, 59830, 59840, 59841, 59850, 59851, 59852, 59855-59857, IF DIAGNOSIS CODE IS: 6320, 6340 THRU 6349, 6350 THROUGH 6389, 6400, 6408, 6409, 6463. **<u>EXCLUSIONS:</u>** FOR PT 64/65 BYPASS ESC 4065 IF THE PRIOR AUTHORIZATION NUMBER ON THE CLAIM IS GREATER THAN ZERO. PER DCR01116 CLAIM TYPES I AND M WITH DATES OF SERVICE ON OR AFTER 07/01/03 BYPASS ESC 4065. (DCR 00923) CLAIM TYPE M WITH THE PROVIDER SPECIALITY ‘05’ WITH DATES OF SERVICE ON OR AFTER 07/01/03 BYPASS ESC 4065. (DCR 00923)
EOB CODES:	4065 – ICD-9-CM PROCEDURE CODE REQUIRES ATTACHMENT 0092 - THIS SERVICE DENIED. PLEASE RESUBMIT WITH COPY OF PATHOLOGY REPORT. 0093 - THIS SERVICE DENIED. PLEASE RESUBMIT WITH HISTORY AND PHYSICAL NOTES. 0153 - PROCEDURE CODE INVALID FOR DIAGNOSIS CODE. 0182 - RESUBMIT WITH OPERATIVE NOTES OR EXPLANATION OF PROCEDURE. 0184 - RESUBMIT WITH MAP-235 OR MAP 236 ATTACHED IF APPROPRIATE. 0235 - SERVICE NOT PROVIDED UNDER THE MEDICAID

	PROGRAM.
METHOD OF CORRECTION:	1. REFER TO PRIOR AUTHORIZATION.
PRIOR AUTHORIZATION NURSE	1. VERIFY ALL DATA WAS KEYED CORRECTLY. IF NOT, CORRECT THE DATA.
	2. REVIEW STATE CRITERIA TO DETERMINE IF ABORTION MEETS THE STATE AND FEDERAL GUIDELINES. IF ABORTION MEETS CRITERIA, OVERRIDE ALL DETAILS.
	3. IF STATE CRITERIA IS NOT MET, DENY THE CLAIM.
	THIS ESC IS SET TO AUTO-DENY FOR THE TYPE OF DOCUMENT – ELECTRONIC CLAIMS.

3.468.3 4065 (FORMER LEGACY EDIT 183)

DMS Approved 07/08/04

ERROR STATUS CODE:	4019 (FORMER LEGACY EDIT 183)	**CLAIM TYPE:**	H, I, M, O
HEADER/DETAIL:	HEADER/DETAIL	**PROVIDER TYPE:**	01, 02, 04, 34, 39, 41, 42, 46, 47, 92, 93, CT M (ALL EXCEPT 27, 28, 40, 45, 50, 52, 55, 56, 57, 70, 77, 80)
OVERRIDEABLE:	YES	**TYPE OF DOCUMENT:**	PAPER, NON-PAPER, ADJUSTMENTS
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	PROC/NDC, PDUR, SSUR, PDIAG, SDIAG, TDIAG
ESC NAME:	ICD-9-CM PROCEDURE CODE REQUIRES ATTACHMENT		
ESC CRITERIA: **LEGACY CRITERIA:**	IF THE ICD9-CM PROCEDURE REQUIRES AN ATTACHMENT AND THE CLAIM'S REGION CODE INDICATES THAT IT DOES NOT HAVE AN ATTACHMENT (10, 20, 22, 25), POST THE ESC. SUSPENDS WHEN PROCEDURE CODE IS: 51925, 58150, 58152, 58180, 58200, 58210, 58240, 58260, 58262, 58263, 58265, 58267, 58270, 58275, 58280, 58285, 58308, 58951, 59525, 59560, 59561, 59580, 58581, 683 THRU 688 OR WP175.		
EOB CODES:	4065 – ICD-9-CM PROCEDURE CODE REQUIRES ATTACHMENT **<u>EXCLUSIONS:</u>** CLAIM TYPES I AND M WITH DATES OF SERVICE ON OR AFTER 07/01/03 BYPASS ESC 4019. (DCR 01119) CLAIM TYPE M WITH THE PROVIDER SPECIALITY ‘05’ WITH DATES OF SERVICE ON OR AFTER 07/01/03 BYPASS ESC 4019. (DCR 01119) FOR PT 64/65 BYPASS ESC 4019 IF THE PRIOR AUTHORIZATION NUMBER ON THE CLAIM IS GREATER THAN ZERO. PER DCR01116		
METHOD OF CORRECTION:	1. REFER TO PRIOR AUTHORIZATION.		

PRIOR AUTHORIZATION NURSE	4. VERIFY ALL DATA WAS KEYED CORRECTLY. IF NOT, CORRECT THE DATA.
	5. REVIEW STATE CRITERIA TO DETERMINE IF HYSTERECTOMY MEETS THE STATE AND FEDERAL GUIDELINES. IF HYSTERECTOMY MEETS CRITERIA, OVERRIDE ALL DETAILS.
	6. IF STATE CRITERIA IS NOT MET, DENY THE CLAIM.
	THIS ESC IS SET TO AUTO-DENY FOR THE TYPE OF DOCUMENT – ELECTRONIC CLAIMS.

3.469 4067 (FORMER LEGACY EDIT 170)

DMS Approved 01/22/2009

ERROR STATUS CODE:	4067 (FORMER LEGACY EDIT 170)	**CLAIM TYPE:**	I (PT 01, 92, 93 ONLY), O (PT 01)
HEADER/DETAIL:	HEADER	**PROVIDER TYPE:**	01, 92, 93
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	PAPER, NON-PAPER, ADJUSTMENTS, MASS ADJUSTMENTS
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	PSUR, PSUR DTE, SUR 1-6, SUR DTE 1-6

ESC NAME:	NON-COVERED ICD-9-CM PROCEDURE CODE
ESC CRITERIA: **LEGACY CRITERIA:**	IF THE PRIMARY AND/OR ICD-9 PROCEDURE 1 THROUGH 6 DOES NOT HAVE A COVERED INDICATOR OF 'Y' ON THE PROCEDURE LIMIT TABLE FOR THE DATE OF SERVICE, POST THE ESC. IF THE ICD-9 SURGICAL PROCEDURE PERFORMED IS INVALID FOR THE DATE OF SERVICE, THE CLAIM WILL SUSPEND.
EOB CODES:	4067 - ICD-9 SURGICAL PROCEDURE CODE INVALID FOR DATE OF SERVICE.
METHOD OF CORRECTION:	1. VERIFY THAT THE PROCEDURE CODE WAS KEYED CORRECTLY. IF NOT, CORRECT THE DATA.
	2. VERIFY THAT THE DATE WAS KEYED CORRECTLY. IF NOT, CORRECT THE DATA.
	3. IF DATA WAS KEYED CORRECTLY, DENY THE CLAIM.
	THIS ESC IS SET TO AUTO-DENY.

3.470 4068 (FORMER LEGACY EDIT N/A)

DMS Approved 06/2007

ERROR STATUS CODE:	4068 (FORMER LEGACY EDIT N/A)	**CLAIM TYPE:**	ALL
HEADER/DETAIL:	DETAIL	**PROVIDER TYPE:**	ALL
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	PAPER,NON-PAPER, ADJUSTMENTS
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	PROVIDER ID, MEMBER ID

ESC NAME:	NO REIMBURSEMENT RULE FOR CONTRACT
ESC CRITERIA:	PHYSICIAN, PHYSICIAN CROSSOVER CLAIM TYPES: IF THE MEMBER'S CONTRACT IS NOT WITHIN THE CONTRACT RESTRICTION OF THE PROCEDURE REIMBURSEMENT RULE, POST THE EDIT. THE MEMBER'S CONTRACT IS CALCULATED USING THE DETAIL FDOS. THE DETAIL FDOS/TDOS RANGE IS USED TO COMPARE THE RULE EFFECTIVE DATES. OUTPATIENT, LONG TERM CARE, AND HOME HEALTH: IF THE MEMBER'S CONTRACT IS NOT WITHIN THE CONTRACT RESTRICTION OF THE PROCEDURE, REVENUE CODE, OR ICD9 REIMBURSEMENT RULE, POST THE EDIT. THE MEMBER'S CONTRACT IS CALCULATED USING THE DETAIL FDOS. THE DETAIL FDOS/TDOS RANGE IS USED TO COMPARE TO THE RULE EFFECTIVE DATES. INPATIENT: IF THE MEMBER'S CONTRACT IS NOT WITHIN THE CONTRACT RESTRICTION OF THE PROCEDURE, REVENUE CODE, DRG OR ICD9 REIMBURSEMENT RULE, POST THE EDIT. THE MEMBER'S CONTRACT IS CALCULATED USING THE DETAIL FDOS. THE DETAIL FDOS/TDOS RANGE IS USED TO COMPARE TO THE RULE EFFECTIVE DATES. INPATIENT CROSSOVERS: IF THE MEMBER'S CONTRACT IS NOT WITHIN THE CONTRACT RESTRICTION OF THE PROCEDURE, REVENUE CODE, DRG OR ICD9 REIMBURSEMENT RULE, POST THE EDIT. THE MEMBER'S CONTRACT IS CALCULATED USING THE HEADER FDOS. THE HEADER FDOS/TDOS RANGE IS USED TO COMPARE TO THE RULE EFFECTIVE DATES. OUTPATIENT CROSSOVERS: IF THE MEMBER'S CONTRACT IS NOT WITHIN THE CONTRACT RESTRICTION OF THE PROCEDURE, REVENUE CODE, OR ICD9 REIMBURSEMENT RULE, POST THE EDIT. THE MEMBER'S CONTRACT IS CALCULATED USING THE HEADER FDOS. THE HEADER FDOS/TDOS RANGE IS USED TO COMPARE TO THE RULE EFFECTIVE DATES.
LEGACY CRITERIA:	

	N/A
EOB CODES:	4068 - NO REIMBURSEMENT RULE FOR CONTRACT
METHOD OF CORRECTION:	VERIFY THAT THE INFORMATION WAS KEYED CORRECTLY. IF NOT, CORRECT THE DATA.
	IF ENTERED CORRECTLY, DENY THE CLAIM.

3.471 4070 (FORMER LEGACY EDIT N/A)

DMS Approved 06/2007

ERROR STATUS CODE:	4070 (FORMER LEGACY EDIT N/A)	**CLAIM TYPE:**	ALL
HEADER/DETAIL:	DETAIL	**PROVIDER TYPE:**	ALL
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	PAPER,NON-PAPER ADJUSTMENTS
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	PROC, MOD

ESC NAME:	NO REIMBURSEMENT RULE FOR PROC/MODIFIER
ESC CRITERIA:	PHYSICIAN, PHYSICIAN CROSSOVER CLAIM TYPES: IF THE MEMBER'S PROC/MODIFIER IS NOT WITHIN THE PROC/MODIFIER RESTRICTION OF THE PROCEDURE REIMBURSEMENT RULE, POST THE EDIT. THE MEMBER'S PROC/MODIFIER IS CALCULATED USING THE DETAIL FDOS. THE DETAIL FDOS/TDOS RANGE IS USED TO COMPARE THE RULE EFFECTIVE DATES. OUTPATIENT, LONG TERM CARE, AND HOME HEALTH: IF THE MEMBER'S PROC/MODIFIER IS NOT WITHIN THE PROC/MODIFIER RESTRICTION OF THE PROCEDURE, REVENUE CODE, OR ICD9 REIMBURSEMENT RULE, POST THE EDIT. THE MEMBER'S PROC/MODIFIER IS CALCULATED USING THE DETAIL FDOS. THE DETAIL FDOS/TDOS RANGE IS USED TO COMPARE TO THE RULE EFFECTIVE DATES. INPATIENT: IF THE MEMBER'S PROC/MODIFIER IS NOT WITHIN THE PROC/MODIFIER RESTRICTION OF THE PROCEDURE, REVENUE CODE, DRG OR ICD9 REIMBURSEMENT RULE, POST THE EDIT. THE MEMBER'S PROC/MODIFIER IS CALCULATED USING THE DETAIL FDOS. THE DETAIL FDOS/TDOS RANGE IS USED TO COMPARE TO THE RULE EFFECTIVE DATES. INPATIENT CROSSOVERS: IF THE MEMBER'S PROC/MODIFIER IS NOT WITHIN THE PROC/MODIFIER RESTRICTION OF THE PROCEDURE, REVENUE CODE, DRG OR ICD9 REIMBURSEMENT RULE, POST THE EDIT. THE MEMBER'S PROC/MODIFIER IS CALCULATED USING THE HEADER FDOS. THE HEADER FDOS/TDOS RANGE IS USED TO COMPARE TO THE RULE EFFECTIVE DATES. OUTPATIENT CROSSOVERS: IF THE MEMBER'S PROC/MODIFIER IS NOT WITHIN THE PROC/MODIFIER RESTRICTION OF THE PROCEDURE, REVENUE CODE, OR ICD9 REIMBURSEMENT RULE, POST THE EDIT. THE MEMBER'S PROC/MODIFIER IS CALCULATED USING THE HEADER FDOS. THE HEADER FDOS/TDOS RANGE IS USED TO COMPARE TO THE RULE EFFECTIVE

LEGACY CRITERIA:	DATES. N/A
EOB CODES:	4070 - NO REIMBURSEMENT RULE FOR PROC/MODIFIER
METHOD OF CORRECTION:	VERIFY THAT THE INFORMATION WAS KEYED CORRECTLY. IF NOT, CORRECT THE DATA.
	IF ENTERED CORRECTLY, DENY THE CLAIM.

3.472 4072 (FORMER LEGACY EDIT N/A)

DMS Approved 06/2007

ERROR STATUS CODE:	4072 (FORMER LEGACY EDIT N/A)	**CLAIM TYPE:**	ALL
HEADER/DETAIL:	DETAIL	**PROVIDER TYPE:**	ALL
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	PAPER, NON-PAPER ADJUSTMENTS
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	DIAG

ESC NAME:	NO REIMBURSEMENT RULE FOR DIAGNOSIS
ESC CRITERIA:	PHYSICIAN, PHYSICIAN CROSSOVER CLAIM TYPES: IF THE MEMBER'S DIAGNOSIS IS NOT WITHIN THE DIAGNOSIS RESTRICTION OF THE PROCEDURE REIMBURSEMENT RULE, POST THE EDIT. THE MEMBER'S DIAGNOSIS IS CALCULATED USING THE DETAIL FDOS. THE DETAIL FDOS/TDOS RANGE IS USED TO COMPARE THE RULE EFFECTIVE DATES. OUTPATIENT, LONG TERM CARE, AND HOME HEALTH: IF THE MEMBER'S DIAGNOSIS IS NOT WITHIN THE DIAGNOSIS RESTRICTION OF THE PROCEDURE, REVENUE CODE, OR ICD9 REIMBURSEMENT RULE, POST THE EDIT. THE MEMBER'S DIAGNOSIS IS CALCULATED USING THE DETAIL FDOS. THE DETAIL FDOS/TDOS RANGE IS USED TO COMPARE TO THE RULE EFFECTIVE DATES. INPATIENT: IF THE MEMBER'S DIAGNOSIS IS NOT WITHIN THE DIAGNOSIS RESTRICTION OF THE PROCEDURE, REVENUE CODE, DRG OR ICD9 REIMBURSEMENT RULE, POST THE EDIT. THE MEMBER'S DIAGNOSIS IS CALCULATED USING THE DETAIL FDOS. THE DETAIL FDOS/TDOS RANGE IS USED TO COMPARE TO THE RULE EFFECTIVE DATES. INPATIENT CROSSOVERS: IF THE MEMBER'S DIAGNOSIS IS NOT WITHIN THE DIAGNOSIS RESTRICTION OF THE PROCEDURE, REVENUE CODE, DRG OR ICD9 REIMBURSEMENT RULE, POST THE EDIT. THE MEMBER'S DIAGNOSIS IS CALCULATED USING THE HEADER FDOS. THE HEADER FDOS/TDOS RANGE IS USED TO COMPARE TO THE RULE EFFECTIVE DATES. OUTPATIENT CROSSOVERS: IF THE MEMBER'S DIAGNOSIS IS NOT WITHIN THE DIAGNOSIS RESTRICTION OF THE PROCEDURE, REVENUE CODE, OR ICD9 REIMBURSEMENT RULE, POST THE EDIT. THE MEMBER'S DIAGNOSIS IS CALCULATED USING THE HEADER FDOS. THE HEADER FDOS/TDOS RANGE IS USED TO COMPARE TO THE RULE EFFECTIVE DATES. N/A

LEGACY CRITERIA:	
EOB CODES:	4072 - NO REIMBURSEMENT RULE FOR DIAGNOSIS
METHOD OF CORRECTION:	VERIFY THAT THE INFORMATION WAS KEYED CORRECTLY. IF NOT, CORRECT THE DATA.
	IF ENTERED CORRECTLY, DENY THE CLAIM.

3.473 4077

3.473.1 4077 (FORMER LEGACY EDIT 151)

DMS Approved 03/07/03

ERROR STATUS CODE:	4077 (FORMER LEGACY EDIT 151)	**CLAIM TYPE:**	D, H, I, M (ALL EXCEPT 80), O, P/Q
HEADER/DETAIL:	DETAIL	**PROVIDER TYPE:**	01, 34, 39, 41, 42, 44, 46, 47, 54, 60, 61, CT M (ALL EXCEPT 80)
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	PAPER, NON-PAPER, ADJUSTMENTS
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	PROC, FDOS
ESC NAME:	REVENUE CODE NOT FOUND		
ESC CRITERIA: **LEGACY CRITERIA:**	IF THE REVENUE CODE IS NOT ON THE REVENUE CODE TABLE FOR THE EFFECTIVE DATE RANGE, POST THE ESC. FAILS IF THE PROCEDURE OR REVENUE CODE IS NOT EFFECTIVE FOR THE DETAIL DATE OF SERVICE BASED ON THE EFFECTIVE DATES LISTED ON THE PDD PROCEDURE FILE. ALSO FAILS IF THE NDC CODE IS NOT EFFECTIVE BASED ON EFFECTIVE DATES LISTED ON THE PDD DRUG FILE. CLAIM TYPE I FAILURES FOR REVENUE CODES 100 THROUGH 219 ARE AUTO-DENIED AT THE HEADER WITH EOB 0751. FOR OTHER CLAIM TYPE I FAILURES, THE DETAIL BILLED CHARGE IS SYSTEMATICALLY MOVED TO THE NON-COVERED COLUMN AND EOB 0753 IS SET. THE CLAIM DOES NOT SUSPEND.		
EOB CODES:	4077 – REVENUE CODE INVALID FOR DATE OF SERVICE.		
METHOD OF CORRECTION:	1. VERIFY THE PROCEDURE CODE AND DATES OF SERVICE WERE KEYED CORRECTLY. IF NOT, CORRECT THE DATA.		
	3. IF CLAIM DATA IS KEYED CORRECTLY, DENY THE DETAIL WITH EOB 151.		
	THIS ESC IS SET TO AUTO-DENY FOR THE TYPE OF DOCUMENT – ELECTRONIC CLAIMS. CLAIM TYPE M (PROV TYPE 01 FAILURES ARE AUTO-DENIED WITH EOB 4077.		
	THIS ESC TURNED OFF FOR ENCOUNTERS 2/25/2003 PER DCR 00725		

3.473.2 4077 (FORMER LEGACY EDIT 161)

DMS Approved 06/06/2004

ERROR STATUS CODE:	4077 (FORMER LEGACY EDIT 161)	**CLAIM TYPE:**	M
HEADER/DETAIL:	DETAIL	**PROVIDER TYPE:**	01
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	PAPER, NON-PAPER, ADJUSTMENTS
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	PROC, FDOS

ESC NAME:	REVENUE CODE NOT FOUND
ESC CRITERIA: **LEGACY CRITERIA:**	IF THE REVENUE CODE IS NOT ON THE REVENUE CODE TABLE FOR THE EFFECTIVE DATE RANGE, POST THE ESC. FAILS IF THE REVENUE CODE IS NOT EFFECTIVE FOR THE DETAIL DATE OF SERVICE BASED ON THE EFFECTIVE DATES LISTED ON THE PDD FILE PROCEDURE DISPLAY SCREEN 1. NOTE – THIS ESC IS EFFECTIVE FOR DATES OF SERVICE AFTER 7/31/03.
EOB CODES:	4077 – REVENUE CODE INVALID FOR DATE OF SERVICE.
METHOD OF CORRECTION:	• VERIFY THE REVENUE CODE AND DATES OF SERVICE WERE KEYED CORRECTLY. IF NOT, CORRECT THE DATA.
	• IF CLAIM DATA IS KEYED CORRECTLY, DENY THE DETAIL WITH EOB 4077.

3.474 4097

DMS Approved 06/2007

ERROR STATUS CODE:	4097 (NO FORMER LEGACY EDIT)	CLAIM TYPE:	M
HEADER/DETAIL:	DETAIL	PROVIDER TYPE:	13, 15, 17, 20, 21, 22, 23, 24, 27, 28, 29, 30, 31, 32, 33, 35, 36, 37, 40, 43, 45, 50, 52, 55, 56, 57, 64, 65, 70, 74, 77, 78, 80, 85, 86, 90
OVERRIDEABLE:	YES	TYPE OF DOCUMENT:	PAPER, NON-PAPER, ADJUSTMENTS
DATA CORRECTABLE	YES	FIELD NAME:	MODIFIER

ESC NAME:	MODIFIER NOT FOUND ON PROCESSING MODIFIER
ESC CRITERIA:	IF THE MODIFIER ON THE DETAIL LINE HAS A TYPE OF '2' (PROCESSING) OR 'M' (MAX ALLOWED) AND THE MODIFIER CODE IS NOT FOUND ON THE PROCESSING MODIFIER TABLE, POST THE EDIT.
EOB CODES:	2317 - INVALID/MISSING MODIFIER FOR THIS PROCEDURE
METHOD OF CORRECTION:	4. VERIFY THAT THE MODIFIER WAS ENTERED CORRECTLY. IF NOT, CORRECT THE CLAIM.
	5. IF ENTERED CORRECTLY DENY THE CLAIM WITH EOB 2317.

3.475 4099 (FORMER LEGACY EDIT 830)

DMS Approved 06/2007

ERROR STATUS CODE:	4099 (FORMER LEGACY EDIT 830)	**CLAIM TYPE:**	A, I
HEADER/DETAIL:	HEADER	**PROVIDER TYPE:**	01, 02, 04, 92, 93
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	PAPER, NON-PAPER, ADJUSTMENTS
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	PROC
ESC NAME:	DRG NOT ON FILE.		
ESC CRITERIA:	IF NO RELATIVE VALUE IS ON THE RBRVS LIST TABLE, POST THE ESC.		
EOB CODES:	0830 – NO DRG FOUND.		
METHOD OF CORRECTION:	4. VERIFY THAT THE SURGICAL PROCEDURE CODES AND DIAGNOSIS CODES WERE KEYED CORRECTLY. IF NOT, CORRECT THE DATA.		
	5. IF PROCEDURE AND DIAGNOSIS CODES WERE KEYED CORRECTLY, DENY THE CLAIM WITH EOB 0830		

3.476 4100 (NO FORMER LEGACY EDIT)

DMS Approved 06/2007

ERROR STATUS CODE:	4100 (NO FORMER LEGACY EDIT)	CLAIM TYPE:	I, A
HEADER/DETAIL:	HEADER	PROVIDER TYPE:	01, 02, 04, 92, 93
OVERRIDEABLE:	YES	TYPE OF DOCUMENT:	PAPER, NON-PAPER, ADJUSTMENTS
DATA CORRECTABLE	YES	FIELD NAME:	DOS, DIAG, REV

ESC NAME:	NO BASE AMOUNT ON FILE FOR THE DATES OF SERVICE
ESC CRITERIA:	IF NO BASE AMOUNT IS FOUND ON THE DRG RATE TABLE FOR THE EFFECTIVE DATE RANGE USING THE TO DOS, POST THE EDIT.
EOB CODES:	9999 – PROCESSED PER MEDICAID POLICY
METHOD OF CORRECTION:	6. VERIFY THAT THE DATE OF SERVICE, DIAGNOSIS CODES, REVENUE CODES, AND ICD*9 PROCEDURE CODES WERE ENTERED CORRECTLY. IF NOT, CORRECT THE CLAIM.
	7. IF ENTERED CORRECTLY SUSPEND THE CLAIM WITH EOB 9999 AND NOTIFY SUPERVISOR.

3.477 4105 (FORMER LEGACY EDIT N/A)

DMS Approved 06/2007

ERROR STATUS CODE:	4105 (FORMER LEGACY EDIT N/A)	**CLAIM TYPE:**	H, O
HEADER/DETAIL:	DETAIL	**PROVIDER TYPE:**	ALL
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	PAPER,NON-PAPER, ADJUSTMENTS
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	PROVIDER ID

ESC NAME:	NO FLAT FEE ON FILE
ESC CRITERIA: **LEGACY CRITERIA:**	IF THE FLAT RATE IS NOT ON FILE, POST THE EDIT. N/A
EOB CODES:	4014 –NO PRICING SEGMENT ON FILE
METHOD OF CORRECTION:	3. VERIFY THAT THE INFORMATION WAS KEYED CORRECTLY. IF NOT, CORRECT THE DATA.
	4. IF ENTERED CORRECTLY, DENY THE CLAIM.

3.478 4108 (FORMER LEGACY EDIT N/A)

DMS Approved 06/2007

ERROR STATUS CODE:	4108 (FORMER LEGACY EDIT N/A)	**CLAIM TYPE:**	M, O
HEADER/DETAIL:	DETAIL	**PROVIDER TYPE:**	01, 36
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	ALL
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	NONE

ESC NAME:	NO ASC ON FILE
ESC CRITERIA: **LEGACY CRITERIA:**	IF THE ASC RATE IS NOT ON FILE, POST THE ESC. N/A
EOB CODES:	4108 –NO ASC ON FILE
METHOD OF CORRECTION:	5. VERIFY THAT THE INFORMATION WAS KEYED CORRECTLY. IF NOT, CORRECT THE DATA.
	6. IF ENTERED CORRECTLY, DENY THE CLAIM.

3.479 4120 (FORMER LEGACY EDIT 969)

DMS Approved 07/08/2012

ERROR STATUS CODE:	4120 (FORMER LEGACY EDIT 969)	**CLAIM TYPE:**	D
HEADER/DETAIL:	DETAIL	**PROVIDER TYPE:**	31, 35, 60, 61
OVERRIDEABLE:	YES	**TYPE OF DOCUMENT:**	PAPER, NON-PAPER, ADJUSTMENTS
DATA CORRECTABLE	YES	**CLAIM FIELD LABEL:**	PROCEDURE CODE, TOOTH NUMBER

ESC NAME:	PROCEDURE CODE REQUIRES QUADRANT.
ESC CRITERIA:	IF THE PROCEDURE CODE REQUIRES A QUADRANT (PROCEDURE GROUP 1016) AND THERE IS NO QUADRANT ON THE DETAIL, POST THE ESC.
	PROCEDURES WHICH REQUIRE A QUANDRANT CODE 04210 D4341 04341 D7310 07310 D7320 07320 D7473 D4210
EOB CODES:	0969 – THIS PROCEDURE CODE REQUIRES THE ENTRY OF A VALID QUADRANT CODE IN THE TOOTH NUMBER FIELD.
METHOD OF CORRECTION:	1. VERIFY THE PROCEDURE CODE AND TOOTH NUMBER WERE KEYED CORRECTLY. IF NOT, CORRECT THE FIELD IN ERROR.
	2. IF KEYED CORRECTLY, DENY THE DETAIL.

3.480 4127 (FORMER LEGACY EDIT N/A)

DMS Approved 06/2007

ERROR STATUS CODE:	4127 (FORMER LEGACY EDIT N/A)	**CLAIM TYPE:**	ALL
HEADER/DETAIL:	HEADER	**PROVIDER TYPE:**	ALL
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	PAPER, NON-PAPER, ADJUSTMENTS, ENCOUNTERS
DATA CORRECTABLE:	NO	**CLAIM FIELD LABEL:**	MEMBER ID
ESC NAME:	CANNOT PRIORITIZE MEMBER'S PROGRAMS		
ESC CRITERIA: **LEGACY CRITERIA:**	EDIT POSTS IF THE HIERARCHY OF MEMBER PLANS IS NOT FOUND. N/A		
EOB CODES:	4127 –CANNOT PRIORITIZE MEMBER'S PROGRAMS		
METHOD OF CORRECTION:	IF THIS EDIT POSTS TO A CLAIM, NOTIFY SUPERVISOR.		

3.481 4128 (FORMER LEGACY EDIT N/A)

DMS Approved 06/2007

ERROR STATUS CODE:	4128 (FORMER LEGACY EDIT N/A)	**CLAIM TYPE:**	A, I
HEADER/DETAIL:	HEADER	**PROVIDER TYPE:**	01, 02, 04, 92, 93
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	PAPER, NON-PAPER, ADJUSTMENTS, ENCOUNTERS
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	ICD-9 PROC

ESC NAME:	ICD9 PROCEDURE 7-24 NOT ON FILE
ESC CRITERIA: **LEGACY CRITERIA:**	WHEN THE ICD-9 IS NOT FOUND ON THE REFERENCE FILES, POST THE EDIT. N/A
EOB CODES:	2314 - SURGICAL PROCEDURE CODE NOT FOUND
METHOD OF CORRECTION:	VERIFY THE INFORMATION WAS KEYED CORRECTLY, IF NOT, CORRECT THE INFORMATION.
	IF THE INFORMATION WAS KEYED CORRECTLY, DENY THE CLAIM.

3.482 4130 (FORMER LEGACY EDIT N/A)

DMS Approved 2/12/2009

ERROR STATUS CODE:	4130 (FORMER LEGACY EDIT N/A)	**CLAIM TYPE:**	ALL
HEADER/DETAIL:	HEADER	**PROVIDER TYPE:**	ALL
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	PAPER, NON-PAPER, ADJUSTMENTS
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	MEMBER

ESC NAME:	PAYER HIERARCHY NOT FOUND
ESC CRITERIA: **LEGACY CRITERIA:**	IF THE MEMBER'S FINANCIAL PAYER, FOUND ON THE MEMBER'S BENEFIT PLAN PANEL, IS NOT SET TO DEFAULT, POST ESC 4130. N/A
EOB CODES:	N/A
METHOD OF CORRECTION:	1. VERIFY THAT THE MEMBER INFORMATION WAS KEYED CORRECTLY, IF NOT, CORRECT THE INFORMATION. 2. IF THE MEMBER ID WAS KEYED CORRECTLY VERIFY THE FINANCIAL PAYER ON THE MEMBER'S BENEFIT PLAN PANEL IS SET AS 'DEFAULT'. IF FINANCIAL PAYER IS **NOT** SET TO DEFAULT, NOTIFY SE TO CORRECT. 3. RECYCLE CLAIM ONCE MEMBER'S FINANCIAL PAYER HAS BEEN CORRECTED TO DEFAULT.

3.483 4131 (FORMER LEGACY EDIT N/A)

DMS Approved 06/2007

ERROR STATUS CODE:	4131 (FORMER LEGACY EDIT N/A)	**CLAIM TYPE:**	ALL
HEADER/DETAIL:	HEADER	**PROVIDER TYPE:**	ALL
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	PAPER, NON-PAPER, ADJUSTMENTS, ENCOUNTERS
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	MEMBER ID, PROVIDER ID

ESC NAME:	NO BENEFIT PLANS ASSOCIATED TO PAYER
ESC CRITERIA: **LEGACY CRITERIA:**	IF A FINANCIAL PAYER FOR THE RECIPIENT HAS NO BENEFIT PLANS ASSOCIATED WITH IT, POST THE EDIT. N/A
EOB CODES:	8001 - PROVIDER REQUESTED ADDITIONAL PAYMENT DUE TO CHANGE IN OTHER.
METHOD OF CORRECTION:	VERIFY THE INFORMATION WAS KEYED CORRECTLY, IF NOT, CORRECT THE INFORMATION.
	IF THE INFORMATION WAS KEYED CORRECTLY, DENY THE CLAIM WITH EOB 8001.

3.484 4132 (FORMER LEGACY EDIT N/A)

DMS Approved 06/2007

ERROR STATUS CODE:	4132 (FORMER LEGACY EDIT N/A)	**CLAIM TYPE:**	I
HEADER/DETAIL:	HEADER	**PROVIDER TYPE:**	01
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	PAPER, NON-PAPER, ADJUSTMENTS, ENCOUNTERS
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	DIAGNOSIS

ESC NAME:	DRG GROUPER UNABLE TO ASSIGN DRG FOR PRICING
ESC CRITERIA: **LEGACY CRITERIA:**	IF A DRG GROUPER VERSION DOES NOT EXIST FOR THE HEADER TDOS, POST THE EDIT. N/A
EOB CODES:	9999- PROCESSED PER MEDICAD POLICY
METHOD OF CORRECTION:	VERIFY THE INFORMATION WAS KEYED CORRECTLY, IF NOT, CORRECT THE INFORMATION.
	IF THE INFORMATION WAS KEYED CORRECTLY, NOTIFY SUPERVISOR.

3.485 4133 (FORMER LEGACY EDIT N/A)

DMS Approved 06/2007

ERROR STATUS CODE:	4133 (FORMER LEGACY EDIT N/A)	**CLAIM TYPE:**	ALL
HEADER/DETAIL:	DETAIL	**PROVIDER TYPE:**	ALL
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	PAPER, NON-PAPER, ADJUSTMENTS, ENCOUNTERS
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	PROVIDER ID

ESC NAME:	NO PROVIDER OR PEER GROUP RATE FOUND FOR FDOS
ESC CRITERIA:	PHYSICIAN AND OUTPATIENT CLAIM FORMS: IF NO PROVIDER OR PEER RATE IS FOUND FOR THE FDOS, POST THE ESC. INSTITUTIONAL CLAIM FORMS. FOR CLAIMS USING THE DRG PRICING METHOD, NO PEER GROUP WAS FOUND FOR THE BILLING PROVIDER SERVICE LOCATION FOR THE HEADER FDOS, OR NO PEER GROUP DRG RATE WAS FOUND FOR THE PEER GROUP CODE, RATE TYPE, AND DRG FOR THE HEADER FDOS.
LEGACY CRITERIA:	N/A
EOB CODES:	4133- NO PROVIDER OR PEER GROUP RATE FOUND FOR FDOS
METHOD OF CORRECTION:	VERIFY THAT THE INFORMATION WAS KEYED CORRECTLY. IF NOT, CORRECT THE DATA.
	IF ENTERED CORRECTLY, DENY THE CLAIM WITH EOB 4133.

3.486 4134 (FORMER LEGACY EDIT 832)

DMS Approved 05/28/2003

ERROR STATUS CODE:	4134 (FORMER LEGACY EDIT 832)	**CLAIM TYPE:**	A, I
HEADER/DETAIL:	HEADER	**PROVIDER TYPE:**	01, 02, 04, 92, 93
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	PAPER, NON-PAPER, ADJUSTMENTS
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	DIAG
ESC NAME:	GROUPER ERROR – UNABLE TO ASSIGN DRG.		
ESC CRITERIA:	IF THE SYSTEM IS UNABLE TO ASSIGN THE DRG BASED ON THE INFORMATION SUBMITTED ON THE CLAIM, POST THE ESC.		
EOB CODES:	0832 –DRG CRITERIA NOT MET.		
METHOD OF CORRECTION:	6. VERIFY THAT THE DIAGNOSIS CODES WERE KEYED CORRECTLY. IF NOT, CORRECT THE DATA.		
	7. IF DIAGNOSIS CODES WERE KEYED CORRECTLY, DENY THE CLAIM WITH EOB 0832.		

3.487 4136 (FORMER LEGACY EDIT N/A)

DMS Approved 06/2007

ERROR STATUS CODE:	4136 (FORMER LEGACY EDIT N/A)	**CLAIM TYPE:**	ALL
HEADER/DETAIL:	DETAIL	**PROVIDER TYPE:**	ALL
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	ALL
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	NONE

ESC NAME:	BILLING PT/PS RESTRICTION FOR COVERED ICD-9
ESC CRITERIA:	HOME HEALTH, INPATIENT, LONG TERM CARE, OUTPATIENT CLAIM TYPES: IF THE BILLING PT/PS IS NOT WITHIN THE BILLING PT/PS RESTRICTION FOR THE COVERAGE RULE FOR ANY OF THE ICD9'S, POST THE EDIT. THE DETAIL FDOS/TDOS RANGE IS USED TO COMPARE TO THE RULE EFFECTIVE DATES. INPATIENT CROSSOVER, OUTPATIENT CROSSOVER: IF THE BILLING PT/PS IS NOT WITHIN THE BILLING PT/PS RESTRICTION FOR THE COVERAGE RULE FOR ANY OF THE ICD9'S, POST THE EDIT. THE HEADER FDOS/TDOS RANGE IS USED TO COMPARE TO THE RULE EFFECTIVE DATES.
LEGACY CRITERIA:	N/A
EOB CODES:	4136 - BILLING PT/PS RESTRICTION FOR COVERED ICD-9
METHOD OF CORRECTION:	VERIFY THAT THE INFORMATION WAS KEYED CORRECTLY. IF NOT, CORRECT THE DATA.
	IF ENTERED CORRECTLY, DENY THE CLAIM.

3.488 4137 (FORMER LEGACY EDIT N/A)

DMS Approved 06/2007

ERROR STATUS CODE:	4137 (FORMER LEGACY EDIT N/A)	**CLAIM TYPE:**	ALL
HEADER/DETAIL:	DETAIL	**PROVIDER TYPE:**	ALL
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	ALL
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	NONE

ESC NAME:	PERFORMING PT/PS RESTRICTION FOR COVERED ICD-9
ESC CRITERIA:	HOME HEALTH, INPATIENT, LONG TERM CARE, OUTPATIENT CLAIM TYPES: IF THE PERFORMING PT/PS IS NOT WITHIN THE PERFORMING PT/PS RESTRICTION FOR THE COVERAGE RULE FOR ANY OF THE ICD9'S, POST THE EDIT. THE DETAIL FDOS/TDOS RANGE IS USED TO COMPARE TO THE RULE EFFECTIVE DATES. INPATIENT CROSSOVER, OUTPATIENT CROSSOVER: IF THE PERFORMING PT/PS IS NOT WITHIN THE PERFORMING PT/PS RESTRICTION FOR THE COVERAGE RULE FOR ANY OF THE ICD9'S, POST THE EDIT. THE HEADER FDOS/TDOS RANGE IS USED TO COMPARE TO THE RULE EFFECTIVE DATES.
LEGACY CRITERIA:	N/A
EOB CODES:	4137 - PERFORMING PT/PS RESTRICTION FOR COVERED ICD-9
METHOD OF CORRECTION:	VERIFY THAT THE INFORMATION WAS KEYED CORRECTLY. IF NOT, CORRECT THE DATA.
	IF ENTERED CORRECTLY, DENY THE CLAIM.

3.489 4140

3.489.1 4140 (FORMER LEGACY EDIT 266)

DMS Approved 05/12/2011

ERROR STATUS CODE:	4140 (FORMER LEGACY EDIT 266)	**CLAIM TYPE:**	H, M, O
HEADER/DETAIL:	HEADER/DETAIL	**PROVIDER TYPE:**	17, 33, 41, 42, 43
OVERRIDEABLE:	YES	**TYPE OF DOCUMENT:**	PAPER, NON-PAPER, ADJUSTMENTS
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	MEMBER ID, FDOS, TDOS
ESC NAME:	BILLING PT/PS RESTRICTION FOR COVERED PROCEDURE.		
ESC CRITERIA: **LEGACY CRITERIA:**	IF THE BENEFIT PLAN COVERAGE RULE DOES NOT ALLOW THE BILLING PROVIDER PT/PS FOR THE PROCEDURE POST THE ESC. IF THE CLAIM IS ONE OF THE FOLLOWING CATEGORIES OF SERVICE, THE MEMBER MUST HAVE THE CORRESPONDING WAIVER INDICATOR FOR THE DETAIL DATE OF SERVICE.		
	COS	**INDICATOR**	
	05	D	
	07	E	
	50	A	
	52	B OR C	
	53	C	
	57	G	
	59	H	
	60	F	
EOB CODES:	4140 - THIS PROVIDER MAY NOT BILL THIS SERVICE FOR THIS MEMBER.		
METHOD OF CORRECTION:	1. VERIFY MEMBER NUMBER. IF INCORRECT, CORRECT THE INFORMATION. 2. VERIFY HEADER AND DETAIL DATES OF SERVICE WERE KEYED CORRECTLY. IF NOT, CORRECT **HEADER** DATES OF SERVICE AND CORRECT **DETAIL** DATES OF SERVICE. 3. IF MEMBER NUMBER, HEADER AND DETAIL DATES OF SERVICE WERE KEYED CORRECTLY, DENY THE CLAIM. 4. IF MASS ADJUSTMENT OR ELECTRONIC ADJUSTMENT, REFER TO DMS FOR REVIEW.		

3.489.2 4140 (New Edit Page-No Former Legacy Edit)

DMS Approved 05/12/2011

ERROR STATUS CODE:	4140	**CLAIM TYPE:**	M
HEADER/DETAIL:	DETAIL	**PROVIDER TYPE:**	ALL
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	PAPER, NON-PAPER, ADJUSTMENTS
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	MEMBER ID, PROCEDURE CODE
ESC NAME:	BILLING PT/PS RESTRICTION FOR COVERED PROCEDURE.		
ESC CRITERIA:	IF THE BENEFIT PLAN COVERAGE RULE DOES NOT ALLOW THE BILLING PROVIDER TYPE/PROVIDER SPECIALTY FOR THE BILLED PROCEDURE CODE, POST ESC 4140.		
EOB CODES:	4140 – THIS PROVIDER MAY NOT BILL THIS SERVICE FOR THIS MEMBER.		
METHOD OF CORRECTION:	1. VERIFY THAT THE MEMBER ID AND DETAIL PROCEDURE CODE WAS KEYED CORRECTLY. IF NOT, DATA CORRECT. 2. IF KEYED CORRECTLY, DENY THE DETAIL WITH EOB 4140.		

3.490 4141

3.490.1 4141 (FORMER LEGACY EDIT 106)

DMS Approved 01/26/96

ERROR STATUS CODE:	4141 (FORMER LEGACY EDIT 106)	**CLAIM TYPE:**	H
HEADER/DETAIL:	DETAIL	**PROVIDER TYPE:**	44
OVERRIDEABLE:	YES	**TYPE OF DOCUMENT:**	PAPER, NON-PAPER, ADJUSTMENTS
DATA CORRECTABLE	YES	**CLAIM FIELD LABEL:**	MEMBER ID, FDOS, TDOS
ESC NAME:	NO COVERAGE FOR BILLED PROCEDURE.		
ESC CRITERIA: **LEGACY CRITERIA:**	IF NO COVERAGE RULES FOR THE PROCEDURE ARE FOUND FOR THE MEMBER BENEFIT PLAN, POST THE ESC. DETAIL DATES OF SERVICE DO NOT FALL WITHIN HOSPICE MEMBER ELIGIBILITY DATES.		
EOB CODES:	0298: VERIFY HOSPICE MEMBER ELIGILBITY. **NOTE: THIS EOB IS SET FOR CLAIM TYPE H AND PROVIDER 44 FOR ALL BENEFIT PLANS.**		
METHOD OF CORRECTION:	3. VERIFY THAT THE MEMBER MEMBER ID NUMBER AND DATES OF SERVICE WERE KEYED CORRECTLY. IF NOT, CORRECT BY CHANGING THE APPROPRIATE FIELDS.		
	4. IF THE CLAIM WAS KEYED CORRECTLY, MAKE NO CHANGES. CLAIM WILL RECYCLE IN THE SYSTEM FOR 15 DAYS OR UNTIL A HOSPICE SEGMENT IS FOUND.		
	NOTE: IF SYSTEM AGE IS OVER 15 DAYS, CLAIM WILL AUTO-DENY FOR ESC 4141.		

3.490.2 4141 (FORMER LEGACY EDIT 260)

DMS Approved 02/08/1999

ERROR STATUS CODE:	4141 (FORMER LEGACY EDIT 260)	**CLAIM TYPE:**	ALL
HEADER/DETAIL:	BOTH	**PROVIDER TYPE:**	ALL
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	ALL
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	MEMBER ID, FDOS, TDOS
ESC NAME:	NO COVERAGE FOR BILLED PROCEDURE.		
ESC CRITERIA: **LEGACY CRITERIA:**	IF NO COVERAGE RULES FOR THE PROCEDURE ARE FOUND FOR THE MEMBER BENEFIT PLAN, POST THE ESC. FAILS IF THE MEMBER HAS A PROGRAM CODE OF “ZJ”, “ZK”, “ZL” OR “ZQ” FOR EITHER THE “FROM” OR “TO” DATE OF SERVICE.		
EOB CODES:	0260 – KY MEDICAID IS ONLY RESPONSIBLE FOR MEDICARE BUY-IN PREMIUMS FOR THIS MEMBER. KY MEDICAID CLAIMS ARE NOT REIMBURSABLE FOR THIS MEMBER.		

	NOTE: THIS EOB IS SET FOR BENEFIT PLANS SLMB, QI1, QI2, QDWI, AND MCASA.
METHOD OF CORRECTION:	1. VERIFY THE MEMBER MEMBER ID WAS KEYED CORRECTLY. IF NOT, CORRECT THE DATA.
	2. VERIFY THE DATES OF SERVICE WERE KEYED CORRECTLY. IF NOT, CORRECT THE DATA.
	3. IF THE MEMBER MEMBER ID AND DATES OF SERVICE WERE KEYED CORRECTLY, DENY THE ESC.
FOR PAPER ADJUSTMENT:	4. IF THE CLAIM IS KEYED CORRECTLY, THE ENTIRE CLAIM FAILS THE ESC, AND NO ELIGIBILITY CARD IS PRESENT, DENY THE CLAIM AND REQUEST A PROVIDER REFUND USING THE APPROPRIATE EOB CODE.
	5. IF ONLY CERTAIN DETAILS FAIL THE ESC, DENY THE DETAILS.
FOR MASS ADJUSTMENT OR ELECTRONIC ADJUSTMENT:	6. IF THE ENTIRE CLAIM FAILS THE ESC, VERIFY THE MEMBER MEMBER ID NUMBER BY USING THE NAME AND BIRTH DATE TO OBTAIN THE RECORD. IF A NEW NUMBER IS FOUND, DATA CORRECT THE MEMBER ID NUMBER. IF KEYED CORRECTLY AND NO MATCH IS FOUND ON MEMBER ELIGIBILITY FILE, REFER TO DMS FOR REVIEW. IF DMS RETURNS WITH “NO MATCH FOUND”, DENY THE CLAIM AND REQUEST A PROVIDER REFUND. IF DMS INDICATES A NEW MEMBER ID NUMBER, DATA CORRECT THE MEMBER ID.
	7. IF ONLY CERTAIN DETAILS FAIL THE ESC, DENY THE DETAILS.

3.490.3 4141 (FORMER LEGACY EDIT 298)

DMS Approved 01/26/96

ERROR STATUS CODE:	4141 (FORMER LEGACY EDIT 298)	**CLAIM TYPE:**	H
HEADER/DETAIL:	DETAIL	**PROVIDER TYPE:**	44
OVERRIDEABLE:	YES	**TYPE OF DOCUMENT:**	PAPER, NON-PAPER, ADJUSTMENTS
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	MEMBER ID, FDOS, TDOS
ESC NAME:	NO COVERAGE FOR BILLED PROCEDURE.		
ESC CRITERIA: **LEGACY CRITERIA:**	IF NO COVERAGE RULES FOR THE PROCEDURE ARE FOUND FOR THE MEMBER BENEFIT PLAN, POST THE ESC. DETAIL DATES OF SERVICE DO NOT FALL WITHIN HOSPICE MEMBER ELIGIBILITY DATES.		
EOB CODES:	0298 – MEMBER IS NOT ELIGIBLE FOR HOSPICE FOR BILLED DATES OF SERVICE. **NOTE: THIS EOB IS SET FOR CLAIM TYPE H AND PROVIDER 44 FOR ALL BENEFIT PLANS.**		
METHOD OF CORRECTION:	3. VERIFY THAT THE DATES OF SERVICE AND MEMBER MEMBER ID NUMBER WERE KEYED CORRECTLY. IF NOT, DATA CORRECT BY CHANGING THE APPROPRIATE		

	FIELDS.
	4. IF THE CLAIM WAS KEYED CORRECTLY, MAKE NO CHANGES. CLAIM WILL RECYCLE IN THE SYSTEM FOR 15 DAYS OR UNTIL A HOSPICE SEGMENT IS FOUND. **NOTE: IF SYSTEM AGE IS OVER 15 DAYS, MANUALLY DENY THE CLAIM.**

3.490.4 4141 (FORMER LEGACY EDIT 399)

DMS Approved 06/09/2011

ERROR STATUS CODE:	4141 (FORMER LEGACY EDIT 399)	**CLAIM TYPE:**	ALL
HEADER/DETAIL:	HEADER/DETAIL	**PROVIDER TYPE:**	ALL
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	PAPER, NON-PAPER, ADJUSTMENTS
DATA CORRECTABLE	YES	**CLAIM FIELD LABEL:**	MEMBER ID, FDOS, TDOS
ESC NAME:	PROCEDURE CODE NOT COVERED FOR THE RENDERING PROVIDER TYPE/SPECIALTY.		
ESC CRITERIA: **LEGACY CRITERIA:**	THE COVERAGE RULES FOR THE PROCEDURE BILLED ARE NOT COVERED WHEN BILLED BY THE RENDERING PROVIDER TYPE/SPECIALTY. FAILS IF THE MEMBER HAS A PROGRAM CODE OF PE FOR THE DATE OF SERVICE AND THE SERVICE IS NOT A COVERED BENEFIT FOR PRESUMPTIVE ELIGIBILITY. COVERED PE BENEFITS ARE LISTED AS EXCLUSIONS BELOW: **EXCLUSIONS:** A. CLAIMS SUBMIT BY PROVIDER TYPES 20 (PREVENTIVE SVCS), 31 (PRIMARY CARE), 35 (RURAL HEALTH), 54 (PHARMACY), 55 (AMBULANCE), 56 (NON-EMERGENCY TRANSPORTATION), 60 (DENTAL), 61 (DENTAL CLINIC), AND 95 (PHYSICIAN ASSISTANT) DO NOT FAIL THIS ESC. B. FOR CLAIMS SUBMITTED BY PHYSICIANS (PT 64, 65), IF THE RENDERING PROVIDER HAS A SPECIALTY OF 316 (FAMILY PRACTITIONER), 318 (GENERAL PRACTITIONER), 322 (INTERNIST), 328 (OB/GYN), OR 345 (PEDIATRICIAN), THE ESC DOES NOT FAIL. C. FOR CLAIM SUBMITTED BY ARNP PROVIDERS (PT 78), IF THE RENDERING PROVIDER HAS A SPECIALTY OF 090 (PEDIATRIC NURSE PRACTITIONER), 091 (OBSTETRICAL NURSE PRACTITIONER), 092 (FAMILY NURSE PRACTITIONER), 093 (NURSE PRACTITIONER/OTHER), OR 095 (CERTIFIED NURSE MIDWIFE), THE ESC DOES NOT FAIL. D. CLAIM DETAILS WITH A PLACE OF SERVICE CODE OF 23 (EMERGENCY ROOM) DO NOT FAIL THIS ESC. E. CLAIM DETAILS FOR LABORATORY AND X-RAY SERVICES DO NOT FAIL THIS ESC (PROC CODES 36415, 70100-76977, 80000-89999); REV CODES 254, 255, 300-307, 310-312, 314, 320-324, 330, 340-342, 350-352, 400-404, 621, 622, 920, 923-925, 971-974. PER		

	CO 14766 PROCEDURE CODES G0430 AND G0431 WILL NOT FAIL THIS ESC EFFECTIVE WITH DOS 01/01/2010. F. OUTPATIENT HOSPITAL CLAIMS (CT M, PROV TYPE 01) WHICH INCLUDE AN EMERGENCY ROOM REVENUE CODE (450, 451, 452, 456) DO NOT FAIL THIS ESC (ALL DETAILS). G. OUTPATIENT HOSPITAL CLAIMS (C/T M, PROVIDER TYPE 01), WHICH INCLUDES OBSERVATION ROOM REVENUE CODE 762, DO NOT FAIL THIS ESC. H. CLAIM DETAILS BILLING REVENUE CODES 250, 258, 260, 270, 720, OR 940 DO NOT FAIL THIS ESC WHEN BILLED AS OUTPATIENT HOSPITAL CLAIMS (C/T M, P/T 01) WITH TYPE OF BILL 131. I. CLAIM DETAILS BILLING REVENUE CODES 610, 611 OR 612 DO NOT FAIL ESC 4021 WHEN BILLED BY PROVIDER TYPE 01 PER CO 13721.
EOB CODES:	0399 –THIS SERVICE NOT COVERED FOR THIS MEMBER. **NOTE: THIS EOB IS SET FOR BENEFIT PLANS PE AND GCENC.**
METHOD OF CORRECTION:	1. VERIFY PROCEDURE/REVENUE CODE AND PLACE OF SERVICE CODE ARE ENTERED CORRECTLY. IF NOT, CORRECT. 2. IF ENTERED CORRECTLY, DENY THE DETAIL WITH EOB 0399.

3.490.5 4141 (FORMER LEGACY EDIT 414)

DMS Approved 12/28/06

ERROR STATUS CODE:	4141 (FORMER LEGACY EDIT 414)	**CLAIM TYPE:**	ALL EXCEPT A, L, M
HEADER/DETAIL:	HEADER/DETAIL	**PROVIDER TYPE:**	ALL EXCEPT 11, 12, 27, 28
OVERRIDEABLE:	YES	**TYPE OF DOCUMENT:**	PAPER, NON-PAPER, ADJUSTMENTS
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	MEMBER ID, FDOS, TDOS
ESC NAME:	NO COVERAGE FOR BILLED PROCEDURE.		
ESC CRITERIA: **LEGACY CRITERIA:**	IF NO COVERAGE RULES FOR THE PROCEDURE ARE FOUND FOR THE MEMBER BENEFIT PLAN, POST THE ESC. FAILS IF THE MEMBER IS ENROLLED IN MANAGED CARE DURING THE DATES OF SERVICE. **EXCLUSIONS:** • CLAIM TYPE M –PROVIDER TYPE 45-PROCEDURE CODES S8990, S9480, H0005, H0031, H2020, H0046 AND H0047. • CLAIM TYPE M – PROVIDER TYPES 30, 33, 41, 42, AND 43 • CLAIM TYPE M – PROVIDER TYPES 20, 21, 23, AND 24 **NOTE**: P/T 20 EXCLUDED PER CO1287		

	• CLAIM TYPES A AND I – PROVIDER TYPE 02, 04 • CLAIM TYPE A AND I – PROVIDER TYPE 01, 92 AND 93 – CLAIMS WITH REVENUE CODES 114, 124, 134, 144, 154, AND 204 AND NO OTHER ACCOMMODATION REVENUE CODE (100 THRU 219) • PROVIDER TYPE 45 – H5050, H5170, ZR121, ZR124, ZR128, ZR158, 90801, 90844, 90862, J8499, X0050, X0051, AND 99450, H0015, H0017, H0018, 90804. • PROVIDER TYPE 45 – H2029, H2036 AND T2048- DCR 00995 • PROVIDER TYPE 56 – DETAILS WITH PLACE OF SERVICE 09, 51, 52, 53, 54, 55, OR 56 ARE EXCLUDED • PROVIDER TYPE 54 – PRESCRIBERS LICENSE NUMBER HAS A SPECIALTY OF 27 – PSYCHIATRIST • PROVIDER TYPES 64, 65, 78 – CLAIMS WITH A BILLING PROVIDER WHO HAS A SPECIALITY OF 26 ARE EXCLUDED • CLAIM TYPE B – PROVIDER TYPES 82 AND 89 • PROVIDER TYPE 45 - 90847, 90853, 90804, and H0001 PER DCR I3316 (CO 1401) EFFECTIVE 2/01/07.
EOB CODES:	0414 – CLAIM WAS PRICED IN ACCORDANCE WITH CURRENT KENTUCKY HEALTH COVERAGE PROGRAM POLICIES. **NOTE: THIS EOB IS SET FOR ASSIGNMENT PLAN PART AND BENEFIT PLANS PASWC AND PASNC.**
METHOD OF CORRECTION:	3. VERIFY THAT THE MEMBER ID AND DATES OF SERVICE ARE KEYED CORRECTLY. IF NOT, CORRECT THE DATA.
	4. IF KEYED CORRECTLY, DENY.

3.490.6 4141 (FORMER LEGACY EDIT 950)

DMS Approved 03/25/96

ERROR STATUS CODE:	4141 (FORMER LEGACY EDIT 950)	**CLAIM TYPE:**	H, L, M, O
HEADER/DETAIL:	BOTH	**PROVIDER TYPE:**	11, 12, 30, 34, 42, 43, 44, 56, 64, 65
OVERRIDEABLE:	YES	**TYPE OF DOCUMENT:**	PAPER, NON-PAPER, ADJUSTMENTS
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	MEMBER ID, FDOS, TDOS
ESC NAME:	NO COVERAGE FOR BILLED PROCEDURE.		
ESC CRITERIA: **LEGACY CRITERIA:**	IF NO COVERAGE RULES FOR THE PROCEDURE ARE FOUND FOR THE MEMBER BENEFIT PLAN, POST THE ESC. FAILS NURSING FACILITY (CLAIM TYPE “T”), HOME HEALTH (CLAIM TYPE “U”; PROV TYPE 34), AND HCB (CLAIM TYPE “U”; PROV TYPE 42) CLAIMS AT THE HEADER IF THE MEMBER HAS A PRTF SEGMENT (PRTF TABLE) FOR THE HEADER		

	"FROM" DATE OF SERVICE. FAILS COMMUNITY MENTAL HEALTH (CLAIM TYPE "U"; PROV TYPE 30), ADC (CLAIM TYPE "U"; PROV TYPE 43), HOSPICE (CLAIM TYPE "H"), NON-EMERGENCY TRANSPORTATION (CLAIM TYPE "N"; PROV TYPE 56), AND PHYSICIAN* (CLAIM TYPE "J") CLAIMS AT THE DETAIL IF THE MEMBER HAS A PRTF SEGMENT (PRTF TABLE) FOR THE DETAIL "FROM" DATE OF SERVICE. **NOTE: ONLY THE FOLLOWING SITUATIONS ARE MONITORED FOR PHYSICIAN CLAIMS:** 4. PROCEDURE CODE 90000 – 90070 AND 90400 – 90470 IF BILLED BY A PROVIDER WITH A SPECIALTY OF "26". 5. PROCEDURE CODES 90801 – 90915. 6. PROCEDURE CODES 90000 – 90170 IF BILLED WITH DIAGNOSIS CODES OF 290 – 31999. **NOTE – THE DIAGNOSIS CODE IS REFERENCED TO THE PROCEDURE CODE USING THE DIAGNOSIS INDICATOR. IF NO DIAGNOSIS INDICATOR IS PRESENT AND ONE OF THE MONITORED DIAGNOSIS CODES IS LISTED ON THE CLAIM, ESC LOGIC ASSUMES THAT THE MONITORED DIAGNOSIS CODE SHOULD BE REFERENCED TO THE MONITORED PROCEDURE CODE AND FAILS THE DETAIL IF THE MEMBER IS PRTF ELIGIBLE.**
EOB CODES:	0950 – CLAIM DENIED. THIS SERVICE IS NOT PAYABLE FOR PSYCHIATRIC RESIDENTIAL TREATMENT FACILITY MEMBERS. **NOTE: THIS EOB IS SET FOR ASSIGNMENT PLAN PRTF.**
METHOD OF CORRECTION:	2. VERIFY THAT THE PROVIDER NUMBER, MEMBER ID NUMBER, AND DATES OF SERVICE WERE KEYED CORRECTLY. IF NOT, CORRECT THE DATA.
	2. IF ENTERED CORRECTLY, DENY THE DETAIL.
	THIS ESC IS SET TO AUTO-DENY FOR TYPE OF DOCUMENT - ELECTRONIC CLAIMS.

3.491 4142 (FORMER LEGACY EDIT 266)

DMS Approved 01/12/00

ERROR STATUS CODE:	4142 (FORMER LEGACY EDIT 266)	**CLAIM TYPE:**	H, M, O
HEADER/DETAIL:	HEADER/DETAIL	**PROVIDER TYPE:**	17, 33, 41, 42, 43
OVERRIDEABLE:	YES	**TYPE OF DOCUMENT:**	PAPER, NON-PAPER, ADJUSTMENTS
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	MEMBER ID, FDOS, TDOS

ESC NAME:	BILLING PT/PS RESTRICTION FOR COVERED REV CODE	
ESC CRITERIA: **LEGACY CRITERIA:**	IF THE BENEFIT PLAN COVERAGE RULE DOES NOT ALLOW THE BILLING PROVIDER PT/PS FOR THE REVENUE CODE POST THE ESC. IF THE CLAIM IS ONE OF THE FOLLOWING CATEGORIES OF SERVICE, THE MEMBER MUST HAVE THE CORRESPONDING WAIVER INDICATOR FOR THE DETAIL DATE OF SERVICE.	
	COS	**INDICATOR**
	05	D
	07	E
	50	A
	52	B OR C
	53	C
	57	G
	59	H
	60	F
EOB CODES:	4142 - MEMBER IS NOT ELIGIBLE FOR WAIVER SERVICES. **NOTE: EOB IS SET BASED ON CT AND PT – THIS ESC ONLY APPLIES TO UB04 CLAIMS.**	
METHOD OF CORRECTION:	1. VERIFY MEMBER NUMBER. IF INCORRECT, CORRECT THE INFORMATION.	
	2. VERIFY HEADER AND DETAIL DATES OF SERVICE WERE KEYED CORRECTLY. IF NOT, CORRECT **HEADER** DATES OF SERVICE AND CORRECT **DETAIL** DATES OF SERVICE.	
	3. IF MEMBER NUMBER, HEADER AND DETAIL DATES OF SERVICE WERE KEYED CORRECTLY, DENY THE CLAIM.	
	4. IF MASS ADJUSTMENT OR ELECTRONIC ADJUSTMENT, REFER TO DMS FOR REVIEW.	

3.492 4143 (FORMER LEGACY EDIT N/A)

DMS Approved 06/2007

ERROR STATUS CODE:	4143 (FORMER LEGACY EDIT N/A)	**CLAIM TYPE:**	ALL
HEADER/DETAIL:	DETAIL	**PROVIDER TYPE:**	ALL
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	ALL
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	NONE

ESC NAME:	PERFORMING PT/PS RESTRICTION FOR COVERED REV CODE
ESC CRITERIA:	HOME HEALTH, INPATIENT, LONG TERM CARE, OUTPATIENT CLAIM TYPES: IF THE PERFORMING PT/PS IS NOT WITHIN THE PERFORMING PT/PS RESTRICTION FOR THE COVERAGE RULE FOR ANY OF THE REV CODE'S, POST THE EDIT. THE DETAIL FDOS/TDOS RANGE IS USED TO COMPARE TO THE RULE EFFECTIVE DATES. INPATIENT CROSSOVER, OUTPATIENT CROSSOVER: IF THE PERFORMING PT/PS IS NOT WITHIN THE PERFORMING PT/PS RESTRICTION FOR THE COVERAGE RULE FOR ANY OF THE REV CODE'S, POST THE EDIT. THE HEADER FDOS/TDOS RANGE IS USED TO COMPARE TO THE RULE EFFECTIVE DATES.
LEGACY CRITERIA:	N/A
EOB CODES:	4143 - PERFORMING PT/PS RESTRICTION FOR COVERED REV CODE
METHOD OF CORRECTION:	VERIFY THAT THE INFORMATION WAS KEYED CORRECTLY. IF NOT, CORRECT THE DATA.
	IF ENTERED CORRECTLY, DENY THE CLAIM.

3.493 4144 (FORMER LEGACY EDIT N/A)

DMS Approved 06/2007

ERROR STATUS CODE:	4144 (FORMER LEGACY EDIT N/A)	**CLAIM TYPE:**	ALL
HEADER/DETAIL:	DETAIL	**PROVIDER TYPE:**	ALL
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	ALL
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	NONE

ESC NAME:	PERFORMING PT/PS RESTRICTION FOR BILLED DIAGNOSIS
ESC CRITERIA:	HOME HEALTH, INPATIENT, LONG TERM CARE, OUTPATIENT CLAIM TYPES: IF THE PERFORMING PT/PS IS NOT WITHIN THE PERFORMING PT/PS RESTRICTION FOR THE COVERAGE RULE FOR ANY OF THE DIAGNOSIS CODE'S, POST THE EDIT. THE DETAIL FDOS/TDOS RANGE IS USED TO COMPARE TO THE RULE EFFECTIVE DATES. INPATIENT CROSSOVER, OUTPATIENT CROSSOVER: IF THE PERFORMING PT/PS IS NOT WITHIN THE PERFORMING PT/PS RESTRICTION FOR THE COVERAGE RULE FOR ANY OF THE REV CODE'S, POST THE EDIT. THE HEADER FDOS/TDOS RANGE IS USED TO COMPARE TO THE RULE EFFECTIVE DATES.
LEGACY CRITERIA:	N/A
EOB CODES:	4144 - PERFORMING PT/PS RESTRICTION FOR BILLED DIAGNOSIS
METHOD OF CORRECTION:	VERIFY THAT THE INFORMATION WAS KEYED CORRECTLY. IF NOT, CORRECT THE DATA.
	IF ENTERED CORRECTLY, DENY THE CLAIM.

3.494 4146 (FORMER LEGACY EDIT N/A)

DMS Approved 06/2007

ERROR STATUS CODE:	4146 (FORMER LEGACY EDIT N/A)	**CLAIM TYPE:**	ALL
HEADER/DETAIL:	DETAIL	**PROVIDER TYPE:**	ALL
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	ALL
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	NONE

ESC NAME:	PERFORMING PT/PS RESTRICTION FOR COVERED DRG
ESC CRITERIA:	HOME HEALTH, INPATIENT, LONG TERM CARE, OUTPATIENT CLAIM TYPES: IF THE PERFORMING PT/PS IS NOT WITHIN THE PERFORMING PT/PS RESTRICTION FOR THE COVERAGE RULE FOR ANY OF THE DRG'S, POST THE EDIT. THE DETAIL FDOS/TDOS RANGE IS USED TO COMPARE TO THE RULE EFFECTIVE DATES. INPATIENT CROSSOVER, OUTPATIENT CROSSOVER: IF THE PERFORMING PT/PS IS NOT WITHIN THE PERFORMING PT/PS RESTRICTION FOR THE COVERAGE RULE FOR ANY OF THE DRG'S, POST THE EDIT. THE HEADER FDOS/TDOS RANGE IS USED TO COMPARE TO THE RULE EFFECTIVE DATES.
LEGACY CRITERIA:	N/A
EOB CODES:	4146 - PERFORMING PT/PS RESTRICTION FOR COVERED DRG
METHOD OF CORRECTION:	VERIFY THAT THE INFORMATION WAS KEYED CORRECTLY. IF NOT, CORRECT THE DATA.
	IF ENTERED CORRECTLY, DENY THE CLAIM.

3.495 4147 (FORMER LEGACY EDIT N/A)

DMS Approved 06/2007

ERROR STATUS CODE:	4147 (FORMER LEGACY EDIT N/A)	**CLAIM TYPE:**	ALL
HEADER/DETAIL:	DETAIL	**PROVIDER TYPE:**	ALL
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	ALL
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	NONE

ESC NAME:	PERFORMING PT/PS RESTRICTION FOR COVERED ICD-9
ESC CRITERIA:	HOME HEALTH, INPATIENT, LONG TERM CARE, OUTPATIENT CLAIM TYPES: IF THE PERFORMING PT/PS IS NOT WITHIN THE PERFORMING PT/PS RESTRICTION FOR THE COVERAGE RULE FOR ANY OF THE ICD-9'S, POST THE EDIT. THE DETAIL FDOS/TDOS RANGE IS USED TO COMPARE TO THE RULE EFFECTIVE DATES. INPATIENT CROSSOVER, OUTPATIENT CROSSOVER: IF THE PERFORMING PT/PS IS NOT WITHIN THE PERFORMING PT/PS RESTRICTION FOR THE COVERAGE RULE FOR ANY OF THE ICD-9'S, POST THE EDIT. THE HEADER FDOS/TDOS RANGE IS USED TO COMPARE TO THE RULE EFFECTIVE DATES.
LEGACY CRITERIA:	N/A
EOB CODES:	4147 - PERFORMING PT/PS RESTRICTION FOR COVERED ICD-9
METHOD OF CORRECTION:	VERIFY THAT THE INFORMATION WAS KEYED CORRECTLY. IF NOT, CORRECT THE DATA.
	IF ENTERED CORRECTLY, DENY THE CLAIM.

3.496 4149 (FORMER LEGACY EDIT 157)

DMS Approved 02/25/04

ERROR STATUS CODE:	4149 (FORMER LEGACY EDIT 157)	**CLAIM TYPE:**	D, H, M, O
HEADER/DETAIL:	DETAIL	**PROVIDER TYPE:**	34, 42, 60, 61, CT M (ALL EXCEPT 31, 35, 40, 45)
OVERRIDEABLE:	YES	**TYPE OF DOCUMENT:**	PAPER, NON-PAPER, ADJUSTMENTS
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	PROC, PROV

ESC NAME:	BILLING PT/PS RESTRICTION FOR BILLED PROCEDURE
ESC CRITERIA: **LEGACY CRITERIA:**	IF THE CONTRACT BILLING RULE DOES NOT ALLOW THE BILLING PROVIDER PT/PS FOR THE PROCEDURE POST THE ESC FAILS IF THE SPECIALTY OF THE BILLING PROVIDER IS LISTED EXCLUSION ON THE PDD PROCEDURE FILE FOR THE BILLED PROCEDURE CODE. ALSO FAILS IF THE PROCEDURE CODE FILE LISTS ONE OR MORE PROVIDER SPECIALTY INCLUSIONS FOR THE BILLED PROCEDURE CODE BUT THE SPECIALTY OF THE BILLING PROVIDER IS NOT ONE OF THE INCLUSIONS. **NOTE:** FOR CLAIM TYPES “M” (PHYSICIAN) AND”Y” (PODIATRY) WITH DATES OF SERVICE PRIOR TO 1/01/98, IF THE PROCEDURE CODE IS 80000 - 89999 (LAB), THE PROVIDER SPECIALTY IS OTHER THAN “22” (PATHOLOGY), AND THE PROCEDURE CODE IS NOT ONE OF THE CODES IN THE APPLICABLE LIST ON ATTACHMENT A, THE DETAIL WILL FAIL ESC 157. FOR CLAIM TYPE “M” WITH DOS ON AND AFTER 1/02/04, FAILS IF THE PROCEDURE CODE IS 00010 – 01999 AND THE PROVIDER SPECIALTY IS OTHER THAN “05” OR “56”. (DCR 00951)
EOB CODES:	0157 – THIS PROCEDURE IS NOT COVERED FOR THIS PROVIDER TYPE.
METHOD OF CORRECTION:	1. VERIFY THAT THE PROCEDURE CODE WAS KEYED CORRECTLY. IF NOT, CORRECT THE DATA.
	2. VERIFY PROVIDER NUMBER WAS KEYED CORRECTLY, IF NOT, CORRECT THE DATA.
	3. IF PROCEDURE CODE AND PROVIDER NUMBER WERE KEYED CORRECTLY, DENY THE CLAIM.
	THIS ESC IS SET TO AUTO-DENY FOR TYPE OF DOCUMENT - ELECTRONIC CLAIMS.

ERROR STATUS CODE: 157 (Continued)

3.496.1 4149 (FORMER LEGACY EDIT 157) Attachment A PHYSICIAN (CLAIM TYPE "M")

Last Approved by DMS Prior to 12/01/2005

Following is a list of the only laboratory procedure codes covered for physician specialties **other than** "22":

80002	80003	80004	80005
80006	81000	82756	82792
82800	82801	82802	82803
82804	82805	82810	82812
82817	82947	82948	82949
82951	82952	84434	84435
84437	84439	84443	84479
84520	84525	84540	84550
84800	85000	85002	85007
85009	85014	85018	85021
85022	85023	85024	85025
85028	85031	85041	85048
85095	85097	85100	85101
85102	85103	85105	85540
85580	85585	85590	85595
85610	85612	85614	85650
85651	86000	86002	86317
86318	86403	86490	86510
86540	86580	86585	86588
86735	87081	87082	87083
87084	87085	87177	87205
88170	88171	88172	88305
88312	88313	89100	89105
89130	89132	89135	89136
89140	89141	89190	89350

DMS Approved 02/25/04

ERROR STATUS CODE: 157 (Continued)

PODIATRY (CLAIM TYPE "M")

Following is a list of the only laboratory procedure codes covered for Podiatry specialties **other than** "22":

80003	80004	80005	80006
80007	80008	80009	80010
80011	80012	80016	80017
80019	80070	81000	82615
82756	82945	82947	82951
82952	84435	84437	84443
84520	84525	84540	84550
84800	85000	85002	85007
85009	85014	85018	85021
85022	85028	85031	85041
85048	85580	85585	85590
85595	85610	85612	85614
85650	85651	87001 THRU 87085	87086
87101	87102	87106	87177
87208	87210	87211	89350

3.497 4150 (FORMER LEGACY 146)

DMS Approved 01/29/2004

ERROR STATUS CODE:	4150 (Former Legacy Edit 146)	**CLAIM TYPE:**	H, I, M, O,
HEADER/DETAIL:	DETAIL	**PROVIDER TYPE:**	01, 02, 13, 15, 17, 20, 21, 22, 23, 24, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 39, 40, 44, 45, 50, 52, 55, 56, 57, 60, 61, 64, 65, 70, 71, 80, 85, 92, 93
OVERRIDEABLE:	YES	**TYPE OF DOCUMENT:**	ALL
DATA CORRECTABLE:	YES	**FIELD NAME:**	PROC

ESC NAME: PERF PT/PS RESTRICTION FOR BILLED PROCEDURE

ESC CRITERIA:

FAILS IF THE PROCEDURE CODE IS NOT LISTED AS BILLABLE ON THE PROVIDER CONTRACT.

LEGACY EDIT CRITERIA:

FAILS IF THE PROCEDURE CODE OR REVENUE CODE IS NOT VALID FOR THE PROVIDER TYPE BASED ON PROVIDER TYPE INCLUSIONS AND EXCLUSIONS LISTED ON THE PROCEDURE CODE SCREEN.

NOTE:
FAILS IF A PROVIDER OTHER THAN 02000016 BILLS THE REVENUE CODE 129. PER DCR01415.

FAILS CLAIMS SUBMITTED BY THE FOLLOWING PROVIDERS IF A PROCEDURE CODE OTHER THAN T2022 WITH HI MODIFIER, S5108, S5125, OR S5150.

17000704	17000753	17000803	17000845
17000712	17000761	17000811	17000852
17000720	17000787	17000829	17000860
17000746	17000795	17000837	17000878

FAILS CLAIMS SUBMITTED BY THE FOLLOWING PROVIDERS IF A PROCEDURE CODE OTHER THAN S5100, S5108, S5150, H2023, OR T2022 IS BILLED PER CO1202.

33001355	33001397	33001439	33001470
33001363	33001405	33001447	33001488
33001371	33001413	33001454	33001496
33001389	33001421	33001462	33001504

FAILS CLAIMS SUBMITTED BY THE FOLLOWING PROVIDERS IF A PROCEDURE CODE OTHER THAN S5125, S5130, S5135, S5150, OR T2022 IS BILLED PER CO 1101.

43996016	43996057	43996099	43996131
43996024	43996065	43996107	43996149

	43996032 43996073 43996115 43996156 43996040 43996081 43996123
	FOR HCFA CLAIMS THE DETAIL FROM AND THROUGH DATES OF SERVICE ARE COMPARED TO THE EFFECTIVE DATES ON THE PDD FILE. FOR UB92 CLAIMS, ONLY THE DETAIL FROM DATES OF SERVICE ARE COMPARED TO THE EFFECTIVE DATES ON THE PDD FILE. (DRF 20314) CLAIM TYPE M (PROVIDER 01) FAILURES FOR EDIT 146 ARE AUTO-DENIED WITH EOB 0146. CLAIM TYPE J, FOR THE TYPE OF DOCUMENT – ELECTRONIC CLAIMS FAILURES ARE AUTO-DENIED WITH AN EOB OF 0146. CLAIM TYPE I FAILURES FOR REVENUE CODES 100 THROUGH 219 ARE AUTO-DENIED AT THE HEADER WITH EOB 0146. FOR OTHER CLAIM TYPE I FAILURES, THE DETAIL BILLED CHARGE IS SYSTEMATICALLY MOVED TO THE NON-COVERED COLUMN AND EOB 0753 IS SET. THE CLAIM DOES NOT SUSPEND. CLAIM TYPE M (PROVIDER 32) FAILS FOR EDIT 0146 ARE AUTO-DENIED FOR HCPCS CODES 80000 – 89999 WITH AN EOB OF 0146.
EOB CODES:	0146 – THIS PROCEDURE IS NOT COVERED FOR THIS PROVIDER TYPE. 0235 – SERVICE NOT PROVIDED UNDER THE MEDICAID PROGRAM. 0746 – (CLAIM TYPES M AND S) – REVENUE/CODE INAPPROPRIATE. CHARGES MOVED TO NON-COVERED. 0753 – (CLAIM TYPE S) – INVALID REVENUE CODE. CHARGES ARE NOT ALLOWED.
METHOD OF CORRECTION:	1. VERIFY THAT THE PROCEDURE CODE AND THE PROVIDER NUMBER WERE KEYED CORRECTLY. IF NOT, CORRECT THE DATA.
	2. IF PROCEDURE CODE AND PROVIDER NUMBER WERE KEYED CORRECTLY, DENY THE CLAIM WITH EOB 146.

3.498 4155 (NO FORMER LEGACY EDIT)

DMS Approved 06/2007

ERROR STATUS CODE:	4155 (NO FORMER LEGACY EDIT)	**CLAIM TYPE:**	ALL
HEADER/DETAIL:	HEADER	**PROVIDER TYPE:**	ALL
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	PAPER, NON-PAPER, ELECTRONIC
DATA CORRECTABLE:	YES	**FIELD NAME:**	POS

ESC NAME:	NO REIMBURSEMENT RULE FOR ASSOCIATED POS
ESC CRITERIA:	IF THERE IS NO REIMBURSEMENT RULE ON FILE FOR THE ASSOCIATED POS BILLED ON THE CLAIM, POST THE ESC.
EOB CODES:	9998 – PRICED IN ACCORDANCE WITH KY MEDICAID POLICY.
METHOD OF CORRECTION:	3. VERIFY THE POS IS ENTERED CORRECTLY. IF NOT, CORRECT.
	4. IF THE POS IS ENTERED CORRECTLY, SUSPEND THE DETAIL WITH ESC 9998 AND **NOTIFY SUPERVISOR.**
	NOTE: THIS ESC WILL NEVER POST ON A PAID CLAIM, THIS IS ONLY AN ESC TO HOLD THE CLAIM FOR PAYMENT REVIEW.

3.499 4157 (FORMER LEGACY EDIT 890)

DMS Approved: 12/11/03

ERROR STATUS CODE:	4157 (FORMER LEGACY EDIT 890)	**CLAIM TYPE:**	M
HEADER/DETAIL:	HEADER	**PROVIDER TYPE:**	30
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	ALL EXCEPT CAPITATION AND MASS ADJUSTMENT
DATA CORRECTABLE	YES	**FIELD NAME:**	DIAG

EDIT NAME:	CONTRACT RESTRICTION FOR BILLED DIAGNOSIS
EDIT CRITERIA: **LEGACY CRITERIA:**	IF THE CONTRACT BILLING RULE DOES NOT ALLOW THE DIAGNOSIS WHEN THE PROVIDER HAS (OR DOES NOT HAVE) ANOTHER SPECIFIC CONTRACT, POST THE EDIT. FOR DOS PRIOR TO 10/16/03 FAILS IF A PROCEDURE CODE BEGINNING WITH "WB" IS BILLED ON A CLAIM WITHOUT ONE (OR MORE) OF THE PREGNANCY DIAGNOSIS CODES LISTED BELOW. FOR DOS 10/16/03 AND AFTER FAILS ANY PROCEDURE CODE WITH A UD MODIFIER IF SUBMITTED ON A CLAIMS WITHOUT A PREGNANCY DIAGNOSIS CODE. PREGNANCY DIAGNOSIS CODES V220 THRU V222 V230 THRU V239 V240 THRU V242 630 THRU 677
EOB CODES:	0890 – CLAIM/DETAIL DENIED. THIS PROCEDURE IS NOT PAYABLE IF BILLED WITHOUT ONE OF THE DESIGNATED PREGNANCY DIAGNOSIS CODES.
METHOD OF CORRECTION:	1. VERIFY THE DIAGNOSIS CODES ARE ENTERED CORRECTLY. IF NOT, CORRECT.
	2. IF ENTERED CORRECTLY, DENY THE DETAIL WITH EOB 0890.

3.500 4158 (FORMER LEGACY EDIT N/A)

DMS Approved 06/2007

ERROR STATUS CODE:	4158 (FORMER LEGACY EDIT N/A)	**CLAIM TYPE:**	ALL
HEADER/DETAIL:	HEADER	**PROVIDER TYPE:**	ALL
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	ALL
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	DIAGNOSIS

ESC NAME:	CONTRACT RESTRICTION FOR BILLED DRG
ESC CRITERIA:	INPATIENT, INPATIENT CROSSOVERS CLAIM TYPES: IF THE PROVIDER DOES NOT HAVE ONE OF THE PROVIDER CONTRACTS WITHIN THE PROVIDER CONTRACT RESTRICTION FOR THE DRG CODE BILLING RULE, POST THE EDIT. THE HEADER FDOS/TDOS RANGE IS USED TO COMPARE TO THE RULE EFFECTIVE DATES. THE EDIT IS PERFORMED USING THE PROVIDER THAT OWNS THE CURRENT PROVIDER CONTRACT.
LEGACY CRITERIA:	N/A
EOB CODES:	9998- CLAIM WAS PRICED IN ACCORDANCE WITH CURRENT KENTUCKY HEALTH COVERAGE PROGRAM POLICY
METHOD OF CORRECTION:	VERIFY THE INFORMATION WAS KEYED CORRECTLY, IF NOT, CORRECT THE INFORMATION.
	IF THE INFORMATION WAS KEYED CORRECTLY, DENY THE CLAIM.

3.501 4159 (FORMER LEGACY EDIT N/A)

DMS Approved 06/2007

ERROR STATUS CODE:	4159 (FORMER LEGACY EDIT N/A)	**CLAIM TYPE:**	ALL
HEADER/DETAIL:	HEADER	**PROVIDER TYPE:**	ALL
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	ALL
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	DIAGNOSIS

ESC NAME:	CONTRACT RESTRICTION FOR BILLED DRG
ESC CRITERIA:	HOME HEALTH, INPATIENT, LONG TERM CARE, OUTPATIENT CLAIM TYPES: IF THE PROVIDER DOES NOT HAVE ONE OF THE PROVIDER CONTRACTS WITHIN THE PROVIDER CONTRACT RESTRICTION FOR ANY OF THE ICD9'S, POST THE EDIT. THE DETAIL FDOS/TDOS RANGE IS USED TO COMPARE TO THE RULE EFFECTIVE DATES. INPATIENT CROSSOVER, OUTPATIENCROSSOVER: IF THE PROVIDER DOES NOT HAVE ONE OF THE PROVIDER CONTRACTS WITHIN THE PROVIDER CONTRACT RESTRICTION FOR ANY OF THE ICD9'S, POST THE EDIT. THE HEADER FDOS/TDOS RANGE IS USED TO COMPARE TO THE RULE EFFECTIVE DATES. **LEGACY CRITERIA:** N/A
EOB CODES:	9998- CLAIM WAS PRICED IN ACCORDANCE WITH CURRENT KENTUCKY HEALTH COVERAGE PROGRAM POLICY
METHOD OF CORRECTION:	VERIFY THE INFORMATION WAS KEYED CORRECTLY, IF NOT, CORRECT THE INFORMATION.
	IF THE INFORMATION WAS KEYED CORRECTLY, DENY THE CLAIM.

3.502 4162 (FORMER LEGACY EDIT 038)

DMS Approved 07/22/2004

ERROR STATUS CODE:	4162 (FORMER LEGACY EDIT 038)	**CLAIM TYPE:**	O
HEADER/DETAIL:	DETAIL	**PROVIDER TYPE:**	01
OVERRIDEABLE:	YES	**TYPE OF DOCUMENT:**	PAPER, NON-PAPER, ADJUSTMENTS
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	REV CODE, POS

ESC NAME:	CONTRACT RESTRICTION FOR BILLED REVENUE CODE.
ESC CRITERIA: **LEGACY CRITERIA:**	IF THE CONTRACT BILLING RULE DOES NOT ALLOW THE REVENUE CODE WHEN THE PROVIDER HAS (OR DOES NOT HAVE) ANOTHER SPECIFIC CONTRACT, POST THE ESC. FAILS IF THE REVENUE CODE IS NOT VALID FOR THE PLACE OF SERVICE BASED ON PLACE OF SERVICE INCLUSIONS AND EXCLUSIONS LISTED ON THE PDD FILE PROCEDURE DISPLAY SCREEN 1. NOTE – THIS ESC IS EFFECTIVE FOR DATES OF SERVICE AFTER 7/31/03.
EOB CODES:	0038 –REVENUE CODE INVALID FOR PLACE OF SERVICE.
METHOD OF CORRECTION:	1. VERIFY THAT THE REVENUE CODE AND TYPE OF BILL WERE KEYED CORRECTLY. IF NOT, CORRECT THE DATA.
	2. IF KEYED CORRECTLY DENY THE DETAIL WITH EOB 038.

3.503 4188

DMS Approved 06/22/2009

ERROR STATUS CODE:	4188	**CLAIM TYPE:**	D
HEADER/DETAIL:	DETAIL	**PROVIDER TYPE:**	31, 35, 60, 61
OVERRIDEABLE:	YES	**TYPE OF DOCUMENT:**	PAPER, NON-PAPER, ADJUSTMENTS
DATA CORRECTABLE	YES	**CLAIM FIELD LABEL:**	PROCEDURE CODE, TOOTH NUMBER

ESC NAME:	QUADRANT CODE INVALID FOR PROCEDURE CODE.
ESC CRITERIA:	FAILS IF THE PROCEDURE CODE REQUIRES A QUADRANT CODE (PROCEDURE GROUP 1016), THERE IS A QUADRANT CODE RESTRICTION ON THE PROCEDURE CODE PANEL, AND THE QUADRANT CODE ON THE CLAIM DOES NOT MATCH THE QUADRANT CODE(S) LISTED IN THE RESTRICTIONS ON THE PROCEDURE CODE PANEL.
	PROCEDURES WHICH REQUIRE A QUANDRANT CODE 04210 D4341 04341 D7310 07310 D7320 07320 D7473 D4210
EOB CODES:	4188 – THIS QUADRANT CODE IS NOT VALID FOR THIS PROCEDURE CODE.
METHOD OF CORRECTION:	VERIFY THE PROCEDURE CODE AND QUADRANT CODE WERE KEYED CORRECTLY. IF NOT, CORRECT THE FIELD IN ERROR.
	IF KEYED CORRECTLY, DENY THE DETAIL.

3.504 4189

DMS Approved 06/22/2009

ERROR STATUS CODE:	4189	**CLAIM TYPE:**	D
HEADER/DETAIL:	DETAIL	**PROVIDER TYPE:**	31, 35, 60, 61
OVERRIDEABLE:	YES	**TYPE OF DOCUMENT:**	PAPER, NON-PAPER, ADJUSTMENTS
DATA CORRECTABLE	YES	**CLAIM FIELD LABEL:**	PROCEDURE CODE, TOOTH NUMBER

ESC NAME:	ARCH CODE INVALID FOR PROCEDURE CODE.
ESC CRITERIA:	FAILS IF THE PROCEDURE CODE REQUIRES AN ARCH CODE (PROCEDURE GROUP 3095), THERE IS AN ARCH CODE RESTRICTION ON THE PROCEDURE CODE PANEL, AND THE ARCH CODE ON THE CLAIM DOES NOT MATCH THE ARCH CODE(S) LISTED IN THE RESTRICTIONS ON THE PROCEDURE CODE PANEL.
	PROCEDURES WHICH REQUIRE AN ARCH CODE 01515 D1520 01520 D1525 01525 D7472 08210 D8210 08220 D8220 D1515
EOB CODES:	4189 – THIS ARCH CODE IS NOT VALID FOR THIS PROCEDURE CODE.
METHOD OF CORRECTION:	VERIFY THE PROCEDURE CODE AND ARCH CODE WERE KEYED CORRECTLY. IF NOT, CORRECT THE FIELD IN ERROR.
	IF KEYED CORRECTLY, DENY THE DETAIL.

3.505 4196 (FORMER LEGACY EDIT 199)

DMS Approved 11/01/2004

ERROR STATUS CODE:	4196 (FORMER LEGACY EDIT 199)	**CLAIM TYPE:**	M, O
HEADER/DETAIL:	DETAIL	**PROVIDER TYPE:**	01
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	PAPER, NON-PAPER, ADJUSTMENTS
DATA CORRECTABLE	YES	**FIELD NAME:**	REV CODE

ESC NAME:	PROCEDURE RESTRICTION FOR BILLED REVENUE CODE
ESC CRITERIA: **LEGACY CRITERIA:**	IF THE BILLED PROCEDURE IS RESTRICTED TO A BILLED REVENUE CODE, POST THE ESC. FAILS IF REVENUE CODE IS SUBMITTED WITHOUT A VALID SURGICAL PROCEDURE CODE (10000 THROUGH 69999). NOTE – THIS EDIT IS EFFECTIVE FOR DATES OF SERVICE AFTER 8/03/03.
EOB CODES:	0199 – CLAIM DETAIL DENIED. REVENUE CODE 360 MUST BE BILLED WITH A VALID SURGICAL CPT PROCEDURE CODE (10000 THROUGH 69999).
METHOD OF CORRECTION:	1. VERIFY THAT THE REVENUE CODE AND THE PROCEDURE CODE WERE KEYED CORRECTLY. IF NOT, CORRECT THE DATA.
	2. IF THE REVENUE CODE AND PROCEDURE CODE WERE KEYED CORRECTLY, DENY THE CLAIM WITH EOB 0199.

3.506 4200 (NEW ICE EDIT)

DMS Approved 06/2007

ERROR STATUS CODE:	4200 (NEW ICE EDIT)	**CLAIM TYPE:**	ALL
HEADER/DETAIL:	DETAIL	**PROVIDER TYPE:**	ALL
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	PAPER, NON-PAPER, ADJUSTMENTS
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	ALLOWED AMOUNT

ESC NAME:	CLAIM PRICED AT ZERO.
ESC CRITERIA:	IF CLAIM IS IN A PAID STATUS AND IF THE ALLOWED AMOUNT IS LESS THAN 0.01 AND IF THE CLAIMS DOES NOT HAVE PA OR A LIMIT CUTBACK, POST THE EDIT.
EOB CODES:	2660 – ZERO AMOUONT TO PAY
METHOD OF CORRECTION:	3. VERIFY THAT THE ALLOWED AMOUNT IS LESS THAN 0.01.
	4. IF THE ALLOWED AMOUNT IS LESS THAN 0.01, SEND TO PRICING UNIT TO REVIEW.
	THIS ESC IS SET TO SUSPEND FOR ALL MEDIA TYPES. THIS ESC SHOULD NEVER GO TO A FINAL DENIED STATUS.

3.507 4207 (FORMER LEGACY EDIT 510)

DMS Approved: 02/12/07

ERROR STATUS CODE:	4207 (FORMER LEGACY EDIT 510)	**CLAIM TYPE :**	I, M, O
HEADER/DETAIL:	DETAIL	**PROVIDER TYPE:**	01, 02, 13, 22, 31, 35, 36, 37, 39, 64, 65, 72, 74, 77, 78, 80, 85
OVERRIDEABLE:	YES	**TYPE OF DOCUMENT:**	PAPER, NON-PAPER, ADJUSTMENTS, ENCOUNTERS
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	BPROV, CLINIC NUMBER, FDOS, TDOS, PROC

ESC NAME:	CLIA NUMBER NOT ON FILE FOR DATES OF SERVICE BILLED.
ESC CRITERIA:	IF THE PROCEDURE IS NOT INDICATED AS WAIVER, PPMP, OR OTHER CLIA, BYPASS THE ESC. IF THE PROCEDURE IS EXEMPT FROM CLIA (INDICATED BY PROCEDURE GROUP), BYPASS THE ESC. IF A CLIA NUMBER IS NOT FOUND FOR THE PROVIDER FOR THE DATES OF SERVICE, POST THE ESC.
LEGACY CRITERIA:	FOR CLAIM TYPE I, THE CHARGES ARE MOVED TO NON-COVERED AND AN EOB OF 0753 IS SET. IF A PROVIDER/CLINIC BILLS A LABORATORY PROCEDURE/REVENUE CODE AND DOES NOT HAVE A VALID CLIA CERTIFICATION ON FILE FOR DATES OF SERVICE, THEN THE DETAIL WILL FAIL ESC 510. LABORATORY PROC/REV CODES ARE 78110, 78111, 78120, 78121, 78122, 78130, 78160, 78191, 78270, 78271, 78272, 78280, 80000-89399, 94700, 94705, 94710, 94715, 300-319. FOR CLAIM TYPE S, THE CHARGES ARE MOVED TO NON-COVERED AND AN EOB OF 753 IS SET.
	<u>EXCLUSIONS</u> PROVIDER TYPES OTHER THAN 37, BILLING DATES OF SERVICE PRIOR TO 1/1/98 ARE EXCLUDED.
	FOR DATES OF SERVICE 1/1/06 AND AFTER DETAILS WITH THE FOLLOWING PROCEDURE CODES ARE EXCLUDED FROM ESC 4207 PER CO1267.
	86923 | 86960 | 87900
	FOR DATES OF SERVICE 11/1/05 AND AFTER, DETAILS WITH PROCEDURE CODE 89220 ARE EXCLUDED FROM ESC 4207 PER CO1267.
	FOR DATES OF SERVICE <u>AFTER 12/31/97</u> DETAILS WITH THE

	FOLLOWING PROCEDURE CODES ARE EXCLUDED FROM ESC 4207.		
	80103	86915	88329
	80500	86927	89100
	80502	86930	89105
	81050	86931	89130
	82075	86932	89132
	83013	86945	89135
	83014	86950	89136
	83019	86965	89140
	84061	86985	89141
	85095	86999	89250
	85102	88040	89251
	86077	88045	89252
	86078	88125	89253
	86079	88170	89254
	86485	88171	89255
	86490	88240	89256
	86510	88241	89257
	86580	88304	89258
	86585	88305	89259
	86586	88311	89260
	86891	88312	89261
	86910	88313	89264
	86911	88314	89350
	FOR DATES OF SERVICE AFTER 12/31/02 DETAILS WITH THE PROCEDURE CODE 88400 ARE EXCLUDED FROM ESC 4207.		
	DETAILS BILLING ONE OF THE FOLLOWING PROCEDURE CODES WITH A PROCEDURE CODE MODIFIER OF “26” AND DOS PRIOR TO 1/1/98 ARE EXCLUDED FROM ESC 4207.		
	78110	78271	86255
	78111	78272	86256
	78120	78280	86320
	78121	83020	86325
	78122	83912	86327
	78130	84165	86334
	78160	84190	87164
	78191	85390	87207
	78270	85576	89060
	FOR DATES OF SERVICE PRIOR TO 1/1/98 DETAILS BILLING ONE OF THE FOLLOWING PROCEDURE CODES ARE EXCLUDED FROM ESC 4207.		
	80100	86078	88125
	80101	86079	88170
	80102	86455	88171
	80103	86485	88311
	80500	86490	88329

	80502	86510	89100
	81050	86540	89105
	82075	86580	89130
	84061	86585	89132
	85095	86586	89135
	85101	86910	89136
	85102	86911	89140
	85109	88040	89141
	86077	88045	89350
	For dates of service 1/1/07 and after, details with procedure code 89049 are excluded from edit 510 per co 1583.		
EOB CODES:	4207 – THIS PROCEDURE IS NOT CERTIFIED FOR THIS LABORATORY.		
METHOD OF CORRECTION:	A. VERIFY THAT THE PROVIDER NUMBER, CLINIC NUMBER, PROCEDURE, AND DATES OF SERVICE WERE KEYED CORRECTLY. IF A KEYING ERROR EXISTS, DATA CORRECT THE APPROPRIATE FIELD.		
	B. IF DATA IS KEYED CORRECTLY, DENY THE DETAIL WITH EOB 0691.		

3.508 4208

3.508.1 4208 (FORMER LEGACY EDIT 511)

DMS Approved: 06/22/09

ERROR STATUS CODE:	4208 (FORMER LEGACY EDIT 511)	**CLAIM TYPE :**	M, O
HEADER/DETAIL:	DETAIL	**PROVIDER TYPE:**	01, 15, 20, 22, 31, 35, 36, 37, 39, 64, 65, 72, 74, 77, 78, 85
OVERRIDEABLE:	YES	**TYPE OF DOCUMENT:**	PAPER, NON-PAPER, ADJUSTMENTS
DATA CORRECTABLE	YES	**CLAIM FIELD LABEL:**	BPROV, FDOS, TDOS, PROC

ESC NAME:	MIN UNIT RESTRICTION FOR BILLED PROC		
ESC CRITERIA: **LEGACY CRITERIA:**	IF THE MODIFIER IS IN THE CLIA FULL MODIFIER GROUP 1095 AND IF THE MODIFIER IS NOT "26" (PROFESSIONAL COMPONENT), POST THE ESC. IF THE MODIFIER IS IN THE CLIA WAIVER GROUP 1097 AND IF THE MODIFIER IS NOT "QW" (CLIA WAIVED TEST), POST THE ESC. IF THE BILLING PROVIDER OR CLINIC HAS A CLIA CERTIFICATION CODE OF “2” AND BILLS A LAB CODE WHICH IS NOT IN THE WAIVERED OR EXCLUDED LAB CODE LISTS BELOW, THE DETAIL WILL FAIL ESC 4208. LABORATORY PROC/REV CODES ARE 78110, 78111, 78120, 78121, 78122, 78130, 78160, 78191, 78270, 78271, 78272, 78280, 80000-89399, 94700, 94705, 94710, 94715, 300-319.		
	<u>EXCLUSIONS</u> PROVIDER TYPES OTHER THAN 37 BILLING DATES OF SERVICE PRIOR TO 1/1/98 ARE EXCLUDED.		
	FOR DATES OF SERVICE 1/1/06 AND AFTER DETAIL WITH THE FOLLOWING PROCEDURE CODES ARE EXCLUDED FROM ESC 4208 PER CO1266.		
	80178	83880	86923
	82010	84443	86960
	82271	84450	87807
	82272	85576	87899
	82679	86618	87900
	83037	86701	G0107
	83721	86703	G0328
	FOR DOS ON AND AFTER 01/01/05 PROCEDURE CODE 82010 IS EXCLUDED.		
	CLAIMS WITH BILLING PROVIDERS OR CLINICS WHICH HAVE CERTIFICATION CODES OF 1, 3, 5, OR 9 FOR THE DOS ARE EXCLUDED.		

ERROR STATUS CODE:	4208 (FORMER LEGACY EDIT 511)	**CLAIM TYPE :**	M, O
	FOR DATES OF SERVICE AFTER 12/31/97 DETAILS WITH THE FOLLOWING PROCEDURE CODES ARE EXCLUDED FROM ESC 4208.		
	80103	86915	88329
	80500	86927	89100
	80502	86930	89105
	81050	86931	89130
	82075	86932	89132
	83013	86945	89135
	83014	86950	89136
	83019	86965	89140
	84061	86985	89141
	85095	86999	89250
	85102	88040	89251
	86077	88045	89252
	86078	88125	89253
	86079	88170	89254
	86485	88171	89255
	86490	88240	89256
	86510	88241	89257
	86580	88304	89258
	86585	88305	89259
	86586	88311	89260
	86891	88312	89261
	86910	88313	89264
	86911	88314	89350
	FOR DATES OF SERVICE AFTER 12/31/02 DETAILS WITH THE PROCEDURE CODE 88400 ARE EXCLUDED FROM ESC 4208.		
	THE FOLLOWING "WAIVERED" PROCEDURE CODES ARE **EXCLUDED** FROM ESC 4208:		
	80061 (DOS AFTER 12/31/97)	83518 (DOS AFTER 12/31/02)	
	80101 (DOS AFTER 12/31/97)	83605 (DOS AFTER 12/31/02)	
	81000 (DOS AFTER 12/31/97)	83718	
	81002	83986	
	81003 (DOS AFTER 12/31/97)	84460 (DOS AFTER 12/31/02)	
	81007 (DOS AFTER 12/31/02)	84478	
	81025	84703 (DOS AFTER 12/31/98)	
	82044	84830	
	82055 (DOS AFTER 12/31/02)	85013	
	82120 (DOS AFTER 12/31/02)	85014	
	82270	85018 (DOS AFTER 9/30/96)	
	82273	85610 (DOS AFTER 12/31/97)	
	82274 (DOS AFTER 12/31/02)	85650	
	82465	85651	
	82523 (DOS AFTER 12/31/02)	86294 (DOS AFTER 12/31/02)	

ERROR STATUS CODE:	4208 (FORMER LEGACY EDIT 511)	**CLAIM TYPE :**	M, O
	82570 (DOS AFTER 12/31/02)	86308 (DOS AFTER 12/31/97)	
	82947	86318 (DOS AFTER 12/31/97)	
	82948	86588	
	82950 (DOS AFTER 9/30/96)	87044 (DOS AFTER 12/31/02)	
	82951 (DOS AFTER 9/30/96)	87072	
	82952 (DOS AFTER 9/30/96)	87077 (DOS AFTER 05/31/03)	
	82962	87210 (DOS AFTER 12/31/02)	
	82985 (DOS AFTER 12/31/97)	87449 (DOS AFTER 12/31/02)	
	83001 (DOS AFTER 12/31/02)	87804 (DOS AFTER 12/31/02)	
	83002 (DOS AFTER 12/31/02)	87880 (DOS AFTER 12/31/99)	
	83026	89220 (DOS AFTER 12/31/03)	
	83036 (DOS AFTER 12/31/97)	89300 (DOS AFTER 12/31/02)	
	FOR THE DATES OF SERVICE PRIOR TO 1/1/98 THE FOLLOWING PROCEDURE CODES ARE **EXCLUDED** FROM ESC 4208:		
	80100	86078	88125
	80101	86079	88170
	80102	86455	88171
	80103	86485	88311
	80500	86490	88329
	80502	86510	89100
	81050	86540	89105
	82075	86580	89130
	84061	86585	89132
	85095	86586	89135
	85101	86910	89136
	85102	86911	89140
	85109	88040	89141
	86077	88045	89350
	FOR DATES OF SERVICE PRIOR TO 1/1/98 DETAILS BILLED WITH ONE OF THE FOLLOWING PROCEDURE CODES AND A MODIFIER OF “26” ARE **EXCLUDED** FROM ESC 4208:		
	83020	85576	86334
	83912	86255	87164
	84165	86320	87207
	84190	86325	87270
	85390	86327	89060
	For Dates of Service 1/1/07 and after procedure codes 81000 and 82948 are no longer excluded from Edit 511 per CO 1584.		
	For dates of service 1/1/07 and after details with the following procedure codes are excluded form Edit 511 per CO1584. 87808, 89049, G0394		
	For dates of service 10/4/06 and after details with the following procedure codes are excluded from edit 511 per CO1584. 82042, 82150, 82247, 82977, 84075, 84157, 84520.		
	For dates of service 9/18/06 and after details with procedure code		

ERROR STATUS CODE:	4208 (FORMER LEGACY EDIT 511)	**CLAIM TYPE :**	M, O
	83655 are excluded from edit 511 per CO 1584.		
	For dates of service 6/30/06 and after details with procedure code 87999 are excluded from edit 511 per CO1584.		
	For Dates of Service 7/1/2008 and after details with procedure codes 81000, 82948, 82985, 87044, 87072 and 89220 will fail ESC 4208 Per CO 11330.		
	For Dates of Service 7/1/2008 and after details with procedure codes 80047, 80048, 80051, 80053, 82565, 82330, 82374, 82435, 87999, 82042, 84075, 82150, 82247, 84520, 82310, 82977, 83655, 83518, 84132, 84157, 84295, 87808 and 84550 are excluded from ESC 4208 per CO 11332		
EOB CODES:	0666 - THIS PROCEDURE IS NOT CERTIFIED FOR THIS LABORATORY.		
METHOD OF CORRECTION:	1. VERIFY THAT THE PROVIDER NUMBER, MODIFIER AND PROCEDURE CODE HAVE BEEN KEYED CORRECTLY. IF A KEYING ERROR EXISTS, DATA CORRECT THE APPROPRIATE FIELD.		
	2. IF DATA IS KEYED CORRECTLY, DENY THE DETAIL WITH EOB 0692.		

3.508.2 4208 (FORMER LEGACY EDIT 512)

DMS Approved: 06/22/09

ERROR STATUS CODE:	4208 (FORMER LEGACY EDIT 512)	**CLAIM TYPE :**	M, O
HEADER/DETAIL:	DETAIL	**PROVIDER TYPE:**	01, 13, 20, 22, 23, 24, 29, 31, 35, 36, 37, 39, 64, 65, 72, 74, 77, 78, 85
OVERRIDEABLE:	YES	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENT
DATA CORRECTABLE	YES	**CLAIM FIELD LABEL:**	BPROV, FDOS, TDOS, PROC
ESC NAME:	MIN UNIT RESTRICTION FOR BILLED PROC		
ESC CRITERIA:	IF THE MODIFIER IS IN THE CLIA FULL MODIFIER GROUP 1095 AND IF THE MODIFIER IS NOT "26" (PROFESSIONAL COMPONENT), POST THE ESC. IF THE MODIFIER IS IN THE CLIA WAIVER GROUP 1097 AND IF THE MODIFIER IS NOT "QW" (CLIA WAIVED TEST), POST THE ESC. LABORATORY PROC/REV CODES ARE 78110, 78111,		

LEGACY CRITERIA:	78120, 78121, 78122, 78130, 78160, 78191, 78270, 78271, 78272, 78280, 80000-89399, 94700, 94705, 94710, 94715, 300-319. IF THE BILLING PROVIDER OR CLINIC HAS A CLIA CERTIFICATION CODE OF “4” FOR THE DOS AND BILLS A LAB CODE WHICH IS NOT IN THE WAIVERED, MICROSCOPY, OR EXCLUDED LAB CODE LISTS BELOW, THE DETAIL WILL FAIL EDIT 512. LABORATORY PROC/REV CODES ARE 78110, 78111, 78120, 78121, 78122, 78130, 78160, 78191, 78270, 78271, 78272, 78280, 80000-89399, 94700, 94705, 94710, 94715, 300-319. **EXCLUSIONS** PROVIDER TYPES OTHER THAN 37 BILLING DOS PRIOR TO 1/1/98 ARE EXCLUDED. CLAIMS WITH BILLING PROVIDERS OR CLINICS WHICH HAVE CERTIFICATION CODES OF 1, 3, 5, OR 9 FOR THE DOS ARE EXCLUDED.
	FOR DATES OF SERVICE 1/1/06 AND AFTER DETAILS WITH THE FOLLOWING PROCEDURE CODES ARE EXCLUDED FROM ESC 4208.

	82271	83037	86960
	82272	86923	87900

	FOR DATES OF SERVICE 11/1/05 AND AFTER DETAILS WITH THE FOLLOWING PROCEDURE CODES ARE EXCLUDED FROM ESC 4208:			
	80178	83721	86960	G0027
	81001	83880	87807	G0107
	81020	84443	87899	G0328
	82010	84450	87900	Q0111
	82271	85576	89055	Q0112
	82272	86701	89190	Q0113
	82679	86703	89220	Q0114

	83037	86923	89300	Q0115
	THE FOLLOWING “WAIVERED” PROCEDURE CODES ARE **EXCLUDED** FROM ESC 4208 WITH DOS ON OR AFTER 1/1/2005: 82010, 84443, 84450, 86618, 86701, 86703 AND 87807. DCR 01402 THE FOLLOWING “WAIVERED” PROCEDURE CODES ARE **EXCLUDED** FROM ESC 4208:			
	80061(DOS AFTER 12/31/97)		83036	
	80101(DOS AFTER 12/31/97)		83518(DOS AFTER 12/31/02)	
	81000(DOS AFTER 12/31/97)		83605(DOS AFTER 12/31/02)	
	81002		83718	
	81003(DOS AFTER 12/31/97)		83986	
	81007(DOS AFTER 12/31/99)		84460(DOS AFTER 12/31/02)	
	81025		84478	
	82044		84703(DOS AFTER 12/31/98)	
	82055(DOS AFTER 12/31/99)		84830	
	82120(DOS AFTER 12/31/99)		85013	
	82270		85014	
	82273		85018(DOS AFTER 09/30/96)	
	82274(DOS AFTER 12/31/02)		85610(DOS AFTER 12/31/97)	
	82465		85650	
	82523(DOS AFTER 12/31/02)		85651	
	82570(DOS AFTER 12/31/02)		86294(DOS AFTER 12/31/02)	
	82947		86308(DOS AFTER 12/31/97)	
	82948		86318(DOS AFTER 12/31/97)	
	82950(DOS AFTER 9/30/96)		86588	
	82951(DOS AFTER 9/30/96)		87044(DOS AFTER 12/31/02)	
	82952(DOS AFTER 9/30/96)		87072	
	82962		87210(DOS AFTER 12/31/99)	

	82985(DOS AFTER 12/31/97)	87449(DOS AFTER 12/31/02)	
	83001(DOS AFTER 12/31/02)	87077 (DOS AFTER 05/31/03)	
	83002(DOS AFTER 12/31/02)	87804(DOS AFTER 12/31/02)	
	83026(DOS AFTER 12/31/97)	87880(DOS AFTER 12/31/99)	
	FOR DATES OF SERVICE AFTER 12/31/97 DETAILS WITH THE FOLLOWING PROCEDURE CODES ARE EXCLUDED FROM ESC 4208:		
	80103	86915	88329
	80500	86927	89100
	80502	86930	89105
	81050	86931	89130
	82075	86932	89132
	83013	86945	89135
	83014	86950	89136
	83019	86965	89140
	84061	86985	89141
	85095	86999	89250
	85102	88040	89251
	86077	88045	89252
	86078	88125	89253
	86079	88170	89254
	86485	88171	89255
	86490	88240	89256
	86510	88241	89257
	86580	88304	89258
	86585	88305	89259
	86586	88311	89260
	86891	88312	89261
	86910	88313	89264
	86911	88314	89350

	FOR DATES OF SERVICE PRIOR TO 1/1/98 THE FOLLOWING MICROSCOPY PROCEDURE CODE IS **EXCLUDED** FROM ESC 4208:		
	81001 (DOS AFTER 12/31/97)	81020 (DOS AFTER 12/31/97)	
	81015	89190 (DOS AFTER 12/31/97)	
	FOR DATES OF SERVICE PRIOR TO 1/1/98 THE FOLLOWING PROCEDURE CODES ARE **EXCLUDED** FROM ESC 4208:		
	80100	86078	88125
	80101	86078	88170
	80102	86079	88171
	80103	86455	88311
	80500	86485	88329
	80502	86490	89100
	81050	86510	89105
	82075	86540	89130
		86580	
	84061	86485	89132
	85095	86586	89135
	85101	86910	89136
	85102	86911	89140
	85109	88040	89141
	86077	88045	89350
	FOR DATES OF SERVICE AFTER 12/31/02 DETAILS BILLED WITH PROCEDURE CODE 88400 ARE EXCLUDED FROM ESC 4208.DCR00760		
	FOR DATES OF SERVICE PRIOR TO 1/1/98 DETAILS BILLED WITH ONE OF THE FOLLOWING PROCEDURE CODES AND A MODIFIER OF “26” ARE **EXCLUDED** FROM ESC 4208:		
	83020	85576	86334
	83912	86255	87164
	84165	86320	87207

	84190	86325	89060
	85390	86327	
	For dates of service 1/1/07 and after procedure code 82948 is no longer excluded from edit 512 per CO1585.		
	Effective dates of service 8/31/2002 and after procedure code 81015 is excluded from edit 512.		
	For dates of service 1/1/07 and after details with the following procedure codes are excluded form edit 512 per CO1585. 87808, 89049, G0394.		
	For dates of service 10/4/06 and after details with the following procedure codes are excluded form edit 512 per CO1585. 82042, 82150, 82247, 82977, 84075, 84157, 84520.		
	For dates of service 9/18/2006 and after details with procedure code 83655 are excluded from edit 512 per CO 1585.		
	For dates of service 6/30/06 and after details with procedure code 87999 are excluded per CO1585.		
	For Dates of Service 7/1/2008 and after details with procedure codes 81000, 82948, 82985, 87044, 87072 and 89220 will fail ESC 4208 Per CO 11330.		
	For Dates of Service 7/1/2008 and after details with procedure codes 80047, 80048, 80051, 80053, 82565, 82330, 82374, 82435, 87999, 82042, 84075, 82150, 82247, 84520, 82310, 82977, 83655, 83518, 84132, 84157, 84295, 87808 and 84550 are excluded from ESC 4208 per CO 11332		
EOB CODES:	0666 - THIS PROCEDURE IS NOT CERTIFIED FOR THIS LABORATORY.		
METHOD OF CORRECTION:	1. VERIFY THAT THE PROVIDER NUMBER, MODIFIER AND PROCEDURE CODE HAVE BEEN KEYED CORRECTLY. IF A KEYING ERROR EXISTS, DATA CORRECT THE APPROPRIATE FIELD.		
	2. IF DATA IS KEYED CORRECTLY, DENY THE DETAIL WITH EOB 0666.		

3.509 4209 (FORMER LEGACY EDIT 242)

DMS Approved 01/26/96

ERROR STATUS CODE:	4209 (FORMER LEGACY EDIT 242)	**CLAIM TYPE:**	M
HEADER/DETAIL:	DETAIL	**PROVIDER TYPE:**	13, 64, 65, 74, 78, 85
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	PAPER, NON-PAPER, ADJUSTMENTS
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	RPROV, FDOS, TDOS, PROC/NDC, MD

ESC NAME:	NO PRICING SEGMENT FOR PROCEDURE/MODIFIER COMBINATION.
ESC CRITERIA: **LEGACY CRITERIA:**	IF A PRICING SEGMENT IS NOT ON FILE FOR THE DATE OF SERVICE AND IF THE CLAIM IS NOT AN ENCOUNTER CLAIM (REGION 70) AND IF THE MODIFIER CODE IS NOT SPACES, POST THE ESC. IF THE BILLING PROVIDER OR CLINIC HAS A CLIA CERTIFICATION CODE OF “4” FOR THE DOS AND BILLS A LAB CODE WHICH IS NOT IN THE WAIVERED, MICROSCOPY, OR EXCLUDED LAB CODE LISTS BELOW, THE DETAIL WILL FAIL EDIT 512. LABORATORY PROC/REV CODES ARE 78110, 78111, 78120, 78121, 78122, 78130, 78160, 78191, 78270, 78271, 78272, 78280, 80000-89399, 94700, 94705, 94710, 94715, 300-319. **EXCLUSIONS** PROVIDER TYPES OTHER THAN 37 BILLING DOS PRIOR TO 1/1/98 ARE EXCLUDED. CLAIMS WITH BILLING PROVIDERS OR CLINICS WHICH HAVE CERTIFICATION CODES OF 1, 3, 5, OR 9 FOR THE DOS ARE EXCLUDED.
EOB CODES:	0242 – NO LEVEL 2 PRICING RECORD FOUND FOR MODIFIERS TC OR 26.
METHOD OF CORRECTION:	1. VERIFY PROVIDER NUMBER, PROCEDURE CODE DATES OF SERVICE, AND MODIFIER WERE KEYED CORRECTLY. IF NOT, CORRECT DATA. **NOTE: IF DETAIL DATES OF SERVICE WERE CHANGED THEN DATES OF SERVICE IN THE HEADER MUST BE CHANGED.**
	2. IF DATA WAS KEYED CORRECTLY, DENY.
	THIS ESC IS SET TO AUTO-DENY FOR TYPE OF DOCUMENT - ELECTRONIC CLAIMS.

3.510 4210 (FORMER LEGACY EDIT N/A)

DMS Approved 06/2007

ERROR STATUS CODE:	4210 (FORMER LEGACY EDIT N/A)	**CLAIM TYPE:**	A, C, I, O, H, L
HEADER/DETAIL:	HEADER	**PROVIDER TYPE:**	ALL FOR THE ABOVE CLAIM TYPES
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	PAPER, NON-PAPER, ADJUSTMENTS, ENCOUNTERS
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	REV CODE

ESC NAME:	REIMBURSEMENT AGREEMENT- REVENUE CODE
ESC CRITERIA: **LEGACY CRITERIA:**	REIMBURSEMENT AGREEMENT RULES ARE MISSING OR THE INFORMATION IT POINTS TO THE WRONG INFORMATION. N/A
EOB CODES:	9998- CLAIM WAS PRICED IN ACCORDANCE WITH CURRENT KENTUCKY HEALTH COVERAGE PROGRAM POLICY
METHOD OF CORRECTION:	THIS ESC SHOULD NOT FAIL, NOTIFY SUPERVISOR.

3.511 4211

3.511.1 4211 (FORMER LEGACY EDIT 128)

DMS Approved 08/27/96

ERROR STATUS CODE:	4211 (FORMER LEGACY EDIT 128)	**CLAIM TYPE:**	D, M
HEADER/DETAIL:	DETAIL	**PROVIDER TYPE:**	22, 60, 61
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	PAPER, NON-PAPER, ADJUSTMENTS
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	PROC, TEETH
ESC NAME:	TOOTH NUMBER/PROCEDURE CODE COMBINATION INVALID.		
ESC CRITERIA: **LEGACY CRITERIA:**	IF THE TOOTH NUMBER IS NOT VALID FOR THE PROCEDURE AS LISTED ON THE HCPCS PROCEDURE/TOOTH NUMBER RESTRICTIONS TABLE FOR THE FIRST DATE OF SERVICE (DETAIL) ON THE CLAIM, POST THE ESC. FAILS THE EDIT IF THE PROCEDURE CODE HAS A 'TOOTH NUMBER REQUIRED' INDICATOR OF "Y" ON THE PROCEDURE CODE FILE AND NO TOOTH NUMBER IS ENTERED.		
EOB CODES:	4211 – PROCEDURE CODE/TOOTH NUMBER COMBINATION IS MISSING OR INVALID.		
METHOD OF CORRECTION:	1. VERIFY THAT THE PROCEDURE CODE AND THE TOOTH NUMBER WERE KEYED CORRECTLY. IF NOT, CORRECT AND RECYCLE.		
	2. IF THE TOOTH NUMBER IS REQUIRED FOR THE PROCEDURE BUT IS NOT ON THE CLAIM, DENY THE DETAIL.		
	THIS ESC IS SET TO AUTO -DENY FOR TYPE OF DOCUMENTS - ELECTRONIC CLAIMS		

3.511.2 4211 (FORMER LEGACY EDIT 197)

ERROR STATUS CODE:	4211 (FORMER LEGACY EDIT 197)	**CLAIM TYPE:**	D
HEADER/DETAIL:	DETAIL	**PROVIDER TYPE:**	60, 61
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	ALL, EXCEPT MASS ADJUSTMENT
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	TEETH
ESC NAME:	TOOTH NUMBER/PROCEDURE CODE COMBINATION INVALID.		
ESC CRITERIA: **LEGACY CRITERIA:**	IF THE TOOTH NUMBER IS NOT VALID FOR THE PROCEDURE AS LISTED ON THE HCPCS PROCEDURE/TOOTH NUMBER RESTRICTIONS TABLE FOR THE FIRST DATE OF SERVICE (DETAIL) ON THE CLAIM, POST THE ESC.		

	FOR CLAIMS WITH THE DATES OF SERVICE ON OR AFTER 11/01/04 FAILS PROCEDURE CODES D3310, D3320 AND D3330 IF A VALID PERMANENT TOOTH NUMBER (01-99)) IS NOT ENTERED.
EOB CODES:	4211 – PROCEDURE CODE/TOOTH NUMBER COMBINATION IS MISSING OR INVALID.
METHOD OF CORRECTION:	1. VERIFY THE TOOTH NUMBER WAS KEYED CORRECTLY. IF NOT, CORRECT AND RECYCLE. NOTE: NUMERIC TOOTH NUMBERS ARE ALWAYS 2 CHARACTERS. IF A SINGLE DIGIT NUMBER, ENTER A ZERO IN FRONT OF THE NUMBER
	2. IF KEYED CORRECTLY, DENY THE CLAIM.
	THIS ESC IS SET TO AUTO-DENY FOR THE TYPE OF DOCUMENT – PAPER AND ELECTRONIC CLAIMS.

3.511.3 4211 (FORMER LEGACY EDIT 273)

DMS Approved 12/10/03

ERROR STATUS CODE:	4211 (FORMER LEGACY EDIT 273)	**CLAIM TYPE:**	D
HEADER/DETAIL:	DETAIL	**PROVIDER TYPE:**	31, 35, 60, 61
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENTS
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	PROC, TOOTH NUM
ESC NAME:	TOOTH NUMBER/PROCEDURE CODE COMBINATION INVALID.		
ESC CRITERIA: **LEGACY CRITERIA:**	IF THE TOOTH NUMBER IS NOT VALID FOR THE PROCEDURE AS LISTED ON THE HCPCS PROCEDURE/TOOTH NUMBER RESTRICTIONS TABLE FOR THE FIRST DATE OF SERVICE (DETAIL) ON THE CLAIM, POST THE ESC. PROCEDURE CODE 01351/D1351 IS LIMITED TO THE FOLLOWING TOOTH NUMBERS: 02, 03, 14, 15, 18, 19, 30, 31\		
EOB CODES:	4211 – PROCEDURE CODE/TOOTH NUMBER COMBINATION IS MISSING OR INVALID.		
METHOD OF CORRECTION:	1. VERIFY THAT THE PROCEDURE CODE AND TOOTH NUMBER WERE KEYED CORRECTLY. IF NOT, CORRECT THE FIELD IN ERROR.		
	2. IF ALL DATA WAS KEYED CORRECTLY, DENY THE DETAIL.		
	THIS ESC IS SET TO AUTO-DENY FOR TYPE OF DOCUMENT - ELECTRONIC CLAIMS.		

3.511.4 4211 (FORMER LEGACY EDIT 976)

DMS Approved 03/25/96

ERROR STATUS CODE:	4211 (FORMER LEGACY EDIT 976)	**CLAIM TYPE:**	D
HEADER/DETAIL:	DETAIL	**PROVIDER TYPE:**	31, 35, 60, 61

OVERRIDEABLE:	YES	**TYPE OF DOCUMENT:**	PAPER, NON-PAPER, ADJUSTMENTS
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	TOOTH

ESC NAME:	TOOTH NUMBER/PROCEDURE CODE COMBINATION INVALID.
ESC CRITERIA: **LEGACY CRITERIA:**	IF THE TOOTH NUMBER IS NOT VALID FOR THE PROCEDURE AS LISTED ON THE HCPCS PROCEDURE/TOOTH NUMBER RESTRICTIONS TABLE FOR THE FIRST DATE OF SERVICE (DETAIL) ON THE CLAIM, POST THE ESC. FAILS IF PROCEDURE CODE 02951/D2951 IS BILLED WITH THE FOLLOWING TOOTH NUMBERS: A-T, 4-13, 20-29. THIS EDIT AUTO -DENIES FOR TYPE OF DOCUMENT - ELECTRONIC CLAIMS.
EOB CODES:	4211 – PROCEDURE CODE/TOOTH NUMBER COMBINATION IS MISSING OR INVALID.
METHOD OF CORRECTION:	1. VERIFY THAT PROCEDURE CODE AND TOOTH NUMBER WERE KEYED CORRECTLY. IF NOT, CORRECT THE DATA.
	2. IF KEYED CORRECTLY, DENY THE CLAIM.
	THIS ESC IS SET TO AUTO-DENY ON THE TYPE OF DOCUMENT – ELECTRONIC CLAIMS.

3.512 4212 (FORMER LEGACY EDIT 145)

DMS Approved 01/26/96

ERROR STATUS CODE:	4212 (FORMER LEGACY EDIT 145)	**CLAIM TYPE:**	H, M, O
HEADER/DETAIL:	DETAIL	**PROVIDER TYPE:**	17, 30, 32, 33, 34, 37, 41, 42, 43, 46, 47, 71, 72, 74, 78, 86, 90
OVERRIDEABLE:	YES	**TYPE OF DOCUMENT:**	PAPER, NON-PAPER, ADJUSTMENTS, ENCOUNTERS
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	PROC

ESC NAME:	INVALID CLIA LAB CODE/PROC CODE/MODIFIER COMINATION
ESC CRITERIA: **LEGACY CRITERIA:**	IF THE PROCEDURE CODE/MODIFIER/CLIA COMBINATION IS NOT FOUND ON THE CLIA/LAB CERTIFICATION/PROCEDURE CODE TABLE (T_REF_CLIA_LC_PROC), POST THE ESC. FAILS IF THE LAB PROCEDURE CODE IS NOT CONTAINED IN AN EFFECTIVE CATEGORY ON THE PDD PROCEDURE FILE FOR THE DATE OF SERVICE AND IF THE PROVIDER IS NOT ELIGIBLE FOR THE LAB CATEGORY FOR THE DATE OF SERVICE ON THE PROVIDER PROCEDURE RATE FILE.
EOB CODES:	0145 – THIS PROCEDURE IS NOT CERTIFIED FOR THIS LABORATORY.
METHOD OF CORRECTION:	1. VERIFY THAT THE PROCEDRE CODE, THE PROVIDER NUMBER, AND DATES OF SERVICE WERE KEYED CORRECTLY, IF NOT, CORRECT THE DATA.
	2. IF PROCEDURE CODE, PROVIDER NUMBER, AND DATES OF SERVICE WERE KEYED CORRECTLY, DENY THE CLAIM.
	THIS ESC IS SET TO AUTO-DENY FOR TYPE OF DOCUMENT – ELECTRONIC CLAIMS.

3.513 4225 (FORMER LEGACY EDIT 097)

DMS Approved 08/30/05

ERROR STATUS CODE:	4225 (FORMER LEGACY EDIT 097)	**CLAIM TYPE:**	I
HEADER/DETAIL:	HEADER	**PROVIDER TYPES:**	01, 02, 04, 92, 93
OVERRIDEABLE:	YES	**TYPE OF DOCUMENT:**	ALL EXCEPT ADJUSTMENT RELATED CLAIMS
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	PROC, TOB

ESC NAME:	ACCOMMODATION REVENUE CODE(S) MUST BE BILLED ON INPATIENT/MENTAL HOSPITAL CLAIMS.
ESC CRITERIA: **LEGACY CRITERIA:**	IF THERE IS NO INPATIENT ACCOMMODATION REVENUE CODE AS INDICATED BY INCLUSION IN THE AN ACCOMMODATION CODE REVENUE GROUP (1003), POST THE ESC. FAILS PROVIDER TYPE “01, 92, 93” CLAIMS IF ONE OF THE FOLLOWING ACCOMMODATION REVENUE CODES IS NOT BILLED: 100, 101, 110 THROUGH 118, 120 THROUGH 128, 130 THROUGH 138, 140 THROUGH 149, 150 THROUGH 158,160, 164, 170 THROUGH 175, 200 THROUGH 208, 210 THROUGH 214. FAILS PROVIDER TYPE “02” CLAIMS IF ONE OF THE FOLLOWING ACCOMMODATION REVENUE CODES IS NOT BILLED: 114, 118, 124, 128, 129, 134, 138, 148, 154, 158, 208. FAILS PROVIDER TYPE “04” CLAIMS IF ONE OF THE FOLLOWING ACCOMMODATION REVENUE CODES IS NOT BILLED: 100, 101, 114, 118, 124, 128, 138, 148, 158, 180, 182, 183, 185, 208.
EOB CODES:	0397 – ACCOMMODATION REVENUE CODES MUST BE BILLED ON AN INPATIENT CLAIM.
METHOD OF CORRECTION:	1. VERIFY THAT THE TYPE OF BILL WAS KEYED CORRECTLY. IF NOT, CORRECT DATA.
	2. VERIFY THAT THE REVENUE CODES WERE KEYED CORRECTLY. IF NOT, DATA CORRECT THE CLAIM.
	3. IF TYPE OF BILL AND REVENUE CODES WERE KEYED CORRECTLY, DENY THE CLAIM.
	THIS ESC IS SET TO AUTO-DENY FOR TYPE OF DOCUMENT - ELECTRONIC CLAIMS.

3.514 4227

3.514.1 4227 (FORMER LEGACY EDIT 106)

DMS Approved 01/26/96

ERROR STATUS CODE:	4227 (FORMER LEGACY EDIT 106)	**CLAIM TYPE:**	H
HEADER/DETAIL:	DETAIL	**PROVIDER TYPE:**	44
OVERRIDEABLE:	YES	**TYPE OF DOCUMENT:**	PAPER CLAIM, PAPER ADJUSTMENT, AND ELECTRONIC CLAIM
DATA CORRECTABLE	YES	**CLAIM FIELD LABEL:**	MEMBER ID
ESC NAME:	NO COVERAGE FOR BILLED REVENUE CODE.		
ESC CRITERIA: **LEGACY CRITERIA:**	IF THE MEMBER'S PROGRAM BEING BILLED DOES NOT COVER THE REVENUE CODE BILLED ON THE DETAIL FOR THE SERVICE DATES ON THE CLAIM, POST THE ESC. DETAIL DATES OF SERVICE DO NOT FALL WITHIN HOSPICE MEMBER ELIGIBILITY DATES.		
EOB CODES:	4227 – THIS REVENUE CODE IS NOT COVERED FOR THIS MEMBER. **NOTE: THIS EOB IS SET FOR ALL BENEFIT PLANS FOR CLAIM TYPE H AND PT 44.**		
METHOD OF CORRECTION:	4. VERIFY THAT THE MEMBER MEMBER ID NUMBER AND DATES OF SERVICE WERE KEYED CORRECTLY. IF NOT, CORRECT BY CHANGING THE APPROPRIATE FIELDS.		
	5. IF THE CLAIM WAS KEYED CORRECTLY, MAKE NO CHANGES. CLAIM WILL RECYCLE IN THE SYSTEM FOR 15 DAYS OR UNTIL A HOSPICE SEGMENT IS FOUND.		
	NOTE: IF SYSTEM AGE IS OVER 15 DAYS, CLAIM WILL AUTO-DENY FOR ESC 4021.		

3.514.2 4227 (FORMER LEGACY EDIT 121)

DMS Approved 1/29/1996

ERROR STATUS CODE:	4227 (FORMER LEGACY EDIT 121)	**CLAIM TYPE:**	ALL EXCEPT A, B, C
HEADER/DETAIL:	HEADER	**PROVIDER TYPE:**	01, 02, 04, 92, 93
OVERRIDEABLE:	YES	**TYPE OF DOCUMENT:**	PAPER, NON-PAPER, ADJUSTMENTS
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	FDOS, MEMBER ID, REVENUE CODE

ESC NAME:	NO COVERAGE FOR BILLED REVENUE CODE.
ESC CRITERIA: **LEGACY CRITERIA:**	IF NO COVERAGE RULE IS FOUND ON THE MEMBER'S BENEFIT PLAN FOR THE REVENUE CODE BILLED, POST THE ESC. FAILS NON-CROSSOVER CLAIMS FILED ON QMB-ONLY MEMBERS (PROGRAM CODE Z, BENEFIT PLAN MCASA, FOR D.O.S.) AS FOLLOWS: • IF CLAIM TYPE I, L, M (PROV TYPES 31, 35, 55, 56, 57) O (PT 01), P OR Q AND THE MEMBER PROGRAM CODE IS Z, FAIL THE CLAIM IN THE HEADER. • IF CLAIM TYPE D, M (PROV TYPES OTHER THAN 31, 35, 55, 56, 57) OR O (PROV TYPE 39) AND THE MEMBER PROGRAM CODE IS Z, FAIL THE DETAIL. • IF CLAIM TYPE H, THE PROCEDURE CODE IS **NOT** 658 OR 659, AND THE MEMBER PROGRAM IS Z, FAIL THE DETAIL.
EOB CODES:	0121 – THIS SERVICE IS NOT PAYABLE FOR QMB-ONLY MEMBER. (PRIOR TO 06/01/2006) 1121 - FOR QMB ONLY MEMBERS, THIS SERVICE IS NOT PAYABLE. FOR QDWI, QI1, QI2 AND SLMBMEMBERS, KENTUCKY MEDICAID PROGRAM IS ONLY RESPONSIBLE FOR BUY-IN PREMIUMS. (AFTER 05/31/2006)
METHOD OF CORRECTION:	1. VERIFY THAT THE FROM DATE OF SERVICE WAS KEYED CORRECTLY. IF NOT, DATA CORRECT. 2. VERIFY THE MEMBER ID NUMBER WAS KEYED CORRECTLY. IF NOT, DATA CORRECT. 3. IF THE FDOS AND MEMBER ID ARE KEYED CORRECTLY, DENY THE CLAIM.
	THIS ESC IS SET TO AUTO-DENY FOR TYPE OF DOCUMENT - ELECTRONIC CLAIMS.

3.514.3 4227 (FORMER LEGACY EDIT 260)

DMS Approved 05/01/2009

ERROR STATUS CODE:	4227 (FORMER LEGACY EDIT 260)	**CLAIM TYPE:**	ALL
HEADER/DETAIL:	BOTH	**PROVIDER TYPE:**	ALL
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	PAPER, NON-PAPER, ADJUSTMENTS
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	MEMBER ID

ESC NAME:	NO COVERAGE FOR BILLED REVENUE CODE.
ESC CRITERIA: **LEGACY CRITERIA:**	IF NO COVERAGE RULE IS FOUND ON THE MEMBER'S BENEFIT PLAN FOR THE REVENUE CODE BILLED, POST THE ESC. FAILS IF THE MEMBER HAS A PROGRAM CODE OF "ZJ", "ZK", "ZL" OR "ZQ" FOR EITHER THE "FROM" OR "TO" DATE OF SERVICE.
EOB CODES:	0260 – KY MEDICAID IS ONLY RESPONSIBLE FOR MEDICARE BUY-IN PREMIUMS FOR THIS MEMBER. KY MEDICAID CLAIMS ARE NOT REIMBURSABLE FOR THIS MEMBER. (PRIOR TO 06/01/2006) 1121 - FOR QMB ONLY MEMBERS, THIS SERVICE IS NOT PAYABLE. FOR QDWI, QI1, QI2 AND SLMBMEMBERS, KENTUCKY MEDICAID PROGRAM IS ONLY RESPONSIBLE FOR BUY-IN PREMIUMS. (AFTER 05/31/2006)
METHOD OF CORRECTION: **FOR PAPER ADJUSTMENT:** **FOR MASS ADJUSTMENT OR ELECTRONIC ADJUSTMENT:**	1. VERIFY THE MEMBER ID WAS KEYED CORRECTLY. IF NOT, CORRECT THE DATA. 2. VERIFY THE DATES OF SERVICE WERE KEYED CORRECTLY. IF NOT, CORRECT THE DATA. 3. IF THE MEMBER ID AND DATES OF SERVICE WERE KEYED CORRECTLY, DENY THE ESC. 4. IF THE CLAIM IS KEYED CORRECTLY, THE ENTIRE CLAIM FAILS THE ESC, AND NO ELIGIBILITY CARD IS PRESENT, DENY THE CLAIM AND REQUEST A PROVIDER REFUND USING THE APPROPRIATE EOB CODE. 5. IF ONLY CERTAIN DETAILS FAIL THE ESC, DENY THE DETAILS. 6. IF THE ENTIRE CLAIM FAILS THE ESC, VERIFY THE MEMBER ID NUMBER BY USING THE NAME AND BIRTH DATE TO OBTAIN THE RECORD. IF A NEW NUMBER IS FOUND, DATA CORRECT THE MEMBER ID NUMBER. IF KEYED CORRECTLY AND NO MATCH IS FOUND ON MEMBER ELIGIBILITY FILE, REFER TO DMS FOR

	REVIEW. IF DMS RETURNS WITH “NO MATCH FOUND”, DENY THE CLAIM AND REQUEST A PROVIDER REFUND. IF DMS INDICATES A NEW MEMBER ID NUMBER, DATA CORRECT THE MEMBER ID. 7. IF ONLY CERTAIN DETAILS FAIL THE ESC, DENY THE DETAILS.

3.514.4 4227 (FORMER LEGACY EDIT 298)

DMS Approved 01/26/96

ERROR STATUS CODE:	4227 (FORMER LEGACY EDIT 298)	**CLAIM TYPE:**	H
HEADER/DETAIL:	DETAIL	**PROVIDER TYPE:**	44
OVERRIDEABLE:	YES	**TYPE OF DOCUMENT:**	PAPER, NON-PAPER, ADJUSTMENTS
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	MEMBER ID, FDOS, TDOS
ESC NAME:	NO COVERAGE FOR BILLED REVENUE CODE.		
ESC CRITERIA: **LEGACY CRITERIA:**	IF THE MEMBER'S PROGRAM BEING BILLED DOES NOT COVER THE REVENUE CODE BILLED ON THE DETAIL FOR THE SERVICE DATES ON THE CLAIM, POST THE ESC. DETAIL DATES OF SERVICE DO NOT FALL WITHIN HOSPICE MEMBER ELIGIBILITY DATES.		
EOB CODES:	4227 – THIS REVENUE CODE IS NOT COVERED FOR THIS MEMBER. **NOTE: THIS EOB IS SET FOR ALL BENEFIT PLANS FOR CLAIM TYPE H AND PT 44.**		
METHOD OF CORRECTION:	1. VERIFY THAT THE DATES OF SERVICE AND MEMBER MEMBER ID NUMBER WERE KEYED CORRECTLY. IF NOT, DATA CORRECT BY CHANGING THE APPROPRIATE FIELDS.		
	2. IF THE CLAIM WAS KEYED CORRECTLY, MAKE NO CHANGES. CLAIM WILL RECYCLE IN THE SYSTEM FOR 15 DAYS OR UNTIL A HOSPICE SEGMENT IS FOUND. **NOTE: IF SYSTEM AGE IS OVER 15 DAYS, MANUALLY DENY THE CLAIM.**		

3.514.5 4227 (FORMER LEGACY EDIT 399)

DMS Approved 04/07/2010

ERROR STATUS CODE:	4227 (FORMER LEGACY EDIT 399)	**CLAIM TYPE:**	ALL
HEADER/DETAIL:	HEADER/DETAIL	**PROVIDER TYPE:**	ALL
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	PAPER, NON-PAPER, ADJUSTMENTS
DATA CORRECTABLE	YES	**CLAIM FIELD LABEL:**	MEMBER ID, FDOS, TDOS
ESC NAME:	NO COVERAGE FOR BILLED REVENUE CODE.		
ESC CRITERIA: **LEGACY CRITERIA:**	IF THE MEMBER'S PROGRAM BEING BILLED DOES NOT COVER THE REVENUE CODE BILLED ON THE DETAIL FOR THE SERVICE DATES ON THE CLAIM, POST THE ESC. FAILS IF THE MEMBER HAS A PROGRAM CODE OF PE FOR THE DATE OF SERVICE AND THE SERVICE IS NOT A COVERED BENEFIT FOR PRESUMPTIVE ELIGIBILITY. COVERED PE BENEFITS ARE LISTED AS		

	EXCLUSIONS BELOW. **EXCLUSIONS:** A. CLAIMS SUBMIT BY PROVIDER TYPES 20 (PREVENTIVE SVCS), 31 (PRIMARY CARE), 35 (RURAL HEALTH), 54 (PHARMACY), 55 (AMBULANCE), 56 (NON-EMERGENCY TRANSPORTATION), 60 (DENTAL), 61 (DENTAL CLINIC), AND 95 (PHYSICIAN ASSISTANT) DO NOT FAIL THIS ESC. B. FOR CLAIMS SUBMITTED BY PHYSICIANS (PT 64, 65), IF THE BILLING PROVIDER HAS A SPECIALTY OF 01 (GENERAL), 11 (INTERNAL MEDICINE), 16 (OB/GYN), 25 (FAMILY PRACTICE) AND 37 (PEDIATRICS) THE ESC DOES NOT FAIL. C. FOR CLAIM SUBMITTED BY ARNP PROVIDERS (PT 78), IF THE BILLING PROVIDER HAS A SPECIALTY OF 50 (PEDIATRIC), 51 (FAMILY), 52 (ADULT), 57 (MIDWIFE), AND 58 (OB/GYN) THE ESC DOES NOT FAIL. D. CLAIM DETAILS WITH A PLACE OF SERVICE CODE OF 23 (EMERGENCY ROOM) DO NOT FAIL THIS ESC. E. CLAIM DETAILS FOR LABORATORY AND X-RAY SERVICES DO NOT FAIL THIS ESC (PROC CODES 36415, 70100-76977, 80000-89999; REV CODES 254, 255, 300-307, 310-312, 314, 320-324, 330, 340-342, 350-352, 400-404, 621, 622, 920, 923-925, 971-974). F. OUTPATIENT HOSPITAL CLAIMS (CT M, PROV TYPE 01) WHICH INCLUDE AN EMERGENCY ROOM REVENUE CODE (450, 451, 452, 456) DO NOT FAIL THIS ESC (ALL DETAILS). G. OUTPATIENT HOSPITAL CLAIMS (C/T M, PROVIDER TYPE 01), WHICH INCLUDES OBSERVATION ROOM REVENUE CODE 762, DO NOT FAIL THIS ESC. H. CLAIM DETAILS BILLING REVENUE CODES 250, 258, 260, 270, 720, OR 940 DO NOT FAIL THIS ESC WHEN BILLED AS OUTPATIENT HOSPITAL CLAIMS (C/T M, P/T 01) WITH TYPE OF BILL 131. I. CLAIM DETAILS BILLING REVENUE CODES 610, 611 OR 612 DO NOT FAIL ESC 4021 WHEN BILLED BY PROVIDER TYPE 01 PER CO 13721.
EOB CODES:	0399 –THIS SERVICE NOT COVERED FOR THIS MEMBER. **NOTE: THIS EOB IS SET FOR BENEFIT PLANS PE AND GCENC.**
METHOD OF CORRECTION:	1. VERIFY THE PROCEDURE/REVENUE CODE AND PLACE OF SERVICE CODE ARE ENTERED CORRECTLY. IF NOT, CORRECT. 2. IF ENTERED CORRECTLY, DENY THE DETAIL WITH EOB 0399.

3.514.6 4227 (FORMER LEGACY EDIT 414)

DMS Approved 12/28/06

ERROR STATUS CODE:	4227 (FORMER LEGACY EDIT 414)	**CLAIM TYPE:**	ALL EXCEPT A, L, M

HEADER/DETAIL:	HEADER/DETAIL	**PROVIDER TYPE:**	ALL EXCEPT 11, 12, 27, 28
OVERRIDEABLE:	YES	**TYPE OF DOCUMENT:**	PAPER, NON-PAPER, ADJUSTMENTS
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	MEMBER ID, FDOS, TDOS

ESC NAME:	NO COVERAGE FOR BILLED REVENUE CODE.
ESC CRITERIA: **LEGACY CRITERIA:**	IF THE MEMBER'S PROGRAM BEING BILLED DOES NOT COVER THE REVENUE CODE BILLED ON THE DETAIL FOR THE SERVICE DATES ON THE CLAIM, POST THE ESC. FAILS IF THE MEMBER IS ENROLLED IN MANAGED CARE DURING THE DATES OF SERVICE. **EXCLUSIONS:** • CLAIM TYPE M –PROVIDER TYPE 45-PROCEDURE CODES S8990, S9480, H0005, H0031, H2020, H0046 AND H0047. • CLAIM TYPE M – PROVIDER TYPES 30, 33, 41, 42, AND 43 • CLAIM TYPE M – PROVIDER TYPES 20, 21, 23, AND 24 **NOTE**: P/T 20 EXCLUDED PER CO1287 • CLAIM TYPES A ANDIV – PROVIDER TYPE 02, 04 • CLAIM TYPE A AND I – PROVIDER TYPE 01, 92 AND 93 – CLAIMS WITH REVENUE CODES 114, 124, 134, 144, 154, AND 204 AND NO OTHER ACCOMMODATION REVENUE CODE (100 THRU 219) • PROVIDER TYPE 45 – H5050, H5170, ZR121, ZR124, ZR128, ZR158, 90801, 90844, 90862, J8499, X0050, X0051, AND 99450, H0015, H0017, H0018, 90804. • PROVIDER TYPE 45 – H2029, H2036 AND T2048- DCR 00995 • PROVIDER TYPE 56 – DETAILS WITH PLACE OF SERVICE 09, 51, 52, 53, 54, 55, OR 56 ARE EXCLUDED • PROVIDER TYPE 54 – PRESCRIBERS LICENSE NUMBER HAS A SPECIALTY OF 27 – PSYCHIATRIST • PROVIDER TYPES 64, 65, 78 – CLAIMS WITH A BILLING PROVIDER WHO HAS A SPECIALITY OF 26 ARE EXCLUDED • CLAIM TYPE B – PROVIDER TYPES 82 AND 89
EOB CODES:	0414 – CLAIM WAS PRICED IN ACCORDANCE WITH CURRENT KENTUCKY HEALTH COVERAGE PROGRAM POLICIES. **NOTE: THIS EOB IS SET FOR ASSIGNMENT PLAN PART AND BENEFIT PLANS PASWC AND PASNC.**
METHOD OF CORRECTION:	1. VERIFY THAT THE MEMBER ID AND DATES OF SERVICE ARE KEYED CORRECTLY. IF NOT, CORRECT THE DATA.
	2. IF KEYED CORRECTLY, DENY.

3.514.7 4227 (FORMER LEGACY EDIT 950)

DMS Approved 03/25/96

ERROR STATUS CODE:	4227 (FORMER LEGACY EDIT 950)	**CLAIM TYPE:**	H, L, M, O
HEADER/DETAIL:	BOTH	**PROVIDER TYPE:**	11, 12, 30, 34, 42, 43, 44, 56, 64, 65
OVERRIDEABLE:	YES	**TYPE OF DOCUMENT:**	PAPER, NON-PAPER, ADJUSTMENTS
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	MEMBER ID, FDOS, TDOS

ESC NAME:	NO COVERAGE FOR BILLED REVENUE CODE.
ESC CRITERIA: **LEGACY CRITERIA:**	IF THE MEMBER'S PROGRAM BEING BILLED DOES NOT COVER THE REVENUE CODE BILLED ON THE DETAIL FOR THE SERVICE DATES ON THE CLAIM, POST THE ESC. FAILS NURSING FACILITY (CLAIM TYPE “T”), HOME HEALTH (CLAIM TYPE “U”; PROV TYPE 34), AND HCB (CLAIM TYPE “U”; PROV TYPE 42) CLAIMS AT THE HEADER IF THE MEMBER HAS A PRTF SEGMENT (PRTF SCREEN) FOR THE HEADER “FROM” DATE OF SERVICE. FAILS COMMUNITY MENTAL HEALTH (CLAIM TYPE “U”; PROV TYPE 30), ADC (CLAIM TYPE “U”; PROV TYPE 43), HOSPICE (CLAIM TYPE “H”), NON-EMERGENCY TRANSPORTATION (CLAIM TYPE “N”; PROV TYPE 56), AND PHYSICIAN* (CLAIM TYPE “J”) CLAIMS AT THE DETAIL IF THE MEMBER HAS A PRTF SEGMENT (PRTF SCREEN) FOR THE DETAIL “FROM” DATE OF SERVICE. **NOTE: ONLY THE FOLLOWING SITUATIONS ARE MONITORED FOR PHYSICIAN CLAIMS:** 1. PROCEDURE CODE 90000 – 90070 AND 90400 – 90470 IF BILLED BY A PROVIDER WITH A SPECIALTY OF “26”. 2. PROCEDURE CODES 90801 – 90915. 3. PROCEDURE CODES 90000 – 90170 IF BILLED WITH DIAGNOSIS CODES OF 290 – 31999. **NOTE – THE DIAGNOSIS CODE IS REFERENCED TO THE PROCEDURE CODE USING THE DIAGNOSIS INDICATOR. IF NO DIAGNOSIS INDICATOR IS PRESENT AND ONE OF THE MONITORED DIAGNOSIS CODES IS LISTED ON THE CLAIM, ESC LOGIC ASSUMES THAT THE MONITORED DIAGNOSIS CODE SHOULD BE REFERENCED TO THE MONITORED PROCEDURE CODE AND FAILS THE DETAIL IF THE MEMBER IS PRTF ELIGIBLE.**
EOB CODES:	0950 – CLAIM DENIED. THIS SERVICE IS NOT PAYABLE FOR PSYCHIATRIC RESIDENTIAL TREATMENT FACILITY MEMBERS. **NOTE: THIS EOB IS SET FOR ASSIGNMENT PLAN PRTF.**
METHOD OF CORRECTION:	1. VERIFY THAT THE PROVIDER NUMBER, MEMBER ID NUMBER, AND DATES OF SERVICE WERE KEYED

	CORRECTLY. IF NOT, CORRECT THE DATA.
	3. IF ENTERED CORRECTLY, DENY THE DETAIL.
	THIS ESC IS SET TO AUTO-DENY FOR TYPE OF DOCUMENT - ELECTRONIC CLAIMS.

3.515 4244

3.515.1 4244 (FORMER LEGACY EDIT 106)

DMS Approved 01/26/96

ERROR STATUS CODE:	4244 (FORMER LEGACY EDIT 106)	**CLAIM TYPE:**	H (PT 44 ONLY)
HEADER/DETAIL:	DETAIL	**PROVIDER TYPE:**	44
OVERRIDEABLE:	YES	**TYPE OF DOCUMENT:**	PAPER, NON-PAPER, ADJUSTMENT
DATA CORRECTABLE	YES	**CLAIM FIELD LABEL:**	MEMBER ID
ESC NAME:	NO COVERAGE FOR BILLED DIAGNOSIS.		
ESC CRITERIA:	IF THE DIAGNOSIS IS NOT COVERED ON THE BENEFICARY BENEFIT PLAN FOR THE DATE OF SERVICE, POST THE ESC.		
EOB CODES: **LEGACY CRITERIA:**	4244 – THIS SERVICE IS NOT COVERED FOR THIS MEMBER. DETAIL DATES OF SERVICE DO NOT FALL WITHIN HOSPICE MEMBER ELIGIBILITY DATES. **NOTE: THIS EOB IS SET FOR CLAIM TYPE H AND PROVIDER TYPE 44.**		
METHOD OF CORRECTION:	1. VERIFY THAT THE MEMBER MEMBER ID NUMBER AND DATES OF SERVICE WERE KEYED CORRECTLY. IF NOT, CORRECT BY CHANGING THE APPROPRIATE FIELDS.		
	2. IF THE CLAIM WAS KEYED CORRECTLY, MAKE NO CHANGES. CLAIM WILL RECYCLE IN THE SYSTEM FOR 15 DAYS OR UNTIL A HOSPICE SEGMENT IS FOUND.		
	NOTE: IF SYSTEM AGE IS OVER 15 DAYS, CLAIM WILL AUTO-DENY FOR ESC 4244.		

3.515.2 4244 (FORMER LEGACY EDIT 260)

DMS Approved 05/01/2009

ERROR STATUS CODE:	4244 (FORMER LEGACY EDIT 260)	**CLAIM TYPE:**	ALL
HEADER/DETAIL:	BOTH	**PROVIDER TYPE:**	ALL
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	PAPER, NON-PAPER, ADJUSTMENTS
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	MEMBER ID

ESC NAME:	NO COVERAGE FOR BILLED DIAGNOSIS.
ESC CRITERIA: **LEGACY CRITERIA:**	IF NO COVERAGE RULE IS FOUND ON THE MEMBER'S BENEFIT PLAN FOR THE DIAGNOSIS CODE BILLED, POST THE ESC. FAILS IF THE MEMBER HAS A PROGRAM CODE OF "ZJ", "ZK", "ZL" OR "ZQ" FOR EITHER THE "FROM" OR "TO" DATE OF SERVICE.
EOB CODES:	0260 – KY MEDICAID IS ONLY RESPONSIBLE FOR MEDICARE BUY-IN PREMIUMS FOR THIS MEMBER. KY MEDICAID CLAIMS ARE NOT REIMBURSABLE FOR THIS MEMBER. . (PRIOR TO 06/01/2006) 1121 - FOR QMB ONLY MEMBERS, THIS SERVICE IS NOT PAYABLE. FOR QDWI, QI1, QI2 AND SLMBMEMBERS, KENTUCKY MEDICAID PROGRAM IS ONLY RESPONSIBLE FOR BUY-IN PREMIUMS. (AFTER 05/31/2006)
METHOD OF CORRECTION: **FOR PAPER ADJUSTMENT:** **FOR MASS ADJUSTMENT OR ELECTRONIC ADJUSTMENT:**	1. VERIFY THE MEMBER ID WAS KEYED CORRECTLY. IF NOT, CORRECT THE DATA. 2. VERIFY THE DATES OF SERVICE WERE KEYED CORRECTLY. IF NOT, CORRECT THE DATA. 3. IF THE MEMBER ID AND DATES OF SERVICE WERE KEYED CORRECTLY, DENY THE ESC. 4. IF THE CLAIM IS KEYED CORRECTLY, THE ENTIRE CLAIM FAILS THE ESC, AND NO ELIGIBILITY CARD IS PRESENT, DENY THE CLAIM AND REQUEST A PROVIDER REFUND USING THE APPROPRIATE EOB CODE. 5. IF ONLY CERTAIN DETAILS FAIL THE ESC, DENY THE DETAILS. 6. IF THE ENTIRE CLAIM FAILS THE ESC, VERIFY THE MEMBER ID NUMBER BY USING THE NAME AND BIRTH DATE TO OBTAIN THE RECORD. IF A NEW NUMBER IS FOUND, DATA CORRECT THE MEMBER ID NUMBER. IF KEYED CORRECTLY AND NO MATCH IS FOUND ON MEMBER ELIGIBILITY FILE, REFER TO DMS FOR REVIEW. IF DMS RETURNS WITH "NO MATCH FOUND", DENY THE

	CLAIM AND REQUEST A PROVIDER REFUND. IF DMS INDICATES A NEW MEMBER ID NUMBER, DATA CORRECT THE MEMBER ID. 7. IF ONLY CERTAIN DETAILS FAIL THE ESC, DENY THE DETAILS.

3.515.3 4244 (FORMER LEGACY EDIT 298)

DMS Approved 01/26/96

ERROR STATUS CODE:	4244 (FORMER LEGACY EDIT 298)	**CLAIM TYPE:**	H
HEADER/DETAIL:	DETAIL	**PROVIDER TYPE:**	44
OVERRIDEABLE:	YES	**TYPE OF DOCUMENT:**	PAPER, NON-PAPER, ADJUSTMENTS
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	MEMBER ID, FDOS, TDOS

ESC NAME:	NO COVERAGE FOR BILLED DIAGNOSIS.
ESC CRITERIA:	IF THE DIAGNOSIS IS NOT COVERED ON THE BENEFICARY BENEFIT PLAN FOR THE DATE OF SERVICE, POST THE ESC.
EOB CODES: **LEGACY CRITERIA:**	4244 – THIS SERVICE IS NOT COVERED FOR THIS MEMBER. DETAIL DATES OF SERVICE DO NOT FALL WITHIN HOSPICE MEMBER ELIGIBILITY DATES. **NOTE: THIS EOB IS SET FOR CLAIM TYPE H AND PROVIDER TYPE 44.**
METHOD OF CORRECTION:	1. VERIFY THAT THE DATES OF SERVICE AND MEMBER MEMBER ID NUMBER WERE KEYED CORRECTLY. IF NOT, DATA CORRECT BY CHANGING THE APPROPRIATE FIELDS.
	2. IF THE CLAIM WAS KEYED CORRECTLY, MAKE NO CHANGES. CLAIM WILL RECYCLE IN THE SYSTEM FOR 15 DAYS OR UNTIL A HOSPICE SEGMENT IS FOUND. **NOTE: IF SYSTEM AGE IS OVER 15 DAYS, MANUALLY DENY THE CLAIM.**

3.515.4 4244 (FORMER LEGACY EDIT 399)

DMS Approved 04/07/2010

ERROR STATUS CODE:	4244 (FORMER LEGACY EDIT 399)	**CLAIM TYPE:**	ALL
HEADER/DETAIL:	HEADER/DETAIL	**PROVIDER TYPE:**	ALL
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	PAPER, NON-PAPER, ADJUSTMENTS
DATA CORRECTABLE	YES	**CLAIM FIELD LABEL:**	MEMBER ID
ESC NAME:	NO COVERAGE FOR BILLED DIAGNOSIS.		
ESC CRITERIA: **LEGACY CRITERIA:**	IF THE DIAGNOSIS IS NOT COVERED ON THE BENEFICARY BENEFIT PLAN FOR THE DATE OF SERVICE, POST THE ESC. FAILS IF THE MEMBER HAS A PROGRAM CODE OF PE FOR THE DATE OF SERVICE AND THE SERVICE IS NOT A COVERED BENEFIT FOR PRESUMPTIVE ELIGIBILITY. COVERED PE BENEFITS ARE LISTED AS EXCLUSIONS BELOW. **EXCLUSIONS:** A. CLAIMS SUBMIT BY PROVIDER TYPES 20 (PREVENTIVE SVCS), 31 (PRIMARY CARE), 35 (RURAL HEALTH), 54 (PHARMACY), 55 (AMBULANCE), 56 (NON-EMERGENCY TRANSPORTATION), 60 (DENTAL), 61 (DENTAL CLINIC), AND 95 (PHYSICIAN ASSISTANT) DO NOT FAIL THIS ESC. B. FOR CLAIMS SUBMITTED BY PHYSICIANS (PT 64, 65), IF THE BILLING PROVIDER HAS A SPECIALTY OF 01 (GENERAL), 11 (INTERNAL MEDICINE), 16 (OB/GYN), 25 (FAMILY PRACTICE) AND 37 (PEDIATRICS) THE ESC DOES NOT FAIL. C. FOR CLAIM SUBMITTED BY ARNP PROVIDERS (PT 78), IF THE BILLING PROVIDER HAS A SPECIALTY OF 50 (PEDIATRIC), 51 (FAMILY), 52 (ADULT), 57 (MIDWIFE), AND 58 (OB/GYN) THE ESC DOES NOT FAIL. D. CLAIM DETAILS WITH A PLACE OF SERVICE CODE OF 23 (EMERGENCY ROOM) DO NOT FAIL THIS ESC. E. CLAIM DETAILS FOR LABORATORY AND X-RAY SERVICES DO NOT FAIL THIS ESC (PROC CODES 36415, 70100-76977, 80000-89999; REV CODES 254, 255, 300-307, 310-312, 314, 320-324, 330, 340-342, 350-352, 400-404, 621, 622, 920, 923-925, 971-974). F. OUTPATIENT HOSPITAL CLAIMS (CT M, PROV TYPE 01) WHICH INCLUDE AN EMERGENCY ROOM REVENUE CODE (450, 451, 452, 456) DO NOT FAIL THIS ESC (ALL DETAILS). G. OUTPATIENT HOSPITAL CLAIMS (C/T M, PROVIDER TYPE 01), WHICH INCLUDES OBSERVATION ROOM REVENUE CODE 762, DO NOT FAIL THIS ESC. H. CLAIM DETAILS BILLING REVENUE CODES 250, 258, 260, 270, 720, OR 940 DO NOT FAIL THIS ESC WHEN BILLED AS OUTPATIENT HOSPITAL CLAIMS (C/T M, P/T 01) WITH TYPE		

	OF BILL 131. I. CLAIM DETAILS BILLING REVENUE CODES 610, 611 OR 612 DO NOT FAIL ESC 4021 WHEN BILLED BY PROVIDER TYPE 01 PER CO 13721.
EOB CODES:	0399 –THIS SERVICE NOT COVERED FOR THIS MEMBER. **NOTE: THIS EOB IS SET FOR BENEFIT PLANS PE AND GCENC.**
METHOD OF CORRECTION:	1. VERIFY THE PROCEDURE/REVENUE CODE AND PLACE OF SERVICE CODE ARE ENTERED CORRECTLY. IF NOT, CORRECT. 2. IF ENTERED CORRECTLY, DENY THE DETAIL WITH EOB 0399.

3.515.5 4244 (FORMER LEGACY EDIT 414)

DMS Approved 12/28/06

ERROR STATUS CODE:	4244 (FORMER LEGACY EDIT 414)	**CLAIM TYPE:**	ALL EXCEPT A, L, M
HEADER/DETAIL:	HEADER/DETAIL	**PROVIDER TYPE:**	ALL EXCEPT 11, 12, 27, 28
OVERRIDEABLE:	YES	**TYPE OF DOCUMENT:**	PAPER, NON-PAPER, ADJUSTMENTS
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	MEMBER ID, DOS

ESC NAME:	NO COVERAGE FOR BILLED DIAGNOSIS.
ESC CRITERIA: **LEGACY CRITERIA:**	IF THE DIAGNOSIS IS NOT COVERED ON THE BENEFICARY BENEFIT PLAN FOR THE DATE OF SERVICE, POST THE ESC. FAILS IF THE MEMBER IS ENROLLED IN MANAGED CARE DURING THE DATES OF SERVICE. **EXCLUSIONS:** • CLAIM TYPE M –PROVIDER TYPE 45-PROCEDURE CODES S8990, S9480, H0005, H0031, H2020, H0046 AND H0047. • CLAIM TYPE M – PROVIDER TYPES 30, 33, 41, 42, AND 43 • CLAIM TYPE ME – PROVIDER TYPES 20, 21, 23, AND 24 **NOTE**: P/T 20 EXCLUDED PER CO1287 • CLAIM TYPES A AND I – PROVIDER TYPE 02, 04 • CLAIM TYPE A AND I – PROVIDER TYPE 01, 92 AND 93 – CLAIMS WITH REVENUE CODES 114, 124, 134, 144, 154, AND 204 AND NO OTHER ACCOMMODATION REVENUE CODE (100 THRU 219) • PROVIDER TYPE 45 – H5050, H5170, ZR121, ZR124, ZR128, ZR158, 90801, 90844, 90862, J8499, X0050, X0051, AND 99450, H0015, H0017, H0018, 90804. • PROVIDER TYPE 45 – H2029, H2036 AND T2048-DCR 00995 • PROVIDER TYPE 56 – DETAILS WITH PLACE OF SERVICE 09, 51, 52, 53, 54, 55, OR 56 ARE EXCLUDED • PROVIDER TYPE 54 – PRESCRIBERS LICENSE NUMBER HAS A SPECIALTY OF 27 – PSYCHIATRIST • PROVIDER TYPES 64, 65, 78 – CLAIMS WITH A BILLING PROVIDER WHO HAS A SPECIALITY OF 26 ARE EXCLUDED • CLAIM TYPE B – PROVIDER TYPES 82 AND 89 • PROVIDER TYPE 45 - 90847, 90853, 90804, and H0001 PER DCR I3316 (CO 1401) EFFECTIVE 2/01/07.
EOB CODES:	0414 – CLAIM WAS PRICED IN ACCORDANCE WITH CURRENT KENTUCKY HEALTH COVERAGE PROGRAM POLICIES. **NOTE: THIS EOB IS SET FOR ASSIGNMENT PLAN PART AND BENEFIT PLANS PASNC AND PASWC.**

METHOD OF CORRECTION:	1. VERIFY THAT THE MEMBER ID AND DATES OF SERVICE ARE KEYED CORRECTLY. IF NOT, CORRECT THE DATA.
	2. IF KEYED CORRECTLY, DENY.

3.516 4246 (FORMER LEGACY EDIT N/A)

DMS Approved 06/2007

ERROR STATUS CODE:	4246 (FORMER LEGACY EDIT N/A)	**CLAIM TYPE:**	ALL
HEADER/DETAIL:	HEADER	**PROVIDER TYPE:**	ALL
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	PAPER,NON-PAPER ADJUSTMENTS
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	PD AMOUNTS

ESC NAME:	ADJUSTMENT PAID AMOUNT EXCEEDS THE CASH RECEIP
ESC CRITERIA: **LEGACY CRITERIA:**	IF THE SUB TOTAL IS GREATER THAN ZERO (0) AND IF THE SUB TOTAL IS GREATER THAN THE AMOUNT REMAINING, POST THE EDIT. SUB TOTAL = TOTAL MOM PAID AMOUNT - TOTAL DAUGHTER PAID AMOUNT. REMAINING AMOUNT = PAID AMOUNT - DISPOSITION AMOUNT. N/A
EOB CODES:	4246- ADJUSTMENT NET PAID AMOUNT EXCEEDS THE CASH RECEIPT BALANCE
METHOD OF CORRECTION:	THIS ESC SHOULD NOT FAIL, NOTIFY SUPERVISOR.

3.517 4250 (FORMER LEGACY EDIT N/A)

DMS Approved 06/2007

ERROR STATUS CODE:	4250 (FORMER LEGACY EDIT N/A)	**CLAIM TYPE:**	ALL
HEADER/DETAIL:	DETAIL	**PROVIDER TYPE:**	ALL
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	ALL
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	REV CODE

ESC NAME:	NO REIMB RULE FOR ASSOCIATED PT/PS
ESC CRITERIA: **LEGACY CRITERIA:**	REIMBURSEMENT AGREEMENT RULES ARE MISSING OR THE INFORMATION IT POINTS TO THE WRONG INFORMATION. N/A
EOB CODES:	9998- CLAIM WAS PRICED IN ACCORDANCE WITH CURRENT KENTUCKY HEALTH COVERAGE PROGRAM POLICY
METHOD OF CORRECTION:	THIS ESC SHOULD NOT FAIL, NOTIFY SUPERVISOR.

3.518 4251 (FORMER LEGACY EDIT N/A)

DMS Approved 06/2007

ERROR STATUS CODE:	4251 (FORMER LEGACY EDIT N/A)	**CLAIM TYPE:**	ALL
HEADER/DETAIL:	DETAIL	**PROVIDER TYPE:**	ALL
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	PAPER, NON-PAPER ADJUSTMENTS
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	PROC

ESC NAME:	DECIMAL UNITS NOT BILLABLE FOR PROCEDURE
ESC CRITERIA: **LEGACY CRITERIA:**	DECINMAL POINTS ARE NOT ALLOWED IN THE UNITS FIELD. THIS FIELD IS ALL NUMBERIC. IF A DECIMAL POINT POPULATES IN THE FIELD, POST THE EDIT N/A
EOB CODES:	9998- CLAIM WAS PRICED IN ACCORDANCE WITH CURRENT KENTUCKY HEALTH COVERAGE PROGRAM POLICY
METHOD OF CORRECTION:	VARIFY THE INFORMATION WAS KEYED CORRECTLY. IF NOT CORRECT THE INFORMATION.
	IF THE INFORMATION WAS KEYED CORRECTLY, DENY THE CLAIM.

3.519 4252 (FORMER LEGACY EDIT N/A)

DMS Approved 05/06/2010

ERROR STATUS CODE:	4252 (FORMER LEGACY EDIT N/A)	**CLAIM TYPE:**	I , O
HEADER/DETAIL:	HEADER	**PROVIDER TYPE:**	01, 39
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	PAPER, NON-PAPER, ADJUSTMENTS
DATA CORRECTABLE	YES	**FIELD NAME:**	DIAGNOSIS
ESC NAME:	DIAGNOSIS CODES 10 – 24 NOT ON FILE		
ESC CRITERIA:	IF ONE OR MORE OF THE 10 – 24 DIAGNOSIS CODES IS NOT ON THE DIAGNOSIS TABLE (T_DIAGNOSIS), POST THE EDIT.		
EOB CODES:	4252 – DIAGNOSIS CODE 10 – 24 NOT ON FILE.		
METHOD OF CORRECTION:	1. VERIFY THAT THE DIAGNOSIS CODE WAS ENTERED CORRECTLY. 2. IF NOT, DATA CORRECT. 3. IF ENTERED CORRECTLY, DENY THE CLAIM WITH EOB 4252.		

3.520 4257

3.520.1 4257 (FORMER LEGACY EDIT 141)

DMS Approved: 07/21/2010

ERROR STATUS CODE:	4257 (FORMER LEGACY EDIT 141)	**CLAIM TYPE:**	M (PT 20 FOR DOS PRIOR TO 7/01/05, PT 13, 21, 22, 30, 31, 32, 35, 45, 50, 52, 64, 65, 70, 77, 78, 85)
HEADER/DETAIL:	DETAIL	**PROVIDER TYPE:**	13, 21, 22, 30, 31, 32, 35, 45, 52, 64, 65, 77, 78, 85, PT 20 PRIOR TO 7/01/05
OVERRIDEABLE:	YES	**TYPE OF DOCUMENT:**	PAPER, NON-PAPER, ADJUSTMENTS
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	PROC, MD

ESC NAME:	PROCEDURE CODE NOT ALLOWED WITH PROVIDER CONTRACT MODIFIER.
ESC CRITERIA: **LEGACY CRITERIA:**	FAILS IF A VALID PROCEDURE CODE MODIFIER IS NOT PRESENT. VALID MODIFIERS ARE LISTED BELOW. FOR CLAIM TYPE M (P/T 45) PROCEDURE CODE S8990 REQUIRES ONE OF THE FOLLOWING MODIFIERS: GN, GO OR GP. FOR TYPE M HEARING CLAIMS (PROVIDER TYPES 50, 70) WITH DATES OF SERVICE OF 07/01/06 AND AFTER, A MODIFIER OF LT OR RT IS REQUIRED FOR PROCEDURE CODES V5030, V5040, V5050, V5060, V5070, V5080, V5095, V5100, V5120, V5130, V5140, V5150, V5170, V5180, V5190, V5210, V5220, V5230, AND V5242 thru V5263. FOR PROVIDER TYPE 17 (CDO PROVIDERS ONLY) CLAIMS FAIL IF PROCEDURE CODE T2022 IS NOT BILLED WITH MODIFIER HI. FOR PROVIDER TYPE 33 (CDO PROVIDERS ONLY) CLAIMS FAIL IF PROCEDURE CODE T2022 IS NOT BILLED WITH MODIFIER HI. PROVIDER TYPE 33 CLAIMS FAIL IF PROCEDURE CODE T2021 IS NOT BILLED WITH MODIFIER HA OR HB (CO 655) FOR CLAIM TYPE M/PROVIDER TYPE 20 CLAIMS WITH DATES OF SERVICE AFTER 10/15/03 AND PRIOR TO 07/01/05, ONLY THE FOLLOWING MODIFIERS ARE VALID: AM, U2, TD, TE, SA, EP, TC, 26, 50 FP. CLAIM TYPE M (P/T 20) IF THE DOS IS AFTER 10/15/03 FAILS IF MORE THAN ONE PERFORMING PROFESSIONAL MODIFIER IS BILLED ON THE SAME DETAIL. PROFESSIONAL MODIFIERS: AM, U1, TD, TE, AND SA. VALID PREVENTIVE SERVICES MODIFIERS (P/T 20) – DOS PRIOR

TO 10/16/04:

A1	D1	E2	H7	K5	N3
A2	D2	G1	H8	K6	N4
A3	D3	G2	H9	L1	N5
A4	D4	G3	J1	L2	N6
B1	D5	H1	J2	M1	N7
B2	D6	H2	J3	M2	N8
C1	D7	H3	K1	M3	N9
C2	D8	H4	K2	M4	P1
C3	D9	H5	K3	N1	R1
C4	E1	H6	K4	N2	S1

VALID MODIFIERS (C/T E, P/T 20, EFFECTIVE DOS 7/1/03) DCR 00866:

AM	SA	U1	TD	TE

CLAIM TYPE M (P/T22) IF THE DOS IS AFTER 10/15/03 FAILS PROCEDURE CODE 92499 IF NOT BILLED WITH MODIFIER RT, LT, OR UC.

CLAIM TYPE M (P/T 31, 35) IF THE DOS IS AFTER 10/15/03 FAILS PROCEDURE CODE 92499 IF NOT BILLED WITH MODIFIER UC, RT OR LT.

CLAIM TYPE MP (P/T 52, 77) IF THE DOS IS AFTER 10/15/03 FAILS PROCEDURE CODE 92499 IF NOT BILLED WITH MODIFIER RT, LT OR UC.

CLAIM TYPES B (P/T 95), M (P/T 77), M (P/T 78), AND B (P/T 77, 78,) FAILS IF THE CLAIM DETAIL IS BILLED USING MODIFER ‘80’.

CLAIM TYPE M IF THE DOS IS AFTER 10/15/03, FAILS IF THE CLAIM DETAIL IS BILLED USING MODIFIER ‘PA’.

CLAIM TYPE M FOR DOS AFTER 1/1/04, FAILS IF THE PHYSICIAN ASSISTANT NUMBER (BEGINS WITH 95) IS ENTERED IN THE FIRST DETAIL LOCAL USE FIELD AND THE U1 MODIFIER IS NOT ENTERED IN THE MODIFIER FIELD. (DCR 00951)

CLAIM TYPE M FOR DOS AFTER 1/1/04, FAILS IF ONE OF THE FOLLOWING PROCEDURE CODES IS BILLED WITH A MODIFIER OTHER THAN THE COMBINIATIONS LISTED BELOW (DCR 00951):

26025, 26030, 23930 – 25999, 27301 – 27899	LT, RT
28010, 28011, 28092, 28108, 28124, 28126, 28150, 28153, 28160, 28175, 28232, 28312, 28313, 28340, 28341, 28344, 28345, 28810, 28820, 28825	TA – T9
28110, 28113, 28286	T4, T9
28111, 28290, 28292, 28293, 28294, 28296 – 28299, 28310, 28315, 28490,	TA, T5

	28495, 28496, 28505, 28750, 28755, 28760	
	28112	T1 – T3, T6 – T8
	28114, 28510, 28515, 28525	T1 – T4, T6 – T9
	26010, 26011, 26055, 26060, 26070, 26075, 26080, 26100, 26105, 26110, 26180, 26185, 26210, 26215, 26235, 26236, 26255, 26260 – 26262, 26340, 26418, 26420, 26426, 26428, 26442, 26516 – 26518, 26548, 26550, 26590, 26720, 26725, 26727, 26735, 26750, 26755, 26756, 26765, 26910, 26951, 26952	FA, F1 – F9
	26641, 26645, 26650, 26665, 26820, 26841, 26842	FA, F5
	26497	F3, F4, F8, F9
	26498, 26670, 26675, 26676, 26685, 26686, 26843, 26844	F1, F2, F3, F4, F6, F7, F8, F9
	FOR P/T 32 FAILS CLAIMS THAT DO NOT HAVE THE PROCEDURE CODE MODIFIER COMBINATIONS LISTED BELOW:	
	99199	UC
	99199	AM UC & U3 (TOGETHER)
	99199	AM UC & U6 (TOGETHER)
	99199	SA UC & U3 (TOGETHER)
	99199	SA UC & U6 (TOGETHER)
	99201	SA
	99202	AM
	99211	SA
	99211	SA & U1 (TOGETHER)
	99212	AM
	99212	AM &U1 (TOGETHER)
	99429	NOT APPLICABLE
	S0610	SA
	S0612	AM
	S0612	SA
	FOR DATES OF SERVICE ON AND AFTER 10/16/03, THE VALID SCHOOL-BASED MODIFIERS ARE:	
	1ST MODIFIER	2ND MODIFIER
	SA – ARNP	
	TD – RN	
	TE – LPN/LVN	
	U1 – HEALTH AIDE	
	U2 – AUDIOLOGIST	
	GN – SPEECH PATHOLOGIST	
	GN – SPEECH PATHOLOGIST	U3 – ASSISTANT
	GO – OCCUPATIONAL THERAPIST	
	GO – OCCUPATIONAL THERAPIST	U3 – ASSISTANT
	GO – OCCUPATIONAL THERAPIST	UA – AIDE

	GP – PHYSICAL THERAPIST	
	GP – PHYSICAL THERAPIST	U3 – ASSISTANT
	GP – PHYSICAL THERAPIST	HL – INTERN
	GP – PHYSICAL THERAPIST	UA – AIDE
	AH – CLINICAL PSYCHOLOGIST	
	U4 – LICENSED COUNSELING PSYCHOLOGIST	
	UD – RESPIRATORY THERAPIST	
	U4 – SCHOOL PSYCHOLOGIST	HP – DOCTORAL LEVEL
	U4 – SCHOOL PSYCHOLOGIST	HO – MASTERS DEGREE LEVEL
	U5 – CERTIFIED PSYCHOLOGIST	
	U5 – CERTIFIED PSYCHOLOGIST	HO – MASTERS DEGREE LEVEL
	U6 – PSYCHOLOGICAL ASSOCIATE	HO – MASTERS DEGREE LEVEL
	U7 – SOCIAL WORKER	
	AJ – CLINICAL SOCIAL WORKER	
	U8 – GUIDANCE COUNSELOR	
	U9 – PSYCHOMETRIST	
	UB – INTERPRETER	
	UC – ORIENTATION AND MOBILITY	
	FOR DOS ON OR AFTER 8/1/06, P/T 21, HO ADDED AS VALID MODIFIER BILLED IN THE 1ST MODIFIER FIELD AND HO/HL COMBINATION (HO AS VALID IN 1ST MODIFIER FIELD AND HL ADDED AS A VALID MODIFIER IN THE 2ND MODIFIER FIELD RESPECTIVELY) FOR PROCEDURE CODES 90887, 96150, 96153, AND 99199. FOR DOS PRIOR TO 10/16/03, THE VALID SCHOOL-BASED (P/T 21) MODIFIERS ARE: 01 THRU 28 FOR DOS AFTER 7/31/06, FOR P/T 30, HO ADDED AS VALID MODIFIER BILLED IN THE 1ST MODIFIER FIELD FOR PROCEDURE CODES H0001, H0006, H0024, H0025, H0031, H0036, H0046, H0047, H2011, H2012, H2019, H2021, 90804, 90816, 90847, 90853, AND 90877. HO MODIFIER MAY ALSO BE BILLED WITH UD MODIFIER PER CO 865.	
	FOR DOS AFTER 11/30/03, FOR P/T 30 FAILS PROCEDURE CODES 90801, 90804, 90847, 90862, OR 90887: • IF THE FIRST PROCEDURE MODIFIER IS GT • IF FIRST PROCEDURE MODIFIER IS OTHER THAN SA OR U1 AND THE 2ND, 3RD, OR 4TH MODIFIER IS GT • IF FIRST PROCEDURE MODIFIER IS SA OR U1, 2ND, 3RD, AND 4TH MODIFIERS MUST EQUAL GT, UD OR BLANK. FOR P/T 30 FAILS PROCEDURE CODE H0031 IF THE FIRST MODIFIER IS NOT AH.	
	FOR P/T 30 FAILS IF THE FIRST MODIFIER IS NOT EQUAL TO U1, AM, SA, U2, AJ, U3, U5, U6, U7, U8, U9, TD, UA, UB, UC, AH, OR	

	GC.
	FOR P/T 30 FAILS IF DETAILS IF THE 2ND , 3RD AND 4TH MODIFIERS ARE NOT EQUAL TO SPACES, HA, HB, HD, HF, HK, HN, OR UD.
	EXCLUSIONS: FOR P/T 52 AND 77 PROCEDURE CODE 92499 IS EXCLUDED IF SUBMITTED WITH MODIFIER RT, LT OR UC FOR DOS AFTER 10/15/03. FOR P/T 20, CLAIMS WITH DATES OF SERVICE AFTER 06/30/05 ARE EXCLUDED FROM ESC 4257.
EOB CODES:	4257 - PROCEDURE CODE NOT ALLOWED WITH PROVIDER CONTRACT MODIFIER.
METHOD OF CORRECTION:	1. VERIFY THAT THE PROCDURE CODE AND MODIFIER WERE KEYED CORRECTLY. IF NOT, DATA CORRECT AND RECYCLE.
	2. IF ALL DATA WAS KEYED CORRECTLY, DENY THE DETAIL.
	THIS ESC IS SET TO AUTO-DENY DETAILS FOR TYPE OF DOCUMENT - ELECTRONIC CLAIMS.

3.520.2 4257 (FORMER LEGACY EDIT 147)

DMS Approved 05/30/01

ERROR STATUS CODE:	4257 (FORMER LEGACY EDIT 147)	**CLAIM TYPE:**	M
HEADER/DETAIL:	DETAIL	**PROVIDER TYPE:**	20
OVERRIDEABLE:	YES	**TYPE OF DOCUMENT:**	PAPER, NON-PAPER, ADJUSTMENTS
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	PROC, MD

ESC NAME:	PROCEDURE CODE IS NOT ALLOWED WITH PROVIDER CONTRACT MODIFIER.	
ESC CRITERIA: **LEGACY CRITERIA:**	FAILS IF THE FOLLOWING PROCEDURE CODES ARE BILLED WITH ANY PROCEDURE CODE MODIFIERS OTHER THAN THOSE CORRESPONDING AS FOLLOWS:	
	PROCEDURE CODES:	**MODIFIERS:**
	WP190, WP191, WP590, WP591	D9
	WP800	C1, M1
	WP900	A1-A4, J1, J2, K1-K6
	WP101, WP102, WP111, WP11299204, 99205, 99214, 99215, 99385, 99386, 99387, 99395, 99396, 99397	A1-A4, B1, C1-C3, J1, J2, K1-K4, L1, M1-M4, N4, N6, N9
	99201, 99202, 99203, 99212, 99213	A1-A4, B1, C1-C4, D1-D9, J1, J2, K1- K4, L1, M1-M4, N4, N6-N9
	99211	A1-A4, B1, B2, C1- C4, D1-D9, E1, E2, J1, J2, K1-K4, L1, L2, M1-M4, N4, N6-N9
	WP113	A1-A4, B1, C1-C3, J1, J2, K1-K4, L1, M1-M3

EOB CODES:	4257 – PROCEDURE CODE NOT ALLOWED WITH PROVIDER CONTRACT MODIFIER.
METHOD OF CORRECTION:	1. VERIFY THAT THE PROCEDURE CODE AND MODIFIER WERE KEYED CORRECTLY. IF NOT, CORRECT THE DATA.
	2. IF ALL DATA WAS KEYED CORRECTLY, DENY THE DETAIL.
	THIS ESC IS SET TO AUTO-DENY FOR TYPE OF DOCUMENT - ELECTRONIC CLAIMS.
	THIS ESC WAS END DATED EFFECTIVE FOR DOS 7/1/03 OR AFTER. DCR00866

3.520.3 4257 (FORMER LEGACY EDIT 154)

DMS Approved: 11/06/06

ERROR STATUS CODE:	4257 (FORMER LEGACY EDIT 154)	**CLAIM TYPE:**	M
HEADER/DETAIL:	DETAIL	**PROVIDER TYPE:**	24
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	PAPER, NON-PAPER, ADJUSTMENTS
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	PROC, MD
ESC NAME:	PROCEDURE CODE NOT ALLOWED WITH PROVIDER CONTRACT MODIFIER.		
ESC CRITERIA: **LEGACY CRITERIA:**	FOR P/T 20, FAILS IF PROCEDURE CODE WP710 IS BILLED WITH PROCEDURE MODIFIER A1, A2, A3, A4, J1, J2, K1, K2, K3, K4, K5, OR K6. FOR P/T 24, FAILS IF THE FOLLOWING MODIFIERS ARE NOT BILLED WITH THE CORRESPONDING PROCEDURE CODE:		
	PROCEDURE CODE	MODIFIER	
	X0014	01, 02, 03, 06, 09, 10, 11, 13, 14, 16, 17, 18, 20, 32, 36	
	X0050	01 THRU 20, 32, 36	
	X0058	01 THRU 21, 32, 36	
	X0060	01 THRU 20, 32, 36	
	X0099	32, 36	
	G9001	U2, U1, UD, TD, U4, U6, GO, UC, GP, GN, UB, U9 2ND MODIFIERS U7, U3,	
	97139	U2, U1, UD.TD,TE, U5,U4, U6, GO, UC, GP, GN, AJ,UB 2ND MODIFIERS U7, U3	
	90887	U2, U1, UD.TD,TE, U5,U4, U6, GO, UC, GP, GN, AJ, AM, UB 2ND MODIFIERS U7, U3	
	97110	U2, U1, UD.TD,TE, U5,U4, U6, GO, UC, GP, GN, AJ,UB 2ND MODIFIERS	

		U7, U3
		UB
	NOTE: U9 ADDED AS VALID MODIFIER FOR PROCEDURE CODE G9001 PER CO1189	
EOB CODES:	4257 – PROCEDURE CODE NOT ALLOWED WITH PROVIDER CONTRACT MODIFIER.	
METHOD OF CORRECTION:	1. VERIFY THAT THE PROCEDURE CODE AND MODIFIER WERE KEYED CORRECTLY. IF NOT, CORRECT THE DATA.	
	2. IF ALL DATA WAS KEYED CORRECTLY, DENY THE DETAIL.	
	THIS ESC IS SET TO AUTO-DENY FOR TYPE OF DOCUMENT - ELECTRONIC CLAIMS.	

3.520.4 4257 (FORMER LEGACY EDIT 240)

DMS Approved 01/26/96

ERROR STATUS CODE:	4257 (FORMER LEGACY EDIT 240)	**CLAIM TYPE:**	M
HEADER/DETAIL:	DETAIL	**PROVIDER TYPE:**	13, 64, 65, 85
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	PAPER, NON-PAPER, ADJUSTMENTS
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	PROC, MD
ESC NAME:	PROCEDURE CODE NOT ALLOWED WITH PROVIDER CONTRACT MODIFIER.		
ESC CRITERIA: **LEGACY CRITERIA:**	IF MODIFIER 26 OR 50 IS BILLED WITH PROCEDURE CODES 59410, 59500, 59580, 59520, 59560, 59540, THE DETAIL WILL FAIL.		
EOB CODES:	4257 – PROCEDURE CODE NOT ALLOWED WITH PROVIDER CONTRACT MODIFIER.		
METHOD OF CORRECTION:	1. VERIFY THAT THE MODIFIER WAS KEYED CORRECTLY. IF NOT, CORRECT THE MODIFIER.		
	2. IF THE MODIFIER WAS KEYED CORRECTLY, DENY THE DETAIL.		
	THIS ESC IS SET TO AUTO-DENY FOR TYPE OF DOCUMENT - ELECTRONIC CLAIMS.		

3.520.5 4257 (FORMER LEGACY EDIT 393)

DMS Approved 11/03/00

ERROR STATUS CODE:	4257 (FORMER LEGACY EDIT 393)	**CLAIM TYPE:**	M
HEADER/DETAIL:	HEADER	**PROVIDER TYPE:**	15
OVERRIDEABLE:	YES	**TYPE OF DOCUMENT:**	PAPER, NON-PAPER, ADJUSTMENTS
DATA CORRECTABLE	YES	**CLAIM FIELD LABEL:**	PROC, MD
ESC NAME:	PROCEDURE CODE NOT ALLOWED WITH PROVIDER CONTRACT MODIFIER.		

ESC CRITERIA: **LEGACY CRITERIA:**	FAILS IF THE PRIMARY DIAGNOSIS CODE IS **NOT** V619.
EOB CODES:	4257 – PROCEDURE CODE NOT ALLOWED WITH PROVIDER CONTRACT MODIFIER.
METHOD OF CORRECTION:	1. VERIFY THE PRIMARY DIAGNOSIS CODE IS ENTERED CORRECTLY. IF NOT, CORRECT.
	2. IF ENTERED CORRECTLY, DENY THE HEADER WITH EOB 4257.

3.520.6 4257 (FORMER LEGACY EDIT 398)

DMS Approved 01/29/04

ERROR STATUS CODE:	4257 (FORMER LEGACY EDIT 398)	**CLAIM TYPE:**	M
HEADER/DETAIL:	DETAIL	**PROVIDER TYPE:**	15
OVERRIDEABLE:	YES	**TYPE OF DOCUMENT:**	PAPER, NON-PAPER, ADJUSTMENTS
DATA CORRECTABLE	YES	**CLAIM FIELD LABEL:**	PROC, MD
ESC NAME:	PROCEDURE CODE NOT ALLOWED WITH PROVIDER CONTRACT MODIFIER.		
ESC CRITERIA: **LEGACY CRITERIA:**	FOR DOS AFTER 10/15/03 FAILS IF THE PROCEDURE CODE MODIFIER IS NOT HA OR HD. FOR DOS PRIOR TO 10/16/03 FAILS IF THE PROCEDURE CODE MODIFIER IS NOT CE OR PE.		
EOB CODES:	4257 – PROCEDURE CODE NOT ALLOWED WITH PROVIDER CONTRACT MODIFIER.		
METHOD OF CORRECTION:	1. VERIFY THE PROCEDURE CODE MODIFIERS ARE ENTERED CORRECTLY. IF NOT, CORRECT.		
	2. IF ENTERED CORRECTLY, DENY THE DETAIL WITH EOB 4257.		

3.520.7 4257 (FORMER LEGACY EDIT 911)

DMS Approved: 10/20/06

ERROR STATUS CODE:	4257 (FORMER LEGACY EDIT 911)	**CLAIM TYPE:**	M
HEADER/DETAIL:	DETAIL	**PROVIDER TYPE:**	21
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	PAPER, NON-PAPER, ADJUSTMENTS
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	PROC, MOD
ESC NAME:	PROCEDURE CODE NOT ALLOWED WITH PROVIDER CONTRACT MODIFIER.		
ESC CRITERIA: **LEGACY CRITERIA:**	SPECIFIED PROCEDURE CODES ARE LIMITED TO CERTAIN FIRST MODIFIERS AND FIRST/SECOND MODIFIER COMBINATION AS FOLLOWS: X0001 - 27 X0002 - 28 X0081 - 01, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26		

	X0082 - 08, 09, 10 X0083 - 06, 07 X0084 - 11, 12, 13, 14 99199 - 01 THROUGH 26, SA, TD, TE, U1, U2, GN, GN/U3, G0, G0/UA, GP, GP/U3, GP/HL, GP/US, AH, U4, UD, U4/HP, U4/HO, U5, U5/HO, U6/HO, U7, AJ, U8, U9, UB, UC. T1013 - UB 97533 - UC 96153 - SA, AH, U4, UD, U4/HP, U4/H0, U5, U5/HO, U6/HO, U7, AJ, U8, U9 97530 - GO, GO/U3, GO/UA 92508 - GN, GN/U3, 97110 – GP, GP/U3, GP/HL, GP/UA 90853 - SA, TD, TE, U1, U2, GN, GN/U3, G0, G0/UA, GP, GP/U3, GP/HL, GP/US, AH, U4, UD, U4/HP, U4/HO, U5, U5/HO, U6/HO, U7, AJ, U8, U9, UB, UC. 90887 - SA, TD, TE, U1, U2, GN, GN/U3, G0, G0/UA, GP, GP/U3, GP/HL, GP/US, AH, U4, UD, U4/HP, U4/HO, U5, U5/HO, U6/HO, U7, AJ, U8, U9, UB, UC. 96150- SA, TD, TE, U1, U2, GN, GN/U3, G0, G0/UA, GP, GP/U3, GP/HL, GP/US, AH, U4, UD, U4/HP, U4/HO, U5, U5/HO, U6/HO, U7, AJ, U8, U9, UB, UC.
EOB CODES:	4257 – PROCEDURE CODE NOT ALLOWED WITH PROVIDER CONTRACT MODIFIER.
METHOD OF CORRECTION:	5. VERIFY THAT THE PROVIDER NUMBER, PROCEDURE CODE AND MODIFIER HAVE BEEN KEYED CORRECTLY. IF NOT, CORRECT THE FIELDS IN ERROR.
	6. IF ALL DATA IS KEYED CORRECTLY, DENY THE DETAIL.
	THIS ESC IS SET TO AUTO-DENY FOR TYPE OF DOCUMENT - ELECTRONIC CLAIMS.

3.520.8 4257 (FORMER LEGACY EDIT 954)

DMS Approved: 07/19/01

ERROR STATUS CODE:	4257 (FORMER LEGACY EDIT 954)	**CLAIM TYPE:**	B, M
HEADER/DETAIL:	DETAIL	**PROVIDER TYPE:**	80
OVERRIDEABLE:	YES	**TYPE OF DOCUMENT:**	PAPER, NON-PAPER, ADJUSTMENTS
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	PROC, MD
ESC NAME:	PROCEDURE CODE NOT ALLOWED WITH PROVIDER CONTRACT MODIFIER.		
ESC CRITERIA: **LEGACY CRITERIA:**	FAILS IF ONE OF THE PROCEDURE CODES LISTED ON THE FOLLOWING PAGE IS BILLED WITHOUT ONE (OR MORE) OF THE FOLLOWING MODIFIERS: LT, RT, TA, T1, T2, T3, T4, T5, T6, T7, T8, OR T9.		

	THE ESC DOES **NOT** APPLY TO DETAILS WITH DATES OF SERVICE PRIOR TO 1/1/01.
EOB CODES:	4257 – PROCEDURE CODE NOT ALLOWED WITH PROVIDER CONTRACT MODIFIER.
METHOD OF CORRECTION:	1. VERIFY THE PROCEDURE CODE MODIFIERS WERE KEYED CORRECTLY. IF NOT, CORRECT THE DATA.
	2. IF KEYED CORRECTLY DENY THE DETAIL WITH AN EOB OF 4257.

ESC 4257 IS APPLIED TO THE FOLLOWING PROCEDURE CODES:

10060

10120

10140

10160

11000

11100

11420

11421

11422

11423

11730

11750

11900

12001

12002

16000

16010

16020

20600

20670

28024

28092

28108

28122

28124

28140

28232

28272

28285

28298

28299

28308

28410

28465

28470

28475

28476

28485

28490

28495

28496

28505

28510

28515

28520

28525

28660

28675

28750

28755

28810

28820

73660

Y1154

Y0226

3.520.9 4257 (FORMER LEGACY EDIT 982)

DMS Approved 12/16/02

ERROR STATUS CODE:	4257 (FORMER LEGACY EDIT 982)	**CLAIM TYPE:**	M
HEADER/DETAIL:	DETAIL	**PROVIDER TYPE:**	13, 64, 65, 78, 85
OVERRIDEABLE:	YES	**TYPE OF DOCUMENT:**	PAPER, NON-PAPER, ADJUSTMENTS
DATA CORRECTABLE	YES	**CLAIM FIELD LABEL:**	PROC, MD

ESC NAME:	PROCEDURE CODE NOT ALLOWED WITH PROVIDER CONTRACT MODIFIER.
ESC CRITERIA: **LEGACY CRITERIA:**	ESC 4257 WILL FAIL DETAILS BILLING VACCINE ADMINISTRATION CODES (90471-90749) IF BILLED WITHOUT MODIFIER 26. EDIT 982 WILL FAIL DETAILS BILLING VACCINE ADMINISTRATION CODES (90471-90749) IF BILLED WITHOUT MODIFIER 26.
	NOTE: FOR DATES OF SERVICE PRIOR TO 5/19/99 BOTH THE 26 AND WX MODIFIERS WERE VALID. FOR DATES OF SERVICE PRIOR TO 05/19/99 THE WX MODIFIER WAS USED TO IDENTIFY PRIVATE SOURCE VACCINES.
EOB CODES:	4257 – PROCEDURE CODE NOT ALLOWED WITH PROVIDER CONTRACT MODIFIER.
METHOD OF CORRECTION:	1. VERIFY THAT THE PROCEDURE CODE AND PROCEDURE CODE MODIFIER ARE KEYED CORRECTLY. IF NOT, CORRECT THE DATA.
	2. IF THE DATA IS KEYED CORRECTLY, DENY THE DETAIL.

3.520.10 4257 (FORMER LEGACY EDIT NA)

DMS Approved 12/22/2010

ERROR STATUS CODE:	4257 (FORMER LEGACY EDIT NA)	**CLAIM TYPE:**	M
HEADER/DETAIL:	DETAIL	**PROVIDER TYPE:**	90
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	PAPER, NON-PAPER, ADJUSTMENTS
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	PROC, MD
ESC NAME:	PROCEDURE CODE NOT ALLOWED WITH PROVIDER CONTRACT MODIFIER.		
ESC CRITERIA:	IF A DME PURCHASE ONLY PROCEDURE CODE IS BILLED WITH MODIFIER RR ESC 4257 WILL FAIL. IF A DME RENTAL ONLY PROCEDURE CODE IS BILLED WITHOUT MODIFIER RR ESC 4257 WILL FAIL.		
EOB CODES:	4257 – PROCEDURE CODE NOT ALLOWED WITH PROVIDER CONTRACT MODIFIER.		
METHOD OF CORRECTION:	1. VERIFY THAT THE PROCEDURE AND/OR MODIFIER WAS KEYED CORRECTLY. IF NOT, DATA CORRECT. 2. IF THE PROCEDURE AND/OR MODIFIER WAS KEYED CORRECTLY, DENY THE DETAIL WITH EOB 4257.		
	THIS ESC IS SET TO AUTO-DENY FOR TYPE OF DOCUMENT - ELECTRONIC CLAIMS.		

3.521.1 4260 (FORMER LEGACY EDIT NA)

DMS Approved

ERROR STATUS CODE:	4260 (FORMER LEGACY EDIT N/A)	**CLAIM TYPE:**	I, O
HEADER/DETAIL:	HEADER	**PROVIDER TYPE:**	01, 02, 04, 39, 92, 93
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	PAPER, NON-PAPER, ADJUSTMENTS
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	E (EXTERNAL CAUSE OF INJURY) DIAGNOSIS
ESC NAME:	HIPAA 5010 E DIAGNOSIS CODE IS INVALID		
ESC CRITERIA: **LEGACY CRITERIA:**	IF ONE OR MORE OF THE HIPAA 5010 E (EXTERNAL CAUSE OF INJURY) DIAGNOSIS CODE(S) IS INVALID, POST THE EDIT. N/A		
EOB CODES:	4260 – ONE OR MORE OF THE EXTERNAL CAUSE OF INJURY DIAGNOSIS CODE IS FORMATTED INCORRECLY.		
METHOD OF CORRECTION:	1. VERIFY THAT THE INFORMATION WAS KEYED CORRECTLY. 2. IF NOT, DATA CORRECT. 3. IF KEYED CORRECTLY, DENY THE CLAIM WITH EOB 4260.		

3.521.2 4261 (FORMER LEGACY EDIT NA)

DMS Approved

ERROR STATUS CODE:	4261 (FORMER LEGACY EDIT N/A)	**CLAIM TYPE:**	I, O
HEADER/DETAIL:	HEADER	**PROVIDER TYPE:**	01, 02, 04, 39, 92, 93
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	PAPER, NON-PAPER, ADJUSTMENTS
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	E (EXTERNAL CAUSE OF INJURY) DIAGNOSIS
ESC NAME:	HIPAA 5010 E DIAGNOSIS NOT ON FILE		
ESC CRITERIA: **LEGACY CRITERIA:**	IF ONE OR MORE OF THE HIPAA 5010 E (EXTERNAL CAUSE OF INJURY) DIAGNOSIS CODE(S) IS NOT ON FILE, POST THE EDIT. N/A		
EOB CODES:	4261 – ONE OR MORE OF THE E (EXTERNAL CAUSE OF INJURY) DIAGNOSIS CODE(S) IS INVALID.		
METHOD OF CORRECTION:	1. VERIFY THAT THE INFORMATION WAS KEYED CORRECTLY. 2. IF NOT, DATA CORRECT. 3. IF KEYED CORRECTLY, DENY THE CLAIM WITH EOB 4261.		

3.522 4262 (FORMER LEGACY EDIT N/A)

DMS Approved

ERROR STATUS CODE:	4262 (FORMER LEGACY EDIT N/A)	**CLAIM TYPE:**	O
HEADER/DETAIL:	HEADER	**PROVIDER TYPE:**	01
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	PAPER, NON-PAPER, ADJUSTMENTS
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	PATIENT REASON FOR VISIT DIAGNOSIS
ESC NAME:	HIPAA 5010 PAT RSN FOR VISIT DIAG CODE IS INVALID		
ESC CRITERIA: **LEGACY CRITERIA:**	IF ONE OR MORE OF THE HIPAA 5010 PATIENT REASON FOR VISIT DIAGNOSIS CODE(S) IS INVALID, POST THE EDIT. N/A		
EOB CODES:	4262 – ONE OR MORE OF THE PATIENT REASON FOR VISIT DIAGNOSIS CODE(S) IS INVALID.		
METHOD OF CORRECTION:	1. VERIFY THAT THE INFORMATION WAS KEYED CORRECTLY. 2. IF NOT, DATA CORRECT. 3. IF KEYED CORRECTLY, DENY THE CLAIM WITH EOB 4262.		

3.523 4264 (FORMER LEGACY EDIT N/A)

DMS Approved

ERROR STATUS CODE:	4264 (FORMER LEGACY EDIT N/A)	**CLAIM TYPE:**	O
HEADER/DETAIL:	HEADER	**PROVIDER TYPE:**	01
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	PAPER, NON-PAPER, ADJUSTMENTS
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	PATIENT REASON FOR VISIT DIAGNOSIS
ESC NAME:	HIPAA 5010 PAT RSN FOR VISIT DIAG CODE IS NOT ON FILE		
ESC CRITERIA: **LEGACY CRITERIA:**	IF ONE OR MORE OF THE HIPAA 5010 PATIENT REASON FOR VISIT DIAGNOSIS CODE(S) IS NOT ON FILE, POST THE EDIT. N/A		
EOB CODES:	4262 – ONE OR MORE OF THE PATIENT REASON FOR VISIT DIAGNOSIS CODE(S) IS INVALID.		
METHOD OF CORRECTION:	1. VERIFY THAT THE INFORMATION WAS KEYED CORRECTLY. 2. IF NOT, DATA CORRECT. 3. IF KEYED CORRECTLY, DENY THE CLAIM WITH EOB 4262.		

3.524 4310 (FORMER LEGACY EDIT N/A)

DMS Approved 06/2007

ERROR STATUS CODE:	4310 (FORMER LEGACY EDIT N/A)	**CLAIM TYPE:**	ALL
HEADER/DETAIL:	DETAIL	**PROVIDER TYPE:**	ALL
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	PAPER,NON-PAPER ADJUSTMENTS
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	DIAG, PROC

ESC NAME:	ADMITTING DIAGNOSIS RESTRICTION FOR BILLED PROCEDURE
ESC CRITERIA: **LEGACY CRITERIA:**	HOME HEALTH, INPATIENT, LONG TERM CARE, OUTPATIENT CLAIM TYPES: IF THE MEMBER DOES NOT HAVE ONE OF THE MEMBER PLANS WITHIN THE MEMBER PLAN RESTRICTION OF THE COVERAGE RULE FOR ANY OF THE PROCEDURE'S, POST THE EDIT. THE DETAIL FDOS/TDOS RANGE IS USED TO COMPARE TO THE RULE EFFECTIVE DATES. INPATIENT CROSSOVEROUTPATIENT CROSSOVER: IF THE MEMBER DOES NOT HAVE ONE OF THE MEMBER PLANS WITHIN THE MEMBER PLAN RESTRICTION OF THE COVERAGE RULE FOR ANY OF THE PROCEDURE'S, POST THE EDIT. THE HEADER FDOS/TDOS RANGE IS USED TO COMPARE TO THE RULE EFFECTIVE DATES. N/A
EOB CODES:	4310- ADMITTING DIAGNOSIS RESTRICTION FORBILLED PROCEDURE
METHOD OF CORRECTION:	VERIFY THAT THE INFORMATION WAS KEYED CORRECTLY. IF NOT, CORRECT THE DATA.
	IF ENTERED CORRECTLY, DENY THE CLAIM.

3.525 4311 (FORMER LEGACY EDIT 196)

DMS Approved 01/26/96

ERROR STATUS CODE:	4311 (FORMER LEGACY EDIT 196)	**CLAIM TYPE:**	D, M, I, H, O, L
HEADER/DETAIL:	HEADER	**PROVIDER TYPE:**	ALL FOR THE ABOVE CLAIM TYPES
OVERRIDEABLE:	YES	**TYPE OF DOCUMENT:**	ALL (EXCEPT MASS ADJUSTMENT)
DATA CORRECTABLE:	YES	**FIELD NAME:**	PDIAG, SIAG
ESC NAME:	PRIMARY HEADER DIAGNOSIS ON REVIEW.		
ESC CRITERIA **LEGACY CRITERIA:**	IF THE DIAGNOSIS CODE ON THE PROVIDER CONTRACT HAS A “Y” FOR MEDICAL REVIEW, POST THE ESC. FAILS WHEN DIAGNOSIS INDICATED AS ON REVIEW ON THE PDD DIAGNOSIS FILE.		
EOB CODES:	DEPENDENT ON REVIEW CRITERIA.		
METHOD OF CORRECTION:	1. VERIFY DIAGNOSIS WAS KEYED CORRECTLY. IF NOT, CORRECT THE DATA.		
	2. IF CORRECT, REFER TO PRIOR AUTHORIZATION FOR REVIEW.		

3.526 4314

3.526.1 4314 (FORMER LEGACY EDIT 121)

DMS Approved 01/26/96

ERROR STATUS CODE:	4314 (FORMER LEGACY EDIT 121)	**CLAIM TYPE:**	ALL EXCEPT A, B, C
HEADER/DETAIL:	BOTH	**PROVIDER TYPE:**	ALL EXCEPT CROSSOVERS
OVERRIDEABLE:	YES	**TYPE OF DOCUMENT:**	PAPER, NON-PAPER, ADJUSTMENTS
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	FDOS, MEMBER ID

ESC NAME:	CLAIM TYPE RESTRICTION FOR COVERED DIAGNOSIS.
ESC CRITERIA: **LEGACY CRITERIA:**	IF THE MEMBER'S BENEFIT PLAN COVERAGE RULE DOES NOT ALLOW THE CLAIM TYPE FOR THE BILLED DIAGNOSIS CODE POST THE ESC. FAILS NON-CROSSOVER CLAIMS FILED ON QMB-ONLY MEMBERS (PROGRAM CODE Z, BENEFIT PLAN MCASA, FOR D.O.S.) AS FOLLOWS: • IF CLAIM TYPE I, L, M (PROV TYPES 31, 35, 55, 56, 57) O (PT 01), P OR Q AND THE MEMBER PROGRAM CODE IS Z, FAIL THE CLAIM IN THE HEADER. • IF CLAIM TYPE D, M (PROV TYPES OTHER THAN 31, 35, 55, 56, 57) OR O (PROV TYPE 39) AND THE MEMBER PROGRAM CODE IS Z, FAIL THE DETAIL. • IF CLAIM TYPE H, THE PROCEDURE CODE IS **NOT** 658 OR 659, AND THE MEMBER PROGRAM CODE IS Z, FAIL THE DETAIL.
EOB CODES:	0121 – THIS SERVICE IS NOT PAYABLE FOR QMB-ONLY MEMBER. (PRIOR TO 06/01/2006) 1121 - FOR QMB ONLY MEMBERS, THIS SERVICE IS NOT PAYABLE. FOR QDWI, QI1, QI2 AND SLMBMEMBERS, KENTUCKY MEDICAID PROGRAM IS ONLY RESPONSIBLE FOR BUY-IN PREMIUMS. (AFTER 05/31/2006)
METHOD OF CORRECTION:	1. VERIFY THAT THE FROM DATE OF SERVICE WAS KEYED CORRECTLY. IF NOT, DATA CORRECT. 2. VERIFY THE MEMBER ID NUMBER WAS KEYED CORRECTLY. IF NOT, DATA CORRECT. 3. IF THE FDOS AND MEMBER ID ARE KEYED CORRECTLY, DENY THE CLAIM.
	THIS ESC IS SET TO AUTO-DENY FOR TYPE OF DOCUMENT - ELECTRONIC CLAIMS.

3.526.2 4314 (FORMER LEGACY EDIT 260)

DMS Approved 02/08/1999

ERROR STATUS CODE:	4314 (FORMER LEGACY EDIT 260)	**CLAIM TYPE:**	ALL
HEADER/DETAIL:	BOTH	**PROVIDER TYPE:**	ALL
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	ALL
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	MEMBER ID, FDOS, TDOS

ESC NAME:	CLAIM TYPE RESTRICTION FOR COVERED DIAGNOSIS.
ESC CRITERIA: **LEGACY CRITERIA:**	IF THE MEMBER'S BENEFIT PLAN COVERAGE RULE DOES NOT ALLOW THE CLAIM TYPE FOR THE BILLED DIAGNOSIS CODE POST THE ESC. FAILS IF THE MEMBER HAS A PROGRAM CODE OF "ZJ", "ZK", "ZL" OR "ZQ" FOR EITHER THE "FROM" OR "TO" DATE OF SERVICE.
EOB CODES:	0260 – KY MEDICAID IS ONLY RESPONSIBLE FOR MEDICARE BUY-IN PREMIUMS FOR THIS MEMBER. KY MEDICAID CLAIMS ARE NOT REIMBURSABLE FOR THIS MEMBER. (PRIOR TO 06/01/2006) 1121 - FOR QMB ONLY MEMBERS, THIS SERVICE IS NOT PAYABLE. FOR QDWI, QI1, QI2 AND SLMBMEMBERS, KENTUCKY MEDICAID PROGRAM IS ONLY RESPONSIBLE FOR BUY-IN PREMIUMS. (AFTER 05/31/2006)
METHOD OF CORRECTION **FOR PAPER ADJUSTMENT:** **FOR MASS ADJUSTMENT OR ELECTRONIC ADJUSTMENT**	1. VERIFY THE MEMBER ID WAS KEYED CORRECTLY. IF NOT, CORRECT THE DATA. 2. VERIFY THE DATES OF SERVICE WERE KEYED CORRECTLY. IF NOT, CORRECT THE DATA. 3. IF THE MEMBER ID AND DATES OF SERVICE WERE KEYED CORRECTLY, DENY THE ESC. 4. IF THE CLAIM IS KEYED CORRECTLY, THE ENTIRE CLAIM FAILS THE ESC, AND NO ELIGIBILITY CARD IS PRESENT, DENY THE CLAIM AND REQUEST A PROVIDER REFUND USING THE APPROPRIATE EOB CODE. 5. IF ONLY CERTAIN DETAILS FAIL THE ESC, DENY THE DETAILS. 6. IF THE ENTIRE CLAIM FAILS THE ESC, VERIFY THE MEMBER ID NUMBER BY USING THE NAME AND BIRTH DATE TO OBTAIN THE RECORD. IF A NEW NUMBER IS FOUND, DATA CORRECT THE MEMBER ID NUMBER. IF KEYED CORRECTLY AND NO MATCH IS FOUND ON MEMBER ELIGIBILITY FILE, REFER TO DMS FOR REVIEW. IF DMS RETURNS WITH "NO MATCH FOUND", DENY THE CLAIM AND REQUEST A PROVIDER REFUND. IF DMS INDICATES A NEW MEMBER ID NUMBER, DATA CORRECT THE MEMBER ID. 7. IF ONLY CERTAIN DETAILS FAIL THE ESC, DENY THE DETAILS.

3.527 4315 (FORMER LEGACY EDIT N/A)

DMS Approved 12/3/2010

ERROR STATUS CODE:	4315 (FORMER LEGACY EDIT N/A)	**CLAIM TYPE:**	ALL
HEADER/DETAIL:	DETAIL	**PROVIDER TYPE:**	ALL
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	PAPER, NON-PAPER ADJUSTMENTS
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	DIAG, PROC
ESC NAME:	ANY HEADER DIAGNOSIS RESTRICTION FOR BILLED PROCEDURE		
ESC CRITERIA:	IF THE CONTRACT BILLING RULES DOES NOT ALLOW FOR THE DIAGNOSIS CODE, POST THE EDIT. PROCEDURE CODES 11920 – 11922 REQUIRE AT LEAST ONE OF THE FOLLOWING DIAGNOSIS CODES AT HEADER FOR PROVIDER TYPE 64/65 PER CO 14921: 1740 – 1749, 2330, OR V103		
LEGACY CRITERIA:	N/A		
EOB CODES:	4315- ANY HEADER DIAGNOSIS RESTRICTION FOR BILLED PROCEDURE		
METHOD OF CORRECTION:	VERIFY THAT THE INFORMATION WAS KEYED CORRECTLY. IF NOT, CORRECT THE DATA.		
	IF ENTERED CORRECTLY, DENY THE CLAIM.		

3.528 4316

DMS Approved 7/7/2009

ERROR STATUS CODE:	4316	**CLAIM TYPE:**	M
HEADER/DETAIL:	DETAIL	**PROVIDER TYPE:**	90
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	PAPER, NON-PAPER ADJUSTMENTS
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	DIAG, PROC

ESC NAME:	ANY DETAIL DIAGNOSIS RESTRICTION FOR BILLED PROCEDURE
ESC CRITERIA:	IF THE DME PROVIDER CONTRACT BILLING RULE DOES NOT ALLOW THE DETAIL DIAGNOSIS CODE FOR THE PROCEDURE CODE BILLED, POST THE EDIT. FAILS IF PROCEDURE CODE A4250, A4253, A4256, A4258, A4259, A9276, A9277, A9278, AND E0607 IS BILLED WITHOUT ONE OF THE FOLLOWING DIAGNOSIS CODES (BASED ON DETAIL DIAGNOSIS INDICATOR) EFFECTIVE WITH DATE OF SERVICE 07/01/2009 PER CO 11661. PER DMS EMAIL DATED 07/06/2009, THE EFFECTIVE DATE HAS BEEN UPDATED TO 08/01/2009: 2500 – 25093 6480 – 64804 6488 – 64884
EOB CODES:	4316 – DIAGNOSIS CODE(S) DOES NOT SUPPORT PROCEDURE CODE BILLED.
METHOD OF CORRECTION:	1. VERIFY THAT THE PROCEDURE CODE, DIAGNOSIS CODE(S), AND DIAGNOSIS INDICATOR WERE KEYED CORRECTLY. 2. IF NOT, DATA CORRECT. 3. IF PROCEDURE CODE, DIAGNOSIS CODE(S) AND DIAGNOSIS INDICATOR WERE KEYED CORRECTLY, DENY WITH EOB 4316.
	THIS EDIT IS SET TO AUTO DENY FOR THE TYPE OF DOCUMENT – ELECTRONIC CLAIMS.

3.528.1 4316 (FORMER LEGACY EDIT 094)

DMS Approved 05/16/96

ERROR STATUS CODE:	4316 (FORMER LEGACY EDIT 094)	**CLAIM TYPE:**	B, M
HEADER/DETAIL:	DETAIL	**PROVIDER TYPE:**	80
OVERRIDEABLE:	YES	**TYPE OF DOCUMENT:**	PAPER, NON-PAPER, ADJUSTMENTS
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	PDIAG

ESC NAME:	ANY DETAIL DIAGNOSIS RESTRICTION FOR BILLED PROCEDURE.
ESC CRITERIA: **LEGACY CRITERIA:**	IF THE CONTRACT BILLING RULE DOES NOT ALLOW ANY OF THE DETAIL DIAGNOSIS FOR THE PROCEDURE POST THE ESC. ROUTINE FOOT CARE PROCEDURES CODES Y0226 AND Y0227 MUST BE RELATED TO ONE OF THE FOLLOWING DIAGNOSIS CODES – 250, 250.0, 250.1, 250.2, 250.3, 250.4, 250.5, 250.6, 250.7, 250.8, 250.9, 440.1, 440.2, 443.1, 451.9, 451.2, 355.9, 269.2, 263.9, 265.2, 357.5, 579.9, 281.0, 199.1, 357.6, 440.9, 585, 356.9, 356.2, 355.8, 277.3, 356.
EOB CODES:	0487 – ROUTINE FOOT CARE IS NOT PAYABLE FOR THIS DIAGNOSIS. **NOTE: THIS EOB IS SET FOR CLAIM TYPE M PROVIDER TYPE 80 AND CLAIM TYPE B PROVIDER TYPE 80.**
METHOD OF CORRECTION:	1. VERIFY THAT THE DAIGNOSIS CODE WAS ENTERED CORRECTLY. IF NOT, DATA CORRECT THE DIAGNOSIS CODE IN THE HEADER.
	2. VERIFY THAT THE PROCEDURE CODE WAS ENTERED CORRECTLY. IF NOT, DATA CORRECT THE PROCEDURE CODE FIELD IN THE DETAIL.
	3. IF ENTERED CORRECTLY, DENY THE DETAIL.
	THIS ESC IS SET TO AUTO-DENY FOR TYPE OF DOCUMENT - ELECTRONIC CLAIMS.

3.528.2 4316 (FORMER LEGACY EDIT 162)

DMS Approved 12/03/2010

ERROR STATUS CODE:	4316 (FORMER LEGACY EDIT 162)	**CLAIM TYPE:**	M
HEADER/DETAIL:	DETAIL	**PROVIDER TYPE:**	31, 35, 64, 65, 78
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	PAPER, NON-PAPER, ADJUSTMENTS
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	PROC, DIAG
ESC NAME:	ANY DETAIL DIAGNOSIS RESTRICTION FOR BILLED PROCEDURE.		
ESC CRITERIA: **LEGACY CRITERIA:**	IF THE CONTRACT BILLING RULE DOES NOT ALLOW ANY OF THE DETAIL DIAGNOSIS FOR THE PROCEDURE POST THE ESC. EFFECTIVE 01/01/2011 FAILS IF PROCEDURE CODE J9000 THRU J9999		

	IS BILLED WITHOUT ONE OF THE FOLLOWING DIAGNOSIS CODES (BASED ON DIAGNOSIS INDICATOR): 140 THRU 20979 230 THRU 2349 2733, 28731 (FOR J9310 ONLY) PRIOR TO 01/01/2011 FAILS IF PROCEDURE CODE J9000 THRU J9999 OR 96400 THRU 96450 IS BILLED WITHOUT ONE OF THE FOLLOWING DIAGNOSIS CODES (BASED ON DIAGNOSIS INDICATOR): 140 THUR 208.99 230 THRU 234.99 277.8 **NOTE:** THIS EDIT DOES NOT APPLY TO CLAIM TYPE Q EFFECTIVE DATES OF SERVICE ON OR AFTER 01/01/2004 PER DCR 01122. FOR PROCEDURE CODE J9310 DIAGNOSIS CODE 2733 OR 28731 WILL ALSO BYPASS ESC 4316 EFFECTIVE WITH DOS 1/1/2010 PER CO 15007. PROCEDURE CODE J9310 FAILS ESC 4316 FOR PT 78 IF ONE OF THE FOLLOWING DIAGNOSIS CODES IS NOT PRESENT ON DETAIL EFFECTIVE 1/1/2010 PER CO 15007: 140 – 20892, 230 – 2349, 2733, 2778, OR 28731 EFFECTIVE WITH DOS 01/01/2010 ESC 4316 WILL NOT FAIL FOR PROCEDURE CODES 96400 – 96450 PER CO 15209. EFFECTIVE WITH DOS 01/01/2011 PROCEDURE CODES J9000 – J9999 WILL FAIL ESC 4316 IF DETAIL DIAGNOSIS DOES NOT INCLUDE A DIAGNOSIS CODE(S) IN RANGE 140 – 20979 OR 230 – 2349 FOR PT 64/65 PER CO 15209. EFFECTIVE WITH DOS 01/01/2011 PROCEDURE CODE J9310 WILL FAIL ESC 4316 IF DETAIL DIAGNOSIS(S) DOES NOT INCLUDE A DIAGNOSIS CODE IN RANGE 140 – 20979 OR 230 – 2349 FOR PT 78 PER CO 15209. EFFECTIVE WITH DOS 01/01/2011 PROCEDURE CODES J9000 – J9999 WILL FAIL ESC 4316 IF DETAIL DIAGNOSIS(ES) DOES NOT INCLUDE A DIAGNOSIS CODE IN RANGE 140 – 20979 OR 230 – 2349 FOR PT 78. DIAGNOSIS CODES 2733 OR 28731 WILL ALSO BYPASS ESC 4316 FOR PROCEDURE CODE J9310, PTS 64/65 AND 78, PER CO 15826.
EOB CODES:	0162 – ANTINEOPLASTIC DRUGS AND CHEMOTHERAPY ADMINISTRATION ARE PAYABLE ONLY IF DIAGNOSIS IS MALIGNANCY. **NOTE: EOB 0162 SET FOR CLAIM TYPE M PROVIDER TYPES 13, 31, 35, 64, 65, 85 THRU 07/31/2009.** 4316 – DIAGNOSIS CODE(S) DOES NOT SUPPORT PROCEDURE CODE BILLED.
METHOD OF CORRECTION:	1. VERIFY THAT PROCEDURE CODE AND DIAGNOSIS CODE ARE KEYED CORRECTLY. IF NOT, CORRECT THE DATA. 2. IF DATA IS KEYED CORRECTLY, DENY THE CLAIM.
	THIS ESC IS SET TO AUTO-DENY FOR THE TYPE OF DOCUMENT – ELECTRONIC CLAIMS.

3.529 4317 (FORMER LEGACY EDIT N/A)

DMS Approved 06/2007

ERROR STATUS CODE:	4317 (FORMER LEGACY EDIT N/A)	**CLAIM TYPE:**	ALL
HEADER/DETAIL:	DETAIL	**PROVIDER TYPE:**	ALL
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	ALL
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	NONE

ESC NAME:	BENEFIT PLAN RESTRICTION FOR BILLED ICD-9
ESC CRITERIA: **LEGACY CRITERIA:**	HOME HEALTH, INPATIENT, LONG TERM CARE, OUTPATIENT CLAIM TYPES: IF THE MEMBER DOES NOT HAVE ONE OF THE MEMBER PLANS WITHIN THE MEMBER PLAN RESTRICTION OF THE COVERAGE RULE FOR ANY OF THE ICD9'S, POST THE EDIT. THE DETAIL FDOS/TDOS RANGE IS USED TO COMPARE TO THE RULE EFFECTIVE DATES. INPATIENT CROSSOVEROUTPATIENT CROSSOVER: IF THE MEMBER DOES NOT HAVE ONE OF THE MEMBER PLANS WITHIN THE MEMBER PLAN RESTRICTION OF THE COVERAGE RULE FOR ANY OF THE ICD9'S, POST THE EDIT. THE HEADER FDOS/TDOS RANGE IS USED TO COMPARE TO THE RULE EFFECTIVE DATES. N/A
EOB CODES:	4317- BENEFIT PLAN RETRICTION FOR BILLED ICD-9
METHOD OF CORRECTION:	VERIFY THAT THE INFORMATION WAS KEYED CORRECTLY. IF NOT, CORRECT THE DATA.
	IF ENTERED CORRECTLY, DENY THE CLAIM.

3.530 4318

3.530.1 4318 (FORMER LEGACY EDIT 172)

DMS Approved 04/06/04

ERROR STATUS CODE:	4318 (FORMER LEGACY EDIT 172)	**CLAIM TYPE:**	I
HEADER/DETAIL:	HEADER	**PROVIDER TYPE:**	01, 92, 93
OVERRIDEABLE:	YES	**TYPE OF DOCUMENT:**	PAPER,NON-PAPER ADJUSTMENTS
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	PSUR, PDIAG
ESC NAME:	PRIMARY HEADER DIAGNOSIS RESTRICTION FOR BILLED ICD-9-CM PROCEDURE CODE.		
ESC CRITERIA: **LEGACY CRITERIA:**	IF PRIMARY SURGICAL PROCEDURE IS INVALID OR ILLOGICAL FOR DIAGNOSIS INDICATED, THE CLAIM WILL SUSPEND.		
EOB CODES:	4318 – PRIMARY HEADER DIAGNOSIS RESTRICTION FOR BILLED ICD-9-CM PROCEDURE CODE.		
METHOD OF CORRECTION:	1. VERIFY THAT THE DIAGNOSIS AND PRIMARY SURGICAL CODES WERE KEYED CORRECTLY. IF NOT, CORRECT THE DATA.		
	2. IF ALL DATA WAS KEYED CORRECTLY, DENY THE CLAIM.		
	THIS ESC IS SET TO AUTO-DENY ON THE TYPE OF DOCUMENT – ELECTRONIC CLAIMS.		

3.530.2 4318 (FORMER LEGACY EDIT 173)

DMS Approved 04/06/04

ERROR STATUS CODE:	4318 (FORMER LEGACY EDIT 173)	**CLAIM TYPE:**	I
HEADER/DETAIL:	HEADER	**PROVIDER TYPE:**	ALL
OVERRIDEABLE:	YES	**TYPE OF DOCUMENT:**	PAPER, NON-PAPER, ADJUSTMENTS
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	SSUR, PDIAG
ESC NAME:	PRIMARY HEADER DIAGNOSIS RESTRICTION FOR BILLED ICD-9-CM PROCEDURE CODE.		
ESC CRITERIA: **LEGACY CRITERIA:**	IF THE SECONDARY SURGICAL PROCEDURE IS INVALID OR ILLOGICAL FOR THE DIAGNOSIS INDICATED THE CLAIM WILL SUSPEND.		
EOB CODES:	4318 – PRIMARY HEADER DIAGNOSIS RESTRICTION FOR BILLED ICD-9-CM PROCEDURE CODE.		
METHOD OF CORRECTION:	1. VERIFY THAT THE DIAGNOSIS AND SECONDARY SURGICAL CODES WERE KEYED CORRECTLY. IF NOT, CORRECT THE DATA.		
	2. IF ALL DATA WAS KEYED CORRECTLY, DENY THE CLAIM.		
	THIS ESC IS SET TO AUTO-DENY ON THE TYPE OF DOCUMENT – ELECTRONIC CLAIMS.		

3.531 4319 (FORMER LEGACY EDIT N/A)

DMS Approved 06/2007

ERROR STATUS CODE:	4319 (FORMER LEGACY EDIT N/A)	**CLAIM TYPE:**	ALL
HEADER/DETAIL:	DETAIL	**PROVIDER TYPE:**	ALL
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	PAPER NON-PAPER ADJUSTMENTS
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	ICD9 PROC, DIAG

ESC NAME:	ANY HEADER DIAGNOSIS RESTRICTION FOR BILLED ICD-9
ESC CRITERIA: **LEGACY CRITERIA:**	IF THE CONTRACT BILLING RULES DOES NOT ALLOW FOR THE DIAGNOSIS CODE, POST THE EDIT. N/A
EOB CODES:	4319- ANY HEADER DIAGNOSIS RESTRICTION FOR BILLED ICD-9
METHOD OF CORRECTION:	VERIFY THAT THE INFORMATION WAS KEYED CORRECTLY. IF NOT, CORRECT THE DATA.
	IF ENTERED CORRECTLY, DENY THE CLAIM.

3.532 4320 (FORMER LEGACY EDIT N/A)

DMS Approved 06/2007

ERROR STATUS CODE:	4320 (FORMER LEGACY EDIT N/A)	**CLAIM TYPE:**	ALL
HEADER/DETAIL:	DETAIL	**PROVIDER TYPE:**	ALL
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	ALL
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	NONE

ESC NAME:	ADMITTING DIAGNOSIS RESTRICTION FORBILLED REV CODE
ESC CRITERIA: **LEGACY CRITERIA:**	HOME HEALTH, INPATIENT, LONG TERM CARE, OUTPATIENT CLAIM TYPES: IF THE MEMBER DOES NOT HAVE ONE OF THE MEMBER PLANS WITHIN THE MEMBER PLAN RESTRICTION OF THE COVERAGE RULE FOR ANY OF THE REV CODE'S, POST THE EDIT. THE DETAIL FDOS/TDOS RANGE IS USED TO COMPARE TO THE RULE EFFECTIVE DATES. INPATIENT CROSSOVEROUTPATIENT CROSSOVER: IF THE MEMBER DOES NOT HAVE ONE OF THE MEMBER PLANS WITHIN THE MEMBER PLAN RESTRICTION OF THE COVERAGE RULE FOR ANY OF THE REV CODE'S, POST THE EDIT. THE HEADER FDOS/TDOS RANGE IS USED TO COMPARE TO THE RULE EFFECTIVE DATES. N/A
EOB CODES:	4320- ADMITTING DIAGNOSIS RESTRICTION FORBILLED REV CODE
METHOD OF CORRECTION:	VERIFY THAT THE INFORMATION WAS KEYED CORRECTLY. IF NOT, CORRECT THE DATA.
	IF ENTERED CORRECTLY, DENY THE CLAIM.

3.533 4322 (FORMER LEGACY EDIT N/A)

DMS Approved 06/2007

ERROR STATUS CODE:	4322 (FORMER LEGACY EDIT N/A)	**CLAIM TYPE:**	ALL
HEADER/DETAIL:	DETAIL	**PROVIDER TYPE:**	ALL
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	ALL
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	ALL

ESC NAME:	ANY HEADER DIAGNOSIS RESTRICTION FOR BILLED REV CODE
ESC CRITERIA:	IF THE CONTRACT BILLING RULES DOES NOT ALLOW FOR THE DIAGNOSIS CODE, POST THE EDIT.
LEGACY CRITERIA:	N/A
EOB CODES:	4322- ANY HEADER DIAGNOSIS RESTRICTION FOR BILLED REV CODE
METHOD OF CORRECTION:	VERIFY THAT THE INFORMATION WAS KEYED CORRECTLY. IF NOT, CORRECT THE DATA.
	IF ENTERED CORRECTLY, DENY THE CLAIM.

3.534 4347 (FORMER LEGACY EDIT 158)

Last Approved by DMS Prior to 12/01/2005

ERROR STATUS CODE:	4347 (FORMER LEGACY EDIT 158)	**CLAIM TYPE:**	P/Q
HEADER/DETAIL:	DETAIL	**PROVIDER TYPE:**	54
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	ENCOUNTERS ONLY
DATA CORRECTABLE:	NO	**CLAIM FIELD LABEL:**	NDC

ESC NAME:	NDC NOT EFFECTIVE FOR DISPENSE DATE.
ESC CRITERIA: **LEGACY CRITERIA:**	VERIFIES THE NDC IS VALID FOR THE CLAIM DATE OF SERVICE COMPARED TO THE HEADER DRUG-COVERED-BEGIN-DATE AND DRUG-COVERED-END-DATE, AND THAT THE NDC HAS A VALID CMS REBATE COVERAGE INDICATOR OF R, S, U, OR V.
EOB CODES:	0151 – PROCEDURE/NDC CODE INVALID FOR DATE(S) OF SERVICE.
METHOD OF CORRECTION:	1. VERIFY THE NDC CODE AND DATES OF SERVICE WERE KEYED CORRECTLY. IF NOT, CORRECT THE DATA.
	2. IF CLAIM DATA IS KEYED CORRECTLY, DENY THE CLAIM.
	THIS ESC IS SET TO AUTO-DENY FOR THE TYPE OF DOCUMENT – ELECTRONIC CLAIMS AND ELECTRONIC ADJUSTMENTS. METHOD OF CORRECTION NOT APPLICABLE FOR ENCOUNTERS **THIS ESC IS ACTIVE FOR REGIONS 25, 26, 59, 65 AND 71 ONLY. THIS EDIT IS ALSO SET AS INFORMATIONAL**

3.535 4362 (FORMER LEGACY EDIT N/A)

DMS Approved 06/2007

ERROR STATUS CODE:	4362 (FORMER LEGACY EDIT N/A)	**CLAIM TYPE:**	ALL
HEADER/DETAIL:	DETAIL	**PROVIDER TYPE:**	ALL
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	ALL
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	ALL

ESC NAME:	TYPE OF BILL RESTRICTION ON DIAG BILLING RULE
ESC CRITERIA: **LEGACY CRITERIA:**	IF THE TYPE OF BILL IS NOT WITHIN THE TYPE OF BILL RESTRICTION OF THE BILLING RULE FOR ANY HEADER DIAGNOSIS INCLUDING THE ADMIT OR EMERGENCY DIAGNOSIS, POST THE EDIT. THE DETAIL FDOS/TDOS RANGE IS USED TO COMPARE TO THE RULE EFFECTIVE DATES. INPATIENT: IF THE TYPE OF BILL IS NOT WITHIN THE TYPE OF BILL RESTRICTION OF THE BILLING RULE FOR THE PRIMARY, SECONDARY, OR ADMIT DIAGNOSIS, POST THE EDIT. THE DETAIL FDOS/TDOS RANGE IS USED TO COMPARE TO THE RULE EFFECTIVE DATES. INPATIENT CROSSOVERS, OUTPATIENT CROSSOVERS: IF THE TYPE OF BILL IS NOT WITHIN THE TYPE OF BILL RESTRICTION OF THE BILLING RULE FOR ANY HEADER DIAGNOSIS INCLUDING THE ADMIT OR EMERGENCY DIAGNOSIS, POST THE EDIT. THE HEADER FDOS/TDOS RANGE IS USED TO COMPARE TO THE RULE EFFECTIVE DATES. N/A
EOB CODES:	4362- TYPE OF BILL RESTRICTION ON DIAG BILLING RULE
METHOD OF CORRECTION:	VERIFY THAT THE INFORMATION WAS KEYED CORRECTLY. IF NOT, CORRECT THE DATA.
	IF ENTERED CORRECTLY, DENY THE CLAIM.

3.536 4363 (FORMER LEGACY EDIT N/A)

DMS Approved 06/2007

ERROR STATUS CODE:	4363 (FORMER LEGACY EDIT N/A)	**CLAIM TYPE:**	ALL
HEADER/DETAIL:	DETAIL	**PROVIDER TYPE:**	ALL
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	ALL
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	ALL

ESC NAME:	TYPE OF BILL RESTRICTION ON DRG BILLING RULE
ESC CRITERIA:	IF THE TYPE OF BILL IS NOT WITHIN THE TYPE OF BILL RESTRICTION OF THE BILLING RULE FOR ANY HEADER DRG INCLUDING THE ADMIT OR EMERGENCY DRG, POST THE EDIT. THE DETAIL FDOS/TDOS RANGE IS USED TO COMPARE TO THE RULE EFFECTIVE DATES.
LEGACY CRITERIA:	INPATIENT: IF THE TYPE OF BILL IS NOT WITHIN THE TYPE OF BILL RESTRICTION OF THE BILLING RULE FOR THE PRIMARY, SECONDARY, OR ADMIT DRG, POST THE EDIT. THE DETAIL FDOS/TDOS RANGE IS USED TO COMPARE TO THE RULE EFFECTIVE DATES. INPATIENT CROSSOVERS, OUTPATIENT CROSSOVERS: IF THE TYPE OF BILL IS NOT WITHIN THE TYPE OF BILL RESTRICTION OF THE BILLING RULE FOR ANY HEADER DRG INCLUDING THE ADMIT OR EMERGENCY DRG, POST THE EDIT. THE HEADER FDOS/TDOS RANGE IS USED TO COMPARE TO THE RULE EFFECTIVE DATES. N/A
EOB CODES:	4363- TYPE OF BILL RESTRICTION ON DRG BILLING RULE
METHOD OF CORRECTION:	VERIFY THAT THE INFORMATION WAS KEYED CORRECTLY. IF NOT, CORRECT THE DATA.
	IF ENTERED CORRECTLY, DENY THE CLAIM.

3.537 4364 (FORMER LEGACY EDIT N/A)

DMS Approved 06/2007

ERROR STATUS CODE:	4364 (FORMER LEGACY EDIT N/A)	**CLAIM TYPE:**	ALL
HEADER/DETAIL:	DETAIL	**PROVIDER TYPE:**	ALL
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	ALL
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	ALL

ESC NAME:	TYPE OF BILL RESTRICTION ON ICD-9 BILLING RULE
ESC CRITERIA:	IF THE TYPE OF BILL IS NOT WITHIN THE TYPE OF BILL RESTRICTION OF THE BILLING RULE FOR ANY HEADER ICD-9 INCLUDING THE ADMIT OR EMERGENCY ICD-9, POST THE EDIT. THE DETAIL FDOS/TDOS RANGE IS USED TO COMPARE TO THE RULE EFFECTIVE DATES.
LEGACY CRITERIA:	INPATIENT: IF THE TYPE OF BILL IS NOT WITHIN THE TYPE OF BILL RESTRICTION OF THE BILLING RULE FOR THE PRIMARY, SECONDARY, OR ADMIT ICD-9, POST THE EDIT. THE DETAIL FDOS/TDOS RANGE IS USED TO COMPARE TO THE RULE EFFECTIVE DATES. INPATIENT CROSSOVERS, OUTPATIENT CROSSOVERS: IF THE TYPE OF BILL IS NOT WITHIN THE TYPE OF BILL RESTRICTION OF THE BILLING RULE FOR ANY HEADER ICD-9 INCLUDING THE ADMIT OR EMERGENCY ICD-9, POST THE EDIT. THE HEADER FDOS/TDOS RANGE IS USED TO COMPARE TO THE RULE EFFECTIVE DATES. N/A
EOB CODES:	4364- TYPE OF BILL RESTRICTION ON ICD-9 BILLING RULE
METHOD OF CORRECTION:	VERIFY THAT THE INFORMATION WAS KEYED CORRECTLY. IF NOT, CORRECT THE DATA.
	IF ENTERED CORRECTLY, DENY THE CLAIM.

3.538 4371

3.538.1 4371

Approved 05/01/2009

ERROR STATUS CODE:	4371	**CLAIM TYPE:**	ALL EXCEPT A, B, C
HEADER/DETAIL:	BOTH	**PROVIDER TYPE:**	ALL
OVERRIDEABLE:	YES	**TYPE OF DOCUMENT:**	PAPER, NON-PAPER, ADJUSTMENTS
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	FDOS, MEMBER ID, PROCEDURE

ESC NAME:	CLAIM TYPE RESTRICTION FOR COVERED PROCEDURE
ESC CRITERIA:	IF THE MEMBER'S BENEFIT PLAN IS OTHER THAN MCASA AND COVERAGE RULE DOES NOT ALLOW THE CLAIM TYPE FOR THE PROCEDURE CODE BILLED POST THE ESC.
EOB CODES:	0378 – CLAIM DETAIL DENIED. THIS PROCEDURE CODE IS NOT COVERED.
METHOD OF CORRECTION:	1. VERIFY THAT THE FROM DATE OF SERVICE WAS KEYED CORRECTLY. IF NOT, DATA CORRECT. 2. VERIFY THE MEMBER ID NUMBER WAS KEYED CORRECTLY. IF NOT, DATA CORRECT. 3. VERIFY THE PROCEDURE CODE WAS KEYED CORECTLY. IF NOT, DATA CORRECT.
	4. IF THE FDOS, MEMBER ID, AND PROCEDURE CODE ARE KEYED CORRECTLY, DENY THE CLAIM.
	THIS ESC IS SET TO AUTO-DENY FOR TYPE OF DOCUMENT - ELECTRONIC CLAIMS.

3.538.2 4371 (FORMER LEGACY EDIT 121)

DMS Approved 01/26/96

ERROR STATUS CODE:	4371 (FORMER LEGACY EDIT 121)	**CLAIM TYPE:**	ALL EXCEPT A, B, C
HEADER/DETAIL:	BOTH	**PROVIDER TYPE:**	ALL EXCEPT CROSSOVERS
OVERRIDEABLE:	YES	**TYPE OF DOCUMENT:**	PAPER, NON-PAPER, ADJUSTMENTS
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	FDOS, MEMBER ID
ESC NAME:	CLAIM TYPE RESTRICTION FOR COVERED PROCEDURE		
ESC CRITERIA: **LEGACY CRITERIA:**	IF THE MEMBER'S BENEFIT PLAN COVERAGE RULE DOES NOT ALLOW THE CLAIM TYPE FOR THE BILLED PROCEDURE CODE POST THE ESC. FAILS NON-CROSSOVER CLAIMS FILED ON QMB-ONLY MEMBERS (PROGRAM CODE Z, BENEFIT PLAN MCASA, FOR D.O.S.) AS FOLLOWS: • IF CLAIM TYPE I, L, M (PROV TYPES 31, 35, 55, 56, 57) O (PT 01), P OR Q AND THE MEMBER PROGRAM CODE IS Z, FAIL THE CLAIM IN THE HEADER. • IF CLAIM TYPE D, M (PROV TYPES OTHER THAN 31, 35, 55, 56, 57) OR O (PROV TYPE 39) AND THE MEMBER PROGRAM CODE IS Z, FAIL THE DETAIL. • IF CLAIM TYPE H, THE PROCEDURE CODE IS **NOT** 658 OR 659, AND THE MEMBER PROGRAM IS Z, FAIL THE DETAIL.		
EOB CODES:	0121 – THIS SERVICE IS NOT PAYABLE FOR QMB-ONLY MEMBER. (PRIOR TO 06/01/2006) 1121 - FOR QMB ONLY MEMBERS, THIS SERVICE IS NOT PAYABLE. FOR QDWI, QI1, QI2 AND SLMBMEMBERS, KENTUCKY MEDICAID PROGRAM IS ONLY RESPONSIBLE FOR BUY-IN PREMIUMS. (AFTER 05/31/2006)		
METHOD OF CORRECTION:	1. VERIFY THAT THE FROM DATE OF SERVICE WAS KEYED CORRECTLY. IF NOT, DATA CORRECT. 2. VERIFY THE MEMBER ID NUMBER WAS KEYED CORRECTLY. IF NOT, DATA CORRECT. 3. IF THE FDOS AND MEMBER ID ARE KEYED CORRECTLY, DENY THE CLAIM.		
	THIS ESC IS SET TO AUTO-DENY FOR TYPE OF DOCUMENT - ELECTRONIC CLAIMS.		

3.538.3 4371 (FORMER LEGACY EDIT 260)

DMS Approved 02/08/1999

ERROR STATUS CODE:	4371 (FORMER LEGACY EDIT 260)	**CLAIM TYPE:**	ALL
HEADER/DETAIL:	BOTH	**PROVIDER TYPE:**	ALL
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	PAPER, NON-PAPER, ADJUSTMENTS
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	MEMBER ID

ESC NAME:	CLAIM TYPE RESTRICTION FOR COVERED PROCEDURE CODE
ESC CRITERIA: **LEGACY CRITERIA:**	IF THE MEMBER'S BENEFIT PLAN COVERAGE RULE DOES NOT ALLOW THE CLAIM TYPE FOR THE BILLED PROCEDURE CODE POST THE ESC. FAILS IF THE MEMBER HAS A PROGRAM CODE OF "ZJ", "ZK", "ZL" OR "ZQ" FOR EITHER THE "FROM" OR "TO" DATE OF SERVICE.
EOB CODES:	0260 – KY MEDICAID IS ONLY RESPONSIBLE FOR MEDICARE BUY-IN PREMIUMS FOR THIS MEMBER. KY MEDICAID CLAIMS ARE NOT REIMBURSABLE FOR THIS MEMBER. (PRIOR TO 06/01/2006) 1121 - FOR QMB ONLY MEMBERS, THIS SERVICE IS NOT PAYABLE. FOR QDWI, QI1, QI2 AND SLMBMEMBERS, KENTUCKY MEDICAID PROGRAM IS ONLY RESPONSIBLE FOR BUY-IN PREMIUMS. (AFTER 05/31/2006)
METHOD OF CORRECTION: **FOR PAPER ADJUSTMENT:** **FOR MASS ADJUSTMENT OR ELECTRONIC ADJUSTMENT:**	1. VERIFY THE MEMBER ID WAS KEYED CORRECTLY. IF NOT, CORRECT THE DATA. 2. VERIFY THE DATES OF SERVICE WERE KEYED CORRECTLY. IF NOT, CORRECT THE DATA. 3. IF THE MEMBER ID AND DATES OF SERVICE WERE KEYED CORRECTLY, DENY THE ESC. 4. IF THE CLAIM IS KEYED CORRECTLY, THE ENTIRE CLAIM FAILS THE ESC, AND NO ELIGIBILITY CARD IS PRESENT, DENY THE CLAIM AND REQUEST A PROVIDER REFUND USING THE APPROPRIATE EOB CODE. 5. IF ONLY CERTAIN DETAILS FAIL THE ESC, DENY THE DETAILS. 6. IF THE ENTIRE CLAIM FAILS THE ESC, VERIFY THE MEMBER ID NUMBER BY USING THE NAME AND BIRTH DATE TO OBTAIN THE RECORD. IF A NEW NUMBER IS FOUND, DATA CORRECT THE MEMBER ID NUMBER. IF KEYED CORRECTLY AND NO MATCH IS FOUND ON MEMBER ELIGIBILITY FILE, REFER TO DMS FOR REVIEW. IF

	DMS RETURNS WITH “NO MATCH FOUND”, DENY THE CLAIM AND REQUEST A PROVIDER REFUND. IF DMS INDICATES A NEW MEMBER ID NUMBER, DATA CORRECT THE MEMBER ID. 7. IF ONLY CERTAIN DETAILS FAIL THE ESC, DENY THE DETAILS.

3.539 4372 (FORMER LEGACY EDIT N/A)

DMS Approved 06/2007

ERROR STATUS CODE:	4372 (FORMER LEGACY EDIT N/A)	**CLAIM TYPE:**	ALL
HEADER/DETAIL:	DETAIL	**PROVIDER TYPE:**	ALL
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	ALL
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	ALL

ESC NAME:	PRIMARY/SECONDARY HDR RESTRICTION FOR COVERED PROCEDURE
ESC CRITERIA:	PHYSICIAN CROSSOVER, DENTAL, HOME HEALTH, PHYSICIAN, OUTPATIENT CLAIM TYPES: IF THE SECONDARY HEADER DIAGNOSIS IS NOT WITHIN THE SECONDARY HEADER DIAGNOSIS RESTRICTION FOR THE PROCEDURE BILLING RULE, POST THE EDIT. THE DETAIL FDOS/TDOS RANGE IS USED TO COMPARE TO THE RULE EFFECTIVE DATES. INPATIENT CROSSOVER, OUTPATIENT CROSSOVER: IF THE PRIMARY SECONDARY DIAGNOSIS IS NOT WITHIN THE SECONDARY HEADER DIAGNOSIS RESTRICTION FOR THE PROCEDURE BILLING RULE, POST THE EDIT.. THE HEADER FDOS/TDOS RANGE IS USED TO COMPARE TO THE RULE EFFECTIVE DATES.
LEGACY CRITERIA:	N/A
EOB CODES:	4372- PRIMARY/SECONDARY HDR RESTRICTION FOR COVERED PROCEDURE
METHOD OF CORRECTION:	VERIFY THAT THE INFORMATION WAS KEYED CORRECTLY. IF NOT, CORRECT THE DATA.
	IF ENTERED CORRECTLY, DENY THE CLAIM.

3.540 4374

3.540.1 4374

DMS Approved 05/01/2009

ERROR STATUS CODE:	4374	**CLAIM TYPE:**	ALL EXCEPT A, B, C
HEADER/DETAIL:	BOTH	**PROVIDER TYPE:**	ALL
OVERRIDEABLE:	YES	**TYPE OF DOCUMENT:**	PAPER, NON-PAPER, ADJUSTMENTS
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	FDOS, MEMBER ID, REVENUE CODE

ESC NAME:	CLAIM TYPE RESTRICTION FOR COVERED REVENUE CODE
ESC CRITERIA:	IF THE MEMBER'S BENEFIT PLAN IS OTHER THAN MCASA AND COVERAGE RULE DOES NOT ALLOW THE CLAIM TYPE FOR THE REVENUE CODE BILLED POST THE ESC.
EOB CODES:	4374 – DENIED. REVENUE CODE IS NOT COVERED.
METHOD OF CORRECTION:	1. VERIFY THAT THE FROM DATE OF SERVICE WAS KEYED CORRECTLY. IF NOT, DATA CORRECT. 2. VERIFY THE MEMBER ID NUMBER WAS KEYED CORRECTLY. IF NOT, DATA CORRECT. 3. VERIFY THE REVENUE CODE WAS KEYED CORRECTLY. IF NOT, DATA CORRECT.
	4. IF THE FDOS, MEMBER ID, AND REVENUE CODE ARE KEYED CORRECTLY, DENY THE CLAIM.
	THIS ESC IS SET TO AUTO-DENY FOR TYPE OF DOCUMENT - ELECTRONIC CLAIMS.

3.540.2 4374 (FORMER LEGACY EDIT 121)

DMS Approved 01/26/96

ERROR STATUS CODE:	4374 (FORMER LEGACY EDIT 121)	**CLAIM TYPE:**	ALL EXCEPT A, B, C
HEADER/DETAIL:	BOTH	**PROVIDER TYPE:**	ALL EXCEPT CROSSOVERS
OVERRIDEABLE:	YES	**TYPE OF DOCUMENT:**	PAPER, NON-PAPER, ADJUSTMENTS
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	FDOS, MEMBER ID, REVENUE CODE

ESC NAME:	CLAIM TYPE RESTRICTION FOR COVERED REVENUE CODE
ESC CRITERIA: **LEGACY CRITERIA:**	IF THE MEMBER'S BENEFIT PLAN COVERAGE RULE DOES NOT ALLOW THE CLAIM TYPE FOR THE BILLED REVENUE CODE POST THE ESC. FAILS NON-CROSSOVER CLAIMS FILED ON QMB-ONLY MEMBERS (PROGRAM CODE Z, BENEFIT PLAN MCASA, FOR D.O.S.) AS FOLLOWS: • IF CLAIM TYPE I, L, M (PROV TYPES 31, 35, 55, 56, 57) O (PT 01), P OR Q AND THE MEMBER PROGRAM CODE IS Z, FAIL THE CLAIM IN THE HEADER. • IF CLAIM TYPE D, M (PROV TYPES OTHER THAN 31, 35, 55, 56, 57) OR O (PROV TYPE 39) AND THE MEMBER PROGRAM CODE IS Z, FAIL THE DETAIL. • IF CLAIM TYPE H, THE PROCEDURE CODE IS **NOT** 658 OR 659, AND THE MEMBER PROGRAM IS Z, FAIL THE DETAIL.
EOB CODES:	0121 – THIS SERVICE IS NOT PAYABLE FOR QMB-ONLY MEMBER. (PRIOR TO 06/01/2006) 1121 - FOR QMB ONLY MEMBERS, THIS SERVICE IS NOT PAYABLE. FOR QDWI, QI1, QI2 AND SLMBMEMBERS, KENTUCKY MEDICAID PROGRAM IS ONLY RESPONSIBLE FOR BUY-IN PREMIUMS. (AFTER 05/31/2006)
METHOD OF CORRECTION:	1. VERIFY THAT THE FROM DATE OF SERVICE WAS KEYED CORRECTLY. IF NOT, DATA CORRECT. 2. VERIFY THE MEMBER ID NUMBER WAS KEYED CORRECTLY. IF NOT, DATA CORRECT. 3. IF THE FDOS AND MEMBER ID ARE KEYED CORRECTLY, DENY THE CLAIM.
	THIS ESC IS SET TO AUTO-DENY FOR TYPE OF DOCUMENT - ELECTRONIC CLAIMS.

3.540.3 4374 (FORMER LEGACY EDIT 260)

DMS Approved 02/08/1999

ERROR STATUS CODE:	4374 (FORMER LEGACY EDIT 260)	**CLAIM TYPE:**	ALL
HEADER/DETAIL:	BOTH	**PROVIDER TYPE:**	ALL
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	PAPER, NON-PAPER, ADJUSTMENTS
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	MEMBER ID

ESC NAME:	CLAIM TYPE RESTRICTION FOR COVERED REVENUE CODE
ESC CRITERIA: **LEGACY CRITERIA:**	IF THE MEMBER'S BENEFIT PLAN COVERAGE RULE DOES NOT ALLOW THE CLAIM TYPE FOR THE BILLED REVENUE CODE POST THE ESC. FAILS IF THE MEMBER HAS A PROGRAM CODE OF "ZJ", "ZK", "ZL" OR "ZQ" FOR EITHER THE "FROM" OR "TO" DATE OF SERVICE.
EOB CODES:	0260 – KY MEDICAID IS ONLY RESPONSIBLE FOR MEDICARE BUY-IN PREMIUMS FOR THIS MEMBER. KY MEDICAID CLAIMS ARE NOT REIMBURSABLE FOR THIS MEMBER. (PRIOR TO 06/01/2006) 1121 - FOR QMB ONLY MEMBERS, THIS SERVICE IS NOT PAYABLE. FOR QDWI, QI1, QI2 AND SLMBMEMBERS, KENTUCKY MEDICAID PROGRAM IS ONLY RESPONSIBLE FOR BUY-IN PREMIUMS. (AFTER 05/31/2006)
METHOD OF CORRECTION: **FOR PAPER ADJUSTMENT:** **FOR MASS ADJUSTMENT OR ELECTRONIC ADJUSTMENT:**	1. VERIFY THE MEMBER ID WAS KEYED CORRECTLY. IF NOT, CORRECT THE DATA. 2. VERIFY THE DATES OF SERVICE WERE KEYED CORRECTLY. IF NOT, CORRECT THE DATA. 3. IF THE MEMBER ID AND DATES OF SERVICE WERE KEYED CORRECTLY, DENY THE ESC. 4. IF THE CLAIM IS KEYED CORRECTLY, THE ENTIRE CLAIM FAILS THE ESC, AND NO ELIGIBILITY CARD IS PRESENT, DENY THE CLAIM AND REQUEST A PROVIDER REFUND USING THE APPROPRIATE EOB CODE. 5. IF ONLY CERTAIN DETAILS FAIL THE ESC, DENY THE DETAILS. 6. IF THE ENTIRE CLAIM FAILS THE ESC, VERIFY THE MEMBER ID NUMBER BY USING THE NAME AND BIRTH DATE TO OBTAIN THE RECORD. IF A NEW NUMBER IS FOUND, DATA CORRECT THE MEMBER ID NUMBER. IF KEYED CORRECTLY AND NO MATCH IS FOUND ON MEMBER ELIGIBILITY FILE, REFER TO DMS FOR REVIEW. IF DMS RETURNS WITH "NO MATCH FOUND", DENY THE CLAIM AND REQUEST A PROVIDER REFUND. IF DMS INDICATES A NEW MEMBER ID NUMBER, DATA CORRECT THE MEMBER ID. 7. IF ONLY CERTAIN DETAILS FAIL THE ESC, DENY THE DETAILS.

3.541 4376

3.541.1 4376

DMS Approved 05/01/2009

ERROR STATUS CODE:	4376	**CLAIM TYPE:**	ALL EXCEPT A, B, C
HEADER/DETAIL:	HEADER	**PROVIDER TYPE:**	ALL
OVERRIDEABLE:	YES	**TYPE OF DOCUMENT:**	PAPER, NON-PAPER, ADJUSTMENTS
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	FDOS, MEMBER ID, ICD-9 PROCEDURE CODE

ESC NAME:	CLAIM TYPE RESTRICTION FOR COVERED ICD-9 SURGICAL PROCEDURE CODE
ESC CRITERIA:	IF THE MEMBER'S BENEFIT PLAN IS OTHER THAN MCASA AND COVERAGE RULE DOES NOT ALLOW THE CLAIM TYPE FOR THE ICD-9 SURGICAL PROCEDURE CODE BILLED POST THE ESC.
EOB CODES:	4376 – DENIED. ICD 9 SURGICAL PROCEDURE CODE(S) IS NOT COVERED.
METHOD OF CORRECTION:	1. VERIFY THAT THE FROM DATE OF SERVICE WAS KEYED CORRECTLY. IF NOT, DATA CORRECT. 2. VERIFY THE MEMBER ID NUMBER WAS KEYED CORRECTLY. IF NOT, DATA CORRECT. 3. VERIFY THE ICD-9 SURGICAL PROCEDURE CODE WAS KEYED CORRECTLY. IF NOT, DATA CORRECT.
	3. IF THE FDOS, MEMBER ID, AND ICD-9 SURGICAL PROCEDURE CODE ARE KEYED CORRECTLY, DENY THE CLAIM.
	THIS ESC IS SET TO AUTO-DENY FOR TYPE OF DOCUMENT - ELECTRONIC CLAIMS.

3.541.2 4376 (FORMER LEGACY EDIT 121)

DMS Approved 01/26/96

ERROR STATUS CODE:	4376 (FORMER LEGACY EDIT 121)	**CLAIM TYPE:**	ALL EXCEPT A, B, C
HEADER/DETAIL:	BOTH	**PROVIDER TYPE:**	ALL EXCEPT CROSSOVERS
OVERRIDEABLE:	YES	**TYPE OF DOCUMENT:**	PAPER, NON-PAPER, ADJUSTMENTS
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	FDOS, MEMBER ID

ESC NAME:	CLAIM TYPE RESTRICTION FOR COVERED ICD-9 SURGICAL PROCEDURE CODE
ESC CRITERIA: **LEGACY CRITERIA:**	IF THE BENEFIT PLAN RULE DOES NOT ALLOW THE CLAIM TYPE FOR THE BILLED ICD-9 SURGICAL PROCEDURE CODE POST THE ESC. FAILS NON-CROSSOVER CLAIMS FILED ON QMB-ONLY MEMBERS (PROGRAM CODE Z, BENEFIT PLAN MCASA, FOR D.O.S.) AS FOLLOWS: • IF CLAIM TYPE I, L, M (PROV TYPES 31, 35, 55, 56, 57) O (PT 01), P OR Q AND THE MEMBER PROGRAM CODE IS Z, FAIL THE CLAIM IN THE HEADER. • IF CLAIM TYPE D, M (PROV TYPES OTHER THAN 31, 35, 55, 56, 57) OR O (PROV TYPE 39) AND THE MEMBER PROGRAM CODE IS Z, FAIL THE DETAIL. • IF CLAIM TYPE H, THE PROCEDURE CODE IS **NOT** 658 OR 659, AND THE MEMBER PROGRAM IS Z, FAIL THE DETAIL.
EOB CODES:	0121 – THIS SERVICE IS NOT PAYABLE FOR QMB-ONLY MEMBER. (PRIOR TO 06/01/2006) 1121 - FOR QMB ONLY MEMBERS, THIS SERVICE IS NOT PAYABLE. FOR QDWI, QI1, QI2 AND SLMBMEMBERS, KENTUCKY MEDICAID PROGRAM IS ONLY RESPONSIBLE FOR BUY-IN PREMIUMS. (AFTER 05/31/2006)
METHOD OF CORRECTION:	1. VERIFY THAT THE FROM DATE OF SERVICE WAS KEYED CORRECTLY. IF NOT, DATA CORRECT. 2. VERIFY THE MEMBER ID NUMBER WAS KEYED CORRECTLY. IF NOT, DATA CORRECT. 3. IF THE FDOS AND MEMBER ID ARE KEYED CORRECTLY, DENY THE CLAIM.
	THIS ESC IS SET TO AUTO-DENY FOR TYPE OF DOCUMENT - ELECTRONIC CLAIMS.

3.541.3 4376 (FORMER LEGACY EDIT 260)

DMS Approved 02/08/1999

ERROR STATUS CODE:	4376 (FORMER LEGACY EDIT 260)	**CLAIM TYPE:**	ALL
HEADER/DETAIL:	BOTH	**PROVIDER TYPE:**	ALL
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	PAPER, NON-PAPER, ADJUSTMENTS
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	DOS, MEMBER ID

ESC NAME:	CLAIM TYPE RESTRICTION FOR COVERED ICD-9 SURGICAL PROCEDURE CODE
ESC CRITERIA: **LEGACY CRITERIA:**	IF THE BENEFIT PLAN RULE DOES NOT ALLOW THE CLAIM TYPE FOR THE BILLED ICD-9 SURGICAL PROCEDURE CODE POST THE ESC. FAILS IF THE MEMBER HAS A PROGRAM CODE OF “ZJ”, “ZK”, “ZL” OR “ZQ” FOR EITHER THE “FROM” OR “TO” DATE OF SERVICE.
EOB CODES:	0260 – KY MEDICAID IS ONLY RESPONSIBLE FOR MEDICARE BUY-IN PREMIUMS FOR THIS MEMBER. KY MEDICAID CLAIMS ARE NOT REIMBURSABLE FOR THIS MEMBER. (PRIOR TO 06/01/2006) 1121 - FOR QMB ONLY MEMBERS, THIS SERVICE IS NOT PAYABLE. FOR QDWI, QI1, QI2 AND SLMBMEMBERS, KENTUCKY MEDICAID PROGRAM IS ONLY RESPONSIBLE FOR BUY-IN PREMIUMS. (AFTER 05/31/2006)
METHOD OF CORRECTION: **FOR PAPER ADJUSTMENT:** **FOR MASS ADJUSTMENT OR ELECTRONIC ADJUSTMENT:**	1. VERIFY THE MEMBER ID WAS KEYED CORRECTLY. IF NOT, CORRECT THE DATA. 2. VERIFY THE DATES OF SERVICE WERE KEYED CORRECTLY. IF NOT, CORRECT THE DATA. 3. IF THE MEMBER ID AND DATES OF SERVICE WERE KEYED CORRECTLY, DENY THE ESC. 4. IF THE CLAIM IS KEYED CORRECTLY, THE ENTIRE CLAIM FAILS THE ESC, AND NO ELIGIBILITY CARD IS PRESENT, DENY THE CLAIM AND REQUEST A PROVIDER REFUND USING THE APPROPRIATE EOB CODE. 5. IF ONLY CERTAIN DETAILS FAIL THE ESC, DENY THE DETAILS. 6. IF THE ENTIRE CLAIM FAILS THE ESC, VERIFY THE MEMBER ID NUMBER BY USING THE NAME AND BIRTH DATE TO OBTAIN THE RECORD. IF A NEW NUMBER IS FOUND, DATA CORRECT THE MEMBER ID NUMBER. IF KEYED CORRECTLY AND NO MATCH IS FOUND ON

	MEMBER ELIGIBILITY FILE, REFER TO DMS FOR REVIEW. IF DMS RETURNS WITH “NO MATCH FOUND”, *DENY THE CLAIM* AND REQUEST A PROVIDER REFUND. IF DMS INDICATES A NEW MEMBER ID NUMBER, DATA CORRECT THE MEMBER ID.
	7. IF ONLY CERTAIN DETAILS FAIL THE ESC, DENY THE DETAILS.

3.542 4380 (FORMER LEGACY EDIT N/A)

DMS Approved 06/2007

ERROR STATUS CODE:	4380 (FORMER LEGACY EDIT N/A)	**CLAIM TYPE:**	I, A, O, C, H, L
HEADER/DETAIL:	DETAIL	**PROVIDER TYPE:**	ALL FOR THE ABOVE CLAIM TYPES
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	PAPER NON-PAPER ADJUSTMENTS
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	REV CODE, PROC

ESC NAME:	PROCEDURE IS NEEDED FOR REVENUE MAXFEE PRICING
ESC CRITERIA: **LEGACY CRITERIA:**	IF THE REIMBURSEMENT RULES REQUIRE A PROCEDURE REV CODE COMBINATION, AND THE CRITERIA IS NOT MET, POST THE EDIT. N/A
EOB CODES:	4380- PROCEDURE IS NEEDED FOR REVENUE MAXFEE PRICING
METHOD OF CORRECTION:	VERIFY THAT THE INFORMATION WAS KEYED CORRECTLY. IF NOT, CORRECT THE DATA.
	IF ENTERED CORRECTLY, DENY THE CLAIM.

3.543 4381 Unable to Determine Pricing Method for Detail

DMS Approved 06/2007

ERROR STATUS CODE:	4381 (NO FORMER LEGACY EDIT)	CLAIM TYPE:	D, H, M, O
HEADER/DETAIL:	DETAIL	PROVIDER TYPE:	ALL EXCEPT 02, 04, 11, 12, 92, 93
OVERRIDEABLE:	YES	TYPE OF DOCUMENT:	PAPER, NON-PAPER, ADJUSTMENTS
DATA CORRECTABLE	YES	FIELD NAME:	PROC CODE

ESC NAME:	UNABLE TO DETERMINE PRICING METHOD FOR DETAIL.
ESC CRITERIA:	IF THERE IS NO PRICING METHOD ON FILE FOR THE DETAIL PROC CODE, POST THE ESC.
EOB CODES:	4381 – NO REIMBURSEMENT RULE ON FILE.
METHOD OF CORRECTION:	7. VERIFY THAT THE PROCEDURE CODE WAS KEYED CORRECTLY. IF NOT, CORRECT THE DATA.
	8. IF THE PROCEDURE CODE WAS KEYED CORRECTLY, SUSPEND THE CLAIM WITH EOB 4381 AND CONTACT THE SUPERVISOR.

3.544 4383 (FORMER LEGACY EDIT N/A)

DMS Approved 06/2007

ERROR STATUS CODE:	4383 (FORMER LEGACY EDIT N/A)	**CLAIM TYPE:**	A, I, C, O, L, H
HEADER/DETAIL:	DETAIL	**PROVIDER TYPE:**	ALL FOR THE ABOVE CLAIM TYPES
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	PAPER NON-PAPER ADJUSTMENTS
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	REV CODE, MODIFIER

ESC NAME:	REV CODE/MODIFIER INVALID FOR PROVIDER CONTRACT
ESC CRITERIA: **LEGACY CRITERIA:**	IF THE PROVIDER CONTRACT REQUIRES A SPECIFIC PROCEDURE/MODIFIER COMBO, AND THE CRITERIA IS NOT MET, POST THE EDIT. N/A
EOB CODES:	4383- REV CODE/MODIFIER INVALID FOR PROVIDER CONTRACT
METHOD OF CORRECTION:	VERIFY THAT THE INFORMATION WAS KEYED CORRECTLY. IF NOT, CORRECT THE DATA.
	IF ENTERED CORRECTLY, DENY THE CLAIM.

3.545 4384

3.545.1 4384 (FORMER LEGACY EDIT 831)

DMS Approved 05/28/2003

ERROR STATUS CODE:	4384 (FORMER LEGACY EDIT 831)	**CLAIM TYPE:**	A, I
HEADER/DETAIL:	HEADER	**PROVIDER TYPE:**	01, 02, 04, 92, 93
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	PAPER, NON-PAPER, ADJUSTMENTS
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	DRG, DX, PROC
ESC NAME:	GROUPER ERROR – PRIMARY DIAGNOSIS INVALID		
ESC CRITERIA:	IF THE PRIMARY DIAGNOSIS IS INVALID AND CANNOT FIND THE DRG GROUPER, POST THE ESC.		
EOB CODES:	0831 –DRG CANNOT USE DIAGNOSIS CODE.		
METHOD OF CORRECTION:	3. VERIFY THAT THE DIAGNOSIS CODES WERE KEYED CORRECTLY. IF NOT, CORRECT THE DATA.		
	4. IF DIAGNOSIS CODES WERE KEYED CORRECTLY, DENY THE CLAIM WITH EOB 0831.		

3.545.2 4384 (FORMER LEGACY EDIT 836)

DMS Approved 05/28/2003

ERROR STATUS CODE:	4384 (FORMER LEGACY EDIT 836)	**CLAIM TYPE:**	A (PT 01, 02), I
HEADER/DETAIL:	HEADER	**PROVIDER TYPE:**	01, 02, 04, 92, 93
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	PAPER, NON-PAPER, ADJUSTMENTS
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	DRG, DX, PROC
ESC NAME:	GROUPER ERROR – PRIMARY DIAGNOSIS INVALID		
ESC CRITERIA:	IF THE PRIMARY DIAGNOSIS IS INVALID AND CANNOT FIND THE DRG GROUPER, POST THE ESC.		
EOB CODES:	0831 –DRG CANNOT USE DIAGNOSIS CODE.		
METHOD OF CORRECTION:	1. VERIFY THAT THE MEMBER MEMBER ID AND PRINCIPLE DIAGNOSIS WERE KEYED CORRECTLY. IF NOT, CORRECT THE DATA.		
	2. IF RECIPOENT MEMBER ID AND PRINCIPLE DIAGNOSIS WERE KEYED CORRECTLY, DENY THE CLAIM WITH EOB 0837.		

3.546 4388 (FORMER LEGACY EDIT 833)

DMS Approved 05/28/2003

ERROR STATUS CODE:	4388 (FORMER LEGACY EDIT 833)	**CLAIM TYPE:**	A, I
HEADER/DETAIL:	HEADER	**PROVIDER TYPE:**	01, 02, 04, 92, 93
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	PAPER, NON-PAPER, ADJUSTMENTS
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	DRG, DX, PROC
ESC NAME:	DRG GROUPER INVALID AGE		
ESC CRITERIA:	IF THE AGE IS INVALID FOR THE DRG GROUPED, POST THE ESC.		
EOB CODES:	0833 –DRG INVALID AGE.		
METHOD OF CORRECTION:	1. VERIFY THAT THE MEMBER MEMBER ID AND DIAGNOSIS CODES WERE KEYED CORRECTLY. IF NOT, CORRECT THE DATA.		
	2. IF MEMBER MEMBER ID CODE AND DIAGNOSIS CODES WERE KEYED CORRECTLY, DENY THE CLAIM WITH EOB 0833.		

3.547 4389 (FORMER LEGACY EDIT 834)

DMS Approved 05/28/2003

ERROR STATUS CODE:	4389 (FORMER LEGACY EDIT 834)	**CLAIM TYPE:**	A, I
HEADER/DETAIL:	HEADER	**PROVIDER TYPE:**	01, 02, 04, 92, 93
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	PAPER, NON-PAPER, ADJUSTMENTS
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	DRG, DX, PROC
ESC NAME:	DRG GROUPER INVALID GENDER		
ESC CRITERIA:	IF THE GENDER IS INVALID FOR THE DRG GROUPED, POST THE ESC.		
EOB CODES:	0834 – CLAIM DENIED. DRG INVALID GENDER.		
METOD OF CORRECTION:	1. VERIFY THAT THE MEMBER MEMBER ID AND DIAGNOSIS CODES WERE KEYED CORRECTLY. IF NOT, CORRECT THE DATA.		
	2. IF MEMBER MEMBER ID AND DIAGNOSIS CODES WERE KEYED CORRECTLY, DENY THE CLAIM WITH EOB 0834.		

3.548 4390 (FORMER LEGACY EDIT 835)

DMS Approved 05/28/2003

ERROR STATUS CODE:	4390 (FORMER LEGACY EDIT 835)	**CLAIM TYPE:**	A, I
HEADER/DETAIL:	HEADER	**PROVIDER TYPE:**	01, 02, 04, 92, 93
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	PAPER, NON-PAPER, ADJUSTMENTS
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	DRG, DX, PROC
ESC NAME:	DRG GROUP INVALID DISCHARGE STATUS		
ESC CRITERIA:	IF THE DISCHARGE STATUS IS INVALID FOR THE DRG GROUPED, POST THE ESC.		
EOB CODES:	0835 – CLAIM DENIED. DRG INVALID DISCHARGE STATUS.		
METHOD OF CORRECTION:	• VERIFY THAT THE PATIENT STATUS WAS KEYED CORRECTLY. IF NOT, CORRECT THE DATA.		
	• IF PATIENT STATUS WAS KEYED CORRECTLY, DENY THE CLAIM WITH EOB 0835.		

3.549 4391 (FORMER LEGACY EDIT N/A)

DMS Approved 06/2007

ERROR STATUS CODE:	4391 (FORMER LEGACY EDIT N/A)	**CLAIM TYPE:**	I, A
HEADER/DETAIL:	DETAIL	**PROVIDER TYPE:**	01, 02, 04, 92, 93
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	PAPER NON-PAPER ADJUSTMENTS
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	DRG, COVERED DAYS

ESC NAME:	DRG GROUPER INVALID LENGTH OF STAY
ESC CRITERIA:	IF THE DRG HAS A LEGNTH OF STAY RESTRICTION AND THE LENGTH OF STAY DOES NOT FALL IN THE RANGE, POST THE EDIT.
LEGACY CRITERIA:	N/A
EOB CODES:	4391 - DRG GROUPER INVALID LENGTH OF STAY
METHOD OF CORRECTION:	VERIFY THAT THE INFORMATION WAS KEYED CORRECTLY. IF NOT, CORRECT THE DATA.
	IF ENTERED CORRECTLY, DENY THE CLAIM.

3.550 4392 (FORMER LEGACY EDIT 970)

DMS Approved 06/22/2009

ERROR STATUS CODE:	4392 (FORMER LEGACY EDIT 970)	**CLAIM TYPE:**	D
HEADER/DETAIL:	DETAIL	**PROVIDER TYPE:**	31, 35, 60, 61
OVERRIDEABLE:	YES	**TYPE OF DOCUMENT:**	PAPER, NON-PAPER, ADJUSTMENTS
DATA CORRECTABLE	YES	**CLAIM FIELD LABEL:**	PROCEDURE CODE, TOOTH NUMBER

ESC NAME:	ARCH CODE REQUIRED
ESC CRITERIA: **LEGACY CRITERIA:**	FAILS IF ONE OF THE FOLLOWING PROCEDURE CODES IS BILLED WITHOUT AN ARCH CODE OF UA/01 OR LA/02. ARCH CODE IS ENTERED IN THE TOOTH NUMBER FIELD. NOTE – THIS EDIT USES PROCEDURE GROUP 3095.
	<u>PROCEDURES WHICH REQUIRE AN ARCH CODE</u> 01515 D1520 01520 D1525 01525 D7472 08210 D8210 08220 D8220 D1515
EOB CODES:	0970 – THE TOOTH NUMBER IS MISSING OR INVALID.
METHOD OF CORRECTION:	1. VERIFY THE PROCEDURE CODE AND TOOTH NUMBER WERE KEYED CORRECTLY. IF NOT, CORRECT THE FIELD IN ERROR.
	2. IF KEYED CORRECTLY, DENY THE DETAIL.

3.551 4393

3.551.1 4393 (FORMER LEGACY EDIT 199)

DMS Approved 1/25/2008

ERROR STATUS CODE:	4393 (FORMER LEGACY EDIT 199)	**CLAIM TYPE:**	0
HEADER/DETAIL:	HEADER	**PROVIDER TYPE:**	01
OVERRIDEABLE:	YES	**TYPE OF DOCUMENT:**	PAPER, NON-PAPER, ENCOUNTERS
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	REV CODE, PROC CODE

ESC NAME:	CONTRACT INVALID REVENUE CODE/PROCEDURE CODE COMBINATION.
ESC CRITERIA: **LEGACY CRITERIA:**	FAILS IF REVENUE CODE IS SUBMITTED WITHOUT A VALID SURGICAL PROCEDURE CODE (10000 THROUGH 69999). NOTE – THIS ESC IS EFFECTIVE FOR DATES OF SERVICE AFTER 8/03/03.
EOB CODES:	0673 – CLAIM WAS PRICED IN ACCORDANCE WITH CURRENT KENTUCKY HEALTH COVERAGE PROGRAM POLICIES.
METHOD OF CORRECTION:	1. VERIFY THAT THE REVENUE CODE AND THE PROCEDURE CODE WERE KEYED CORRECTLY. IF NOT, CORRECT THE DATA.
	2. IF REVENUE CODE AND PROCEDURE CODE WERE KEYED CORRECTLY, DENY THE CLAIM WITH EOB 0199.

3.551.2 4393 (FORMER LEGACY EDIT 673)

DMS approved 4/2/2009

ERROR STATUS CODE:	4393 (FORMER LEGACY EDIT 673)	**CLAIM TYPE:**	O, C, H (PT 34)
HEADER/DETAIL:	HEADER	**PROVIDER TYPES:**	01, 39, 34
OVERRIDEABLE:	N0	**TYPE OF DOCUMENT:**	PAPER, NON-PAPER, ADJUSTMENTS
DATA CORRECTABLE:	N0	**CLAIM FIELD LABEL:**	REV CODE, PROC CODE

ESC NAME:	CONTRACT INVALID REVENUE CODE/PROCEDURE CODE COMBINATION.
ESC CRITERIA: **LEGACY CRITERIA**	FAILS OUTPATIENT HOSPITAL CLAIMS IF REVENUE CODES 450, 452, 456 AND/OR 481 ARE SUBMITTED WITHOUT THE REQUIRED CPT/HCPCS LEVEL PROCEDURE CODE.

REVENUE CODE 450*, 452*, OR 456* REQUIRED CPT CODES:

99281	99282	99283	99284	99285
99291	99292			

*NOTE – PER CO 9813 REVENUE CODES 450, 452 AND 456 WERE REMOVED FROM THIS EDIT EFFECTIVE FOR DATES OF SERVICE 01/01/2007 AND AFTER. THESE CODES, IF BILLED WITH PROCEDURE CODES OTHER THAN THE 7 LISTED ABOVE, PAY ZERO ON ‘FLAT RATE’ CLAIMS.

REVENUE CODE 481 REQUIRED CPT CODES:

G0269	92950	93453	93503	93532	93613
G0290	92973	93454	93505	93533	93316
G0291	92974	93455	93508	93540	93620
33223	92978	93456	93510	93541	93621
33225	92979	93457	93511	93543	93622
33244	92980	93458	93514	93544	93623
33249	92981	93459	93524	93545	93652
35226	92982	93460	93526	93555	93662
37250	92984	93461	93527	93556	
37251	92987	93462	93528	93572	
75854	92990	93463	93529	93580	
75894	93451	93464	93530	93600	

90780	93452	93501	93531	93609	

NOTE:

PROCEDURE CODE 93572 WAS ADDED PER DCR01266.

PLEASE NOTE THAT PROCEDURE CODE 93505 WAS REMOVED FROM EDIT 4393. PER DCR 01219.

PROCEDURE CODES 33225, 33249, 92974, 92978, 92980, 93613, 93623 WERE ADDED ON 08/01/03 PER DCR 00819.

PROCEDURE CODES 33223, 33244, 37250, 92950, 92973, 92979, 92981, 92982, 92984, 93540, 93543, 93545, 93555, 93556, 93621, 93622, 93652, G0269, G0290, AND G0291 WERE ADDED PER DCR 01012.

PROCEDURE CODES 93542 WAS ADDED ON 4/15/04 PER DCR 01074

PROCEDURE CODES 93651,92950,93539,93540,33240,92960 AND 92961 WERE ADDED ON 4/27/2004 PER DCR'S 01087 AND 01093.

PROCEDURE CODE 93620 WAS ADDED PER DCR 01177.

PROCEDURE CODE 33217 WAS ADDED PER DCR 01104.

PROCEDURE CODE 90780 WAS ADDED PER DCR01132.

PROCEDURE CODE 93580 WAS ADDED PER DCR01134.

PROCEDURE CODE 93600 WAS ADDED PER DCR01164.

PROCEDURE CODES 93451 THROUGH 93464 WERE ADDED PER CO 15374.

FAILS RENAL DIALYSIS CLINICS (PT 39) IF REVENUE CODE 636 IS SUBMITTED WITHOUT THE REQUIRED CPT/HCPCS LEVEL PROCEDURE CODE EFFECTIVE WITH DOS 06/01/2007 PER CO 1602.

REVENUE CODES 636 REQUIRED PROCEDURE CODES:

J0360	J0610	J0636	J0690	J0696
J0713	J0744	J0882	J0886	J0895
J1030	J1080	J1270	J1580	J1644
J1720	J1756	J1955	J1956	J2060
J2322	J2501	J2550	J2765	J2916
J2997	J3250	J3260	J3360	J3370
J3420	90658	90707	90732	90740
90745	90747			

	FAILS HOME HEALTH (PT 34) CLAIMS IF REVENUE CODE 270 AND 279 IS SUBMITTED WITHOUT THE REQUIRED HCPCS LEVEL PROCEDURE CODE EFFECTIVE WITH DATE OF SERVICE 09/01/2007 THRU 11/30/2008 PER CO 8363.			
	REVENUE CODE 270 AND 279 REQUIRED HCPCS CODES:			
	A4206 - A6550	B4034 - B9999	E0191	E0199
	E0275 - E0276	E0325 - E0326	T4521 - T4535	T4541 - T4542
	FAILS HOME HEALTH CLAIMS (PT 34) IF REVENUE CODE 270 AND 279 IS SUBMITTED WITHOUT THE REQUIRED HCPCS LEVEL PROCEDURE CODE EFFECTIVE WITH DOS 12/01/2008 PER CO 9033.			
	REVENUE CODE 270 AND 279 REQUIRED HCPCS CODES:			
	A4206 - A4210	A4212 - A4213	A4215	A4217 - A4218
	A4221	A4223	A4244 - A4247	A4305
	A4310 - A4316	A4320	A4322	A4326
	A4331 - A4334	A4338	A4340	A4344
	A4346	A4349	A4351 - A4358	A4361 - A4369
	A4371 - A4373	A4375 - A4385	A4387 - A4400	A4404 - A4420
	A4423 - A4434	A4450	A4452	A4455
	A4458	A4465	A4481	A4500
	A4623	A4624 - A4626	A4628 - A4629	A4657
	A4927	A4930	A5051 - A5055	A5061 - A5063
	A5071 - A5073	A5081 - A5083	A5093	A5102
	A5105	A5112 - A5114	A5120 - A5122	A5126
	A6010 - A6011	A6021 - A6024	A6154	A6196 - A6197
	A6200 - A6204	A6207	A6209 - A6212	A6214
	A6216	A6219 - A6220	A6222 - A6224	A6229
	A6231 - A6238	A6240 - A6248	A6250 - A6255	A6257 - A6261
	A6266	A6402 - A6403	A6407	A6441 - A6449
	A6452 - A6457	A7501 - A7509	A7520 - A7522	A7524 - A7527
	B4100	B4102 - B4104	B4149 - B4150	B4152 - B4155
	B4157 - B4162	T4521 - T4535	T4541 - T4542	
	EXCLUSIONS: CLAIMS WITH DATES OF SERVICE PRIOR TO 9/01/02 ARE			

	EXCLUDED FROM ESC 4393. FOR CLAIMS PROCESSED PRIOR TO APRIL 27, 2006 CLAIMS SUBMITTED BY THE FOLLOWING CRITICAL ACCESS HOSPITALS WERE EXCLUDED FROM ESC 4393. HOWEVER, THIS EXCLUSION WAS REMOVED PER CHANGE ORDER 0318 (DMS APPROVED 05/23/06). PER CO 8813 CRITICAL ACCES HOSPITALS ARE REQUIRED TO BILL A PROCEDURE CODE WITH REVENUE CODE 450, 452, 456 AND 481 BUT ARE NOT RESTRICTED TO THE REVENUE CODE/PROCEDURE CODE COMBINATIONS AS NOTED ON THIS EDIT PAGE. CRITICAL ACCESS HOSPITALS MAY BILL ANY VALID PROCEDURE CODE IN RANGE 10000 THROUGH Z9090.	
	CRITICAL ACCESS HOSPITALS:	
	01000140	01400480 (effective 04/01/03)
	01000181	01600774 (effective 04/01/03)
	01002526	01015833 (effective 08/01/03)
	01002724	01015239 (effective 09/01/03)
	01004233	01021815 (effective 09/01/03)
	01005339	01000280 (effective 09/15/03)
	01008044	01015932 (effective 12/01/03)
	01021773	01001619 (effective 01/01/04)
	01021898	01000074 (effective 09/02/03)
	01021930	01000233 (effective 09/01/03)
	01022060	01006931 (effective 07/01/04)
	01022110	01022052 (effective 08/01/04)
	01022458	01000306 (effective 03/29/04)
	01022466	01330034 (effective 07/01/04)
	01016732	01022482 (effective 05/24/05)
		01014232 (effective 06/14/05)
		01015338 (effective 12/01/05)
		01000389 (effective 07/01/05)
		01000348 (effective 12/01/05)
	NOTE: EFFECTIVE WITH ADMIT DOS 07/01/03 PROVIDER NUMBERS 01021815 AND 01000223 HAVE BEEN REMOVED FROM THE	

	CRITICAL ACCESS EXCLUSION LIST. PER DCR 00840. EFFECTIVE WITH ADMIT DOS 08/03/05 PROVIDER NUMBER 01021898 HAS BEEN REMOVED FROM THE CRITICAL ACCESS EXCLUSION LIST. PER DCR1431
EOB CODES:	0673 – CPT LEVEL CODE MISSING OR INVALID. 4393 – CONTRACT INVALID REVENUE/PROCEDURE COMBO
METHOD OF CORRECTION:	1. VERIFY PROCEDURE CODE WAS KEYED CORRECTLY. 2. IF ALL FIELDS WERE KEYED CORRECTLY, DENY THE CLAIM WITH EOB 0673.
	THIS ESC IS SET TO AUTO DENY FOR TYPE OF DOCUMENT – ELECTRONIC CLAIMS.

3.552 4394 (NO FORMER LEGACY EDIT)

DMS Approved 06/2007

ERROR STATUS CODE:	4394 (NO FORMER LEGACY EDIT)	**CLAIM TYPE:**	A, B, C
HEADER/DETAIL:	HEADER	**PROVIDER TYPE:**	ALL FOR THE ABOVE CLAIM TYPES
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	PAPER, NON-PAPER, ADJUSTMENTS
DATA CORRECTABLE:	YES	**FIELD NAME:**	PROV, PROC

ESC NAME:	UNABLE TO DETERMINE REG CT FOR CROSSOVER PRICING
ESC CRITERIA:	IF THE SYSTEM IS UNABLE TO DETERMINE THE REGULAR CLAIM TYPE FOR CROSSOVER PRICING, POST THE ESC.
EOB CODES:	4394 – UNABLE TO DETERMINE REG CT FOR CROSSOVER PRICING.
METHOD OF CORRECTION:	5. VERIFY THAT THE PROVIDER AND PROCEDURE CODES ARE KEYED CORRECTLY. IF NOT, CORRECT THE DATA.
	6. IF DATA IS KEYED CORRECTLY, SUSPEND THE CLAIM WITH EOB 4394 AND **CONTACT SUPERVISOR.**.
	THIS ESC IS SET TO SUSPEND FOR ALL MEDIA.

3.553 4400

DMS approved 7/06/2009

ERROR STATUS CODE:	4400	**CLAIM TYPE:**	C, O
HEADER/DETAIL:	DETAIL	**PROVIDER TYPE:**	01, 39
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	PAPER, NON-PAPER, ADJUSTMENTS
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	NDC
ESC NAME:		NDC NOT FOUND IN DRUG FILE.	
ESC CRITERIA:		KY SPECIFIC ESC FAILS IF AN NDC IS NOT NUMERIC OR IS NOT FOUND IN THE DRUG FILE. EFFECTIVE FOR DATES OF SERVICE 07/01/2009 AND AFTER. CREATED BY CO 9027/MODIFIED BY CO 10856.	
EOB CODES:		4400 – THE NDC IS NOT NUMERIC OR NOT FOUND IN THE DRUG FILE.	
METHOD OF CORRECTION:		VERIFY THE NDC CODE(S) WAS KEYED CORRECTLY. IF NOT, CORRECT AND RECYCLE. NOTE – A DETAIL CAN HAVE MORE THAN 1 NDC. NOTE: WITH CO16587 IF THE PROVIDER HAS A 340B INDICATOR ON FILE EQUAL TO 'Y' FOR THE DOS BILLED, THIS EDIT IS BYPASSED.	
IF THE NDC CODE IS KEYED CORRECTLY, DENY THE CLAIM WITH EOB CODE 4400.			

3.554 4402

DMS approved 3/9/2009

ERROR STATUS CODE:	4402	**CLAIM TYPE:**	B, M
HEADER/DETAIL:	DETAIL	**PROVIDER TYPE:**	64, 65, 78
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	PAPER, NON-PAPER, ADJUSTMENTS
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	PROCEDURE, NDC
ESC NAME:	THE NDC IS MISSING OR NOT VALID FOR THIS J-CODE.		
ESC CRITERIA:	KY SPECIFIC ESC FAILS IF THE NDC IS MISSING OR IS NOT VALID FOR THE J-CODE LISTED IN THE NDC GROUP TYPE TABLE IN REFERENCE/OTHER. ALSO FAILS IF THE NDC IS IN THE NDC GROUP TYPE TABLE BUT THE J-CODE ON THE CLAIM DOES NOT MATCH THE J-CODE IN THE DESCRIPTION OF THE NDC GROUP TYPE. EFFECTIVE FOR DATES OF SERVICE 07/01/2007 AND AFTER. CREATED BY CO 9027.		
EOB CODES:	4402 – THE NDC IS MISSING OR IS NOT VALID FOR THIS J-CODE.		
METHOD OF CORRECTION:	VERIFY THE PROCEDURE CODE AND NDC CODE(S) WERE KEYED CORRECTLY. IF NOT, CORRECT AND RECYCLE. NOTE – A DETAIL CAN HAVE MORE THAN 1 NDC.		
	IF THE NDC CODE IS KEYED CORRECTLY, DENY THE CLAIM WITH EOB CODE 4402.		
	THIS ESC IS SET OT AUTO-DENY FOR TYPE OF DOCUMENT – ELECTRONIC CLAIMS.		

3.555 4403

DMS approved 3/9/2009

ERROR STATUS CODE:	4403	**CLAIM TYPE:**	B, M
HEADER/DETAIL:	DETAIL	**PROVIDER TYPE:**	64, 65, 78
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	PAPER, NON-PAPER, ADJUSTMENTS
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	PROCEDURE, NDC
ESC NAME:	QTY BILLED FOR THE NDC IS MISSING OR ZERO.		
ESC CRITERIA:	KY SPECIFIC ESC FAILS IF THE NDC IS IN THE NDC GROUP TYPE TABLE IN REFERENCE/OTHER AND THE QUANTITY IS MISSING OR ZERO. EFFECTIVE FOR DATES OF SERVICE 07/01/2007 AND AFTER. CREATED BY CO 9027.		
EOB CODES:	4403 – THE NDC QUANTITY IS MISSING OR ZERO.		
METHOD OF CORRECTION:	VERIFY THE NDC QUANTITY WAS KEYED CORRECTLY. IF NOT, CORRECT AND RECYCLE. NOTE – A DETAIL CAN HAVE MORE THAN 1 NDC.		
	IF THE NDC QUANTITY IS KEYED CORRECTLY, DENY THE CLAIM WITH EOB CODE 4403.		
	THIS ESC IS SET OT AUTO-DENY FOR TYPE OF DOCUMENT – ELECTRONIC CLAIMS.		

3.556 4404

DMS approved 3/9/2009

ERROR STATUS CODE:	4404	**CLAIM TYPE:**	B, M
HEADER/DETAIL:	DETAIL	**PROVIDER TYPE:**	64, 65, 78
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	PAPER, NON-PAPER, ADJUSTMENTS
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	PROCEDURE, NDC
ESC NAME:	AWP NOT ON FILE FOR NDC.		
ESC CRITERIA:	KY SPECIFIC ESC FAILS IF THE NDC IS IN THE NDC GROUP TYPE TABLE IN REFERENCE/OTHER AND THERE IS NO ACTIVE AWP RATE ON FILE FOR THE NDC FOR THE DATE OF SERVICE. EFFECTIVE FOR DATES OF SERVICE 07/01/2007 AND AFTER. CREATED BY CO 9027.		
EOB CODES:	4404 – AWP NOT ON FILE FOR NDC		
METHOD OF CORRECTION:	VERIFY THE NDC WAS KEYED CORRECTLY. IF NOT, CORRECT AND RECYCLE. NOTE – A DETAIL CAN HAVE MORE THAN 1 NDC.		
	IF THE NDC IS KEYED CORRECTLY NOTIFY THE SYSTEMS PRICING ANALYST.		

3.558 4406 (FORMER LEGACY EDIT (N/A)

ERROR STATUS CODE: (CREATED UNDER DEFECT 9595)	4406	**CLAIM TYPE:**	ALL
HEADER/DETAIL:	DETAIL	**PROVIDER TYPE:**	ALL
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	PAPER, NON-PAPER, ADJUSTMENTS
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	MEMBER ID, FDOS, TDOS, PROCEDURE CODE
ESC NAME:	BNFT PLAN/AID CATEGORY RESTRICTION FOR COVERED PROCEDURE CODE.		
ESC CRITERIA:	IF THE COVERAGE RULE ON THE MEMBER'S BENEFIT PLAN FOR THE PROCEDURE CODE BILLED EXCLUDES THE MEMBER'S AID CATEGORY, POST ESC 4406.		
EOB CODES:	4406 – THIS PROCEDURE CODE IS NOT COVERED FOR THIS MEMBER PLAN/AID CATEGORY.		
METHOD OF CORRECTION:	5. VERIFY THAT THE DATES OF SERVICE, PROCEDURE CODE AND MEMBER ID NUMBER WERE KEYED CORRECTLY. IF NOT, DATA CORRECT THE APPROPRIATE FIELDS. 6. IF THE DATA WAS KEYED CORRECTLY, DENY THE DETAIL WITH EOB 4406.		

3.559 4407 (FORMER LEGACY EDIT (N/A)

ERROR STATUS CODE: (CREATED UNDER DEFECT 9595)	4407	**CLAIM TYPE:**	ALL
HEADER/DETAIL:	DETAIL	**PROVIDER TYPE:**	ALL
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	PAPER, NON-PAPER, ADJUSTMENTS
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	MEMBER ID, FDOS, TDOS, REVENUE CODE
ESC NAME:	BNFT PLAN/AID CATEGORY RESTRICTION FOR COVERED REVENUE CODE.		
ESC CRITERIA:	IF THE COVERAGE RULE ON THE MEMBER'S BENEFIT PLAN FOR THE REVENUE CODE BILLED EXCLUDES THE MEMBER'S AID CATEGORY, POST ESC 4407. **EXCLUSION:** IF MEMBER'S AID CATEGORY IS 'PE' AND OUTPATIENT HOSPITAL (PT 01) CLAIM (CT O) IS BILLED WITH REVENUE CODE 450 – 452, 456 OR 762 (REVENUE GROUP TYPE 3028) THIS EDIT IS BYPASSED (ALL DETAILS).		
EOB CODES:	4407 – THIS REVENUE CODE IS NOT COVERED FOR THIS MEMBER PLAN/AID CATEGORY.		
METHOD OF CORRECTION:	1. VERIFY THAT THE DATES OF SERVICE, REVENUE CODE AND MEMBER ID NUMBER WERE KEYED CORRECTLY. IF NOT, DATA CORRECT THE APPROPRIATE FIELDS. 2. IF THE DATA WAS KEYED CORRECTLY, DENY THE DETAIL WITH EOB 4407.		

3.560 4408

DMS approved 7/06/2009

ERROR STATUS CODE:	4408	**CLAIM TYPE:**	C, O
HEADER/DETAIL:	DETAIL	**PROVIDER TYPE:**	01, 39
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	PAPER, NON-PAPER, ADJUSTMENTS
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	PROCEDURE, NDC
ESC NAME:		AN NDC IS REQUIRED FOR THIS REVENUE CODE.	
ESC CRITERIA:		KY SPECIFIC ESC FAILS IF THE DATE OF SERVICE IS AFTER 06/30/2209 AND A NATIONAL DRUG CODE (NDC) IS NOT BILLED IN CONJUNCTION WITH REVENUE CODES 250 THROUGH 259 OR 630 THROUGH 639. CREATED BY CO 10856.	
EOB CODES:		4408 – A NATIONAL DRUG CODE (NDC) IS REQUIRED FOR THIS REVENUE CODE.	
METHOD OF CORRECTION:		VERIFY THE REVENUE CODE AND NDC WERE KEYED CORRECTLY. IF NOT, CORRECT AND RECYCLE. NOTE – A DETAIL CAN HAVE MORE THAN 1 NDC. NOTE: WITH CO16587 IF THE PROVIDER HAS A 340B INDICATOR ON FILE EQUAL TO 'Y' FOR THE DOS BILLED, THIS EDIT IS BYPASSED.	
IF THE NDC IS KEYED CORRECTLY, DENY THE CLAIM WITH EOB CODE 4408.			
THIS ESC IS SET TO AUTO-DENY FOR TYPE OF DOCUMENT – ELECTRONIC CLAIMS			

3.561 4409

DMS Approved 7/15/2009 under defect 11922

ERROR STATUS CODE:	4409	**CLAIM TYPE:**	A, I
HEADER/DETAIL:	DETAIL	**PROVIDER TYPE:**	01
OVERRIDEABLE:	YES	**TYPE OF DOCUMENT:**	ALL (PAPER, NON-PAPER, ADJUSTMENTS, MASS ADJUSTMENTS, ENCOUNTERS (THRESHOLD))
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	DIAGNOSIS (ALL)
ESC NAME:	DIAGNOSIS CODE(S) INVALID FOR DATE OF DISCHARGE		
ESC CRITERIA:	IF THE BILLING RULE, ON THE GLOBAL (ALL) PROVIDER CONTRACT, FOR ANY OF THE DIAGNOSIS CODES PRESENT ON THE CLAIM, IS NOT ALLOWED FOR THE INPATIENT CLAIM'S DATE OF DISCHARGE, FAIL ESC 4409.		
EOB CODES:	4409 – DIAGNOSIS CODE(S) IS INVALID FOR DATE OF DISCHARGE.		
METHOD OF CORRECTION:	1. VERIFY THAT THE DIAGNOSIS CODES WERE KEYED CORRECTLY. IF NOT, DATA CORRECT.		
	2. IF DIAGNOSIS CODES WERE KEYED CORRECTLY, DENY WITH EOB 4409.		

3.562 4410

DMS Approved 7/15/2009 under defect 11922

ERROR STATUS CODE:	4410	**CLAIM TYPE:**	A, I
HEADER/DETAIL:	DETAIL	**PROVIDER TYPE:**	01
OVERRIDEABLE:	YES	**TYPE OF DOCUMENT:**	ALL (PAPER, NON-PAPER, ADJUSTMENTS, MASS ADJUSTMENTS, ENCOUNTERS (THRESHOLD))
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	DIAGNOSIS (ALL)
ESC NAME:	DIAGNOSIS CODE(S) INVALID FOR DATE OF ADMISSION		
ESC CRITERIA:	IF THE BILLING RULE, ON THE GLOBAL (ALL) PROVIDER CONTRACT, FOR ANY OF THE DIAGNOSIS CODES PRESENT ON THE CLAIM, IS NOT ALLOWED FOR THE INPATIENT CLAIM'S DATE OF ADMISSION, FAIL ESC 4410.		
EOB CODES:	4410 – DIAGNOSIS CODE(S) IS INVALID FOR DATE OF ADMISSION.		
METHOD OF CORRECTION:	1. VERIFY THAT THE DIAGNOSIS CODES WERE KEYED CORRECTLY. IF NOT, DATA CORRECT.		
	2. IF DIAGNOSIS CODES WERE KEYED CORRECTLY, DENY WITH EOB 4410.		

3.563 4411

ERROR STATUS CODE:	4411 (FORMER LEGACY EDIT N/A)	**CLAIM TYPE:**	PROFESSIONAL
HEADER/DETAIL:	HEADER	**PROVIDER TYPE:**	55 AND 56 ONLY
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	ELECTRONIC
DATA CORRECTABLE:	NO	**CLAIM FIELD LABEL:**	HEADER AMBULANCE PICK-UP ENTITY IDENTIFIER CODE

ESC NAME:	**AMBULANCE PICK-UP** AMBULANCE PICK-UP LOCATION INFORMATION NOT SUBMITTED OR INVALID ON CLAIM - HDR
ESC CRITERIA: **LEGACY CRITERIA:**	IF PROVIDER TYPE 55 OR 56 AND HEADER PICK-UP LOCATION ENTITY IDENTIFIER IS MISSING OR INVALID (NOT VALUE ‘PW’), POST THE EDIT. N/A
EOB CODES:	4411 – HEADER PICK-UP LOCATION INFORMATION MISSING OR INVALID.
METHOD OF CORRECTION:	THIS EDIT IS SET TO AUTO-DENY FOR REGIONS 20, 21, 22, 23. THIS EDIT IS SET TO THRESHOLD FOR REGION 70.

3.564 4412

ERROR STATUS CODE:	4412 (FORMER LEGACY EDIT N/A)	**CLAIM TYPE:**	PROFESSIONAL
HEADER/DETAIL:	HEADER	**PROVIDER TYPE:**	55 AND 56 ONLY
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	ELECTRONIC
DATA CORRECTABLE:	NO	**CLAIM FIELD LABEL:**	HEADER AMBULANCE PICK-UP ADDRESS LINE 1

ESC NAME:	**AMBULANCE PICK-UP** AMBULANCE PICK-UP LOCATION ADDRESS LINE 1 NOT SUBMITTED ON CLAIM - HDR
ESC CRITERIA: **LEGACY CRITERIA:**	IF PROVIDER TYPE 55 OR 56 AND HEADER PICK-UP LOCATION ADDRESS LINE 1 IS MISSING, POST THE EDIT. N/A
EOB CODES:	4412 – HEADER PICK-UP LOCATION ADDRESS LINE 1 MISSING.
METHOD OF CORRECTION:	THIS EDIT IS SET TO AUTO-DENY FOR REGIONS 20, 21, 22, 23. THIS EDIT IS SET TO THRESHOLD FOR REGION 70.

3.565 4413

ERROR STATUS CODE:	4413 (FORMER LEGACY EDIT N/A)	**CLAIM TYPE:**	PROFESSIONAL
HEADER/DETAIL:	HEADER	**PROVIDER TYPE:**	55 AND 56 ONLY
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	ELECTRONIC
DATA CORRECTABLE:	NO	**CLAIM FIELD LABEL:**	HEADER AMBULANCE PICK-UP CITY

ESC NAME:	**AMBULANCE PICK-UP** AMBULANCE PICK-UP LOCATION CITY NOT SUBMITTED ON CLAIM - HDR
ESC CRITERIA: **LEGACY CRITERIA:**	IF PROVIDER TYPE 55 OR 56 AND HEADER PICK-UP LOCATION CITY IS MISSING, POST THE EDIT. N/A
EOB CODES:	4413 – HEADER PICK-UP LOCATION CITY MISSING.
METHOD OF CORRECTION:	THIS EDIT IS SET TO AUTO-DENY FOR REGIONS 20, 21, 22, 23. THIS EDIT IS SET TO THRESHOLD FOR REGION 70.

3.566 4414

ERROR STATUS CODE:	4414 (FORMER LEGACY EDIT N/A)	**CLAIM TYPE:**	PROFESSIONAL
HEADER/DETAIL:	HEADER	**PROVIDER TYPE:**	55 AND 56 ONLY
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	ELECTRONIC
DATA CORRECTABLE:	NO	**CLAIM FIELD LABEL:**	HEADER AMBULANCE PICK-UP ZIP-CODE

ESC NAME:	**AMBULANCE PICK-UP** AMBULANCE PICK-UP LOCATION ZIP CODE NOT SUBMITTED ON CLAIM - HDR
ESC CRITERIA: **LEGACY CRITERIA:**	IF PROVIDER TYPE 55 OR 56 AND HEADER PICK-UP LOCATION ZIP CODE IS MISSING OR INVALID (ZIP CODE 40621 OR 40622), POST THE EDIT. N/A
EOB CODES:	4414 – HEADER PICK-UP LOCATION ZIP CODE MISSING OR INVALID.
METHOD OF CORRECTION:	THIS EDIT IS SET TO AUTO-DENY FOR REGIONS 20, 21, 22, 23. THIS EDIT IS SET TO THRESHOLD FOR REGION 70.

3.567 4415

ERROR STATUS CODE:	4415 (FORMER LEGACY EDIT N/A)	**CLAIM TYPE:**	PROFESSIONAL
HEADER/DETAIL:	HEADER	**PROVIDER TYPE:**	55 AND 56 ONLY
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	ELECTRONIC
DATA CORRECTABLE:	NO	**CLAIM FIELD LABEL:**	HEADER AMBULANCE DROP-OFF-UP ENTITY IDENTIFIER CODE

ESC NAME:	**AMBULANCE PICK-UP** AMBULANCE DROP-OFF LOCATION INFORMATION NOT SUBMITTED ON CLAIM - HDR
ESC CRITERIA: **LEGACY CRITERIA:**	IF PROVIDER TYPE 55 OR 56 AND HEADER DROP-OFF LOCATION ENTITY IDENTIFIER IS MISSING OR INVALID (NOT VALUE ‘45’), POST THE EDIT. N/A
EOB CODES:	4415 – HEADER DROP-OFF LOCATION INFORMATION MISSING.
METHOD OF CORRECTION:	THIS EDIT IS SET TO AUTO-DENY FOR REGIONS 20, 21, 22, 23. THIS EDIT IS SET TO THRESHOLD FOR REGION 70.

3.568 4416

ERROR STATUS CODE:	4416 (FORMER LEGACY EDIT N/A)	**CLAIM TYPE:**	PROFESSIONAL
HEADER/DETAIL:	HEADER	**PROVIDER TYPE:**	55 AND 56 ONLY
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	ELECTRONIC
DATA CORRECTABLE:	NO	**CLAIM FIELD LABEL:**	HEADER AMBULANCE DROP-OFF ADDRESS LINE 1

ESC NAME:	**AMBULANCE PICK-UP** AMBULANCE DROP-OFF LOCATION ADDRESS LINE 1 NOT SUBMITTED ON CLAIM - HDR
ESC CRITERIA: **LEGACY CRITERIA:**	IF PROVIDER TYPE 55 OR 56 AND HEADER DROP-OFF LOCATION ADDRESS LINE 1 IS MISSING, POST THE EDIT. N/A
EOB CODES:	4416 – HEADER DROP-OFF LOCATION ADDRESS LINE 1 MISSING.
METHOD OF CORRECTION:	THIS EDIT IS SET TO AUTO-DENY FOR REGIONS 20, 21, 22, 23. THIS EDIT IS SET TO THRESHOLD FOR REGION 70.

3.569 4417

ERROR STATUS CODE:	4417 (FORMER LEGACY EDIT N/A)	**CLAIM TYPE:**	PROFESSIONAL
HEADER/DETAIL:	HEADER	**PROVIDER TYPE:**	55 AND 56 ONLY
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	ELECTRONIC
DATA CORRECTABLE:	NO	**CLAIM FIELD LABEL:**	HEADER AMBULANCE DROP-OFF CITY

ESC NAME:	**AMBULANCE PICK-UP** AMBULANCE DROP-OFF LOCATION CITY NOT SUBMITTED ON CLAIM - HDR
ESC CRITERIA: **LEGACY CRITERIA:**	IF PROVIDER TYPE 55 OR 56 AND HEADER DROP-OFF LOCATION CITY IS MISSING, POST THE EDIT. N/A
EOB CODES:	4417 – HEADER DROP-OFF LOCATION CITY MISSING.
METHOD OF CORRECTION:	THIS EDIT IS SET TO AUTO-DENY FOR REGIONS 20, 21, 22, 23. THIS EDIT IS SET TO THRESHOLD FOR REGION 70.

3.570 4418

ERROR STATUS CODE:	4418 (FORMER LEGACY EDIT N/A)	**CLAIM TYPE:**	PROFESSIONAL
HEADER/DETAIL:	HEADER	**PROVIDER TYPE:**	55 AND 56 ONLY
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	ELECTRONIC
DATA CORRECTABLE:	NO	**CLAIM FIELD LABEL:**	HEADER AMBULANCE DROP-OFF ZIP CODE

ESC NAME:	**AMBULANCE PICK-UP** AMBULANCE DROP-OFF LOCATION ZIP-CODE NOT SUBMITTED OR INVALID ON CLAIM - HDR
ESC CRITERIA: **LEGACY CRITERIA:**	IF PROVIDER TYPE 55 OR 56 AND HEADER DROP-OFFUP LOCATION ZIP CODE IS MISSING OR IS INVALID (KY ONLY), FAILS IF THE BEGINNING OF THE ZIP CODE IS NOT EQUAL TO ‘4’. POST THE EDIT. N/A
EOB CODES:	4418 – HEADER DROP-OFF LOCATION DROP-OFF MISSING OR INVALID.
METHOD OF CORRECTION:	THIS EDIT IS SET TO AUTO-DENY FOR REGIONS 20, 21, 22, 23. THIS EDIT IS SET TO THRESHOLD FOR REGION 70.

3.571 4711

3.571.1 4711 (FORMER LEGACY EDIT 192)

DMS Approved 01/26/96

ERROR STATUS CODE:	4711 (FORMER LEGACY EDIT 192)	**CLAIM TYPE:**	H (PT 34, 42 ONLY), M (EXCEPT PT 55, 56, 57 ONLY), I, L, O
HEADER/DETAIL:	HEADER	**PROVIDER TYPE:**	01, 02, 04, 11, 12, 34, 39, 41, 46, 47, 92, 93, CT M (ALL EXCEPT 55, 56, 57)
OVERRIDEABLE:	YES	**TYPE OF DOCUMENT:**	PAPER, NON-PAPER, ADJUSTMENTS
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	PDIAG, MEMBER ID

ESC NAME:	AGE RESTRICTION FOR BILLED DIAGNOSIS
ESC CRITERIA: **LEGACY CRITERIA:**	IF THE CONTRACT BILLING RULE DOES NOT ALLOW THE MEMBER AGE FOR THE DIAGNOSIS POST THE ESC. VERIFIES THAT A LOGICAL RELATIONSHIP EXISTS BETWEEN THE MEMBER'S AGE AND THE PRIMARY DIAGNOSIS
EOB CODES:	0192 – THIS DIAGNOSIS IS NOT COVERED FOR THE MEMBER'S AGE.
METHOD OF CORRECTION:	1. VERIFY THAT THE MEMBER ID AND THE DIAGNOSIS WERE KEYED CORRECTLY. IF NOT, CORRECT THE DATA.
	2. IF THE MEMBER ID AND DIAGNOSIS WERE KEYED CORRECTLY, FORWARD TO THE APPROPRIATE LOCATION TO BE REVIEWED BY PRIOR AUTHORIZATION.
	THIS ESC IS SET TO AUTO-DENY TYPE OF DOCMENT - ELECTRONIC CLAIMS.

3.571.2 4711 (FORMER LEGACY EDIT 193)

DMS Approved 01/26/96

ERROR STATUS CODE:	4711 (FORMER LEGACY EDIT 193)	**CLAIM TYPE:**	H (PT 34, 42 ONLY), M (EXCEPT PT 55, 56, 57 ONLY), I, L, O
HEADER/DETAIL:	HEADER	**PROVIDER TYPE:**	01, 02, 04, 11, 12, 34, 39, 41, 46, 47, 92, 93, CT M (ALL EXCEPT 55, 56, 57)
OVERRIDEABLE:	YES	**TYPE OF DOCUMENT:**	PAPER, NON-PAPER, ADJUSTMENTS
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	SDIAG, MEMBER ID

ESC NAME:	AGE RESTRICTION FOR BILLED DIAGNOSIS
ESC CRITERIA: **LEGACY CRITERIA:**	IF THE CONTRACT BILLING RULE DOES NOT ALLOW THE MEMBER AGE FOR THE DIAGNOSIS POST THE ESC. VERIFIES THAT A LOGICAL RELATIONSHIP EXISTS BETWEEN THE MEMBER'S AGE AND THE SECONDARY DIAGNOSIS IF ONE EXISTS.
EOB CODES:	0192 – THIS DIAGNOSIS IS NOT COVERED FOR THE MEMBERS AGE.
METHOD OF CORRECTION:	1. VERIFY THAT THE SECONDARY DIAGNOSIS WAS KEYED CORRECTLY. IF NOT, CORRECT THE DATA.
	2. VERIFY THAT THE MEMBER ID WAS KEYED CORRECTLY. IF NOT, CORRECT THE DATA.
	THIS ESC IS SET TO AUTO-DENY TYPE OF DOCUMENT - ELECTRONIC CLAIMS.

3.572 4712 (FORMER LEGACY EDIT N/A)

DMS Approved 06/2007

ERROR STATUS CODE:	4712 (FORMER LEGACY EDIT N/A)	**CLAIM TYPE:**	ALL
HEADER/DETAIL:	DETAIL	**PROVIDER TYPE:**	ALL
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	ALL
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	ALL

ESC NAME:	AGE RESTRICTION FOR BILLED DRG
ESC CRITERIA: **LEGACY CRITERIA:**	INPATIENT AND INPATIENT CROSSOVERS CLAIM TYPES: IF THE MEMBER'S AGE IS NOT WITHIN THE AGE RESTRICTION FOR THE DRG BILLING RULE, POST THE EDIT. THE MEMBER'S AGE IS CALCULATED USING THE HEADER FDOS. THE HEADER FDOS/TDOS RANGE IS USED TO COMPARE TO THE RULE EFFECTIVE DATES. N/A
EOB CODES:	4712- AGE RESTRICTION FOR BILLED DRG
METHOD OF CORRECTION:	VERIFY THAT THE INFORMATION WAS KEYED CORRECTLY. IF NOT, CORRECT THE DATA.
	IF ENTERED CORRECTLY, DENY THE CLAIM.

3.573 4714

3.573.1 4714 (FORMER LEGACY EDIT 149)

DMS Approved 12/04/06

ERROR STATUS CODE:	4714 (FORMER LEGACY EDIT 149)	**CLAIM TYPE:**	H (PT 34, 42), M (ALL EXCEPT PT 27, 28, 45, 55, 56, 57), O
HEADER/DETAIL:	DETAIL	**PROVIDER TYPE:**	01, 34, 39, 41, 42, 46, 47, CT M (ALL EXCEPT 27, 28, 45, 55, 56, 57)
OVERRIDEABLE:	YES	**TYPE OF DOCUMENT:**	PAPER, NON-PAPER, ADJUSTMENTS
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	PROC, MEMBER ID

ESC NAME:	AGE RESTRICTION FOR BILLED PROCEDURE
ESC CRITERIA: **LEGACY CRITERIA:**	IF THE CONTRACT BILLING RULE DOES NOT ALLOW THE MEMBER AGE FOR THE PROCEDURE POST THE ESC. FAILS IF THE MEMBER AGE IS NOT WITHIN THE AGE RANGE LISTED ON THE PROCEDURE CODE (PDD PROCEDURE)/NDC (PDD DRUG) FILE FOR THE PROCEDURE/NDC BEING BILLED. FOR PT 64/65, ESC 149 FAILS PROCEDURE CODES 90476 – 90748: IF AGE IS GREATER THAN 21 FOR DOS BEFORE 1/5/04 IF AGE IS GREATER THAN 18 FOR DOS BETWEEN 1/5/04 AND 7/30/04 IF AGE IF GREATER THAN 21 FOR DOS GREATER 7/30/04 DCR 01347 FOR PT 64/65 ESC 149 FAILS PROCEDURE CODES 90476-90748 IF THE CLAIM DATES OF SERVICE ARE AFTER 07/30/04 AND THE MEMBERS AGE IS GREATER THAN 18 YEARS OLD. FAILS IF THE CLAIM DATE OF SERVICE IS 01/05/04 THROUGH 07/30/04 AND THE MEMBER'S AGE IS GREATER THAN 21 YEARS OLD. FAILS IF THE CLAIM DATE OF SERVICE IS PRIOR TO 01/05/04 AND THE MEMBER AGE IS GREATER THAN 18 YEARS OLD. PER DCR01181. FOR PT 30 ESC 149 FAILS PROCEDURE CODE 90887 IF THE DOS IS AFTER 10/16/03 AND THE MEMBER AGE IS 21 OR GREATER, AND THE DOS IS BEYOND THE LAST DAY OF THE MONTH OF THE MEMBERS 21ST BIRTHDAY. FOR PT 30 CLAIMS AFTER 10/15/03 THE MEMBER AGE LIMITS ON THE PDD FILE ARE IGNORED. FOR PT 31 AND 35 FAILS 92499 AND V2020 THRU V2799 IF THE MEMBER IS OVER 20 YEARS OLD. FOR PT 50 AND 70 FAILS ANY PROCEDURE IF THE DOS IS ON OR AFTER 10/16/03 AND THE MEMBER AGE IS GREATER THAN 20 YEARS OLD.

	FOR PT 52 AND 77 FAILS IF THE DOS IS ON OR AFTER 10/16/03 AND THE PROCEDURE CODE IS 92314-02499 OR V2020-V2799 AND THE MEMBER IS GREATER THAN 20 YEARS OLD. ESC 4714 FAILS THE FOLLOWING PROCEDURE CODES IF THE MEMBER IS **OVER 30 DAYS OLD** ON THE DETAIL FDOS: 31520 39503 61000 84800 36450 43831 61001 94652 36510 53025 73092 99152 36660 54000 73592 99440 ESC 4714 FAILS THE FOLLOWING PROCEDURE CODES IF THE MEMBER IS **LESS THAN 31 DAYS OLD** ON THE DETAIL FDOS: 31525 39502 54152 36455 54001 54161 90764 WITH THE EXCEPTION OF THE CODES LISTED ABOVE, PROCEDURE CODES WITH AN AGE RANGE OF 000-999 ARE EXCLUDED FROM THIS ESC. WITH THE EXCEPTION OF THE CODES LISTED ABOVE, PROCEDURE CODES WITH A "THROUGH" AGE RANGE OF 99 ARE EXCLUDED FROM THIS ESC IF THE MEMBER IS GREATER THAN 99 YEARS OLD. PROCEDURE CODES BILLED BY A SCHOOL BASED PROVIDER (P/T 21) ARE LIMITED TO MEMBERS AGES 00 - 22. FOR PROVIDER TYPE 20 PROCEDURE CODES 90658 AND 90659 ARE EXCLUDED FROM ESC 149. FOR CLAIM TYPE M WITH DOS ON AND AFTER 1/2/04, FAILS PROCEDURE CODE 99100 IF THE MEMBER IS AGE 1 – 70. (DCR 00951) FOR PT 31 AND 35 PROCEDURE CODES 95119 – 95199 ARE EXCLUDED FROM ESC 4714 PER CO1192
EOB CODE:	4714 - AGE RESTRICTION FOR BILLED PROCEDURE.
METHOD OF CORRECTION:	1. VERIFY THAT THE MEMBER ID, PROCEDURE CODE, AND DATES OF SERVICE WERE KEYED CORRECTLY. IF NOT, CORRECT THE DATA.
	2. IF DOS ON THE CLAIM IS WITHIN THE MONTH OF THE MEMBER'S BIRTHDATE, CHECK PDD PROCEDURE/PDD DRUG TABLE TO SEE IF THE MEMBERS AGE FALLS WITHIN THE AGE RANGE FOR THAT PROCEDURE CODE. IF SO, OVERRIDE THE ESC.
	3. IF CLAIM TYPE M AND PROCEDURE CODE IS 90225, 90282, OR 90285, OVERRIDE THE ESC.
	4. IF THE MEMBER ID, PROCEDURE CODE, AND DATES OF SERVICE ARE KEYED CORRECTLY, DENY THE DETAIL.
	THIS ESC IS SET TO AUTO-DENY FOR THE TYPE OF DOCUMENT – ELECTRONIC CLAIMS.

3.573.2 4714 (FORMER LEGACY EDIT 257)

DMS Approved 03/07/2011

ERROR STATUS CODE:	4714 (FORMER LEGACY EDIT 257)	**CLAIM TYPE:**	M
HEADER/DETAIL:	HEADER	**PROVIDER TYPE:**	40, 45
OVERRIDEABLE:	YES	**TYPE OF DOCUMENT:**	PAPER, NON-PAPER, ADJUSTMENTS
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	PROC, MEMBER ID

ESC NAME:	AGE RESTRICTION FOR BILLED PROCEDURE.
ESC CRITERIA: **LEGACY CRITERIA:**	IF THE CONTRACT BILLING RULE DOES NOT ALLOW THE MEMBER AGE FOR THE PROCEDURE POST THE ESC. VERIFIES THAT THE MEMBER WAS NOT OLDER THAN 21 ON THE LAST DAY OF SERVICE FOR EPSDT CLAIMS. **EXCEPTION** CLAIMS SUBMITTED WITH PROCEDURE CODE(S) WITH AN “SC” MODIFIER ARE EXCLUDED FROM THE ESC. EFFECTIVE WITH DATE OF SERVICE 9/1/2010 CLAIMS SUBMITTED WITH PROCEDURE CODE AND MODIFIER SC ARE NOT EXCLUDED FROM THIS EDIT PER CO 14822.
EOB CODES:	4714 - AGE RESTRICTION FOR BILLED PROCEDURE.
METHOD OF CORRECTION:	1. VERIFY THAT THE MEMBER ID, DATES OF SERVICE, AND PROCEDURE CODE MODIFIER WERE KEYED CORRECTLY. IF NOT, CORRECT THE DATA.
	2. VERIFY MEMBER IS OVER 21 YEARS OF AGE ON THE FROM DATE OF SERVICE. IF MEMBER IS UNDER 21, OVERRIDE THE ESC. IF THE MEMBER **TURNS 21 DURING THE MONTH THAT THE SERVICE WAS RENDERED**, OVERRIDE THROUGH THE END OF THEIR 21ST BIRTH MONTH.
	3. IF STEPS ONE AND TWO DO NOT APPLY AND DATE OF SERVICE (DOS) IS PRIOR TO 9/2/2010 AND AN “SC” MODIFIER IS NOT PRESENT, DENY THE CLAIM. 4. IF STEPS ONE THROUGH THREE DO NOT APPLY, DENY THE CLAIM WITH EOB 4714.

3.573.3 4714 (FORMER LEGACY EDIT 494)

DMS Approved: 05/21/01

ERROR STATUS CODE:	4714 (FORMER LEGACY EDIT 494)	**CLAIM TYPE:**	M
HEADER/DETAIL:	DETAIL	**PROVIDER TYPE:**	13
OVERRIDEABLE:	YES	**TYPE OF DOCUMENT:**	PAPER, NON-PAPER, ADJUSTMENTS
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	PROC, MEMBER ID
ESC NAME:	AGE RESTRICTION FOR BILLED PROCEDURE.		
ESC CRITERIA: **LEGACY CRITERIA:**	IF THE CONTRACT BILLING RULE DOES NOT ALLOW THE MEMBER AGE FOR THE PROCEDURE POST THE ESC. FAILS IF THE DATE OF SERVICE IS BEYOND THE BIRTH MONTH OF THE MEMBER'S 18TH BIRTHDAY.		
EOB CODES:	4714 - AGE RESTRICTION FOR BILLED PROCEDURE.		
METHOD OF CORRECTION:	1. VERIFY THE DATES OF SERVICES ARE ENTERED CORRECTLY. IF NOT, CORRECT.		
	2. IF THE DATES OF SERVICE WERE ENTERED CORRECTLY, DENY, THE DETAIL.		

3.573.4 4714 (FORMER LEGACY EDIT 919)

DMS Approved 12/11/03

ERROR STATUS CODE:	4714 (FORMER LEGACY EDIT 919)	**CLAIM TYPE:**	M
HEADER/DETAIL:	DETAIL	**PROVIDER TYPE:**	13, 23, 29, 64, 65, 85
OVERRIDEABLE:	YES	**TYPE OF DOCUMENT:**	PAPER, NON-PAPER, ADJUSTMENTS
DATA CORRECTABLE	YES	**CLAIM FIELD LABEL:**	PROC, MEMBER ID
ESC NAME:	AGE RESTRICTION FOR BILLED PROCEDURE.		
ESC CRITERIA: **LEGACY CRITERIA:**	IF THE CONTRACT BILLING RULE DOES NOT ALLOW THE MEMBER AGE FOR THE PROCEDURE POST THE ESC. FAILS IF THE DATE OF SERVICE IS BEYOND THE BIRTH MONTH OF THE MEMBER'S 21ST BIRTHDAY.		
	NOTE: FOR CLAIM TYPE M, THE ESC IS ONLY APPLIED TO PSYCHOTHERAPY CODES (90801-90809) WITH MODIFIER GT AND DATES OF SERVICE ON OR AFTER 07/15/01.		
EOB CODES:	4714 - AGE RESTRICTION FOR BILLED PROCEDURE.		
METHOD OF CORRECTION:	1. VERIFY THE DATES OF SERVICES, MODIFIER AND PROCEDURE CODES ARE ENTERED CORRECTLY. IF NOT, CORRECT.		
	2. IF THE DATES OF SERVICE, MODIFIER AND PROCEDURE CODES WERE ENTERED CORRECTLY, DENY, THE DETAIL. PER DMS REQUEST AS PART OF THE HIPPA		

	IMPLEMENTATION THID ESC WAS END DATED 10/15/03.

3.573.5 4714 (FORMER LEGACY EDIT 965)

DMS Approved 01/26/96

ERROR STATUS CODE:	4714 (FORMER LEGACY EDIT 965)	**CLAIM TYPE:**	M
HEADER/DETAIL:	DETAIL	**PROVIDER TYPE:**	28
OVERRIDEABLE:	YES	**TYPE OF DOCUMENT:**	PAPER, NON-PAPER, ADJUSTMENTS
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	PROC, MEMBER ID
ESC NAME:	AGE RESTRICTION FOR BILLED PROCEDURE.		
ESC CRITERIA: **LEGACY CRITERIA:**	IF THE CONTRACT BILLING RULE DOES NOT ALLOW THE MEMBER AGE FOR THE PROCEDURE POST THE ESC. FAILS IF THE MEMBER IS OVER AGE 20 ON THE DETAIL "FROM" DATE OF SERVICE UNLESS THE FDOS IS WITHIN THE SAME CALENDAR MONTH AND YEAR OF THE MEMBER'S 21ST BIRTHDAY.		
EOB CODES:	4714 - AGE RESTRICTION FOR BILLED PROCEDURE.		
METHOD OF CORRECTION:	1. VERIFY THAT THE MEMBER ID, DATES OF SERVICE, AND PROVIDER NUMBER WERE KEYED CORRECTLY. IF NOT, CORRECT THE DATA.		
	2. IF CLAIM DATA IS KEYED CORRECTLY, DENY THE DETAIL.		
	THIS ESC IS SET TO AUTO-DENY ON THE TYPE OF DOCUMENT – ELECTRONIC CLAIMS.		

3.573.6 4714 (FORMER LEGACY EDIT 966)

DMS Approved 01/26/96

ERROR STATUS CODE:	4714 (FORMER LEGACY EDIT 966)	**CLAIM TYPE:**	M
HEADER/DETAIL:	DETAIL	**PROVIDER TYPE:**	27
OVERRIDEABLE:	YES	**TYPE OF DOCUMENT:**	PAPER, NON-PAPER, ADJUSTMENTS
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	PROC, MEMBER ID
ESC NAME:	AGE RESTRICTION FOR BILLED PROCEDURE.		
ESC CRITERIA: **LEGACY CRITERIA:**	IF THE CONTRACT BILLING RULE DOES NOT ALLOW THE MEMBER AGE FOR THE PROCEDURE POST THE ESC. FAILS IF THE MEMBER IS UNDER AGE 18 ON THE DETAIL "FROM" DATE OF SERVICE UNLESS THE FDOS IS WITHIN THE SAME CALENDAR MONTH AND YEAR AS THE MEMBER'S 18TH BIRTHDAY.		
EOB CODES:	4714 - AGE RESTRICTION FOR BILLED PROCEDURE.		
METHOD OF CORRECTION:	1. VERIFY THAT THE MEMBER ID, DATES OF SERVICE, AND PROVIDER NUMBER WERE KEYED CORRECTLY. IF NOT, CORRECT THE DATA.		

	2. IF CLAIM DATA IS KEYED CORRECTLY, DENY THE DETAIL.
	THIS ESC IS SET TO AUTO-DENY ON THE TYPE OF DOCUMENT – ELECTRONIC CLAIMS.

3.573.7 4714 (FORMER LEGACY EDIT 997)

DMS Approved 12/11/03

ERROR STATUS CODE:	4714 (FORMER LEGACY EDIT 997)	**CLAIM TYPE:**	M
HEADER/DETAIL:	DETAIL	**PROVIDER TYPE:**	15, 24
OVERRIDEABLE:	YES	**TYPE OF DOCUMENT:**	PAPER, NON-PAPER, ADJUSTMENTS
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	PROC, MEMBER ID
ESC NAME:	AGE RESTRICTION FOR BILLED PROCEDURE.		
ESC CRITERIA: **LEGACY CRITERIA:**	IF THE CONTRACT BILLING RULE DOES NOT ALLOW THE MEMBER AGE FOR THE PROCEDURE POST THE ESC. FAILS IF THE DETAIL FROM DATE OF SERVICE IS GREATER THAN THE LAST DATE OF THE MONTH OF THE MEMBER'S THIRD BIRTHDAY. EXAMPLE – FOR A MEMBER WITH A BIRTHDATE OF 7/14/97, SERVICES ARE PAYABLE THROUGH 7/31/00. NOTE – FOR PROVIDER TYPE 15, ESC 4714 ONLY APPLIES TO DETAILS WITH A MODIFIER OF CE. FOR PROVIDER TYPE 15, IF THE DOS IS AFTER 10/15/03 ESC 4714 APPLIES IF THE MODIFIER IS HA.		
EOB CODES:	4714 - AGE RESTRICTION FOR BILLED PROCEDURE.		
METHOD OF CORRECTION:	1. VERIFY THE DATES OF SERVICE ARE ENTERED CORRECTLY. IF NOT, CORRECT.		
	2. IF THE DATES OF SERVICE ARE ENTERED CORRECTLY, DENY THE DETAIL WITH EOB CODE 9906.		

3.574 4715 (FORMER LEGACY EDIT 964)

DMS Approved 01/26/96

ERROR STATUS CODE:	4715 (FORMER LEGACY EDIT 964)	**CLAIM TYPE:**	I
HEADER/DETAIL:	HEADER	**PROVIDER TYPE:**	04
OVERRIDEABLE:	YES	**TYPE OF DOCUMENT:**	PAPER, NON-PAPER, ADJUSTMENTS
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	PROC, MEMBER ID

ESC NAME:	AGE RESTRICTION FOR BILLED REVENUE CODE
ESC CRITERIA: **LEGACY CRITERIA:**	IF THE CONTRACT BILLING RULE DOES NOT ALLOW THE MEMBER AGE FOR THE REVENUE CODE POST THE ESC. FAILS IF THE MEMBER IS OVER AGE 21 ON THE HEADER "TO" DATE OF SERVICE.
EOB CODES:	0964 – CLAIM DENIED. PSYCHIATRIC RESIDENTIAL TREATMENT FACILITY SERVICES ARE NOT PAYABLE TO MEMBERS OVER AGE 21. **NOTE: THIS ESC ONLY APPLIES TO PRTF MEMBERS CURRENTLY SO MAY USE EOB 0964.**
METHOD OF CORRECTION:	1. VERIFY THAT THE MEMBER ID NUMBER AND "TO" DATE OF SERVICE WERE KEYED CORRECTLY. IF NOT, CORRECT THE DATA.
	2. IF ENTERED CORRECTLY, DENY THE CLAIM.
	THIS ESC IS SET TO AUTO-DENY ON THE TYPE OF DOCUMENT – ELECTRONIC CLAIMS.

3.575 4716 (FORMER LEGACY EDIT N/A)

DMS Approved 06/2007

ERROR STATUS CODE:	4716 (FORMER LEGACY EDIT N/A)	**CLAIM TYPE:**	ALL
HEADER/DETAIL:	DETAIL	**PROVIDER TYPE:**	ALL
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	ALL
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	ALL

ESC NAME:	AGE RESTRICTION FOR BILLED ICD-9
ESC CRITERIA:	INPATIENT AND INPATIENT CROSSOVERS CLAIM TYPES: IF THE MEMBER'S AGE IS NOT WITHIN THE AGE RESTRICTION FOR THE ICD-9 BILLING RULE, POST THE EDIT. THE MEMBER'S AGE IS CALCULATED USING THE HEADER FDOS. THE HEADER FDOS/TDOS RANGE IS USED TO COMPARE TO THE RULE EFFECTIVE DATES.
LEGACY CRITERIA:	N/A
EOB CODES:	4716- AGE RESTRICTION FOR BILLED ICD-9
METHOD OF CORRECTION:	VERIFY THAT THE INFORMATION WAS KEYED CORRECTLY. IF NOT, CORRECT THE DATA.
	IF ENTERED CORRECTLY, DENY THE CLAIM.

3.576 4721 (FORMER LEGACY EDIT N/A)

DMS Approved 06/2007

ERROR STATUS CODE:	4721 (FORMER LEGACY EDIT N/A)	**CLAIM TYPE:**	ALL
HEADER/DETAIL:	DETAIL	**PROVIDER TYPE:**	ALL
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	ALL
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	NONE

ESC NAME:	ADMITTING DIAGNOSIS RESTRICTION FORBILLED DRG
ESC CRITERIA: **LEGACY CRITERIA:**	HOME HEALTH, INPATIENT, LONG TERM CARE, OUTPATIENT CLAIM TYPES: IF THE MEMBER DOES NOT HAVE ONE OF THE MEMBER PLANS WITHIN THE MEMBER PLAN RESTRICTION OF THE COVERAGE RULE FOR ANY OF THE DRG'S, POST THE EDIT. THE DETAIL FDOS/TDOS RANGE IS USED TO COMPARE TO THE RULE EFFECTIVE DATES. INPATIENT CROSSOVEROUTPATIENT CROSSOVER: IF THE MEMBER DOES NOT HAVE ONE OF THE MEMBER PLANS WITHIN THE MEMBER PLAN RESTRICTION OF THE COVERAGE RULE FOR ANY OF THE DRG'S, POST THE EDIT. THE HEADER FDOS/TDOS RANGE IS USED TO COMPARE TO THE RULE EFFECTIVE DATES. N/A
EOB CODES:	4721- ADMITTING DIAGNOSIS RESTRICTION FORBILLED DRG
METHOD OF CORRECTION:	VERIFY THAT THE INFORMATION WAS KEYED CORRECTLY. IF NOT, CORRECT THE DATA.
	IF ENTERED CORRECTLY, DENY THE CLAIM.

3.577 4722 (FORMER LEGACY EDIT N/A)

DMS Approved 06/2007

ERROR STATUS CODE:	4722 (FORMER LEGACY EDIT N/A)	**CLAIM TYPE:**	ALL
HEADER/DETAIL:	DETAIL	**PROVIDER TYPE:**	ALL
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	ALL
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	ALL

ESC NAME:	PRIMARY HDR DIAGNOSIS RESTRICTION FOR COVERED DRG
ESC CRITERIA: **LEGACY CRITERIA:**	INPATIENT, INPATIENT CROSSOVER CLAIM TYPES: IF THEPRIMARY HEADER DIAGNOSIS IS NOT WITHIN THE PRIMARY HEADER DIAGNOSIS RESTRICTION FOR THE DRG CODE BILLING RULE, POST THE EDIT. THE HEADER FDOS/TDOS RANGE IS USED TO COMPARE TO THE RULE EFFECTIVE DATES. N/A
EOB CODES:	4722 - PRIMARY HDR DIAGNOSIS RESTRICTION FOR COVERED DRG
METHOD OF CORRECTION:	VERIFY THAT THE INFORMATION WAS KEYED CORRECTLY. IF NOT, CORRECT THE DATA.
	IF ENTERED CORRECTLY, DENY THE CLAIM.

3.578 4723 (FORMER LEGACY EDIT N/A)

DMS Approved 06/2007

ERROR STATUS CODE:	4723 (FORMER LEGACY EDIT N/A)	**CLAIM TYPE:**	ALL
HEADER/DETAIL:	DETAIL	**PROVIDER TYPE:**	ALL
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	ALL
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	ALL

ESC NAME:	PRIMARY HDR DIAGNOSIS RESTRICTION FOR COVERED ICD-9
ESC CRITERIA: **LEGACY CRITERIA:**	INPATIENT, INPATIENT CROSSOVER CLAIM TYPES: IF THEPRIMARY HEADER DIAGNOSIS IS NOT WITHIN THE PRIMARY HEADER DIAGNOSIS RESTRICTION FOR THE ICD-9 CODE BILLING RULE, POST THE EDIT. THE HEADER FDOS/TDOS RANGE IS USED TO COMPARE TO THE RULE EFFECTIVE DATES. N/A
EOB CODES:	4723 - PRIMARY HDR DIAGNOSIS RESTRICTION FOR COVERED ICD-9
METHOD OF CORRECTION:	VERIFY THAT THE INFORMATION WAS KEYED CORRECTLY. IF NOT, CORRECT THE DATA.
	IF ENTERED CORRECTLY, DENY THE CLAIM.

3.579 4724 (FORMER LEGACY EDIT N/A)

DMS Approved 06/2007

ERROR STATUS CODE:	4724 (FORMER LEGACY EDIT N/A)	**CLAIM TYPE:**	ALL
HEADER/DETAIL:	DETAIL	**PROVIDER TYPE:**	ALL
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	ALL
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	ALL

ESC NAME:	ANY HEADER DIAGNOSIS RESTRICTION FOR COVERED ICD-9
ESC CRITERIA: **LEGACY CRITERIA:**	IF THE BENEFIT PLAN RULES DO NOT ALLLOW DIAGNOSIS WITH ICD-9 POST THE EDIT. N/A
EOB CODES:	4724- ANY HEADER DIAGNOSIS RESTRICTION FOR COVERED ICD-9
METHOD OF CORRECTION:	VERIFY THAT THE INFORMATION WAS KEYED CORRECTLY. IF NOT, CORRECT THE DATA.
	IF ENTERED CORRECTLY, DENY THE CLAIM.

3.580 4726 (FORMER LEGACY EDIT N/A)

DMS Approved 06/2007

ERROR STATUS CODE:	4726 (FORMER LEGACY EDIT N/A)	**CLAIM TYPE:**	ALL
HEADER/DETAIL:	DETAIL	**PROVIDER TYPE:**	ALL
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	ALL
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	NONE

ESC NAME:	ADMITTING DIAGNOSIS RESTRICTION FORCOVERED ICD-9
ESC CRITERIA: **LEGACY CRITERIA:**	HOME HEALTH, INPATIENT, LONG TERM CARE, OUTPATIENT CLAIM TYPES: IF THE MEMBER DOES NOT HAVE ONE OF THE MEMBER PLANS WITHIN THE MEMBER PLAN RESTRICTION OF THE COVERAGE RULE FOR ANY OF THE ICD-9'S, POST THE EDIT. THE DETAIL FDOS/TDOS RANGE IS USED TO COMPARE TO THE RULE EFFECTIVE DATES. INPATIENT CROSSOVEROUTPATIENT CROSSOVER: IF THE MEMBER DOES NOT HAVE ONE OF THE MEMBER PLANS WITHIN THE MEMBER PLAN RESTRICTION OF THE COVERAGE RULE FOR ANY OF THE ICD-9'S, POST THE EDIT. THE HEADER FDOS/TDOS RANGE IS USED TO COMPARE TO THE RULE EFFECTIVE DATES. N/A
EOB CODES:	4726- ADMITTING DIAGNOSIS RESTRICTION FORCOVERED ICD-9
METHOD OF CORRECTION:	VERIFY THAT THE INFORMATION WAS KEYED CORRECTLY. IF NOT, CORRECT THE DATA.
	IF ENTERED CORRECTLY, DENY THE CLAIM.

3.581 4731 (FORMER LEGACY EDIT 153)

DMS Approved 08/30/05

ERROR STATUS CODE:	4731 (FORMER LEGACY EDIT 153)	**CLAIM TYPE:**	H (PT 34, 42 ONLY), I, M (ALL EXCEPT PT 55, 56, 57), O
HEADER/DETAIL:	HEADER/DETAIL	**PROVIDER TYPE:**	01, 34, 39, 41, 42, 46, 47, CT M (ALL EXCEPT 55, 56, 57)
OVERRIDEABLE:	YES	**TYPE OF DOCUMENT:**	PAPER, NON-PAPER, ADJUSTMENTS, MASS ADJUSTMENTS
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	PDIAG, PROC/SDIAG, TDIAG

ESC NAME:	ANY DETAILED DIAGNOSIS RESTRICTION FOR COVERED PROCEDURE
ESC CRITERIA: **LEGACY CRITERIA:**	IF THE BENEFIT PLAN COVERAGE RULE DOES NOT ALLOW ANY OF THE DETAIL DIAGNOSIS FOR THE PROCEDURE POST THE ESC. IF PROCEDURE PERFORMED FOR THE DIAGNOSIS INDICATED IS INVALID THEN SUSPEND THE CLAIM. PROCEDURE CODE Q0187 IS ONLY PAYABLE IF ONE OF THE FOLLOWING DIAGNOSIS CODES IS BILLED ON THE CLAIM: 286.0, 286.1, FAILS WHEN REVENUE CODE 129 IS BILLED AND THE PRINCIPLE DIAGNOSIS CODE IS NOT 3071, 30750 OR 30751. PER DCR01415
EOB CODES:	0153 – PROCEDURE CODE INVALID FOR DIAGNOSIS CODE.
METHOD OF CORRECTION:	1. CHECK TO SEE THAT BOTH DIAGNOSIS AND PROCEDURE CODES WERE KEYED CORRECTLY. IF NOT, CORRECT THE DATA.
	2. IF DATA WAS KEYED CORRECTLY, DENY THE DETAIL/CLAIM.
	THIS ESC IS SET TO AUTO-DENY FOR TYPE OF DOCUMENT - ELECTRONIC CLAIMS.

3.582 4732 (FORMER LEGACY EDIT N/A)

DMS Approved 06/2007

ERROR STATUS CODE:	4732 (FORMER LEGACY EDIT N/A)	**CLAIM TYPE:**	ALL
HEADER/DETAIL:	DETAIL	**PROVIDER TYPE:**	ALL
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	ALL
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	NONE

ESC NAME:	ADMITTING DIAGNOSIS RESTRICTION FORCOVERED REV CODE
ESC CRITERIA: **LEGACY CRITERIA:**	HOME HEALTH, INPATIENT, LONG TERM CARE, OUTPATIENT CLAIM TYPES: IF THE MEMBER DOES NOT HAVE ONE OF THE MEMBER PLANS WITHIN THE MEMBER PLAN RESTRICTION OF THE COVERAGE RULE FOR ANY OF THE REV CODE'S, POST THE EDIT. THE DETAIL FDOS/TDOS RANGE IS USED TO COMPARE TO THE RULE EFFECTIVE DATES. INPATIENT CROSSOVEROUTPATIENT CROSSOVER: IF THE MEMBER DOES NOT HAVE ONE OF THE MEMBER PLANS WITHIN THE MEMBER PLAN RESTRICTION OF THE COVERAGE RULE FOR ANY OF THE REV CODE'S, POST THE EDIT. THE HEADER FDOS/TDOS RANGE IS USED TO COMPARE TO THE RULE EFFECTIVE DATES. N/A
EOB CODES:	4732- ADMITTING DIAGNOSIS RESTRICTION FORCOVERED REV CODE
METHOD OF CORRECTION:	VERIFY THAT THE INFORMATION WAS KEYED CORRECTLY. IF NOT, CORRECT THE DATA.
	IF ENTERED CORRECTLY, DENY THE CLAIM.

3.583 4733 (FORMER LEGACY EDIT 153)

DMS Approved 08/30/05

ERROR STATUS CODE:	4733 (FORMER LEGACY EDIT 153)	**CLAIM TYPE:**	H (PT 34, 42 ONLY), I, M (ALL EXCEPT PT 55, 56, 57), O
HEADER/DETAIL:	HEADER/DETAIL	**PROVIDER TYPE:**	01, 34, 39, 41, 42, 46, 47, CT M (ALL EXCEPT 55, 56, 57)
OVERRIDEABLE:	YES	**TYPE OF DOCUMENT:**	PAPER, NON-PAPER, ADJUSTMENTS, MASS ADJUSTMENTS
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	PDIAG, PROC/SDIAG, TDIAG

ESC NAME:	ANY HEADER DIAGNOSIS RESTRICTION FOR COVERED REVENUE CODE
ESC CRITERIA: **LEGACY CRITERIA:**	IF THE BENEFIT PLAN COVERAGE RULE DOES NOT ALLOW ANY OF THE HEADER DIAGNOSIS FOR THE REVENUE CODE, POST THE ESC. IF PROCEDURE PERFORMED FOR THE DIAGNOSIS INDICATED IS INVALID THEN SUSPEND THE CLAIM. PROCEDURE CODE Q0187 IS ONLY PAYABLE IF ONE OF THE FOLLOWING DIAGNOSIS CODES IS BILLED ON THE CLAIM: 286.0, 286.1, FAILS WHEN REVENUE CODE 129 IS BILLED AND THE PRINCIPLE DIAGNOSIS CODE IS NOT 3071, 30750 OR 30751. PER DCR01415
EOB CODES:	0153 – PROCEDURE CODE INVALID FOR DIAGNOSIS CODE.
METHOD OF CORRECTION:	1. CHECK TO SEE THAT BOTH DIAGNOSIS AND PROCEDURE CODES WERE KEYED CORRECTLY. IF NOT, CORRECT THE DATA.
	2. IF DATA WAS KEYED CORRECTLY, DENY THE DETAIL/CLAIM.
	THIS ESC IS SET TO AUTO-DENY FOR TYPE OF DOCUMENT - ELECTRONIC CLAIMS.

3.584 4734 (FORMER LEGACY EDIT N/A)

DMS Approved 06/2007

ERROR STATUS CODE:	4734 (FORMER LEGACY EDIT N/A)	**CLAIM TYPE:**	ALL
HEADER/DETAIL:	DETAIL	**PROVIDER TYPE:**	ALL
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	ALL
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	ALL

ESC NAME:	PRIMARY HDR DIAGNOSIS RESTRICTION FOR BILLED DRG
ESC CRITERIA: **LEGACY CRITERIA:**	INPATIENT, INPATIENT CROSSOVER CLAIM TYPES: IF THEPRIMARY HEADER DIAGNOSIS IS NOT WITHIN THE PRIMARY HEADER DIAGNOSIS RESTRICTION FOR THE DRG CODE BILLING RULE, POST THE EDIT. THE HEADER FDOS/TDOS RANGE IS USED TO COMPARE TO THE RULE EFFECTIVE DATES. N/A
EOB CODES:	4734 - PRIMARY HDR DIAGNOSIS RESTRICTION FOR BILLED DRG
METHOD OF CORRECTION:	VERIFY THAT THE INFORMATION WAS KEYED CORRECTLY. IF NOT, CORRECT THE DATA.
	IF ENTERED CORRECTLY, DENY THE CLAIM.

3.585 4736 (FORMER LEGACY EDIT N/A)

DMS Approved 06/2007

ERROR STATUS CODE:	4736 (FORMER LEGACY EDIT N/A)	**CLAIM TYPE:**	ALL
HEADER/DETAIL:	DETAIL	**PROVIDER TYPE:**	ALL
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	ALL
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	ALL

ESC NAME:	PRIMARY HDR DIAGNOSIS RESTRICTION FOR COVERED REV CODE
ESC CRITERIA: **LEGACY CRITERIA:**	INPATIENT, INPATIENT CROSSOVER CLAIM TYPES: IF THEPRIMARY HEADER DIAGNOSIS IS NOT WITHIN THE PRIMARY HEADER DIAGNOSIS RESTRICTION FOR THE REV CODE BILLING RULE, POST THE EDIT. THE HEADER FDOS/TDOS RANGE IS USED TO COMPARE TO THE RULE EFFECTIVE DATES. N/A
EOB CODES:	4736 - PRIMARY HDR DIAGNOSIS RESTRICTION FOR COVERED REV CODE
METHOD OF CORRECTION:	VERIFY THAT THE INFORMATION WAS KEYED CORRECTLY. IF NOT, CORRECT THE DATA.
	IF ENTERED CORRECTLY, DENY THE CLAIM.

3.586 4745 (FORMER LEGACY EDIT 153)

DMS Approved 08/30/05

ERROR STATUS CODE:	4745 (FORMER LEGACY EDIT 153)	**CLAIM TYPE:**	H (PT 34, 42 ONLY), I, M (ALL EXCEPT PT 55, 56, 57), O
HEADER/DETAIL:	HEADER/DETAIL	**PROVIDER TYPE:**	01, 34, 39, 41, 42, 46, 47, CT M (ALL EXCEPT 55, 56, 57)
OVERRIDEABLE:	YES	**TYPE OF DOCUMENT:**	PAPER, NON-PAPER, ADJUSTMENTS, MASS ADJUSTMENTS
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	PDIAG, PROC/SDIAG, TDIAG

ESC NAME:	ANY HEADER DIAGNOSIS RESTRICTION FOR COVERED PROCEDURE
ESC CRITERIA: **LEGACY CRITERIA:**	IF THE BENEFIT PLAN COVERAGE RULE DOES NOT ALLOW ANY OF THE HEADER DIAGNOSIS FOR THE PROCEDURE POST THE ESC. IF PROCEDURE PERFORMED FOR THE DIAGNOSIS INDICATED IS INVALID THEN SUSPEND THE CLAIM. PROCEDURE CODE Q0187 IS ONLY PAYABLE IF ONE OF THE FOLLOWING DIAGNOSIS CODES IS BILLED ON THE CLAIM: 286.0, 286.1, FAILS WHEN REVENUE CODE 129 IS BILLED AND THE PRINCIPLE DIAGNOSIS CODE IS NOT 3071, 30750 OR 30751. PER DCR01415
EOB CODES:	0153 – PROCEDURE CODE INVALID FOR DIAGNOSIS CODE.
METHOD OF CORRECTION:	1. CHECK TO SEE THAT BOTH DIAGNOSIS AND PROCEDURE CODES WERE KEYED CORRECTLY. IF NOT, CORRECT THE DATA.
	2. IF DATA WAS KEYED CORRECTLY, DENY THE DETAIL/CLAIM.
	THIS ESC IS SET TO AUTO-DENY FOR TYPE OF DOCUMENT - ELECTRONIC CLAIMS.

3.587 4750 (FORMER LEGACY EDIT N/A)

DMS Approved 10/22/2009

ERROR STATUS CODE:	4750 (FORMER LEGACY EDIT N/A)	**CLAIM TYPE:**	ALL
HEADER/DETAIL:	DETAIL	**PROVIDER TYPE:**	ALL
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	ALL
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	ALL
ESC NAME:	TYPE OF BILL RESTRICTION FOR REVENUE CODE BILLED (COVERAGE RULE)		
ESC CRITERIA:	IF THE MEMBER PLAN COVERAGE RULE DOES NOT ALLOW THE TYPE OF BILL FOR THE REVENUE CODE BILLED, FAIL ESC 4750.		
EOB CODES:	4750 – REVENUE CODE NOT COVERED FOR THIS MEMBER AND TYPE OF BILL		
METHOD OF CORRECTION:	1. VERIFY THAT THE REVENUE CODE AND TYPE OF BILL WAS KEYED CORRECTLY. 2. IF NOT, DATA CORRECT. 3. IF DATA WAS KEYED CORRECTLY, DENY USING EOB 4750.		

3.588 4751 (FORMER LEGACY EDIT N/A)

DMS Approved 06/2007

ERROR STATUS CODE:	4751 (FORMER LEGACY EDIT N/A)	**CLAIM TYPE:**	ALL
HEADER/DETAIL:	DETAIL	**PROVIDER TYPE:**	ALL
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	ALL
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	ALL

ESC NAME:	TYPE OF BILL RESTRICTION ON REV CODE BILLING RULE
ESC CRITERIA:	IF THE TYPE OF BILL IS NOT WITHIN THE TYPE OF BILL RESTRICTION OF THE BILLING RULE FOR ANY HEADER REV CODE INCLUDING THE ADMIT OR EMERGENCY REV CODE, POST THE EDIT. THE DETAIL FDOS/TDOS RANGE IS USED TO COMPARE TO THE RULE EFFECTIVE DATES.
LEGACY CRITERIA:	INPATIENT: IF THE TYPE OF BILL IS NOT WITHIN THE TYPE OF BILL RESTRICTION OF THE BILLING RULE FOR THE PRIMARY, SECONDARY, OR ADMIT REV CODE, POST THE EDIT. THE DETAIL FDOS/TDOS RANGE IS USED TO COMPARE TO THE RULE EFFECTIVE DATES. INPATIENT CROSSOVERS, OUTPATIENT CROSSOVERS: IF THE TYPE OF BILL IS NOT WITHIN THE TYPE OF BILL RESTRICTION OF THE BILLING RULE FOR ANY HEADER REV CODE INCLUDING THE ADMIT OR EMERGENCY REV CODE, POST THE EDIT. THE HEADER FDOS/TDOS RANGE IS USED TO COMPARE TO THE RULE EFFECTIVE DATES. N/A
EOB CODES:	4751- TYPE OF BILL RESTRICTION ON REV CODE BILLING RULE
METHOD OF CORRECTION:	VERIFY THAT THE INFORMATION WAS KEYED CORRECTLY. IF NOT, CORRECT THE DATA.
	IF ENTERED CORRECTLY, DENY THE CLAIM.

3.589 4760

3.589.1 4760 (FORMER LEGACY EDIT 176)

DMS Approved 04/06/04

ERROR STATUS CODE:	4760 (FORMER LEGACY EDIT 176)	**CLAIM TYPE:**	I, M
HEADER/DETAIL:	HEADER	**PROVIDER TYPE:**	01, 36, 92, 93
OVERRIDEABLE:	YES	**TYPE OF DOCUMENT:**	PAPER, NON-PAPER, ADJUSTMENTS, MASS ADJUSTMENTS
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	PSUR
ESC NAME:	MEDICAL REVIEW RESTRICTION FOR BILLED ICD-9.		
ESC CRITERIA: **LEGACY CRITERIA:**	IF THE PRIMARY SURGICAL PROCEDURE IS FLAGGED FOR REVIEW, THE CLAIM WILL SUSPEND.		
EOB CODES:	4760 – MEDICAL REVIEW RESTRICTION FOR BILLED ICD-9.		
METHOD OF CORRECTION:	1. REFER TO PRIOR AUTHORIZATION.		
PRIOR AUTHORIZATION NURSE	1. VERIFY THAT THE PRIMARY SURGICAL PROCEDURE CODE WAS KEYED CORRECTLY. IF NOT, CORRECT THE DATA.		
	2. REVIEW STATE CRITERIA TO DETERMINE IF SURGICAL PROCEDURE CODE MEETS THE STATE GUIDELINES. IF SURGICAL PROCEDURE MEETS CRITERIA, OVERRIDE THE ESC.		
	3. IF STATE CRITERIA IS NOT MET, DENY THE CLAIM.		
	4. THE FOLLOWING PRIMARY SURGICAL PROCEDURE CODES WILL FAIL THE ESC: 4431, 4439, 443.		

3.589.2 4760 (FORMER LEGACY EDIT 177)

DMS Approved 04/06/04

ERROR STATUS CODE:	4760 (FORMER LEGACY EDIT 177)	**CLAIM TYPE:**	I, M
HEADER/DETAIL:	HEADER	**PROVIDER TYPE:**	01, 36, 92, 93
OVERRIDEABLE:	YES	**TYPE OF DOCUMENT:**	PAPER, NON-PAPER, ADJUSTMENTS, MASS ADJUSTMENTS
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	PSUR
ESC NAME:	MEDICAL REVIEW RESTRICTION FOR BILLED ICD-9.		
ESC CRITERIA: **LEGACY CRITERIA:**	IF THE SECONDARY SURGICAL PROCEDURE IS FLAGGED FOR REVIEW THE CLAIM WILL SUSPEND.		
EOB CODES:	4760 – MEDICAL REVIEW RESTRICTION FOR BILLED ICD-9.		
METHOD OF CORRECTION:	1. REFER TO PRIOR AUTHORIZATION		
PRIOR AUTHORIZATION NURSE	1. VERIFY THAT THE SECONDARY SURGICAL PROCEDURE CODE WAS KEYED CORRECTLY. IF NOT, CORRECT THE DATA.		

	2. REVIEW STATE CRITERIA TO DETERMINE IF SURGICAL PROCEDURE CODE MEETS THE STATE GUIDELINES. IF SURGICAL PROCEDURE MEETS CRITERIA, OVERRIDE THE ESC.
	3. IF STATE CRITERIA IS NOT MET, DENY THE CLAIM.
	4. THE FOLLOWING SECONDARY SURGICAL PROCEDURE CODES WILL FAIL THE ESC: 4431, 4439, 443.

3.590 4762 (FORMER LEGACY EDIT N/A)

DMS Approved 06/2007

ERROR STATUS CODE:	4762 (FORMER LEGACY EDIT N/A)	**CLAIM TYPE:**	ALL
HEADER/DETAIL:	DETAIL	**PROVIDER TYPE:**	ALL
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	ALL
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	ALL

ESC NAME:	POS RESTRICTION FOR BILLED ICD-9
ESC CRITERIA:	PHYSICIAN AND PHYSICIAN CROSSOVER CLAIM TYPES: IF THE PLACE OF SERVICE IS NOT WITHIN THE PLACE OF SERVICE RESTRICTION OF THE BILLING RULE FOR ANY ICD-9 POINTED TO BY THE DETAIL, POST THE EDIT. THE DETAIL FDOS/TDOS RANGE IS USED TO COMPARE THE RULE EFFECTIVE DATES. OUTPATIENT, LONG TERM CARE, AND HOME HEALTH: IF THE PLACE OF SERVICE IS NOT WITHIN THE PLACE OF SERVICE RESTRICTION OF THE BILLING RULE FOR ANY HEADER ICD-9 INCLUDING THE ADMIT OR EMERGENCY ICD-9, POST THE EDIT. THE DETAIL FDOS/TDOS RANGE IS USED TO COMPARE TO THE RULE EFFECTIVE DATES. INPATIENT: IF THE PLACE OF SERVICE IS NOT WITHIN THE PLACE OF SERVICE RESTRICTION OF THE BILLING RULE FOR THE PRIMARY, SECONDARY, OR ADMIT ICD-9, POST THE EDIT. THE DETAIL FDOS/TDOS RANGE IS USED TO COMPARE TO THE RULE EFFECTIVE DATES. INPATIENT CROSSOVERS, OUTPATIENT CROSSOVERS: IF THE PLACE OF SERVICE IS NOT WITHIN THE PLACE OF SERVICE RESTRICTION OF THE BILLING RULE FOR ANY HEADER ICD-9 INCLUDING THE ADMIT OR EMERGENCY ICD-9, POST THE EDIT. THE HEADER FDOS/TDOS RANGE IS USED TO COMPARE TO THE RULE EFFECTIVE DATES. THE EDIT IS PERFORMED USING THE PERFORMING/FACILITY PROVIDER CONTRACT.
LEGACY CRITERIA:	N/A
EOB CODES:	4762 - POS RESTRICTION FOR BILLED ICD-9
METHOD OF CORRECTION:	VERIFY THAT THE INFORMATION WAS KEYED CORRECTLY. IF NOT, CORRECT THE DATA.
	IF ENTERED CORRECTLY, DENY THE CLAIM.

3.591 4765

3.591.1 4765 (FORMER LEGACY EDIT 106)

DMS Approved 01/26/96

ERROR STATUS CODE:	4765 (FORMER LEGACY EDIT 106)	**CLAIM TYPE:**	I, A
HEADER/DETAIL:	DETAIL	**PROVIDER TYPE:**	01, 02, 04, 92, 93
OVERRIDEABLE:	YES	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENTS AND ENCOUNTERS
DATA CORRECTABLE	YES	**CLAIM FIELD LABEL:**	PAPER NON-PAPER ADJUSTMENTS

ESC NAME:	NO COVERAGE FOR BILLED ICD-9.
ESC CRITERIA: **LEGACY CRITERIA:**	DETAIL DATES OF SERVICE DO NOT FALL WITHIN HOSPICE MEMBER ELIGIBILITY DATES.
EOB CODES:	4765-THIS ICD-9 PROCEDURE IS NOT COVERED FOR THIS MEMBER.
METHOD OF CORRECTION:	• VERIFY THAT THE MEMBER MEMBER ID NUMBER AND DATES OF SERVICE WERE KEYED CORRECTLY. IF NOT, CORRECT BY CHANGING THE APPROPRIATE FIELDS.
	• IF THE CLAIM WAS KEYED CORRECTLY, MAKE NO CHANGES. CLAIM WILL RECYCLE IN THE SYSTEM FOR 15 DAYS OR UNTIL A HOSPICE SEGMENT IS FOUND.
	NOTE: IF SYSTEM AGE IS OVER 15 DAYS, CLAIM WILL AUTO-DENY FOR ESC 4765.

3.591.2 4765 (FORMER LEGACY EDIT 260)

DMS Approved 06/13/1997

ERROR STATUS CODE:	4765 (FORMER LEGACY EDIT 260)	**CLAIM TYPE:**	ALL
HEADER/DETAIL:	BOTH	**PROVIDER TYPE:**	ALL
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	PAPER, NON-PAPER, ADJUSTMENTS, MASS ADJUSTMENTS
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	

ESC NAME:	NO COVERAGE FOR BILLED ICD-9.
ESC CRITERIA: **LEGACY CRITERIA:**	IF THE ICD-9 SURGICAL PROCEDURE CODE IS NOT COVERED ON THE MEMBER BENEFIT PLAN, FOR PROGRAM CODES ZJ, ZK, ZL OR ZQ, FOR THE DATE OF SERVICE, POST THE ESC. FAILS IF THE MEMBER HAS A PROGRAM CODE OF “ZJ”, “ZK”, “ZL” OR “ZQ” FOR EITHER THE “FROM” OR “TO” DATE OF SERVICE.
EOB CODES:	0260 – KY MEDICAID IS ONLY RESPONSIBLE FOR MEDICARE BUY-IN PREMIUMS FOR THIS MEMBER. KY MEDICAID CLAIMS ARE NOT REIMBURSABLE FOR THIS MEMBER. (PRIOR TO 06/01/2006) 1121 - FOR QMB ONLY MEMBERS, THIS SERVICE IS NOT PAYABLE. FOR QDWI, QI1, QI2 AND SLMBMEMBERS, KENTUCKY MEDICAID PROGRAM IS ONLY RESPONSIBLE FOR BUY-IN PREMIUMS. (AFTER 05/31/2006)
METHOD OF CORRECTION: **FOR PAPER ADJUSTMENT:** **FOR MASS ADJUSTMENT OR ELECTRONIC ADJUSTMENT:**	1. VERIFY THE MEMBER ID WAS KEYED CORRECTLY. IF NOT, CORRECT THE DATA. 2. VERIFY THE DATES OF SERVICE WERE KEYED CORRECTLY. IF NOT, CORRECT THE DATA. 3. IF THE MEMBER ID AND DATES OF SERVICE WERE KEYED CORRECTLY, DENY THE ESC. 4. IF THE CLAIM IS KEYED CORRECTLY, THE ENTIRE CLAIM FAILS THE ESC, AND NO ELIGIBILITY CARD IS PRESENT, DENY THE CLAIM AND REQUEST A PROVIDER REFUND USING THE APPROPRIATE EOB CODE. 5. IF ONLY CERTAIN DETAILS FAIL THE ESC, DENY THE DETAILS. 6. IF THE ENTIRE CLAIM FAILS THE ESC, VERIFY THE MEMBER ID NUMBER BY USING THE NAME AND BIRTH DATE TO OBTAIN THE RECORD. IF A NEW NUMBER IS FOUND, DATA CORRECT THE MEMBER ID NUMBER. IF KEYED CORRECTLY AND NO MATCH IS FOUND ON

	MEMBER ELIGIBILITY FILE, REFER TO DMS FOR REVIEW. IF DMS RETURNS WITH “NO MATCH FOUND”, DENY THE CLAIM AND REQUEST A PROVIDER REFUND. IF DMS INDICATES A NEW MEMBER ID NUMBER, DATA CORRECT THE MEMBER ID. 7. IF ONLY CERTAIN DETAILS FAIL THE ESC, DENY THE DETAILS.

3.591.3 4765 (FORMER LEGACY EDIT 298)

DMS Approved 01/26/96

ERROR STATUS CODE:	4765 (FORMER LEGACY EDIT 298)	**CLAIM TYPE:**	H
HEADER/DETAIL:	DETAIL	**PROVIDER TYPE:**	44
OVERRIDEABLE:	YES	**TYPE OF DOCUMENT:**	PAPER, NON-PAPER, ADJUSTMENTS, MASS ADJUSTMENTS
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	MEMBER ID
ESC NAME:	NO COVERAGE FOR BILLED ICD-9.		
ESC CRITERIA: **LEGACY CRITERIA:**	DETAIL DATES OF SERVICE DO NOT FALL WITHIN HOSPICE MEMBER ELIGIBILITY DATES.		
EOB CODES:	4765-THIS ICD-9 PROCEDURE IS NOT COVERED FOR THIS MEMBER.		
METHOD OF CORRECTION:	1. VERIFY THAT THE DATES OF SERVICE AND MEMBER MEMBER ID NUMBER WERE KEYED CORRECTLY. IF NOT, DATA CORRECT BY CHANGING THE APPROPRIATE FIELDS.		
	2. IF THE CLAIM WAS KEYED CORRECTLY, MAKE NO CHANGES. CLAIM WILL RECYCLE IN THE SYSTEM FOR 15 DAYS OR UNTIL A HOSPICE SEGMENT IS FOUND. **NOTE: IF SYSTEM AGE IS OVER 15 DAYS, MANUALLY DENY THE CLAIM.**		

3.591.4 4765 (FORMER LEGACY EDIT 399)

DMS Approved 04/07/2010

ERROR STATUS CODE:	4765 (FORMER LEGACY EDIT 399)	**CLAIM TYPE:**	ALL
HEADER/DETAIL:	HEADER/DETAIL	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENTS AND ENCOUNTERS
OVERRIDEABLE:	NO	**CLAIM FIELD LABEL:**	
DATA CORRECTABLE	YES		
ESC NAME:	NO COVERAGE FOR BILLED ICD-9.		
ESC CRITERIA: **LEGACY CRITERIA:**	IF THE ICD-9 CODE IS NOT COVERED ON THE BENEFICARY BENEFIT PLAN FOR THE DATE OF SERVICE, POST THE ESC. FAILS IF THE MEMBER HAS A PROGRAM CODE OF PE FOR THE DATE OF SERVICE AND THE SERVICE IS NOT A COVERED BENEFIT FOR PRESUMPTIVE ELIGIBILITY. COVERED PE BENEFITS ARE LISTED AS EXCLUSIONS BELOW. **EXCLUSIONS:** A. CLAIMS SUBMIT BY PROVIDER TYPES 20 (PREVENTIVE SVCS), 31 (PRIMARY CARE), 35 (RURAL HEALTH), 54 (PHARMACY), 55 (AMBULANCE), 56 (NON-EMERGENCY TRANSPORTATION), 60 (DENTAL), 61 (DENTAL CLINIC), AND		

	95 (PHYSICIAN ASSISTANT) DO NOT FAIL THIS ESC. B. FOR CLAIMS SUBMITTED BY PHYSICIANS (PT 64, 65), IF THE BILLING PROVIDER HAS A SPECIALTY OF 01 (GENERAL), 11 (INTERNAL MEDICINE), 16 (OB/GYN), 25 (FAMILY PRACTICE) AND 37 (PEDIATRICS) THE ESC DOES NOT FAIL. C. FOR CLAIM SUBMITTED BY ARNP PROVIDERS (PT 78), IF THE BILLING PROVIDER HAS A SPECIALTY OF 50 (PEDIATRIC), 51 (FAMILY), 52 (ADULT), 57 (MIDWIFE), AND 58 (OB/GYN) THE ESC DOES NOT FAIL. D. CLAIM DETAILS WITH A PLACE OF SERVICE CODE OF 23 (EMERGENCY ROOM) DO NOT FAIL THIS ESC. E. CLAIM DETAILS FOR LABORATORY AND X-RAY SERVICES DO NOT FAIL THIS ESC (PROC CODES 36415, 70100-76977, 80000-89999; REV CODES 254, 255, 300-307, 310-312, 314, 320-324, 330, 340-342, 350-352, 400-404, 621, 622, 920, 923-925, 971-974). F. OUTPATIENT HOSPITAL CLAIMS (CT M, PROV TYPE 01) WHICH INCLUDE AN EMERGENCY ROOM REVENUE CODE (450, 451, 452, 456) DO NOT FAIL THIS ESC (ALL DETAILS). G. OUTPATIENT HOSPITAL CLAIMS (C/T M, PROVIDER TYPE 01), WHICH INCLUDES OBSERVATION ROOM REVENUE CODE 762, DO NOT FAIL THIS ESC. H. CLAIM DETAILS BILLING REVENUE CODES 250, 258, 260, 270, 720, OR 940 DO NOT FAIL THIS ESC WHEN BILLED AS OUTPATIENT HOSPITAL CLAIMS (C/T M, P/T 01) WITH TYPE OF BILL 131. I. CLAIM DETAILS BILLING REVENUE CODES 610, 611 OR 612 DO NOT FAIL ESC 4021 WHEN BILLED BY PROVIDER TYPE 01 PER CO 13721.
EOB CODES:	0399 –THIS SERVICE NOT COVERED FOR THIS MEMBER. **NOTE: THIS EOB IS USED FOR BENEFIT PLANS PE AND GCENC.**
METHOD OF CORRECTION:	1. VERIFY THE PROCEDURE/REVENUE CODE AND PLACE OF SERVICE CODE ARE ENTERED CORRECTLY. IF NOT, CORRECT. 2. IF ENTERED CORRECTLY, DENY THE DETAIL WITH EOB 0399.

3.591.5 4765 (FORMER LEGACY EDIT 414)

DMS Approved 12/28/06

ERROR STATUS CODE:	4765 (FORMER LEGACY EDIT 414)	**CLAIM TYPE:**	ALL EXCEPT A (PT 11, 12), L, M (PT 27, 28)
HEADER/DETAIL:	HEADER/DETAIL	**PROVIDER TYPE:**	ALL EXCEPT 11, 12, 27, 28
OVERRIDEABLE:	YES	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENT
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	MEMBER ID, DOS

ESC NAME:	NO COVERAGE FOR BILLED ICD-9.
ESC CRITERIA: **LEGACY CRITERIA:**	FAILS IF THE MEMBER IS ENROLLED IN MANAGED CARE DURING THE DATES OF SERVICE. **EXCLUSIONS:** • CLAIM TYPE M –PROVIDER TYPE 45-PROCEDURE CODES S8990, S9480, H0005, H0031, H2020, H0046 AND H0047. • CLAIM TYPE MU – PROVIDER TYPES 30, 33, 41, 42, AND 43 • CLAIM TYPE M – PROVIDER TYPES 20, 21, 23, AND 24 **NOTE**: P/T 20 EXCLUDED PER CO1287 • CLAIM TYPES A AND I– PROVIDER TYPE 02, 04 • CLAIM TYPE A AND I – PROVIDER TYPE 01, 92 AND 93 – CLAIMS WITH REVENUE CODES 114, 124, 134, 144, 154, AND 204 AND NO OTHER ACCOMMODATION REVENUE CODE (100 THRU 219) • PROVIDER TYPE 45 – H5050, H5170, ZR121, ZR124, ZR128, ZR158, 90801, 90844, 90862, J8499, X0050, X0051, AND 99450, H0015, H0017, H0018, 90804. • PROVIDER TYPE 45 – H2029, H2036 AND T2048- DCR 00995 • PROVIDER TYPE 56 – DETAILS WITH PLACE OF SERVICE 09, 51, 52, 53, 54, 55, OR 56 ARE EXCLUDED • PROVIDER TYPE 54 – PRESCRIBERS LICENSE NUMBER HAS A SPECIALTY OF 27 – PSYCHIATRIST • PROVIDER TYPES 64, 65, 78 – CLAIMS WITH A BILLING PROVIDER WHO HAS A SPECIALITY OF 26 ARE EXCLUDED • CLAIM TYPE B – PROVIDER TYPES 82 AND 89
EOB CODES:	0414 – CLAIM WAS PRICED IN ACCORDANCE WITH CURRENT KENTUCKY HEALTH COVERAGE PROGRAM POLICIES. **NOTE: THIS EOB IS USED FOR ASSIGNMENT PLAN PART AND BENEFIT PLANS PASWC AND PASNC.**
METHOD OF CORRECTION:	1. VERIFY THAT THE MEMBER ID AND DATES OF SERVICE ARE KEYED CORRECTLY. IF NOT, CORRECT THE DATA.
	2. IF KEYED CORRECTLY, DENY.

3.592 4766 (FORMER LEGACY EDIT N/A)

DMS Approved 06/2007

ERROR STATUS CODE:	4766 (FORMER LEGACY EDIT N/A)	**CLAIM TYPE:**	ALL
HEADER/DETAIL:	DETAIL	**PROVIDER TYPE:**	ALL
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	ALL
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	ALL

ESC NAME:	AGE RESTRICTION FOR COVERED ICD-9
ESC CRITERIA:	INPATIENT AND INPATIENT CROSSOVERS CLAIM TYPES: IF THE MEMBER'S AGE IS NOT WITHIN THE AGE RESTRICTION FOR THE ICD-9 BILLING RULE, POST THE EDIT. THE MEMBER'S AGE IS CALCULATED USING THE HEADER FDOS. THE HEADER FDOS/TDOS RANGE IS USED TO COMPARE TO THE RULE EFFECTIVE DATES.
LEGACY CRITERIA:	N/A
EOB CODES:	4766- AGE RESTRICTION FOR COVERED ICD-9
METHOD OF CORRECTION:	VERIFY THAT THE INFORMATION WAS KEYED CORRECTLY. IF NOT, CORRECT THE DATA.
	IF ENTERED CORRECTLY, DENY THE CLAIM.

3.593 4767 (FORMER LEGACY EDIT N/A)

DMS Approved 06/2007

ERROR STATUS CODE:	4767 (FORMER LEGACY EDIT N/A)	**CLAIM TYPE:**	ALL
HEADER/DETAIL:	DETAIL	**PROVIDER TYPE:**	ALL
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	ALL
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	ALL

ESC NAME:	POS RESTRICTION FOR COVERED ICD-9
ESC CRITERIA:	PHYSICIAN AND PHYSICIAN CROSSOVER CLAIM TYPES: IF THE PLACE OF SERVICE IS NOT WITHIN THE PLACE OF SERVICE RESTRICTION OF THE COVERED RULE FOR ANY ICD-9 POINTED TO BY THE DETAIL, POST THE EDIT. THE DETAIL FDOS/TDOS RANGE IS USED TO COMPARE THE RULE EFFECTIVE DATES. OUTPATIENT, LONG TERM CARE, AND HOME HEALTH: IF THE PLACE OF SERVICE IS NOT WITHIN THE PLACE OF SERVICE RESTRICTION OF THE COVERED RULE FOR ANY HEADER ICD-9 INCLUDING THE ADMIT OR EMERGENCY ICD-9, POST THE EDIT. THE DETAIL FDOS/TDOS RANGE IS USED TO COMPARE TO THE RULE EFFECTIVE DATES. INPATIENT: IF THE PLACE OF SERVICE IS NOT WITHIN THE PLACE OF SERVICE RESTRICTION OF THE COVERED RULE FOR THE PRIMARY, SECONDARY, OR ADMIT ICD-9, POST THE EDIT. THE DETAIL FDOS/TDOS RANGE IS USED TO COMPARE TO THE RULE EFFECTIVE DATES. INPATIENT CROSSOVERS, OUTPATIENT CROSSOVERS: IF THE PLACE OF SERVICE IS NOT WITHIN THE PLACE OF SERVICE RESTRICTION OF THE COVERED RULE FOR ANY HEADER ICD-9 INCLUDING THE ADMIT OR EMERGENCY ICD-9, POST THE EDIT. THE HEADER FDOS/TDOS RANGE IS USED TO COMPARE TO THE RULE EFFECTIVE DATES. THE EDIT IS PERFORMED USING THE PERFORMING/FACILITY PROVIDER CONTRACT.
LEGACY CRITERIA:	N/A
EOB CODES:	4767 - POS RESTRICTION FOR COVERED ICD-9
METHOD OF CORRECTION:	VERIFY THAT THE INFORMATION WAS KEYED CORRECTLY. IF NOT, CORRECT THE DATA.
	IF ENTERED CORRECTLY, DENY THE CLAIM.

3.594 4768 (FORMER LEGACY EDIT N/A)

DMS Approved 06/2007

ERROR STATUS CODE:	4768 (FORMER LEGACY EDIT N/A)	**CLAIM TYPE:**	ALL
HEADER/DETAIL:	DETAIL	**PROVIDER TYPE:**	ALL
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	ALL
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	ALL

ESC NAME:	MEDICAL REVIEW FOR ICD-9 COVERED RULE
ESC CRITERIA:	INPATIENT AND INPATIENT CROSSOVERS CLAIM TYPES: IF MEDICAL REVIEW IS INDICATED FOR THE ICD-9 COVERED RULE, POST THE EDIT. THE HEADER FDOS/TDOS RANGE IS USED TO COMPARE TO THE RULE EFFECTIVE DATES. THE EDIT IS PERFORMED USING THE PERFORMING/FACILITY PROVIDER CONTRACT.
LEGACY CRITERIA:	N/A
EOB CODES:	4768 - MEDICAL REVIEW FOR ICD-9 COVERED RULE
METHOD OF CORRECTION:	VERIFY THAT THE INFORMATION WAS KEYED CORRECTLY. IF NOT, CORRECT THE DATA.
	IF ENTERED CORRECTLY, DENY THE CLAIM.

3.595 4776 (FORMER LEGACY EDIT 205)

DMS Approved 01/26/96

ERROR STATUS CODE:	4776 (FORMER LEGACY EDIT 205)	**CLAIM TYPE:**	H, I, L, M, O
HEADER/DETAIL:	HEADER	**PROVIDER TYPE:**	01, 02, 04, 11, 12, 34, 39, 41, 42, 46, 47, 92, 93, CT M (ALL EXCEPT 15, 20, 21, 22, 23, 24, 29, 40, 45, 55, 56, 57)
OVERRIDEABLE:	YES	**TYPE OF DOCUMENT:**	PAPER, NON-PAPER, ADJUSTMENTS
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	PDIAG, SDIAG, TDIAG, BPROV

ESC NAME:	BILLING PT/PS RESTRICTION FOR BILLED DIAGNOSIS
ESC CRITERIA: **LEGACY CRITERIA:**	IF THE CONTRACT BILLING RULE DOES NOT ALLOW THE BILLING PROVIDER PT/PS FOR THE DIAGNOSIS POST THE ESC. SUSPEND IF DIAGNOSIS ON FILE EXCLUDES OR DOES NOT INCLUDE BILLING PROVIDER TYPE.
EOB CODES:	0205 – SERVICE(S) NOT COVERED BY KY MEDICAID. PRIMARY DIAGNOSIS CODE INDICATES SUBSTANCE ABUSE/CHEMICAL DEPENDENCY. **NOTE: THIS IS THE ONLY LEGACY EDIT THAT CURRENTLY APPLIES – MAY NEED TO CHANGE EOB IF OTHER CRITERIA ARE ADDED.**
METHOD OF CORRECTION:	1. VERIFY THAT THE DIAGNOSIS CODE(S) AND PROVIDER NUMBER WERE KEYED CORRECTLY. IF NOT, CORRECT THE DATA.
	2. IF THE DIAGNOSIS CODE IS VALID FOR THE PROVIDER TYPE (SEE YOUR SUPERVISOR IF ANY QUESTIONS) OVERRIDE THE ESC.
	3. IF THE PROVIDER IS BILLING FOR A DIAGNOSIS THAT IS NOT VALID FOR THIS PROVIDER TYPE (SEE YOUR SUPERVISOR FOR ASSISTANCE IN DETERMINING THIS) DENY THE CLAIM. * FORWARD TO PRIOR AUTHORIZATION IF FILE APPEARS TO BE INCORRECT.
	THIS ESC IS SET TO AUTO-DENY ON THE TYPE OF DOCUMENT – ELECTRONIC CLAIMS.

3.596 4801

DMS Approved: 05/05/2009

ERROR STATUS CODE:	4801	**CLAIM TYPE:**	D, M, O (EXCLUDE PT 39)
HEADER/DETAIL:	DETAIL	**PROVIDER TYPES:**	01, 13, 15, 17, 20 – 24, 27 – 33, 35 – 37, 40, 43, 45, 50, 52, 55 – 57, 60, 61, 64, 65, 70, 72, 74, 77, 78, 80, 85, 86, 90
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	PAPER, NON-PAPER, ADJUSTMENTS, MASS ADJUSTMENTS
DATA CORRECTABLE:	NO	**CLAIM FIELD LABEL:**	PROC

ESC NAME:	NO CONTRACT FOR BILLED PROCEDURE
ESC CRITERIA:	FAILS IF THE PROVIDER CONTRACT DOES NOT HAVE A BILLING RULE FOR THE PROCEDURE CODE BILLED.
EOB CODES:	4801 – THIS PROCEDURE IS NOT COVERED FOR THIS PROVIDER CONTRACT.
METHOD OF CORRECTION:	1. VERIFY THAT PROCEDURE CODE WAS KEYED CORRECTLY, IF NOT DATA CORRECT. 2. IF KEYED CORRECTLY, DENY THE DETAIL. THIS ESC IS SET TO AUTO-DENY FOR TYPE OF DOCUMENT - ELECTRONIC CLAIMS.

3.596.1 4801 (FORMER LEGACY EDIT 146)

DMS Approved: 12/19/06

ERROR STATUS CODE:	4801 (FORMER LEGACY EDIT 146)	**CLAIM TYPE:**	D, H, I, M, O
HEADER/DETAIL:	DETAIL/HEADER	**PROVIDER TYPE:**	ALL EXCEPT 11, 12, 54
OVERRIDEABLE:	YES	**TYPE OF DOCUMENT:**	PAPER, NON-PAPER, ADJUSTMENTS, MASS ADJUSTMENTS
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	PROC

ESC NAME:	NO CONTRACT FOR BILLED PROCEDURE.
ESC CRITERIA: **LEGACY CRITERIA:**	FAILS IF THE PROCEDURE CODE OR REVENUE CODE IS NOT VALID FOR THE PROVIDER TYPE BASED ON PROVIDER TYPE INCLUSIONS AND EXCLUSIONS LISTED ON THE PROCEDURE CODE TABLE.

	NOTE: FAILS IF A PROVIDER OTHER THAN 02000016 BILLS THE REVENUE CODE 129. PER DCR01415. FAILS CLAIMS SUBMITTED BY THE FOLLOWING PROVIDERS IF A PROCEDURE CODE OTHER THAN T2022 WITH HI MODIFIER, S5108, S5125, OR S5150 17000704 17000753 17000803 17000845 17000712 17000761 17000811 17000852 17000720 17000787 17000829 17000860 17000746 17000795 17000837 17000878 FAILS CLAIMS SUBMITTED BY THE FOLLOWING PROVIDERS IF A PROCEDURE CODE OTHER THAN S5100, S5108, S5150, H2023, OR T2022 IS BILLED PER CO1202. 33001355 33001397 33001439 33001470 33001363 33001405 33001447 33001488 33001371 33001413 33001454 33001496 33001389 33001421 33001462 33001504 FAILS CLAIMS SUBMITTED BY THE FOLLOWING PROVIDERS IF A PROCEDURE CODE OTHER THAN S5125, S5130, S5135, S5150, OR T2022 IS BILLED PER CO 1101. 43996016 43996057 43996099 43996131 43996024 43996065 43996107 43996149 43996032 43996073 43996115 43996156 43996040 43996081 43996123
	FOR CMS CLAIMS THE DETAIL FROM AND THROUGH DATES OF SERVICE ARE COMPARED TO THE EFFECTIVE DATES ON THE PDD FILE. FOR UB04 CLAIMS, ONLY THE DETAIL FROM DATES OF SERVICE ARE COMPARED TO THE EFFECTIVE DATES ON THE PDD FILE. (DRF 20314) CLAIM TYPE O (PROVIDER 01) FAILURES FOR ESC 4801 ARE AUTO-DENIED WITH EOB 4801. CLAIM TYPE M, FOR THE TYPE OF DOCUMENT – ELECTRONIC CLAIMS FAILURES ARE AUTO-DENIED WITH AN EOB OF 4801. CLAIM TYPE I FAILURES FOR REVENUE CODES 100 THROUGH 219 ARE AUTO-DENIED AT THE HEADER WITH EOB 4801. FOR OTHER CLAIM TYPE S FAILURES, THE DETAIL BILLED CHARGE IS SYSTEMATICALLY MOVED TO THE NON-COVERED COLUMN AND EOB 4801 IS SET. THE CLAIM DOES NOT SUSPEND. CLAIM TYPE M (PROVIDER 32) FAILS FOR ESC 146 ARE AUTO-DENIED FOR HCPCS CODES 80000 – 89999 WITH AN EOB OF 146.
EOB CODES:	4801 – THIS PROCEDURE IS NOT COVERED FOR THIS

	PROVIDER CONTRACT.
METHOD OF CORRECTION:	3. VERIFY THAT THE PROCEDURE CODE AND THE PROVIDER NUMBER WERE KEYED CORRECTLY. IF NOT, CORRECT THE DATA.
	4. IF PROCEDURE CODE AND PROVIDER NUMBER WERE KEYED CORRECTLY, DENY THE CLAIM WITH EOB 4801.

3.596.2 4801 (FORMER LEGACY EDIT 415)

DMS Approved 12/01/97

ERROR STATUS CODE:	4801 (FORMER LEGACY EDIT 415)	**CLAIM TYPE:**	ALL
HEADER/DETAIL:	HEADER	**PROVIDER TYPE:**	ALL
OVERRIDEABLE:	YES	**TYPE OF DOCUMENT:**	PAPER, NON-PAPER, ADJUSTMENTS, MASS ADJUSTMENTS
DATA CORRECTABLE:	NO	**CLAIM FIELD LABEL:**	RPROV #
ESC NAME:	NO CONTRACT FOR BILLED PROCEDURE		
ESC CRITERIA: **LEGACY CRITERIA:**	VERIFIES THAT FFS CLAIMS DO NOT HAVE MANAGED CARE PROVIDER TYPES.		
EOB CODES:	4801 – THIS PROCEDURE IS NOT COVERED FOR THIS PROVIDER CONTRACT.		
METHOD OF CORRECTION:	1. VERIFY THAT THE PROVIDER NUMBER IS KEYED CORRECTLY. IF NOT, CORRECT.		
	2. IF KEYED CORRECTLY, DENY.		

3.596.3 4801 (FORMER LEGACY EDIT 956)

DMS Approved 12/11/03

ERROR STATUS CODE:	4801 (FORMER LEGACY EDIT 956)	**CLAIM TYPE:**	M
HEADER/DETAIL:	DETAIL	**PROVIDER TYPE:**	30
OVERRIDEABLE:	YES	**TYPE OF DOCUMENT:**	PAPER, NON-PAPER, ADJUSTMENTS, MASS ADJUSTMENTS
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	PROC, MD
ESC NAME:	NO CONTRACT FOR BILLED PROCEDURE		
ESC CRITERIA: **LEGACY CRITERIA:**	PROCEDURE CODES X0110, X0111, X0130 THRU X0729, AND X0757 THRU X1159 ARE LIMITED TO PROFESSIONAL CODE 1, F OR X. PROCEDURE CODES X0120 AND X0121 ARE LIMITED TO PROFESSIONAL CODE 1. PROCEDURE CODE X0054 IS LIMITED TO PROFESSIONAL CODE 2 AND C. PROCEDURE CODES X0730 THRU X0756 ARE LIMITED TO PROFESSIONAL CODE 7. PROCEDURE CODES X0010 AND X0030 CANNOT BE BILLED WITH PROFESSIONAL CODE 8.		

	NOTE: THE 1ST DIGIT OF THE 5 DIGIT MODIFIER IS THE PROFESSIONAL CODE.
EOB CODES:	4801 – THIS PROCEDURE IS NOT COVERED FOR THIS PROVIDER CONTRACT.
METHOD OF CORRECTION:	1. VERIFY PROCEDURE CODE AND MODIFIER KEYED CORRECTLY, IF NOT CORRECT THE DATA.
	2. IF KEYED CORRECTLY DENY THE CLAIM.
	THIS ESC IS SET TO AUTO-DENY FOR TYPE OF DOCUMENT - ELECTRONIC CLAIMS.
	PER DMS REQUEST AS PART OF THE HIPAA IMPLEMENTATION THIS ESC WAS END DATED FOR DOS AFTER 10/15/03.

3.596.4 4801 (FORMER LEGACY EDIT 982)

DMS Approved 12/16/02

ERROR STATUS CODE:	4801 (FORMER LEGACY EDIT 982)	**CLAIM TYPE:**	M
HEADER/DETAIL:	DETAIL	**PROVIDER TYPE:**	13, 64, 65, 78, 85
OVERRIDEABLE:	YES	**TYPE OF DOCUMENT:**	ALL EXCEPT CLAIM CRESCS
DATA CORRECTABLE	YES	**CLAIM FIELD LABEL:**	PROC, MD

ESC NAME:	NO CONTRACT FOR BILLED PROCEDURE
ESC CRITERIA: **LEGACY CRITERIA:**	ESC 982 WILL FAIL DETAILS BILLING VACCINE ADMINISTRATION CODES (90471-90749) IF BILLED WITHOUT MODIFIER 26. **NOTE:** FOR DATES OF SERVICE PRIOR TO 5/19/99 BOTH THE 26 AND WX MODIFIERS WERE VALID. FOR DATES OF SERVICE PRIOR TO 05/19/99 THE WX MODIFIER WAS USED TO IDENTIFY PRIVATE SOURCE VACCINES.
EOB CODES:	4801 – THIS PROCEDURE IS NOT COVERED FOR THIS PROVIDER CONTRACT.
METHOD OF CORRECTION:	1. VERIFY THAT THE PROCEDURE CODE AND PROCEDURE CODE MODIFIER ARE KEYED CORRECTLY. IF NOT, CORRECT THE DATA.
	2. IF THE DATA IS KEYED CORRECTLY, DENY THE DETAIL.

3.596.5 4801 (FORMER LEGACY EDIT 992)

DMS Approved: 05/21/01

ERROR STATUS CODE:	4801 (FORMER LEGACY EDIT 992)	**CLAIM TYPE:**	M
HEADER/DETAIL:	DETAIL	**PROVIDER TYPE:**	13
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	PAPER, NON-PAPER, ADJUSTMENTS, MASS ADJUSTMENTS
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	PROC

ESC NAME:	NO CONTRACT FOR BILLED PROCEDURE
ESC CRITERIA: **LEGACY CRITERIA:**	DETAIL DENIED. IF THE PROCEDURE CODE IS ANY CODE OTHER THAN 99499.
EOB CODES:	4801 – THIS PROCEDURE IS NOT COVERED FOR THIS PROVIDER CONTRACT.
METHOD OF CORRECTION:	1. VERIFY THAT THE PROCEDURE CODE IS KEYED CORRECTLY.
	2. IF THE PROCEDURE CODE IS KEYED CORRECTLY, DENY THE DETAIL.

3.597 4802 (FORMER LEGACY EDIT N/A)

DMS Approved 06/2007

ERROR STATUS CODE:	4802 (FORMER LEGACY EDIT N/A)	**CLAIM TYPE:**	ALL
HEADER/DETAIL:	DETAIL	**PROVIDER TYPE:**	ALL
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	PAPER NON-PAPER ADJUSTMENTS
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	DIAG

ESC NAME:	NO CONTRACT FOR BILLED DIAGNOSIS
ESC CRITERIA:	PHYSICIAN, PHYSICIAN CROSSOVER CLAIM TYPES: IF NO ACTIVE BILLING RULES EXIST FOR ANY DIAGNOSIS POINTED TO BY THE DETAIL, POST THE EDIT. THE DETAIL FDOS/TDOS RANGE IS USED TO COMPARE THE RULE EFFECTIVE DATES. OUTPATIENT, LONG TERM CARE, AND HOME HEALTH: IF NO ACTIVE BILLING RULES EXIST FOR ANY HEADER DIAGNOSIS INCLUDING THE ADMIT OR EMERGENCY DIAGNOSIS, POST THE EDIT. THE DETAIL FDOS/TDOS RANGE IS USED TO COMPARE TO THE RULE EFFECTIVE DATES. INPATIENT: IF NO ACTIVE BILLING RULES EXIST FOR THE PRIMARY, SECONDARY, OR ADMIT DIAGNOSIS, POST THE EDIT. THE DETAIL FDOS/TDOS RANGE IS USED TO COMPARE TO THE RULE EFFECTIVE DATES. INPATIENT CROSSOVERS, OUTPATIENT CROSSOVERS: IF NO ACTIVE BILLING RULES EXIST FOR ANY HEADER DIAGNOSIS INCLUDING THE ADMIT OR EMERGENCY DIAGNOSIS, POST THE EDIT. THE HEADER FDOS/TDOS RANGE IS USED TO COMPARE TO THE RULE EFFECTIVE DATES.
LEGACY CRITERIA:	N/A
EOB CODES:	4802 - NO CONTRACT FOR BILLED DIAGNOSIS
METHOD OF CORRECTION:	VERIFY THAT THE INFORMATION WAS KEYED CORRECTLY. IF NOT, CORRECT THE DATA.
	IF ENTERED CORRECTLY, DENY THE CLAIM.

3.598 4804

3.598.1 4804 (FORMER LEGACY EDIT 143)

DMS Approved 12/29/2003

ERROR STATUS CODE:	4804 (FORMER LEGACY EDIT 143)	**CLAIM TYPE:**	O (PT 01 ONLY)
HEADER/DETAIL:	DETAIL	**PROVIDER TYPE:**	01
OVERRIDEABLE:	YES	**TYPE OF DOCUMENT:**	PAPER, NON-PAPER, ADJUSTMENTS, MASS ADJUSTMENTS
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	REV CODE
ESC NAME:	REVENUE CODE INVALID FOR PROVIDER TYPE.		
ESC CRITERIA: **LEGACY CRITERIA:**	IF THE PROVIDER CONTRACT DOES NOT CONTAIN A BUSINESS RULE FOR THE REVENUE CODE, POST THE ESC. FAILS IF THE REVENUE CODE IS NOT VALID FOR THE PROVIDER TYPE BASED ON PROVIDER TYPE INCLUSIONS AND EXCLUSIONS LISTED ON THE PDD FILE PROCEDURE DISPLAY SCREEN 1. NOTE – THIS ESC IS EFFECTIVE FOR DATES OF SERVICE AFTER 7/31/03.		
EOB CODES:	4804-THIS REVENUE CODE IS NOT COVERED FOR THIS PROVIDER CONTRACT.		
METHOD OF CORRECTION:	A. VERIFY THAT THE REVENUE CODE AND THE PROVIDER NUMBER WERE KEYED CORRECTLY. IF NOT, CORRECT THE DATA.		
	B. IF REVENUE CODE AND PROVIDER NUMBER WERE KEYED CORRECTLY, DENY THE CLAIM WITH EOB 143.		

3.598.2 4804 (FORMER LEGACY EDIT 146)

DMS Approved: 12/19/06

ERROR STATUS CODE:	4804 (FORMER LEGACY EDIT 146)	**CLAIM TYPE:**	D, H, I, M, O
HEADER/DETAIL:	DETAIL/HEADER	**PROVIDER TYPE:**	ALL EXCEPT 11, 12, 54
OVERRIDEABLE:	YES	**TYPE OF DOCUMENT:**	PAPER, NON-PAPER, ADJUSTMENTS, MASS ADJUSTMENTS
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	PROC
ESC NAME:	REVENUE CODE INVALID FOR PROVIDER TYPE.		
ESC CRITERIA: **LEGACY CRITERIA:**	IF THE PROVIDER CONTRACT DOES NOT CONTAIN A BUSINESS RULE FOR THE REVENUE CODE, POST THE ESC. FAILS IF THE PROCEDURE CODE OR REVENUE CODE IS NOT VALID FOR THE PROVIDER TYPE BASED ON PROVIDER TYPE INCLUSIONS AND EXCLUSIONS LISTED ON THE PROCEDURE		

CODE TABLE.

NOTE:
FAILS IF A PROVIDER OTHER THAN 02000016 BILLS THE REVENUE CODE 129. PER DCR01415.

FAILS CLAIMS SUBMITTED BY THE FOLLOWING PROVIDERS IF A PROCEDURE CODE OTHER THAN T2022 WITH HI MODIFIER, S5108, S5125, OR S5150

17000704	17000753	17000803	17000845
17000712	17000761	17000811	17000852
17000720	17000787	17000829	17000860
17000746	17000795	17000837	17000878

FAILS CLAIMS SUBMITTED BY THE FOLLOWING PROVIDERS IF A PROCEDURE CODE OTHER THAN S5100, S5108, S5150, H2023, OR T2022 IS BILLED PER CO1202.

33001355	33001397	33001439	33001470
33001363	33001405	33001447	33001488
33001371	33001413	33001454	33001496
33001389	33001421	33001462	33001504

FAILS CLAIMS SUBMITTED BY THE FOLLOWING PROVIDERS IF A PROCEDURE CODE OTHER THAN S5125, S5130, S5135, S5150, OR T2022 IS BILLED PER CO 1101.

43996016	43996057	43996099	43996131
43996024	43996065	43996107	43996149
43996032	43996073	43996115	43996156
43996040	43996081	43996123	

FOR CMS CLAIMS THE DETAIL FROM AND THROUGH DATES OF SERVICE ARE COMPARED TO THE EFFECTIVE DATES ON THE PDD FILE. FOR UB04 CLAIMS, ONLY THE DETAIL FROM DATES OF SERVICE ARE COMPARED TO THE EFFECTIVE DATES ON THE PDD FILE. (DRF 20314)

CLAIM TYPE O (PROVIDER 01) FAILURES FOR ESC 146 ARE AUTO-DENIED WITH EOB 746. CLAIM TYPE J, FOR THE TYPE OF DOCUMENT – ELECTRONIC CLAIMS FAILURES ARE AUTO-DENIED WITH AN EOB OF 146.

CLAIM TYPE I FAILURES FOR REVENUE CODES 100 THROUGH 219 ARE AUTO-DENIED AT THE HEADER WITH EOB 746. FOR OTHER CLAIM TYPE I FAILURES, THE DETAIL BILLED CHARGE IS SYSTEMATICALLY MOVED TO THE NON-COVERED COLUMN AND EOB 753 IS SET. THE CLAIM DOES NOT SUSPEND.

CLAIM TYPE M (PROVIDER 32) FAILS FOR ESC 4804 ARE AUTO-DENIED FOR HCPCS CODES 80000 – 89999 WITH AN EOB OF 4804.

EOB CODES:	4804 - THIS REVENUE CODE IS NOT COVERED FOR THIS PROVIDER CONTRACT.
METHOD OF CORRECTION:	1. VERIFY THAT THE PROCEDURE CODE AND THE PROVIDER NUMBER WERE KEYED CORRECTLY. IF NOT, CORRECT THE DATA.
	2. IF PROCEDURE CODE AND PROVIDER NUMBER WERE KEYED CORRECTLY, DENY THE CLAIM WITH EOB 146.

3.598.3 4804 (FORMER LEGACY EDIT 415)

DMS Approved 12/01/97

ERROR STATUS CODE:	4804 (FORMER LEGACY EDIT 415)	**CLAIM TYPE:**	ALL
HEADER/DETAIL:	HEADER	**PROVIDER TYPE:**	ALL
OVERRIDEABLE:	YES	**TYPE OF DOCUMENT:**	PAPER, NON-PAPER, ADJUSTMENTS, MASS ADJUSTMENTS
DATA CORRECTABLE:	NO	**CLAIM FIELD LABEL:**	PROV #
ESC NAME:	REVENUE CODE INVALID FOR PROVIDER TYPE.		
ESC CRITERIA: **LEGACY CRITERIA:**	IF THE PROVIDER CONTRACT DOES NOT CONTAIN A BUSINESS RULE FOR THE REVENUE CODE, POST THE ESC. VERIFIES THAT FFS CLAIMS DO NOT HAVE MANAGED CARE PROVIDER TYPES.		
EOB CODES:	4804 - THIS REVENUE CODE IS NOT COVERED FOR THIS PROVIDER CONTRACT.		
METHOD OF CORRECTION:	1. VERIFY THAT THE PROVIDER NUMBER IS KEYED CORRECTLY. IF NOT, CORRECT.		
	2. IF KEYED CORRECTLY, DENY.		

3.599 4805

3.599.1 4805 (FORMER LEGACY EDIT 415)

DMS Approved 12/01/97

ERROR STATUS CODE:	4805 (FORMER LEGACY EDIT 415)	**CLAIM TYPE:**	ALL
HEADER/DETAIL:	HEADER	**PROVIDER TYPE:**	ALL
OVERRIDEABLE:	YES	**TYPE OF DOCUMENT:**	PAPER, NON-PAPER, ADJUSTMENTS
DATA CORRECTABLE:	NO	**CLAIM FIELD LABEL:**	DRG, RPROV, PROC
ESC NAME:	NO CONTRACT FOR BILLED DRG.		
ESC CRITERIA: **LEGACY CRITERIA:**	IF THE PROVIDER CONTRACT DOES NOT HAVE A BUSINESS RULE FOR THE BILLED DRG, POST THE ESC. VERIFIES THAT FFS CLAIMS DO NOT HAVE MANAGED CARE PROVIDER TYPES.		
EOB CODES:	4805 – THIS DRG IS NOT COVERED FOR THIS PROVIDER CONTRACT.		
METHOD OF CORRECTION:	1. VERIFY THAT THE PROVIDER NUMBER IS KEYED CORRECTLY. IF NOT, CORRECT.		
	2. IF KEYED CORRECTLY, DENY.		

3.599.2 4805 (FORMER LEGACY EDIT 837)

Last Approved by DMS Prior to 12/01/2005

ERROR STATUS CODE:	4805 (FORMER LEGACY EDIT 837)	**CLAIM TYPE:**	A, I
HEADER/DETAIL:	HEADER	**PROVIDER TYPE:**	01, 02, 04, 92, 93
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	ALL
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	DRG, RPROV, PROC
ESC NAME:	NO CONTRACT FOR BILLED DRG.		
ESC CRITERIA: **LEGACY CRITERIA:**	IF THE PROVIDER CONTRACT DOES NOT HAVE A BUSINESS RULE FOR THE BILLED DRG, POST THE ESC. DRG DENY 469 THROUGH 470		
EOB CODES:	4805 – THIS DRG IS NOT COVERED FOR THIS PROVIDER CONTRACT.		
METHOD OF CORRECTION:	1. VERIFY THAT THE MEMBER MEMBER ID AND DIAGNOSIS WERE KEYED CORRECTLY. IF NOT, CORRECT THE DATA.		
	2. IF RECIPOENT MEMBER ID AND DIAGNOSIS WERE KEYED CORRECTLY, DENY THE CLAIM WITH EOB 837.		

3.600 4806 (FORMER LEGACY EDIT N/A)

DMS Approved 06/2007

ERROR STATUS CODE:	4806 (FORMER LEGACY EDIT N/A)	**CLAIM TYPE:**	ALL
HEADER/DETAIL:	DETAIL	**PROVIDER TYPE:**	ALL
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	ALL
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	ALL

ESC NAME:	NO CONTRACT FOR BILLED ICD-9
ESC CRITERIA:	PHYSICIAN, PHYSICIAN CROSSOVER CLAIM TYPES: IF NO ACTIVE BILLING RULES EXIST FOR ANY ICD-9 POINTED TO BY THE DETAIL, POST THE EDIT. THE DETAIL FDOS/TDOS RANGE IS USED TO COMPARE THE RULE EFFECTIVE DATES. OUTPATIENT, LONG TERM CARE, AND HOME HEALTH: IF NO ACTIVE BILLING RULES EXIST FOR ANY HEADER ICD-9 INCLUDING THE ADMIT OR EMERGENCY ICD-9, POST THE EDIT. THE DETAIL FDOS/TDOS RANGE IS USED TO COMPARE TO THE RULE EFFECTIVE DATES. INPATIENT: IF NO ACTIVE BILLING RULES EXIST FOR THE PRIMARY, SECONDARY, OR ADMIT ICD-9, POST THE EDIT. THE DETAIL FDOS/TDOS RANGE IS USED TO COMPARE TO THE RULE EFFECTIVE DATES. INPATIENT CROSSOVERS, OUTPATIENT CROSSOVERS: IF NO ACTIVE BILLING RULES EXIST FOR ANY HEADER ICD-9 INCLUDING THE ADMIT OR EMERGENCY ICD-9, POST THE EDIT. THE HEADER FDOS/TDOS RANGE IS USED TO COMPARE TO THE RULE EFFECTIVE DATES.
LEGACY CRITERIA:	N/A
EOB CODES:	4806 - NO CONTRACT FOR BILLED ICD-9
METHOD OF CORRECTION:	VERIFY THAT THE INFORMATION WAS KEYED CORRECTLY. IF NOT, CORRECT THE DATA.
	IF ENTERED CORRECTLY, DENY THE CLAIM.

3.601 4812

3.601.1 4812 (FORMER LEGACY EDIT 196)

DMS Approved 01/26/96

ERROR STATUS CODE:	4812 (FORMER LEGACY EDIT 196)	**CLAIM TYPE:**	0 (ZERO)
HEADER/DETAIL:	HEADER	**PROVIDER TYPE:**	01, 02, 04, 11, 12, 34, 39, 41, 42, 46, 47, 92, 93, CTM (ALL EXCEPT 55, 56, 57)
OVERRIDEABLE:	YES	**TYPE OF DOCUMENT:**	PAPER, NON-PAPER, ADJUSTMENTS
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	PDIAG, SIAG
ESC NAME:	MEDICAL REVIEW RESTRICTION FOR BILLED DIAGNOSIS		
ESC CRITERIA: **MMIS CRITERIA:**	IF THE MEDICAL REVIEW INDICATOR ON THE BILLED DIAGNOSIS FOR THE PROVIDER CONTRACT IS SET TO “Y”, POST THE ESC. FAILS WHEN DIAGNOSIS INDICATED AS ON REVIEW ON THE PDD DIAGNOSIS FILE.		
EOB CODES:	0196 – HEADER DIAGNOSIS OR COMBINATION OF 2 ON REVIEW.		
METHOD OF CORRECTION:	3. VERIFY DIAGNOSIS WAS KEYED CORRECTLY. IF NOT, CORRECT THE DATA.		
	4. IF CORRECT, REFER TO PRIOR AUTHORIZATION FOR REVIEW.		

3.601.2 4812 (FORMER LEGACY EDIT 210)

DMS Approved 01/26/96

ERROR STATUS CODE:	4812 (FORMER LEGACY EDIT 210)	**CLAIM TYPE:**	0 (ZERO)
HEADER/DETAIL:	HEADER	**PROVIDER TYPE:**	01, 02, 04, 13, 15, 20, 21, 22, 23, 24, 29, 31, 35, 36, 39, 40, 45, 64, 65, 50, 52, 70, 77, 85, 92, 93
OVERRIDEABLE:	YES	**TYPE OF DOCUMENT:**	PAPER, NON-PAPER, ADJUSTMENTS
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	TDIAG
ESC NAME:	MEDICAL REVIEW RESTRICTION FOR BILLED DIAGNOSIS		
ESC CRITERIA: **MMIS CRITERIA:**	IF THE MEDICAL REVIEW INDICATOR ON THE BILLED DIAGNOSIS FOR THE PROVIDER CONTRACT IS SET TO “Y”, POST THE ESC.		

	SUSPEND CLAIM IF DIAGNOSIS IS FLAGGED FOR REVIEW.
EOB CODES:	0196 – HEADER DIAGNOSIS OR COMBINATION OF 2 ON REVIEW.
METHOD OF CORRECTION:	1. VERIFY THAT THE TERTIARY DIAGNOSIS CODE WAS ENTERED CORRECTLY. IF NOT, CORRECT THE DATA.
	2. IF ENTERED CORRECTLY, REFER THE CLAIM TO PRIOR AUTHORIZATION.

3.601.3 4812 (FORMER LEGACY EDIT 214)

DMS Approved-01/26/96

ERROR STATUS CODE:	4812 (FORMER LEGACY EDIT 214)	**CLAIM TYPE:**	0 (ZERO)
HEADER/DETAIL:	HEADER	**PROVIDER TYPE:**	01, 02, 04, 34, 39, 41, 42, 46, 47, 92, 93, CT M (ALL EXCEPT 27, 28, 55, 56, 57)
OVERRIDEABLE:	YES	**TYPE OF DOCUMENT:**	PAPER, NON-PAPER, ADJUSTMENTS
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	SDIAG

ESC NAME:	MEDICAL REVIEW RESTRICTION FOR BILLED DIAGNOSIS
ESC CRITERIA: **MMIS CRITERIA:**	IF THE MEDICAL REVIEW INDICATOR ON THE BILLED DIAGNOSIS FOR THE PROVIDER CONTRACT IS SET TO “Y”, POST THE ESC. SUSPEND IF DIAGNOSIS IS FLAGGED FOR REVIEW.
EOB CODES:	0196 – HEADER DIAGNOSIS OR COMBINATION OF 2 ON REVIEW
METHOD OF CORRECTION:	1. VERIFY THAT THE SECONDARY DIAGNOSIS CODE WAS ENTERED CORRECTLY. IF NOT, CORRECT THE DATA. 2. IF ENTERED CORRECTLY, REFER THE CLAIM TO PRIOR AUTHORIZATION.

3.602 4813 (FORMER LEGACY EDIT 180)

DMS Approved 05/13/2011

ERROR STATUS CODE:	4813 (FORMER LEGACY EDIT 180)	**CLAIM TYPE:**	D, H, M, O, I
HEADER/DETAIL:	DETAIL	**PROVIDER TYPE:**	34, 41, 42, 46, 47, 60, 61, CT M (ALL EXCEPT 36, 57)
OVERRIDEABLE:	YES	**TYPE OF DOCUMENT:**	PAPER, NON-PAPER, ADJUSTMENTS
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	PROC
ESC NAME:	MEDICAL REVIEW RESTRICTION FOR BILLED PROCEDURE		
ESC CRITERIA: **MMIS CRITERIA:**	IF THE MEDICAL REVIEW INDICATOR ON THE BILLED PROCEDURE FOR THE PROVIDER CONTRACT IS SET TO “Y”, POST THE ESC. SUSPENDS IF PROCEDURE/NDC CODE INDICATED AS ON REVIEW ON THE PDD FILE. SUSPENDS P/T 56 PAPER CLAIMS, IF PROVIDER SPECIALTY IS 07 OR 08 AND DATE OF SERVICE IS AFTER 12/14/02. CLAIMS BILLED IN NON-ATTACHMENT BATCH RANGES WILL BE AUTO-DENIED. (DCR 00661) THIS ESC WAS TURNED OFF FOR PROVIDER TYPE 45, CLAIM TYPE M (EPSDT SPECIAL SERVICES) ON 5/19/05. (DCR 01375) **<u>EXCLUSIONS</u>** FOR P/T 31, 35, 60, AND 61 EFFECTIVE DOS 9/30/06 PROCEDURE CODE D0140 IS EXCLUDED PER CO911. EFFECTIVE DOS 10/16/03 THE ESC IS NOT APPLIED TO PROVIDER TYPES 24 AND 30. EFFECTIVE DOS 10/16/03 FOR CLAIM TYPE M, P/T 55, LETTER WILL NO LONGER BE REQUIRED TO BE SUBMITTED AS AN ATTACHMENT, HOWEVER PROVIDERS WILL BE REQUIRED TO HAVE THIS INFORMATION ON FILE. REVIEW INDICATOR REMOVED FROM THE PDD FILE. FOR P/T 32 PROCEDURE CODE 99429 IS EXCLUDED. FOR P/T 52 & 77 IF THE PROCEDURE CODE IS 92499 AND IS BILLED WITH A MODIFIER RT, LT, OR UC, BYPASS THE ESC. FOR P/T 31 & 35 IF THE PROCEDURE CODE IS 92499 AND IS		

	BILLED WITH A MODIFIER RT, LT OR UC, BYPASS THE ESC. F0R P/T 31 & 35 PROCEDURE CODES V5264, V5266, V5267 & V5299 BYPASS THIS ESC. PER DCR 00728 ESC 180 WAS TURNED OFF FOR CLAIM TYPE M/PROVIDER TYPE 13 FOR CLAIM TYPE M FOR DOS ON AND AFTER 1/2/04, ESC 180 IS BYPASSED IF A PRIOR AUTHORIZATION NUMBER IS ENTERED ON THE CLAIM. (DCR 00951) FOR P/T 31, 35, & 45, FOR DOS ON AND AFTER 1/2/04, PROCEDURE CODES 95115, 95117, 95144, 95145, 95165, & 95170 BYPASS THIS ESC. (DCR 00998) FOR P/T 64/65 AND 78 PROCEDURE CODE 59870 WILL BYPASS ESC 4813 IF AT LEAST ONE DIAGNOSIS CODE IN RANGE 630 – 63391 IS PRESENT AT HEADER PER CO 12447.
EOB CODES:	0015 – CLAIM/DETAIL DENIED. PROCEDURE IS LIMITED TO THE FOLLOWIING CONDITIONS – CONGENITAL, HEREDITARY OR DRUG-INDUCED. 0016 – CLAIM/DETAIL DENIED. PROCEDURE IS LIMITED TO TRAUMA RELATED INJURIES. 0029 –DOCUMENTATION OF MEDICAL NECESSITY REQUIRED. CONSULT YOUR PROVIDER MANUAL. 0105 – CLAIM DENIED. CLAIM SUBMITTED FOR HEARING AID AND HEARING AID PARTS SHALL REFLECT THE ACTUAL LABORATORY COST OF THE MATERIALS. INVOICE AND CLAIM MUST MATCH. 0113 – CLAIM DENIED. REQUIRED DOCUMENTATION MISSING/INCOMPLETE. 0116 – DOCUMENTATION OF MEDICAL NECESSITY REQUIRED. CONSULT YOUR PROVIDER MANUAL. 0308 - DETAIL DENIED. REQUIRED DOCUMENTATION IS MISSING OR DOES NOT VERIFY THAT MEDICAL ASSISTANCE WAS PROVIDED. 0380 - DETAIL DENIED. DOCUMENTATION REQUIRED FOR AIR AMBULANCE PROCEDURES MISSING OR INCOMPLETE. 0580 – DETAIL DENIED. REQUIRED DOCUMENTATION IS MISSING OR DOES NOT VERIFY THAT MEDICAL ASSISTANCE WAS PROVIDED. 0763 – SERVICES RENDERED DO NOT MEET DMS CRITERIA 0764 – DIAGNOSIS AND DESCRIPTION OF TREATMENT ARE

	REQUIRED FOR SERVICES RENDERED 0188 – CLAIM DENIED. DOCUMENTATION NEEDED FOR CLAIM PROCESSING INCLUDES AUDIOLOGIST RECOMMENDATION, MEDICAL CLEARANCE STATEMENT, AND INVOICE. 0182 - CLAIM DENIED. PLEASE SEND OPERATIVE NOTES OR EXPLANATION OF PROCEDURE. NOTE: PT 55 AND 56 APPLIES TO PAPER CLAIMS ONLY.
METHOD OF CORRECTION:	1. FOR DOS PRIOR TO 10/16/03 FOR CLAIM TYPE M, P/T 55, PROCEDURE CODE A0430, A0431 AND A0030 MUST HAVE A LETTER STATING THAT AIR AMBULANCE WAS THE ONLY APPROPRIATE MEANS OF TRANSPORTATION, THIS LETTER MUST INCLUDE THE MEMBER NAME AND DATE OF SERVICE AND IT MUST BE SIGNED BY A MEDICAL PROFFESSIONAL. IF ATTACHED, FORCE THE ESC. IF NOT ATTACHED OR INCOMPLETE, DENY THE DETAIL WITH EOB 0380.
	2. FOR CLAIM TYPE M, P/T 56 WITH A PROVIDER SPECIALTY 07 OR 08, VERIFY THE COMPLETED MEDICAL CERTIFICATION FORM IS ATTACHED.
	3. FOR ALL OTHER CLAIM TYPES VERIFY THE PROCEDURE CODE IS ENTERED CORRECTLY. IF NOT, CORRECT THE DATA. THE FOLLOWING PROCEDURE CODES WILL FAIL ESC 4813. IF NO MEDICAL DOCUMENTATION IS ATTACHED TO CLAIM, DENY THE CLAIM WITH EOB 4012. IF DOCUMENTATION IS ATTACHED FORWARD TO THE APPROPRIATE LOCATION FOR DMS. **PROCEDURE CODES** 10101 10121 10141 11960 11970 12047 12057 13300 14300 15780 15781 15782 15822 15823 15831 15833 15834 15836 15837 15839 17010 17105 17106 17107 17108 19318 19324 19328 19340 19342 19357 19360 19361 19362 19364 19370 19371 20005 21144 21146 21147 21150 21151 21154 21155 21159 21160 21193

21194	21195	21196	21198
21199	21200	21202	21203
21204	21206	21209	30400
30410	30420	30450	30520
30620	37201	37202	38230
38240	43761	54231	54400
54401	55870	58760	59409
59514	59870	62275	62281
62298	69110	69300	90517
90520	90570	90580	90630
90643	90911	94660	95881
95882	97720	97721	

4. PROCEDURE CODE **Y2870** WITH UNITS GREATER THAN 30 AND PROCEDURE CODE **09240** WILL BE SENT TO DMS.

5. OVERRIDE PROCEDURE CODE **Y2870** IF UNITS ARE 30 OR LESS.

6. IF PROVIDER TYPE 36 AND PROCEDURE CODE IS **01999**, OVERRIDE.

7. PROCEDURE CODE **00140** WILL BE SENT TO DMS IF A DIAGNOSIS AND TREATMENT ARE INDICATED AND “YES” IS CHECKED IN EITHER BLOCK 31, 32, OR 33. IF NOT, DENY THE ESC WITH EOB 764

8. FOR **PROVIDER TYPES 31 AND 35**, OVERRIDE THE ESC EXCEPT FOR PROCEDURE CODES 00140 AND 09240.

9. IF THE PROCEDURE/CLAIM HAS BEEN OVERRIDDEN FOR ESC 3384, OVERRIDE ESC 4813.

10. PROCEDURE CODE **XZ857** FAILS ESC 180 TO ALLOW VERIFICATION OF THE LITER FLOW AND HOURS FIELDS. CORRECT ANY ERRORS AND ALWAYS OVERRIDE THE ESC.

11. PROCEDURE CODES RELATING TO **HEARING AIDS, CONTACT LENSES, AND DURABLE MEDICAL EQUIPMENT PROCEDURE CODE E1350**, WILL BE WORKED BY UNISYS RESOLUTION STAFF. THE METHOD OF CORRECTION FOR EACH OF THESE IS DETAILED ON THE FOLLOWING PAGES.

12. ALL OTHER PROCEDURE CODES THAT FAIL FOR THIS ESC SHOULD BE REFERRED TO THE PRIOR AUTHORIZATION UNIT BY TRANSFERRING THE CLAIM TO THE APPROPRIATE LOCATION FOR PRIOR AUTHORIZATION.

	13. FOR SERVICES NOT COVERED UNDER THE MEDICAID PROGRAM USE EOB 0235.
	THIS ESC IS SET TO AUTO-DENY ON THE TYPE OF DOCUMENT – ELECTRONIC CLAIMS.

3.602.1 Procedure Code Requires Review

3.602.2 Contact Lenses

Procedure codes to be billed for fitting of contact lenses: 92310, 92311, 92312, 92313.

For fitting of contact lenses when medically indicated, one of the following documentation is required:

- Corrected acuity in the best eye is 20/50 and can be improve with use of contact lenses, or
- Visual prescription of 8.00 Diopter or greater, or
- 4.00 Diopter Anisometropia (difference in power between eyes). If one of the above documentation is present, override the ESC. If none of the above documentation is present, deny the claim with EOB 116.
- If medically necessary or medically indicated is written or typed on the claim form or attachment, override the ESC.

Procedure code 92070 is to be billed for the fitting of contact lenses for treatment of disease, including supply of lens. This procedure code is **payable only in cases where it is medically necessary as a moist corneal bandage in the treatment of painful Bullous Keratopathy and non-healing Corneal Epithelial defects and has one of the following documentation as required.**

1. Corrected acuity in the best eye is 20/50 and can be improved with use of contact lenses, or
2. Visual prescription of 8.00 Diopter or greater, or
3. 4.00 Diopter Anisometropia (difference in power between eyes). If one of the above documentation is present, override the ESC. If none of the above documentation is present, deny the claim with EOB 0116.
4. Typed or handwritten statement of medical necessity entered in the procedure description or a formal attachment such as the invoice or patient chart to the claim form.

3.602.3 Hearing Aids

Effective on November 16, 1983, prior authorization is no longer required for hearing aids. Claims involving hearing aids will be suspended from the claims processing cycle and reviewed manually.

Procedure codes to be billed for all dates of service: **V5090, V5030, V5040, V5050, V5060, V5170, V5180, V5210, V5220, W0080, W3051, W0090, W3052**.

Procedure codes to be billed for services after November 16, 1983: **W0073, W0074, W0075.**

Procedure codes to be billed as of 10/16/03: V5014, V5030, V5040, V5050, V5060, V5090, V5170, V5180, V5210, V5220, V5264, V5266, V5267 and V5299.

These claims need to be reviewed to assure that all required documentation is provided including:

FOR INITIAL AID

1. A licensed Audiologist's written recommendation of specific hearing aid for the MEMBER.

2. A statement of medical clearance which is signed and dated by an M.D.

3. Invoices from manufacturers or manufacturers price list as verification of cost (compare to amount billed on claim).

If the above documentation is present, override the ESC. If not present, deny the claim with EOB 0188.

If the documentation is present but the invoice and claim cost do not match, deny the claim with EOB 0105.

FOR REPLACEMENT AID WITHIN 1 YEAR OF ORIGINAL DATE OF SERVICE

- A licensed audiologist's written recommendation of a specific hearing aid for the MEMBER.
- A manufacturer's statement of irreparable damage to the old aid or statement of significant hearing improvement with a new aid verified by a licensed audiologist.
- Invoice from manufacturer or the manufacturer's price list as verification of cost (compare to amount billed on the claim).

If the documentation is present but the invoice and claim cost do not match, deny the claim with EOB 0105.

FOR REPLACEMENT AID OVER 1 YEAR AFTER ORIGINAL DATE OF SERVICE

1. A licensed audiologist's written recommendation of specific hearing aid for the member.
2. A manufacturer's statement of irreparable damage to the old aid or statement of significant hearing improvement with a new aid verified by a licensed audiologist.
3. A statement of Medical Clearance which is signed and dated by an M.D.
4. Invoices from manufacturers or the manufacturer's price list as verification of cost (compare to amount billed on the claim).

NOTE

Be sure that the statement of Medical Clearance, and the audiologist's written recommendation are **not** dated more than 90 days before the date of service. If the date of service is more than 90 days after these dates, the claim should be denied.

Also effective November 16, 1983, batteries and earmolds with dates of service which are after November 16th are covered by the Program. The procedure codes for batteries and earmolds are listed on the previous page. Please notice the limitations on the use of the codes and be sure these limitations are met before payment

Deny for insufficient documentation with EOB 0188.

If the documentation is present but the invoice and claim cost do not match, deny the claim with EOB 0105.

FOR REPAIR OF AID

Invoice from manufacturer or the manufacturer's price list as verification of cost (compare to amount billed on the claim).

DURABLE MEDICAL EQUIPMENT

REPAIR CODE E1350

21. All repairs costing less than $300.00, override the ESC.

22. All claims for repairs costing over $300.00, will be sent to DMS.

23. When the claim is returned to EDS, the claim will be special batched and reprocessed.

3.602.4 CMS-1500 Procedure Codes 43844, 43845

PRIOR AUTHORIZATION PROCEDURES

- Gastric Bypass Surgery and other such procedures, including the Jejunioleal Bypass procedures and Gastric Stapling, are considered possibly cosmetic procedures and therefore are non-payable unless they **meet** all of the following criteria:

There is documentation that the MEMBER suffers from other conditions to an extent dangerous to his/her health, i. e. high blood pressure, diabetes, coronary disease, etc.

There is documentation that all other forms of weight loss have been exhausted, with legitimate efforts on the part of the physician and MEMBER,
i. e. dieting, counseling, exercise, etc.

There is documentation that the sources of weight gain have been identified and treatment was attempted in accordance with the diagnosis.

There is documentation that prior to the surgery at least one other physician besides the surgeon had been consulted and had approved of the surgical procedure as a last resort of treatment.

The MEMBER is at least 101 pounds (for more than 1 year) over the maximum weight of his/her height and weight category as determined by the attending physician.

Claims billing Gastric Bypass Surgery procedures will suspend and are to be rerouted to Prior Authorization for pre-payment review.

- Procedure Monitored

40443 – Gastroenterostomy

43844 – Gastric Bypass for Morbid Obesity

43845 – Gastric Stapling for Morbid Obesity

43846 – Gastric Bypass with Roux-En.Y Gastroenterstomy for Morbid Obesity

44131 – Enteroenterostomy Anastomosis of Intestine

64431 – High Gastric Bypass

64439 – Gastroenterostomy

- Processing Instructions

Resolutions – When a claim billing one of the above monitored procedure codes fails E180, forward to the appropriate location for Prior Authorization for review.

Prior Authorization – Registered Nurse reviews claim to determine if all of the above criteria has been met.

If documentation indicates all criteria have been met, override the ESC.

If documentation is not present or does not indicate all criteria have been met, deny the detail using EOB 0113 (Claim Denied. Documentation missing or incomplete).

3.602.5 CMS-1500 Procedure Codes 43844, 43845

PRIOR AUTHORIZATION PROCEDURES

- Gastric Bypass Surgery and other such procedures, including the Jejunioleal Bypass procedures and Gastric Stapling, are considered possibly cosmetic procedures and therefore are non-payable unless they **meet** all of the following criteria:

There is documentation that the MEMBER suffers from other conditions to an extent dangerous to his/her health, i. e. high blood pressure, diabetes, coronary disease, etc.

There is documentation that all other forms of weight loss have been exhausted, with legitimate efforts on the part of the physician and MEMBER,
i. e. dieting, counseling, exercise, etc.

There is documentation that the sources of weight gain have been identified and treatment was attempted in accordance with the diagnosis.

There is documentation that prior to the surgery at least one other physician besides the surgeon had been consulted and had approved of the surgical procedure as a last resort of treatment.

The MEMBER is at least 101 pounds (for more than 1 year) over the maximum weight of his/her height and weight category as determined by the attending physician.

Claims billing Gastric Bypass Surgery procedures will suspend and are to be rerouted to Prior Authorization for pre-payment review.

- Procedure Monitored

40443 – Gastroenterostomy

43844 – Gastric Bypass for Morbid Obesity

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43846 – Gastric Bypass with Roux-En.Y Gastroenterstomy for Morbid Obesity

44131 – Enteroenterostomy Anastomosis of Intestine

64431 – High Gastric Bypass

64439 – Gastroenterostomy

- Processing Instructions

Resolutions – When a claim billing one of the above monitored procedure codes fails E180, forward to the appropriate location for Prior Authorization for review.

Prior Authorization – Registered Nurse reviews claim to determine if all of the above criteria has been met.

If documentation indicates all criteria have been met, override the ESC.

If documentation is not present or does not indicate all criteria have been met, deny the detail using EOB 0113 (Claim Denied. Documentation missing or incomplete).

3.603 4814 (FORMER LEGACY EDIT N/A)

DMS Approved 06/2007

ERROR STATUS CODE:	4814 (FORMER LEGACY EDIT N/A)	**CLAIM TYPE:**	I, A
HEADER/DETAIL:	DETAIL	**PROVIDER TYPE:**	01, 02, 04, 92, 93
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	PAPER, NON-PAPER, ADJUSTMENTS
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	REV CODE

ESC NAME:	MEDICAL REVIEW FOR REV CODE BILLING RULE
ESC CRITERIA: **LEGACY CRITERIA:**	INPATIENT AND INPATIENT CROSSOVERS CLAIM TYPES: IF MEDICAL REVIEW IS INDICATED FOR THE REV CODE BILLING RULE, POST THE EDIT. THE HEADER FDOS/TDOS RANGE IS USED TO COMPARE TO THE RULE EFFECTIVE DATES. THE EDIT IS PERFORMED USING THE PERFORMING/FACILITY PROVIDER CONTRACT. N/A
EOB CODES:	4814 - MEDICAL REVIEW FOR REV CODE BILLING RULE
METHOD OF CORRECTION:	VERIFY THAT THE INFORMATION WAS KEYED CORRECTLY. IF NOT, CORRECT THE DATA.
	IF ENTERED CORRECTLY, DENY THE CLAIM.

3.604 4821 (FORMER LEGACY EDIT 148)

DMS Approved 01/29/04

ERROR STATUS CODE:	4821 (FORMER LEGACY EDIT 148)	**CLAIM TYPE:**	D, H, I, M (ALL EXCEPT PT 27, 28, 45), O
HEADER/DETAIL:	DETAIL	**PROVIDER TYPE:**	01, 02, 04, 34, 39, 41, 42, 46, 47, 60, 61, 92, 93, CT M (ALL EXCEPT 27, 28, 45)
OVERRIDEABLE:	YES	**TYPE OF DOCUMENT:**	PAPER, NON-PAPER, ADJUSTMENTS
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL::**	PROC, POS

ESC NAME:	POS RESTRICTION FOR BILLED PROCEDURE
ESC CRITERIA: **LEGACY CRITERIA:**	FAILS IF THE PROCEDURE CODE OR REVENUE CODE IS NOT VALID FOR THE PLACE OF SERVICE BASED ON PLACE OF SERVICE INCLUSIONS AND EXCLUSIONS LISTED ON THE PROCEDURE CODE FILE. CLAIM TYPE I FAILURES FOR REVENUE CODES 100 THROUGH 219 ARE AUTO-DENIED AT THE HEADER WITH EOB 748. FOR OTHER CLAIM TYPE I FAILURES THE DETAIL BILLED CHARGE IS SYSTEMATICALLY MOVED TO THE NON-COVERED COLUMN AND EOB 753 IS SET. THE CLAIM DOES NOT SUSPEND. CLAIM TYPE O (PROVIDER TYPE 01) FAILURES FOR ESC 148 ARE AUTO-DENIED WITH EOB 748. CLAIM TYPE M, ELECTRONIC CLAIMS FAILURES ARE AUTO-DENIED WITH AN EOB OF 148. FOR CLAIM TYPE M (P/T 30) IF DOS IS 10/16/03 OR AFTER AND THE PROCEDURE CODE IS 90816 AND THE PLACE OF SERVICE IS OTHER THAN 21, 51, OR 52 FAIL THE ESC. ALSO FAILS PROCEDURE CODE H2019 AND H2021 IF THE PLACE OF SERVICE IS OTHER THAN 12 AND FAILS H0046 IF THE PLACE OF SERVICE IS OTHER THAN 33. FOR P/T 30 THE PLACE OF SERVICE INCLUSIONS AND EXCLUSIONS ON THE PDD FILE ARE IGNORED.
EOB CODES:	0148 – THIS PROCEDURE IS NOT APPROPRIATE FOR THIS PLACE OF SERVICE.
METHOD OF CORRECTION:	1. VERIFY THAT THE PLACE OF SERVICE AND PROCEDURE CODES WERE KEYED CORRECTLY. IF NOT, CORRECT THE DATA.
	2. FOR PROCEDURE CODES 07110/D7110 AND 07120/D7120, IF THE PROVIDER SPECIALTY IS OTHER THAN 08 OR 88, THEN OVERRIDE THE ESC.
	5. FOR PROCEDURE CODES 07110 AND 07120 AND A PROVIDER SPECIALTY OF 08 OR 88, VERIFY THERE IS DOCUMENTATION WITH CLAIMS INDICATING THAT PROCEDURES ARE MEDICALLY NECESSARY OR NO ORAL SURGEON IS AVAILABLE, THEN OVERRIDE THE ESC.
	6. IF THE PLACE OF SERVICE AND PROCEDURE CODE WERE KEYED CORRECTLY, AND THE ABOVE

	EXCEPTIONS DO NOT APPLY, THE DETAIL SHOULD BE DENIED WITH EOB 0146. **NOTE: FAILURE OF THIS ESC COULD INDICATE A PROVIDER INVESTIGATION IS NEEDED. DISCUSS WITH YOUR SUPERVISOR.**

3.605 4822 (FORMER LEGACY EDIT N/A)

DMS Approved 06/2007

ERROR STATUS CODE:	4822 (FORMER LEGACY EDIT N/A)	**CLAIM TYPE:**	ALL
HEADER/DETAIL:	DETAIL	**PROVIDER TYPE:**	ALL
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	ALL
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	ALL

ESC NAME:	POS RESTRICTION FOR BILLED DIAGNOSIS
ESC CRITERIA:	PHYSICIAN AND PHYSICIAN CROSSOVER CLAIM TYPES: IF THE PLACE OF SERVICE IS NOT WITHIN THE PLACE OF SERVICE RESTRICTION OF THE BILLING RULE FOR ANY DIAGNOSIS POINTED TO BY THE DETAIL, POST THE EDIT. THE DETAIL FDOS/TDOS RANGE IS USED TO COMPARE THE RULE EFFECTIVE DATES. OUTPATIENT, LONG TERM CARE, AND HOME HEALTH: IF THE PLACE OF SERVICE IS NOT WITHIN THE PLACE OF SERVICE RESTRICTION OF THE BILLING RULE FOR ANY HEADER DIAGNOSIS INCLUDING THE ADMIT OR EMERGENCY DIAGNOSIS, POST THE EDIT. THE DETAIL FDOS/TDOS RANGE IS USED TO COMPARE TO THE RULE EFFECTIVE DATES. INPATIENT: IF THE PLACE OF SERVICE IS NOT WITHIN THE PLACE OF SERVICE RESTRICTION OF THE BILLING RULE FOR THE PRIMARY, SECONDARY, OR ADMIT DIAGNOSIS, POST THE EDIT. THE DETAIL FDOS/TDOS RANGE IS USED TO COMPARE TO THE RULE EFFECTIVE DATES. INPATIENT CROSSOVERS, OUTPATIENT CROSSOVERS: IF THE PLACE OF SERVICE IS NOT WITHIN THE PLACE OF SERVICE RESTRICTION OF THE BILLING RULE FOR ANY HEADER DIAGNOSIS INCLUDING THE ADMIT OR EMERGENCY DIAGNOSIS, POST THE EDIT. THE HEADER FDOS/TDOS RANGE IS USED TO COMPARE TO THE RULE EFFECTIVE DATES. THE EDIT IS PERFORMED USING THE PERFORMING/FACILITY PROVIDER CONTRACT.
LEGACY CRITERIA:	N/A
EOB CODES:	4822 - POS RESTRICTION FOR BILLED DIAGNOSIS
METHOD OF CORRECTION:	VERIFY THAT THE INFORMATION WAS KEYED CORRECTLY. IF NOT, CORRECT THE DATA.
	IF ENTERED CORRECTLY, DENY THE CLAIM.

3.606 4831

3.606.1 4831 (FORMER LEGACY EDIT 244)

DMS Approved 03/25/96

ERROR STATUS CODE:	4831 (FORMER LEGACY EDIT 244)	**CLAIM TYPE:**	M
HEADER/DETAIL:	HEADER	**PROVIDER TYPE:**	86
OVERRIDEABLE:	YES	**TYPE OF DOCUMENT:**	PAPER, NON-PAPER, ADJUSTMENTS
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	RPROV
ESC NAME:	NO REIMBURSEMENT RULE.		
ESC CRITERIA: **LEGACY CRITERIA:**	IF THERE IS NOT A REIMBURSEMENT RECORD FOR THE FINANCIAL PAYER/BENEFIT PLAN/SERVICE FOR THE PROCEDURE, POST THE ESC. FAILS IF THE PROVIDER FILE DOES NOT HAVE A Q INDICATOR OF 1		
EOB CODES:	4831 – NO REIMBURSEMENT RULE ON FILE.		
METHOD OF CORRECTION:	1. VERIFY THAT THE PROVIDER NUMBER WAS KEYED CORRECTLY. IF NOT, CORRECT THE DATA.		
	2. IF ALL DATA IS KEYED CORRECTLY, DENY THE CLAIM.		
	THIS ESC IS SET TO AUTO-DENY FOR TYPE OF DOCUMENT - ELECTRONIC CLAIMS.		

3.606.2 4831 (FORMER LEGACY EDIT 369)

DMS Approved 01/26/96

ERROR STATUS CODE:	4831 (FORMER LEGACY EDIT 369)	**CLAIM TYPE:**	H, M, O
HEADER/DETAIL:	DETAIL	**PROVIDER TYPE:**	17, 30, 32, 33, 34, 37, 40, 41, 42, 43, 45, 71, 72, 74, 78, 86, 90
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	PAPER, NON-PAPER, ADJUSTMENTS
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	PROC
ESC NAME:	NO REIMBURSEMENT RULE.		
ESC CRITERIA: **LEGACY CRITERIA:**	IF THERE IS NOT A REIMBURSEMENT RECORD FOR THE FINANCIAL PAYER/BENEFIT PLAN/SERVICE FOR THE PROCEDURE, POST THE ESC. THIS EDIT FAILS WHEN A SPECIAL PRICING PARAMETER IS REQUIRED FOR THE PROCEDURE CODE AND ONE IS NOT FOUND ON THE PRICING PARAMETER FILE.		
EOB CODES:	4831 – NO REIMBURSEMENT RULE ON FILE.		
METHOD OF CORRECTION:	1. VERIFY PROCEDURE CODE WAS KEYED CORRECTLY. IF NOT, CORRECT THE DATA. 2. REFER TO PRIOR AUTHORIZATION SUPERVISOR IF ALL		

	INFORMATION IS CORRECT ON CLAIM. NOTE: EPSDT PARAMETERS: #31, 32, 33 NURSE MIDWIFE PARAMETERS: 40 – 44 BIRTHING CENTERS PARAMETERS: 40 – 44
	4. IF MASS ADJUSTMENT, FORWARD INFORMATION TO THE APPROPRIATE LOCATION FOR DMS.

3.606.3 4831 (FORMER LEGACY EDIT 372)

DMS Approved 01/26/96

ERROR STATUS CODE:	4831 (FORMER LEGACY EDIT 372)	**CLAIM TYPE:**	H, M, O, P/Q
HEADER/DETAIL:	HEADER	**PROVIDER TYPE:**	17, 22, 30, 32, 33, 34, 37, 40, 41, 42, 43, 45, 46, 47, 54, 55, 56, 57, 71, 72, 74, 78, 86, 90
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	PAPER, NON-PAPER, ADJUSTMENTS
DATA CORRECTABLE:	NO	**CLAIM FIELD LABEL:**	FDOS, TDOS, PROC

ESC NAME:	NO REIMBURSEMENT RULE.
ESC CRITERIA: **LEGACY CRITERIA:**	IF THERE IS NOT A REIMBURSEMENT RECORD FOR THE FINANCIAL PAYER/BENEFIT PLAN/SERVICE FOR THE PROCEDURE, POST THE ESC. IF THE CLAIM TYPE REQUIRED A SPECIAL PRICING PARAMETER BUT ONE CANNOT BE LOCATED IN THE PRICING PARAMETER FILE, THEN SUSPEND THE CLAIM.
EOB CODES:	4831 – NO REIMBURSEMENT RULE ON FILE.
METHOD OF CORRECTION:	A. VERIFY DATA (PROCEDURE, DOS) KEYED CORRECTLY. IF NOT, CORRECT THE DATA.
	B. VERIFY CLAIM WAS BATCHED CORRECTLY.
	C. IF ALL DATA CORRECT – REFER CLAIM TO PRIOR AUTHORIZATION SUPERVISOR.
	D. IF MASS ADJUSTMENT, FORWARD TO DMS.

3.606.4 4831 (FORMER LEGACY EDIT 955)

DMS Approved 12/11/03

ERROR STATUS CODE:	4831 (FORMER LEGACY EDIT 955)	**CLAIM TYPE:**	M
HEADER/DETAIL:	SYSTEM	**PROVIDER TYPE:**	13, 64, 65, 85
OVERRIDEABLE:	YES	**TYPE OF DOCUMENT:**	PAPER, NON-PAPER, ADJUSTMENTS
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	RPROV, MD

ESC NAME:	NO REIMBURSEMENT RULE.
ESC CRITERIA: **LEGACY CRITERIA:**	IF THERE IS NOT A REIMBURSEMENT RECORD FOR THE FINANCIAL PAYER/BENEFIT PLAN/SERVICE FOR THE PROCEDURE, POST THE ESC. FAILS IF A PROVIDER WITH ONE OF THE FOLLOWING SPECILAITES SUBMITS A CLAIM WITH A MODIFIER OF GT: 01 (GEN PRACTICE), 22 (PATHOLOGY), 25 (FAMILY PRACTICE), 99 (OTHER) **NOTE**: IF THE PROVIDER HAS MORE THAN ONE SPECIALITY ON THE PROVIDER MASTER FILE AND THE SPECIALITY IS 01, 22, 25, OR 99 AND THE OTHER SPECIALITY IS NOT 01, 22, 25, OR 99, THE CLAIM WILL NOT FAIL THE ESC.
EOB CODES:	4831 – NO REIMBURSEMENT RULE ON FILE.
METHOD OF CORRECTION:	1. VERIFY THAT THE MODIFIER IS KEYED CORRECTLY. IF NOT, CORRECT THE DATA.
	2. IF THE CLAIM IS KEYED CORRECTLY DENY THE LINE WITH EOB 955. PER DMS REQUEST AS PART OF THE HIPPA IMPLEMENTATION THIS ESC WAS END DATED FOR DOS AFTER 10/15/03.

3.607 4836 (FORMER LEGACY EDIT N/A)

DMS Approved 2/20/2009

ERROR STATUS CODE:	4836 (FORMER LEGACY EDIT N/A)	**CLAIM TYPE:**	ALL
HEADER/DETAIL:	DETAIL	**PROVIDER TYPE:**	ALL
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	PAPER, NON-PAPER, ADJUSTMENTS
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	PROV, PROCEDURE

ESC NAME:	PROV CONTRACT PROV SPECIALTY PROCEDURE
ESC CRITERIA: **LEGACY CRITERIA:**	PROVIDER CONTRACT AND SPECIALTY COMBINATION NOT ELIGIBLE TO BILL PROCEDURE CODE
EOB CODES:	9998 - CLAIM WAS PRICED IN ACCORDANCE WITH CURRENT KENTUCKY HEALTH COVERAGE PROGRAM POLICY
METHOD OF CORRECTION:	5. VERIFY THAT THE PROVIDER ID AND DATES OF SERVICE ARE KEYED CORRECTLY. IF NOT, CORRECT THE DATA.
	6. IF KEYED CORRECTLY, DENY THE CLAIM.

3.608 4837 (FORMER LEGACY EDIT N/A)

DMS Approved 2/20/2009

ERROR STATUS CODE:	4837 (FORMER LEGACY EDIT N/A)	**CLAIM TYPE:**	ALL
HEADER/DETAIL:	DETAIL	**PROVIDER TYPE:**	ALL
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	PAPER, NON-PAPER, ADJUSTMENTS
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	PROV, REVENUE

ESC NAME:	PROV CONTRACT PROV SPECIALTY REVENUE
ESC CRITERIA: **LEGACY CRITERIA:**	PROVIDER CONTRACT AND SPECIALTY COMBINATION NOT ELIGIBLE TO BILL REVENUE CODE
EOB CODES:	9998 - CLAIM WAS PRICED IN ACCORDANCE WITH CURRENT KENTUCKY HEALTH COVERAGE PROGRAM POLICY
METHOD OF CORRECTION:	7. VERIFY THAT THE PROVIDER ID AND DATES OF SERVICE ARE KEYED CORRECTLY. IF NOT, CORRECT THE DATA.
	8. IF KEYED CORRECTLY, DENY THE CLAIM.

3.609 4838 (FORMER LEGACY EDIT N/A)

DMS Approved 2/20/2009

ERROR STATUS CODE:	4838 (FORMER LEGACY EDIT N/A)	**CLAIM TYPE:**	ALL
HEADER/DETAIL:	DETAIL	**PROVIDER TYPE:**	ALL
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	PAPER, NON-PAPER, ADJUSTMENTS
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	PROV, PROCEDURE

ESC NAME:	REIMBURSEMENT PROV SPECIALTY PROCEDURE
ESC CRITERIA: **LEGACY CRITERIA:**	PROVIDER CONTRACT AND SPECIALTY COMBINATION NOT ELIGIBLE TO BE REIMBURSED FOR PROCEDURE CODE
EOB CODES:	9998 - CLAIM WAS PRICED IN ACCORDANCE WITH CURRENT KENTUCKY HEALTH COVERAGE PROGRAM POLICY
METHOD OF CORRECTION:	9. VERIFY THAT THE PROVIDER ID AND DATES OF SERVICE ARE KEYED CORRECTLY. IF NOT, CORRECT THE DATA.
	10. IF KEYED CORRECTLY, DENY THE CLAIM.

3.610 4839 (FORMER LEGACY EDIT N/A)

DMS Approved 2/20/2009

ERROR STATUS CODE:	4839 (FORMER LEGACY EDIT N/A)	**CLAIM TYPE:**	ALL
HEADER/DETAIL:	DETAIL	**PROVIDER TYPE:**	ALL
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	PAPER, NON-PAPER, ADJUSTMENTS
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	PROV, REVENUE

ESC NAME:	REIMBURSEMENT PROV SPECIALTY REVENUE
ESC CRITERIA: **LEGACY CRITERIA:**	PROVIDER CONTRACT AND SPECIALTY COMBINATION NOT ELIGIBLE TO BE REIMBURSED FOR REVENUE CODE
EOB CODES:	9998 - CLAIM WAS PRICED IN ACCORDANCE WITH CURRENT KENTUCKY HEALTH COVERAGE PROGRAM POLICY
METHOD OF CORRECTION:	11. VERIFY THAT THE PROVIDER ID AND DATES OF SERVICE ARE KEYED CORRECTLY. IF NOT, CORRECT THE DATA.
	12. IF KEYED CORRECTLY, DENY THE CLAIM.

3.611 4845 (FORMER LEGACY EDIT N/A)

DMS Approved 06/2007

ERROR STATUS CODE:	4845 (FORMER LEGACY EDIT N/A)	**CLAIM TYPE:**	ALL
HEADER/DETAIL:	DETAIL	**PROVIDER TYPE:**	ALL
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	ALL
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	ALL

ESC NAME:	MEDICAL REVIEW FOR DRG BILLING RULE
ESC CRITERIA:	INPATIENT AND INPATIENT CROSSOVERS CLAIM TYPES: IF MEDICAL REVIEW IS INDICATED FOR THE DRG BILLING RULE, POST THE EDIT. THE HEADER FDOS/TDOS RANGE IS USED TO COMPARE TO THE RULE EFFECTIVE DATES. THE EDIT IS PERFORMED USING THE PERFORMING/FACILITY PROVIDER CONTRACT.
LEGACY CRITERIA:	N/A
EOB CODES:	4845 - MEDICAL REVIEW FOR DRG BILLING RULE
METHOD OF CORRECTION:	VERIFY THAT THE INFORMATION WAS KEYED CORRECTLY. IF NOT, CORRECT THE DATA.
	IF ENTERED CORRECTLY, DENY THE CLAIM.

3.612 4872 (FORMER LEGACY EDIT N/A)

DMS Approved 06/2007

ERROR STATUS CODE:	4872 (FORMER LEGACY EDIT N/A)	**CLAIM TYPE:**	ALL
HEADER/DETAIL:	DETAIL	**PROVIDER TYPE:**	ALL
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	ALL
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	ALL

ESC NAME:	CLAIM TYPE RESTRICTION FOR BILLED DIAGNOSIS
ESC CRITERIA:	PHYSICIAN, PHYSICIAN CROSSOVER CLAIM TYPES: IF THE CLAIM TYPE IS NOT WITHIN THE CLAIM TYPE RESTRICTION OF THE BILLING RULE FOR ANY DIAGNOSIS POINTED TO BY THE DETAIL, POST THE EDIT. THE DETAIL FDOS/TDOS RANGE IS USED TO COMPARE THE RULE EFFECTIVE DATES. OUTPATIENT, LONG TERM CARE, AND HOME HEALTH: IF THE CLAIM TYPE IS NOT WITHIN THE CLAIM TYPE RESTRICTION OF THE BILLING RULE FOR ANY HEADER DIAGNOSIS INCLUDING THE ADMIT OR EMERGENCY DIAGNOSIS, POST THE EDIT. THE DETAIL FDOS/TDOS RANGE IS USED TO COMPARE TO THE RULE EFFECTIVE DATES. INPATIENT: IF THE CLAIM TYPE IS NOT WITHIN THE CLAIM TYPE RESTRICTION OF THE BILLING RULE FOR THE PRIMARY, SECONDARY, OR ADMIT DIAGNOSIS, POST THE EDIT. THE DETAIL FDOS/TDOS RANGE IS USED TO COMPARE TO THE RULE EFFECTIVE DATES. INPATIENT CROSSOVERS, OUTPATIENT CROSSOVERS: IF THE CLAIM TYPE IS NOT WITHIN THE CLAIM TYPE RESTRICTION OF THE BILLING RULE FOR ANY HEADER DIAGNOSIS INCLUDING THE ADMIT OR EMERGENCY DIAGNOSIS, POST THE EDIT. THE HEADER FDOS/TDOS RANGE IS USED TO COMPARE TO THE RULE EFFECTIVE DATES.
LEGACY CRITERIA:	N/A
EOB CODES:	4872 - CLAIM TYPE RESTRICTION FOR BILLED DIAGNOSIS
METHOD OF CORRECTION:	VERIFY THAT THE INFORMATION WAS KEYED CORRECTLY. IF NOT, CORRECT THE DATA.
	IF ENTERED CORRECTLY, DENY THE CLAIM.

3.613 4874 (FORMER LEGACY EDIT N/A)

DMS Approved 06/2007

ERROR STATUS CODE:	4874 (FORMER LEGACY EDIT N/A)	**CLAIM TYPE:**	I, O, H, L, A, C
HEADER/DETAIL:	DETAIL	**PROVIDER TYPE:**	ALL FOR THE ABOVE CLAIM TYPES
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	ALL
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	REV CODE

ESC NAME:	CLAIM TYPE RESTRICTION FOR BILLED REV CODE
ESC CRITERIA:	OUTPATIENT, LONG TERM CARE, AND HOME HEALTH: IF THE CLAIM TYPE IS NOT WITHIN THE CLAIM TYPE RESTRICTION OF THE BILLING RULE FOR ANY HEADER REV CODE INCLUDING THE ADMIT OR EMERGENCY REV CODE, POST THE EDIT. THE DETAIL FDOS/TDOS RANGE IS USED TO COMPARE TO THE RULE EFFECTIVE DATES. INPATIENT: IF THE CLAIM TYPE IS NOT WITHIN THE CLAIM TYPE RESTRICTION OF THE BILLING RULE FOR THE PRIMARY, SECONDARY, OR ADMIT REV CODE, POST THE EDIT. THE DETAIL FDOS/TDOS RANGE IS USED TO COMPARE TO THE RULE EFFECTIVE DATES. INPATIENT CROSSOVERS, OUTPATIENT CROSSOVERS: IF THE CLAIM TYPE IS NOT WITHIN THE CLAIM TYPE RESTRICTION OF THE BILLING RULE FOR ANY HEADER REV CODE INCLUDING THE ADMIT OR EMERGENCY REV CODE, POST THE EDIT. THE HEADER FDOS/TDOS RANGE IS USED TO COMPARE TO THE RULE EFFECTIVE DATES.
LEGACY CRITERIA:	N/A
EOB CODES:	4874 - CLAIM TYPE RESTRICTION FOR BILLED REV CODE
METHOD OF CORRECTION:	VERIFY THAT THE INFORMATION WAS KEYED CORRECTLY. IF NOT, CORRECT THE DATA.
	IF ENTERED CORRECTLY, DENY THE CLAIM.

3.614 4875 (FORMER LEGACY EDIT N/A)

DMS Approved 06/2007

ERROR STATUS CODE:	4875 (FORMER LEGACY EDIT N/A)	**CLAIM TYPE:**	ALL
HEADER/DETAIL:	DETAIL	**PROVIDER TYPE:**	ALL
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	ALL
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	ALL

ESC NAME:	CLAIM TYPE RESTRICTION FOR BILLED DRG
ESC CRITERIA:	PHYSICIAN, PHYSICIAN CROSSOVER CLAIM TYPES: IF THE CLAIM TYPE IS NOT WITHIN THE CLAIM TYPE RESTRICTION OF THE BILLING RULE FOR ANY DRG POINTED TO BY THE DETAIL, POST THE EDIT. THE DETAIL FDOS/TDOS RANGE IS USED TO COMPARE THE RULE EFFECTIVE DATES. OUTPATIENT, LONG TERM CARE, AND HOME HEALTH: IF THE CLAIM TYPE IS NOT WITHIN THE CLAIM TYPE RESTRICTION OF THE BILLING RULE FOR ANY HEADER DRG INCLUDING THE ADMIT OR EMERGENCY DRG, POST THE EDIT. THE DETAIL FDOS/TDOS RANGE IS USED TO COMPARE TO THE RULE EFFECTIVE DATES. INPATIENT: IF THE CLAIM TYPE IS NOT WITHIN THE CLAIM TYPE RESTRICTION OF THE BILLING RULE FOR THE PRIMARY, SECONDARY, OR ADMIT DRG, POST THE EDIT. THE DETAIL FDOS/TDOS RANGE IS USED TO COMPARE TO THE RULE EFFECTIVE DATES. INPATIENT CROSSOVERS, OUTPATIENT CROSSOVERS: IF THE CLAIM TYPE IS NOT WITHIN THE CLAIM TYPE RESTRICTION OF THE BILLING RULE FOR ANY HEADER DRG INCLUDING THE ADMIT OR EMERGENCY DRG, POST THE EDIT. THE HEADER FDOS/TDOS RANGE IS USED TO COMPARE TO THE RULE EFFECTIVE DATES.
LEGACY CRITERIA:	N/A
EOB CODES:	4875 - CLAIM TYPE RESTRICTION FOR BILLED DRG
METHOD OF CORRECTION:	VERIFY THAT THE INFORMATION WAS KEYED CORRECTLY. IF NOT, CORRECT THE DATA.
	IF ENTERED CORRECTLY, DENY THE CLAIM.

3.615 4876 (FORMER LEGACY EDIT N/A)

DMS Approved 06/2007

ERROR STATUS CODE:	4876 (FORMER LEGACY EDIT N/A)	**CLAIM TYPE:**	ALL
HEADER/DETAIL:	DETAIL	**PROVIDER TYPE:**	ALL
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	ALL
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	ALL

ESC NAME:	CLAIM TYPE RESTRICTION FOR BILLED ICD-9
ESC CRITERIA:	PHYSICIAN, PHYSICIAN CROSSOVER CLAIM TYPES: IF THE CLAIM TYPE IS NOT WITHIN THE CLAIM TYPE RESTRICTION OF THE BILLING RULE FOR ANY ICD-9 POINTED TO BY THE DETAIL, POST THE EDIT. THE DETAIL FDOS/TDOS RANGE IS USED TO COMPARE THE RULE EFFECTIVE DATES. OUTPATIENT, LONG TERM CARE, AND HOME HEALTH: IF THE CLAIM TYPE IS NOT WITHIN THE CLAIM TYPE RESTRICTION OF THE BILLING RULE FOR ANY HEADER ICD-9 INCLUDING THE ADMIT OR EMERGENCY ICD-9, POST THE EDIT. THE DETAIL FDOS/TDOS RANGE IS USED TO COMPARE TO THE RULE EFFECTIVE DATES. INPATIENT: IF THE CLAIM TYPE IS NOT WITHIN THE CLAIM TYPE RESTRICTION OF THE BILLING RULE FOR THE PRIMARY, SECONDARY, OR ADMIT ICD-9, POST THE EDIT. THE DETAIL FDOS/TDOS RANGE IS USED TO COMPARE TO THE RULE EFFECTIVE DATES. INPATIENT CROSSOVERS, OUTPATIENT CROSSOVERS: IF THE CLAIM TYPE IS NOT WITHIN THE CLAIM TYPE RESTRICTION OF THE BILLING RULE FOR ANY HEADER ICD-9 INCLUDING THE ADMIT OR EMERGENCY ICD-9, POST THE EDIT. THE HEADER FDOS/TDOS RANGE IS USED TO COMPARE TO THE RULE EFFECTIVE DATES.
LEGACY CRITERIA:	N/A
EOB CODES:	4876 - CLAIM TYPE RESTRICTION FOR BILLED ICD-9
METHOD OF CORRECTION:	VERIFY THAT THE INFORMATION WAS KEYED CORRECTLY. IF NOT, CORRECT THE DATA.
	IF ENTERED CORRECTLY, DENY THE CLAIM.

3.616 4881 (FORMER LEGACY EDIT N/A)

DMS Approved 06/2007

ERROR STATUS CODE:	4881 (FORMER LEGACY EDIT N/A)	**CLAIM TYPE:**	ALL
HEADER/DETAIL:	DETAIL	**PROVIDER TYPE:**	ALL
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	ALL
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	ALL

ESC NAME:	POS RESTRICTION FOR BILLED DRG
ESC CRITERIA:	PHYSICIAN AND PHYSICIAN CROSSOVER CLAIM TYPES: IF THE PLACE OF SERVICE IS NOT WITHIN THE PLACE OF SERVICE RESTRICTION OF THE BILLING RULE FOR ANY DRG POINTED TO BY THE DETAIL, POST THE EDIT. THE DETAIL FDOS/TDOS RANGE IS USED TO COMPARE THE RULE EFFECTIVE DATES. OUTPATIENT, LONG TERM CARE, AND HOME HEALTH: IF THE PLACE OF SERVICE IS NOT WITHIN THE PLACE OF SERVICE RESTRICTION OF THE BILLING RULE FOR ANY HEADER DRG INCLUDING THE ADMIT OR EMERGENCY DRG, POST THE EDIT. THE DETAIL FDOS/TDOS RANGE IS USED TO COMPARE TO THE RULE EFFECTIVE DATES. INPATIENT: IF THE PLACE OF SERVICE IS NOT WITHIN THE PLACE OF SERVICE RESTRICTION OF THE BILLING RULE FOR THE PRIMARY, SECONDARY, OR ADMIT DRG, POST THE EDIT. THE DETAIL FDOS/TDOS RANGE IS USED TO COMPARE TO THE RULE EFFECTIVE DATES. INPATIENT CROSSOVERS, OUTPATIENT CROSSOVERS: IF THE PLACE OF SERVICE IS NOT WITHIN THE PLACE OF SERVICE RESTRICTION OF THE BILLING RULE FOR ANY HEADER DRG INCLUDING THE ADMIT OR EMERGENCY DRG, POST THE EDIT. THE HEADER FDOS/TDOS RANGE IS USED TO COMPARE TO THE RULE EFFECTIVE DATES. THE EDIT IS PERFORMED USING THE PERFORMING/FACILITY PROVIDER CONTRACT.
LEGACY CRITERIA:	N/A
EOB CODES:	4881 - POS RESTRICTION FOR BILLED DRG
METHOD OF CORRECTION:	VERIFY THAT THE INFORMATION WAS KEYED CORRECTLY. IF NOT, CORRECT THE DATA.
	IF ENTERED CORRECTLY, DENY THE CLAIM.

3.617 4882

3.617.1 4882 (FORMER LEGACY EDIT 260)

DMS Approved 05/01/2009

ERROR STATUS CODE:	4882 (FORMER LEGACY EDIT 260)	**CLAIM TYPE:**	ALL
HEADER/DETAIL:	BOTH	**PROVIDER TYPE:**	ALL
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	PAPER, NON-PAPER, ADJUSTMENTS, MASS ADJUSTMENTS
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	DRG, MEMBER ID, PROC

ESC NAME:	NO COVERAGE FOR BILLED DRG.
ESC CRITERIA: **LEGACY CRITERIA:**	IF NO COVERAGE RULE IS FOUND ON THE MEMBER'S BENEFIT PLAN FOR THE DRG, POST THE ESC. FAILS IF THE MEMBER HAS A PROGRAM CODE OF "ZJ", "ZK", "ZL" OR "ZQ" FOR EITHER THE "FROM" OR "TO" DATE OF SERVICE.
EOB CODES:	260 – CLAIM DENIED. THE KENTUCKY MEDICAID PROGRAM IS ONLY RESPONSIBLE FOR BUY-IN PREMIUMS FOR THIS MEMBER. MEDICAID CLAIMS ARE NOT REIMBURSABLE FOR THIS MEMBER. (PRIOR TO 06/01/2006) 1121 - FOR QMB ONLY MEMBERS, THIS SERVICE IS NOT PAYABLE. FOR QDWI, QI1, QI2 AND SLMBMEMBERS, KENTUCKY MEDICAID PROGRAM IS ONLY RESPONSIBLE FOR BUY-IN PREMIUMS. (AFTER 05/31/2006)
METHOD OF CORRECTION: **FOR PAPER ADJUSTMENT:** **FOR MASS ADJUSTMENT OR ELECTRONIC ADJUSTMENT:**	1. VERIFY THE MEMBER ID WAS KEYED CORRECTLY. IF NOT, CORRECT THE DATA. 2. VERIFY THE DATES OF SERVICE WERE KEYED CORRECTLY. IF NOT, CORRECT THE DATA. 3. IF THE MEMBER ID AND DATES OF SERVICE WERE KEYED CORRECTLY, DENY THE ESC. 4. IF THE CLAIM IS KEYED CORRECTLY, THE ENTIRE CLAIM FAILS THE ESC, AND NO ELIGIBILITY CARD IS PRESENT, DENY THE CLAIM AND REQUEST A PROVIDER REFUND USING THE APPROPRIATE EOB CODE. 5. IF ONLY CERTAIN DETAILS FAIL THE ESC, DENY THE DETAILS. 6. IF THE ENTIRE CLAIM FAILS THE ESC, VERIFY THE MEMBER ID NUMBER BY USING THE NAME AND BIRTH DATE TO OBTAIN THE RECORD. IF A NEW NUMBER IS FOUND, DATA CORRECT THE MEMBER ID NUMBER. IF KEYED CORRECTLY AND NO MATCH IS FOUND ON

	MEMBER ELIGIBILITY FILE, REFER TO DMS FOR REVIEW. IF DMS RETURNS WITH “NO MATCH FOUND”, DENY THE CLAIM AND REQUEST A PROVIDER REFUND. IF DMS INDICATES A NEW MEMBER ID NUMBER, DATA CORRECT THE MEMBER ID. 7. IF ONLY CERTAIN DETAILS FAIL THE ESC, DENY THE DETAILS.

3.617.2 4882 (FORMER LEGACY EDIT 399)

DMS Approved 04/07/2010

ERROR STATUS CODE:	4882 (FORMER LEGACY EDIT 399)	**CLAIM TYPE:**	ALL
HEADER/DETAIL:	HEADER/DETAIL	**PROVIDER TYPE:**	ALL
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	PAPER, NON-PAPER, ADJUSTMENTS, MASS ADJUSTMENTS
DATA CORRECTABLE	YES	**CLAIM FIELD LABEL:**	MEMBER ID, FDOS, TDOS
ESC NAME:	NO COVERAGE FOR BILLED DRG.		
ESC CRITERIA: **LEGACY CRITERIA:**	IF THE DRG CODE IS NOT COVERED ON THE BENEFICARY BENEFIT PLAN FOR THE DATE OF SERVICE, POST THE ESC. FAILS IF THE MEMBER HAS A PROGRAM CODE OF PE FOR THE DATE OF SERVICE AND THE SERVICE IS NOT A COVERED BENEFIT FOR PRESUMPTIVE ELIGIBILITY. COVERED PE BENEFITS ARE LISTED AS EXCLUSIONS BELOW. **EXCLUSIONS:** A. CLAIMS SUBMIT BY PROVIDER TYPES 20 (PREVENTIVE SVCS), 31 (PRIMARY CARE), 35 (RURAL HEALTH), 54 (PHARMACY), 55 (AMBULANCE), 56 (NON-EMERGENCY TRANSPORTATION), 60 (DENTAL), 61 (DENTAL CLINIC), AND 95 (PHYSICIAN ASSISTANT) DO NOT FAIL THIS ESC. B. FOR CLAIMS SUBMITTED BY PHYSICIANS (PT 64, 65), IF THE BILLING PROVIDER HAS A SPECIALTY OF 01 (GENERAL), 11 (INTERNAL MEDICINE), 16 (OB/GYN), 25 (FAMILY PRACTICE) AND 37 (PEDIATRICS) THE ESC DOES NOT FAIL. C. FOR CLAIM SUBMITTED BY ARNP PROVIDERS (PT 78), IF THE BILLING PROVIDER HAS A SPECIALTY OF 50 (PEDIATRIC), 51 (FAMILY), 52 (ADULT), 57 (MIDWIFE), AND 58 (OB/GYN) THE ESC DOES NOT FAIL. D. CLAIM DETAILS WITH A PLACE OF SERVICE CODE OF 23 (EMERGENCY ROOM) DO NOT FAIL THIS ESC. E. CLAIM DETAILS FOR LABORATORY AND X-RAY SERVICES DO NOT FAIL THIS ESC (PROC CODES 36415, 70100-76977, 80000-89999; REV CODES 254, 255, 300-307, 310-312, 314, 320-324, 330, 340-342, 350-352, 400-404, 621, 622, 920, 923-925, 971-974). F. OUTPATIENT HOSPITAL CLAIMS (CT M, PROV TYPE 01) WHICH INCLUDE AN EMERGENCY ROOM REVENUE CODE (450, 451, 452, 456) DO NOT FAIL THIS ESC (ALL DETAILS). G. OUTPATIENT HOSPITAL CLAIMS (C/T M, PROVIDER TYPE 01), WHICH INCLUDES OBSERVATION ROOM REVENUE CODE 762, DO NOT FAIL THIS ESC. H. CLAIM DETAILS BILLING REVENUE CODES 250, 258, 260, 270, 720, OR 940 DO NOT FAIL THIS ESC WHEN BILLED AS		

	OUTPATIENT HOSPITAL CLAIMS (C/T M, P/T 01) WITH TYPE OF BILL 131. I. CLAIM DETAILS BILLING REVENUE CODES 610, 611 OR 612 DO NOT FAIL ESC 4021 WHEN BILLED BY PROVIDER TYPE 01 PER CO 13721.
EOB CODES:	0399 –THIS SERVICE NOT COVERED FOR THIS MEMBER. **NOTE: THIS EOB IS SET FOR BENEFIT PLANS PE AND GCENC.**
METHOD OF CORRECTION:	1. VERIFY THE PROCEDURE/REVENUE CODE AND PLACE OF SERVICE CODE ARE ENTERED CORRECTLY. IF NOT, CORRECT. 2. IF ENTERED CORRECTLY, DENY THE DETAIL WITH EOB 0399.

3.617.3 4882 (FORMER LEGACY EDIT 414)

DMS Approved 12/28/06

ERROR STATUS CODE:	4882 (FORMER LEGACY EDIT 414)	**CLAIM TYPE:**	ALL EXCEPT A, L, M
HEADER/DETAIL:	HEADER/DETAIL	**PROVIDER TYPE:**	01, 02, 04, 92, 93
OVERRIDEABLE:	YES	**TYPE OF DOCUMENT:**	PAPER, NON-PAPER, ADJUSTMENTS, MASS ADJUSTMENTS
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	MEMBER ID, DOS

ESC NAME:	NO COVERAGE FOR BILLED DRG.
ESC CRITERIA: **LEGACY CRITERIA:**	IF THERE IS NO BUSINESS RULE ON THE PROVIDER CONTRACT FOR THE BILLED DRG, POST THE ESC. FAILS IF THE MEMBER IS ENROLLED IN MANAGED CARE DURING THE DATES OF SERVICE. **EXCLUSIONS:** • CLAIM TYPE M –PROVIDER TYPE 45-PROCEDURE CODES S8990, S9480, H0005, H0031, H2020, H0046 AND H0047. • CLAIM TYPE M – PROVIDER TYPES 30, 33, 41, 42, AND 43 • CLAIM TYPE M – PROVIDER TYPES 20, 21, 23, AND 24 **NOTE**: P/T 20 EXCLUDED PER CO1287 • CLAIM TYPES A AND I – PROVIDER TYPE 02, 04 • CLAIM TYPE A AND I – PROVIDER TYPE 01, 92 AND 93 – CLAIMS WITH REVENUE CODES 114, 124, 134, 144, 154, AND 204 AND NO OTHER ACCOMMODATION REVENUE CODE (100 THRU 219) • PROVIDER TYPE 45 – H5050, H5170, ZR121, ZR124, ZR128, ZR158, 90801, 90844, 90862, J8499, X0050, X0051, AND 99450, H0015, H0017, H0018, 90804. • PROVIDER TYPE 45 – H2029, H2036 AND T2048-DCR 00995 • PROVIDER TYPE 56 – DETAILS WITH PLACE OF SERVICE

	09, 51, 52, 53, 54, 55, OR 56 ARE EXCLUDED • PROVIDER TYPE 54 – PRESCRIBERS LICENSE NUMBER HAS A SPECIALTY OF 27 – PSYCHIATRIST • PROVIDER TYPES 64, 65, 78 – CLAIMS WITH A BILLING PROVIDER WHO HAS A SPECIALITY OF 26 ARE EXCLUDED • CLAIM TYPE B – PROVIDER TYPES 82 AND 89
EOB CODES:	0414 – MEMBER ENROLLED IN MANAGED CARE DURING DATES OF SERVICE **NOTE: THIS EOB IS SET FOR ASSIGNMENT PLAN PART AND BENEFIT PLANS PASWC AND PASNC.**
METHOD OF CORRECTION:	1. VERIFY THAT THE MEMBER ID AND DATES OF SERVICE ARE KEYED CORRECTLY. IF NOT, CORRECT THE DATA.
	2. IF KEYED CORRECTLY, DENY.

3.618 4883 (FORMER LEGACY EDIT N/A)

DMS Approved 06/2007

ERROR STATUS CODE:	4883 (FORMER LEGACY EDIT N/A)	**CLAIM TYPE:**	ALL
HEADER/DETAIL:	DETAIL	**PROVIDER TYPE:**	ALL
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	ALL
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	ALL

ESC NAME:	MEDICAL REVIEW FOR DRG COVERED RULE
ESC CRITERIA: **LEGACY CRITERIA:**	INPATIENT AND INPATIENT CROSSOVERS CLAIM TYPES: IF MEDICAL REVIEW IS INDICATED FOR THE DRG COVERED RULE, POST THE EDIT. THE HEADER FDOS/TDOS RANGE IS USED TO COMPARE TO THE RULE EFFECTIVE DATES. THE EDIT IS PERFORMED USING THE PERFORMING/FACILITY PROVIDER CONTRACT. N/A
EOB CODES:	4883 - MEDICAL REVIEW FOR DRG COVERED RULE
METHOD OF CORRECTION:	VERIFY THAT THE INFORMATION WAS KEYED CORRECTLY. IF NOT, CORRECT THE DATA.
	IF ENTERED CORRECTLY, DENY THE CLAIM.

3.619 4884 (FORMER LEGACY EDIT N/A)

DMS Approved 06/2007

ERROR STATUS CODE:	4884 (FORMER LEGACY EDIT N/A)	**CLAIM TYPE:**	ALL
HEADER/DETAIL:	DETAIL	**PROVIDER TYPE:**	ALL
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	ALL
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	ALL

ESC NAME:	AGE RESTRICTION FOR COVERED DRG
ESC CRITERIA:	INPATIENT AND INPATIENT CROSSOVERS CLAIM TYPES: IF THE MEMBER'S AGE IS NOT WITHIN THE AGE RESTRICTION FOR THE DRG BILLING RULE, POST THE EDIT. THE MEMBER'S AGE IS CALCULATED USING THE HEADER FDOS. THE HEADER FDOS/TDOS RANGE IS USED TO COMPARE TO THE RULE EFFECTIVE DATES.
LEGACY CRITERIA:	N/A
EOB CODES:	4884- AGE RESTRICTION FOR COVERED DRG
METHOD OF CORRECTION:	VERIFY THAT THE INFORMATION WAS KEYED CORRECTLY. IF NOT, CORRECT THE DATA.
	IF ENTERED CORRECTLY, DENY THE CLAIM.

3.620 4886

3.620.1 4886 (FORMER LEGACY EDIT 121)

DMS Approved 01/26/96

ERROR STATUS CODE:	4886 (FORMER LEGACY EDIT 121)	**CLAIM TYPE:**	ALL EXCEPT A, B, C
HEADER/DETAIL:	HEADER	**PROVIDER TYPE:**	01, 02, 04, 92, 93
OVERRIDEABLE:	YES	**TYPE OF DOCUMENT:**	PAPER, NON-PAPER, ADJUSTMENTS
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	FDOS, MEMBER ID, DRG

ESC NAME:	CLAIM TYPE NOT ALLOWED FOR COVERED DRG.
ESC CRITERIA: **LEGACY CRITERIA:**	IF THE MEMBER'S BENEFIT PLAN COVERAGE RULE DOES NOT ALLOW THE CLAIM TYPE FOR THE DRG CODE POST THE ESC. FAILS NON-CROSSOVER CLAIMS FILED ON QMB-ONLY MEMBERS (PROGRAM CODE Z, BENEFIT PLAN MCASA, FOR D.O.S.) AS FOLLOWS: • IF CLAIM TYPE I, L, M (PROV TYPES 31, 35, 55, 56, 57) O (PT 01), P OR Q AND THE MEMBER PROGRAM CODE IS Z, FAIL THE CLAIM IN THE HEADER. • IF CLAIM TYPE D, M (PROV TYPES OTHER THAN 31, 35, 55, 56, 57) OR O (PROV TYPE 39) AND THE MEMBER PROGRAM CODE IS Z, FAIL THE DETAIL. • IF CLAIM TYPE H, THE PROCEDURE CODE IS **NOT** 658 OR 659, AND THE MEMBER PROGRAM IS Z, FAIL THE DETAIL.
EOB CODES:	0121 – THIS SERVICE IS NOT PAYABLE FOR QMB-ONLY MEMBER. (PRIOR TO 06/01/2006) 1121 - FOR QMB ONLY MEMBERS, THIS SERVICE IS NOT PAYABLE. FOR QDWI, QI1, QI2 AND SLMBMEMBERS, KENTUCKY MEDICAID PROGRAM IS ONLY RESPONSIBLE FOR BUY-IN PREMIUMS. (AFTER 05/31/2006)
METHOD OF CORRECTION:	1. VERIFY THAT THE FROM DATE OF SERVICE WAS KEYED CORRECTLY. IF NOT, DATA CORRECT. 2. VERIFY THE MEMBER ID NUMBER WAS KEYED CORRECTLY. IF NOT, DATA CORRECT. 3. IF THE FDOS AND MEMBER ID ARE KEYED CORRECTLY, DENY THE CLAIM.
	THIS ESC IS SET TO AUTO-DENY FOR TYPE OF DOCUMENT - ELECTRONIC CLAIMS.

3.620.2 4886 (FORMER LEGACY EDIT 260)

DMS Approved 05/01/2009

ERROR STATUS CODE:	4886 (FORMER LEGACY EDIT 260)	**CLAIM TYPE:**	ALL
HEADER/DETAIL:	BOTH	**PROVIDER TYPE:**	ALL
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	PAPER, NON-PAPER, ADJUSTMENTS
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	MEMBER ID, DRG

ESC NAME:	CLAIM TYPE NOT ALLOWED FOR COVERED DRG
ESC CRITERIA: **LEGACY CRITERIA:**	IF THE MEMBER'S BENEFIT PLAN COVERAGE RULE DOES NOT ALLOW THE CLAIM TYPE FOR THE DRG CODE POST THE ESC. FAILS IF THE MEMBER HAS A PROGRAM CODE OF "ZJ", "ZK", "ZL" OR "ZQ" FOR EITHER THE "FROM" OR "TO" DATE OF SERVICE.
EOB CODES:	0260 – KY MEDICAID IS ONLY RESPONSIBLE FOR MEDICARE BUY-IN PREMIUMS FOR THIS MEMBER. KY MEDICAID CLAIMS ARE NOT REIMBURSABLE FOR THIS MEMBER. (PRIOR TO 06/01/2006) 1121 - FOR QMB ONLY MEMBERS, THIS SERVICE IS NOT PAYABLE. FOR QDWI, QI1, QI2 AND SLMBMEMBERS, KENTUCKY MEDICAID PROGRAM IS ONLY RESPONSIBLE FOR BUY-IN PREMIUMS. (AFTER 05/31/2006)
METHOD OF CORRECTION: **FOR PAPER ADJUSTMENT:** **FOR MASS ADJUSTMENT OR ELECTRONIC ADJUSTMENT:**	1. VERIFY THE MEMBER ID WAS KEYED CORRECTLY. IF NOT, CORRECT THE DATA. 2. VERIFY THE DATES OF SERVICE WERE KEYED CORRECTLY. IF NOT, CORRECT THE DATA. 3. IF THE MEMBER ID AND DATES OF SERVICE WERE KEYED CORRECTLY, DENY THE ESC. 4. IF THE CLAIM IS KEYED CORRECTLY, THE ENTIRE CLAIM FAILS THE ESC, AND NO ELIGIBILITY CARD IS PRESENT, DENY THE CLAIM AND REQUEST A PROVIDER REFUND USING THE APPROPRIATE EOB CODE. 5. IF ONLY CERTAIN DETAILS FAIL THE ESC, DENY THE DETAILS. 6. IF THE ENTIRE CLAIM FAILS THE ESC, VERIFY THE MEMBER ID NUMBER BY USING THE NAME AND BIRTH DATE TO OBTAIN THE RECORD. IF A NEW NUMBER IS FOUND, DATA CORRECT THE MEMBER ID NUMBER. IF KEYED CORRECTLY AND NO MATCH IS FOUND ON MEMBER ELIGIBILITY FILE, REFER TO DMS FOR

	REVIEW. IF DMS RETURNS WITH “NO MATCH FOUND”, DENY THE CLAIM AND REQUEST A PROVIDER REFUND. IF DMS INDICATES A NEW MEMBER ID NUMBER, DATA CORRECT THE MEMBER ID. 7. IF ONLY CERTAIN DETAILS FAIL THE ESC, DENY THE DETAILS.

3.621 4887 (FORMER LEGACY EDIT N/A)

DMS Approved 06/2007

ERROR STATUS CODE:	4887 (FORMER LEGACY EDIT N/A)	**CLAIM TYPE:**	ALL
HEADER/DETAIL:	DETAIL	**PROVIDER TYPE:**	ALL
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	ALL
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	ALL

ESC NAME:	POS RESTRICTION FOR COVERED DRG
ESC CRITERIA:	PHYSICIAN AND PHYSICIAN CROSSOVER CLAIM TYPES: IF THE PLACE OF SERVICE IS NOT WITHIN THE PLACE OF SERVICE RESTRICTION OF THE COVERED RULE FOR ANY DRG POINTED TO BY THE DETAIL, POST THE EDIT. THE DETAIL FDOS/TDOS RANGE IS USED TO COMPARE THE RULE EFFECTIVE DATES. OUTPATIENT, LONG TERM CARE, AND HOME HEALTH: IF THE PLACE OF SERVICE IS NOT WITHIN THE PLACE OF SERVICE RESTRICTION OF THE COVERED RULE FOR ANY HEADER DRG INCLUDING THE ADMIT OR EMERGENCY DRG, POST THE EDIT. THE DETAIL FDOS/TDOS RANGE IS USED TO COMPARE TO THE RULE EFFECTIVE DATES. INPATIENT: IF THE PLACE OF SERVICE IS NOT WITHIN THE PLACE OF SERVICE RESTRICTION OF THE COVERED RULE FOR THE PRIMARY, SECONDARY, OR ADMIT DRG, POST THE EDIT. THE DETAIL FDOS/TDOS RANGE IS USED TO COMPARE TO THE RULE EFFECTIVE DATES. INPATIENT CROSSOVERS, OUTPATIENT CROSSOVERS: IF THE PLACE OF SERVICE IS NOT WITHIN THE PLACE OF SERVICE RESTRICTION OF THE COVERED RULE FOR ANY HEADER DRG INCLUDING THE ADMIT OR EMERGENCY DRG, POST THE EDIT. THE HEADER FDOS/TDOS RANGE IS USED TO COMPARE TO THE RULE EFFECTIVE DATES. THE EDIT IS PERFORMED USING THE PERFORMING/FACILITY PROVIDER CONTRACT.
LEGACY CRITERIA:	N/A
EOB CODES:	4887 - POS RESTRICTION FOR COVERED DRG
METHOD OF CORRECTION:	VERIFY THAT THE INFORMATION WAS KEYED CORRECTLY. IF NOT, CORRECT THE DATA.
	IF ENTERED CORRECTLY, DENY THE CLAIM.

3.622 4900 (FORMER LEGACY EDIT N/A)

DMS Approved 06/2007

ERROR STATUS CODE:	4900 (FORMER LEGACY EDIT N/A)	**CLAIM TYPE:**	ALL
HEADER/DETAIL:	DETAIL	**PROVIDER TYPE:**	ALL
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	ALL
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	ALL

ESC NAME:	BENEFIT PLAN RESTRICTION FOR COVERED DIAGNOSIS
ESC CRITERIA:	PHYSICIAN, PHYSICIAN CROSSOVER CLAIM TYPES: IF THE MEMBER DOES NOT HAVE ONE OF THE MEMBER PLANS WITHIN THE MEMBER PLAN RESTRICTION OF THE BILLING RULE FOR ANY DIAGNOSIS POINTED TO BY THE DETAIL, POST THE EDIT. THE DETAIL FDOS/TDOS RANGE IS USED TO COMPARE THE RULE EFFECTIVE DATES. OUTPATIENT, LONG TERM CARE, AND HOME HEALTH: IF THE MEMBER DOES NOT HAVE ONE OF THE MEMBER PLANS WITHIN THE MEMBER PLAN RESTRICTION OF THE BILLING RULE FOR ANY HEADER DIAGNOSIS INCLUDING THE ADMIT OR EMERGENCY DIAGNOSIS, POST THE EDIT. THE DETAIL FDOS/TDOS RANGE IS USED TO COMPARE TO THE RULE EFFECTIVE DATES. INPATIENT: IF THE MEMBER DOES NOT HAVE ONE OF THE MEMBER PLANS WITHIN THE MEMBER PLAN RESTRICTION OF THE BILLING RULE FOR THE PRIMARY, SECONDARY, OR ADMIT DIAGNOSIS, POST THE EDIT. THE DETAIL FDOS/TDOS RANGE IS USED TO COMPARE TO THE RULE EFFECTIVE DATES. INPATIENT CROSSOVERS, OUTPATIENT CROSSOVERS: IF THE MEMBER DOES NOT HAVE ONE OF THE MEMBER PLANS WITHIN THE MEMBER PLAN RESTRICTION OF THE BILLING RULE FOR ANY HEADER DIAGNOSIS INCLUDING THE ADMIT OR EMERGENCY DIAGNOSIS, POST THE EDIT. THE HEADER FDOS/TDOS RANGE IS USED TO COMPARE TO THE RULE EFFECTIVE DATES.
LEGACY CRITERIA:	N/A
EOB CODES:	4900- BENEFIT PLAN RESTRICTION FOR COVERED DIAGNOSIS
METHOD OF CORRECTION:	VERIFY THAT THE INFORMATION WAS KEYED CORRECTLY. IF NOT, CORRECT THE DATA.
	IF ENTERED CORRECTLY, DENY THE CLAIM.

3.623 4901 (FORMER LEGACY EDIT N/A)

DMS Approved 06/2007

ERROR STATUS CODE:	4901 (FORMER LEGACY EDIT N/A)	**CLAIM TYPE:**	ALL
HEADER/DETAIL:	DETAIL	**PROVIDER TYPE:**	ALL
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	ALL
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	ALL

ESC NAME:	CONDITION CODE RESTRICTION FOR COVERED DIAGNOSIS
ESC CRITERIA:	PHYSICIAN, PHYSICIAN CROSSOVER CLAIM TYPES: IF THE CLAIM TYPE IS NOT WITHIN THE CLAIM TYPE RESTRICTION OF THE BILLING RULE FOR ANY DIAGNOSIS POINTED TO BY THE DETAIL, POST THE EDIT. THE DETAIL FDOS/TDOS RANGE IS USED TO COMPARE THE RULE EFFECTIVE DATES. OUTPATIENT, LONG TERM CARE, AND HOME HEALTH: IF THE CLAIM TYPE IS NOT WITHIN THE CLAIM TYPE RESTRICTION OF THE BILLING RULE FOR ANY HEADER DIAGNOSIS INCLUDING THE ADMIT OR EMERGENCY DIAGNOSIS, POST THE EDIT. THE DETAIL FDOS/TDOS RANGE IS USED TO COMPARE TO THE RULE EFFECTIVE DATES. INPATIENT: IF THE CLAIM TYPE IS NOT WITHIN THE CLAIM TYPE RESTRICTION OF THE BILLING RULE FOR THE PRIMARY, SECONDARY, OR ADMIT DIAGNOSIS, POST THE EDIT. THE DETAIL FDOS/TDOS RANGE IS USED TO COMPARE TO THE RULE EFFECTIVE DATES. INPATIENT CROSSOVERS, OUTPATIENT CROSSOVERS: IF THE CLAIM TYPE IS NOT WITHIN THE CLAIM TYPE RESTRICTION OF THE BILLING RULE FOR ANY HEADER DIAGNOSIS INCLUDING THE ADMIT OR EMERGENCY DIAGNOSIS, POST THE EDIT. THE HEADER FDOS/TDOS RANGE IS USED TO COMPARE TO THE RULE EFFECTIVE DATES.
LEGACY CRITERIA:	N/A
EOB CODES:	4901 - CONDITION CODE RESTRICTION FOR COVERED DIAGNOSIS
METHOD OF CORRECTION:	VERIFY THAT THE INFORMATION WAS KEYED CORRECTLY. IF NOT, CORRECT THE DATA.
	IF ENTERED CORRECTLY, DENY THE CLAIM.

3.624 4902 (FORMER LEGACY EDIT N/A)

DMS Approved 06/2007

ERROR STATUS CODE:	4902 (FORMER LEGACY EDIT N/A)	**CLAIM TYPE:**	ALL
HEADER/DETAIL:	DETAIL	**PROVIDER TYPE:**	ALL
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	ALL
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	ALL

ESC NAME:	OCCURANCE CODE RESTRICTION FOR COVERED DIAGNOSIS
ESC CRITERIA:	PHYSICIAN, PHYSICIAN CROSSOVER CLAIM TYPES: IF THE CLAIM TYPE IS NOT WITHIN THE CLAIM TYPE RESTRICTION OF THE BILLING RULE FOR ANY DIAGNOSIS POINTED TO BY THE DETAIL, POST THE EDIT. THE DETAIL FDOS/TDOS RANGE IS USED TO COMPARE THE RULE EFFECTIVE DATES. OUTPATIENT, LONG TERM CARE, AND HOME HEALTH: IF THE CLAIM TYPE IS NOT WITHIN THE CLAIM TYPE RESTRICTION OF THE BILLING RULE FOR ANY HEADER DIAGNOSIS INCLUDING THE ADMIT OR EMERGENCY DIAGNOSIS, POST THE EDIT. THE DETAIL FDOS/TDOS RANGE IS USED TO COMPARE TO THE RULE EFFECTIVE DATES. INPATIENT: IF THE CLAIM TYPE IS NOT WITHIN THE CLAIM TYPE RESTRICTION OF THE BILLING RULE FOR THE PRIMARY, SECONDARY, OR ADMIT DIAGNOSIS, POST THE EDIT. THE DETAIL FDOS/TDOS RANGE IS USED TO COMPARE TO THE RULE EFFECTIVE DATES. INPATIENT CROSSOVERS, OUTPATIENT CROSSOVERS: IF THE CLAIM TYPE IS NOT WITHIN THE CLAIM TYPE RESTRICTION OF THE BILLING RULE FOR ANY HEADER DIAGNOSIS INCLUDING THE ADMIT OR EMERGENCY DIAGNOSIS, POST THE EDIT. THE HEADER FDOS/TDOS RANGE IS USED TO COMPARE TO THE RULE EFFECTIVE DATES.
LEGACY CRITERIA:	N/A
EOB CODES:	4902 - OCCURANCE CODE RESTRICTION FOR COVERED DIAGNOSIS
METHOD OF CORRECTION:	VERIFY THAT THE INFORMATION WAS KEYED CORRECTLY. IF NOT, CORRECT THE DATA.
	IF ENTERED CORRECTLY, DENY THE CLAIM.

3.625 4903 (FORMER LEGACY EDIT N/A)

DMS Approved 06/2007

ERROR STATUS CODE:	4903 (FORMER LEGACY EDIT N/A)	**CLAIM TYPE:**	ALL
HEADER/DETAIL:	DETAIL	**PROVIDER TYPE:**	ALL
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	ALL
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	NONE

ESC NAME:	ADMITTING ROLE RESTRICTION ON COVERED REV CODE
ESC CRITERIA: **LEGACY CRITERIA:**	HOME HEALTH, INPATIENT, LONG TERM CARE, OUTPATIENT CLAIM TYPES: IF THE MEMBER DOES NOT HAVE ONE OF THE MEMBER PLANS WITHIN THE MEMBER PLAN RESTRICTION OF THE COVERAGE RULE FOR ANY OF THE REV CODE'S, POST THE EDIT. THE DETAIL FDOS/TDOS RANGE IS USED TO COMPARE TO THE RULE EFFECTIVE DATES. INPATIENT CROSSOVEROUTPATIENT CROSSOVER: IF THE MEMBER DOES NOT HAVE ONE OF THE MEMBER PLANS WITHIN THE MEMBER PLAN RESTRICTION OF THE COVERAGE RULE FOR ANY OF THE REV CODE'S, POST THE EDIT. THE HEADER FDOS/TDOS RANGE IS USED TO COMPARE TO THE RULE EFFECTIVE DATES. N/A
EOB CODES:	4903- ADMITTING ROLE RESTRICTION ON COVERED REV CODE
METHOD OF CORRECTION:	VERIFY THAT THE INFORMATION WAS KEYED CORRECTLY. IF NOT, CORRECT THE DATA.
	IF ENTERED CORRECTLY, DENY THE CLAIM.

3.626 4905 (FORMER LEGACY EDIT N/A)

DMS Approved 06/2007

ERROR STATUS CODE:	4905 (FORMER LEGACY EDIT N/A)	**CLAIM TYPE:**	ALL
HEADER/DETAIL:	DETAIL	**PROVIDER TYPE:**	ALL
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	ALL
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	NONE

ESC NAME:	SECONDARY ROLE RESTRICTION ON COVERED DIAGNOSIS
ESC CRITERIA: **LEGACY CRITERIA:**	HOME HEALTH, INPATIENT, LONG TERM CARE, OUTPATIENT CLAIM TYPES: IF THE MEMBER DOES NOT HAVE ONE OF THE MEMBER PLANS WITHIN THE MEMBER PLAN RESTRICTION OF THE COVERAGE RULE FOR ANY OF THE DIAGNOSIS'S, POST THE EDIT. THE DETAIL FDOS/TDOS RANGE IS USED TO COMPARE TO THE RULE EFFECTIVE DATES. INPATIENT CROSSOVEROUTPATIENT CROSSOVER: IF THE MEMBER DOES NOT HAVE ONE OF THE MEMBER PLANS WITHIN THE MEMBER PLAN RESTRICTION OF THE COVERAGE RULE FOR ANY OF THE DIAGNOSIS'S, POST THE EDIT. THE HEADER FDOS/TDOS RANGE IS USED TO COMPARE TO THE RULE EFFECTIVE DATES. N/A
EOB CODES:	4905- SECONDARY ROLE RESTRICTION ON COVERED DIAGNOSIS
METHOD OF CORRECTION:	VERIFY THAT THE INFORMATION WAS KEYED CORRECTLY. IF NOT, CORRECT THE DATA.
	IF ENTERED CORRECTLY, DENY THE CLAIM.

3.627 4904 (FORMER LEGACY EDIT N/A)

DMS Approved 06/2007

ERROR STATUS CODE:	4904 (FORMER LEGACY EDIT N/A)	**CLAIM TYPE:**	ALL
HEADER/DETAIL:	DETAIL	**PROVIDER TYPE:**	ALL
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	ALL
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	NONE

ESC NAME:	PRIMARY ROLE RESTRICTION ON COVERED DIAGNOSIS
ESC CRITERIA: **LEGACY CRITERIA:**	HOME HEALTH, INPATIENT, LONG TERM CARE, OUTPATIENT CLAIM TYPES: IF THE MEMBER DOES NOT HAVE ONE OF THE MEMBER PLANS WITHIN THE MEMBER PLAN RESTRICTION OF THE COVERAGE RULE FOR ANY OF THE DIAGNOSIS'S, POST THE EDIT. THE DETAIL FDOS/TDOS RANGE IS USED TO COMPARE TO THE RULE EFFECTIVE DATES. INPATIENT CROSSOVEROUTPATIENT CROSSOVER: IF THE MEMBER DOES NOT HAVE ONE OF THE MEMBER PLANS WITHIN THE MEMBER PLAN RESTRICTION OF THE COVERAGE RULE FOR ANY OF THE DIAGNOSIS'S, POST THE EDIT. THE HEADER FDOS/TDOS RANGE IS USED TO COMPARE TO THE RULE EFFECTIVE DATES. N/A
EOB CODES:	4904- PRIMARY ROLE RESTRICTION ON COVERED DIAGNOSIS
METHOD OF CORRECTION:	VERIFY THAT THE INFORMATION WAS KEYED CORRECTLY. IF NOT, CORRECT THE DATA.
	IF ENTERED CORRECTLY, DENY THE CLAIM.

3.628 4906 (FORMER LEGACY EDIT N/A)

DMS Approved 06/2007

ERROR STATUS CODE:	4906 (FORMER LEGACY EDIT N/A)	**CLAIM TYPE:**	ALL
HEADER/DETAIL:	DETAIL	**PROVIDER TYPE:**	ALL
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	ALL
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	ALL

ESC NAME:	EMERGENCY ROLE RESTRICTION ON COVERED DIAGNOSIS
ESC CRITERIA: **LEGACY CRITERIA:**	IF THE BENEFIT PLAN HAS EMERGENCY ROLE CRITERIA THAT IS NOT MET, POST THE EDIT. N/A
EOB CODES:	4906 - EMERGENCY ROLE RESTRICTION ON COVERED DIAGNOSIS
METHOD OF CORRECTION:	VERIFY THAT THE INFORMATION WAS KEYED CORRECTLY. IF NOT, CORRECT THE DATA.
	IF ENTERED CORRECTLY, DENY THE CLAIM.

3.629 4907 (FORMER LEGACY EDIT N/A)

DMS Approved 06/2007

ERROR STATUS CODE:	4907 (FORMER LEGACY EDIT N/A)	**CLAIM TYPE:**	ALL
HEADER/DETAIL:	DETAIL	**PROVIDER TYPE:**	ALL
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	ALL
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	NONE

ESC NAME:	PROV LOCATION RESTRICTION FOR COVERED DRG
ESC CRITERIA: **LEGACY CRITERIA:**	IF THE BENEFIT PLAN RESTRICTIONS ON THE COVERED DRG LIMIT THE PROVIDERS LOCATION AND THE PROVIDER DOES NOT MEET THE CRITERIA, POST THE EDIT. N/A
EOB CODES:	4907- PROV LOCATION RESTRICTION FOR COVERED DRG
METHOD OF CORRECTION:	VERIFY THAT THE INFORMATION WAS KEYED CORRECTLY. IF NOT, CORRECT THE DATA.
	IF ENTERED CORRECTLY, DENY THE CLAIM.

3.630 4910 (FORMER LEGACY EDIT N/A)

DMS Approved 06/2007

ERROR STATUS CODE:	4910 (FORMER LEGACY EDIT N/A)	**CLAIM TYPE:**	ALL
HEADER/DETAIL:	DETAIL	**PROVIDER TYPE:**	ALL
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	ALL
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	ALL

ESC NAME:	BENEFIT PLAN RESTRICTION FOR BILLED DIAGNOSIS
ESC CRITERIA:	PHYSICIAN, PHYSICIAN CROSSOVER CLAIM TYPES: IF THE MEMBER DOES NOT HAVE ONE OF THE MEMBER PLANS WITHIN THE MEMBER PLAN RESTRICTION OF THE BILLING RULE FOR ANY DIAGNOSIS POINTED TO BY THE DETAIL, POST THE EDIT. THE DETAIL FDOS/TDOS RANGE IS USED TO COMPARE THE RULE EFFECTIVE DATES. OUTPATIENT, LONG TERM CARE, AND HOME HEALTH: IF THE MEMBER DOES NOT HAVE ONE OF THE MEMBER PLANS WITHIN THE MEMBER PLAN RESTRICTION OF THE BILLING RULE FOR ANY HEADER DIAGNOSIS INCLUDING THE ADMIT OR EMERGENCY DIAGNOSIS, POST THE EDIT. THE DETAIL FDOS/TDOS RANGE IS USED TO COMPARE TO THE RULE EFFECTIVE DATES. INPATIENT: IF THE MEMBER DOES NOT HAVE ONE OF THE MEMBER PLANS WITHIN THE MEMBER PLAN RESTRICTION OF THE BILLING RULE FOR THE PRIMARY, SECONDARY, OR ADMIT DIAGNOSIS, POST THE EDIT. THE DETAIL FDOS/TDOS RANGE IS USED TO COMPARE TO THE RULE EFFECTIVE DATES. INPATIENT CROSSOVERS, OUTPATIENT CROSSOVERS: IF THE MEMBER DOES NOT HAVE ONE OF THE MEMBER PLANS WITHIN THE MEMBER PLAN RESTRICTION OF THE BILLING RULE FOR ANY HEADER DIAGNOSIS INCLUDING THE ADMIT OR EMERGENCY DIAGNOSIS, POST THE EDIT. THE HEADER FDOS/TDOS RANGE IS USED TO COMPARE TO THE RULE EFFECTIVE DATES.
LEGACY CRITERIA:	N/A
EOB CODES:	4910- BENEFIT PLAN RESTRICTION FOR BILLED DIAGNOSIS
METHOD OF CORRECTION:	VERIFY THAT THE INFORMATION WAS KEYED CORRECTLY. IF NOT, CORRECT THE DATA.
	IF ENTERED CORRECTLY, DENY THE CLAIM.

3.631 4911 (FORMER LEGACY EDIT N/A)

DMS Approved 06/2007

ERROR STATUS CODE:	4911 (FORMER LEGACY EDIT N/A)	**CLAIM TYPE:**	ALL
HEADER/DETAIL:	DETAIL	**PROVIDER TYPE:**	ALL
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	ALL
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	ALL

ESC NAME:	CONDITION CODE RESTRICTION FOR BILLED DIAGNOSIS
ESC CRITERIA:	PHYSICIAN, PHYSICIAN CROSSOVER CLAIM TYPES: IF THE CLAIM TYPE IS NOT WITHIN THE CLAIM TYPE RESTRICTION OF THE BILLING RULE FOR ANY DIAGNOSIS POINTED TO BY THE DETAIL, POST THE EDIT. THE DETAIL FDOS/TDOS RANGE IS USED TO COMPARE THE RULE EFFECTIVE DATES. OUTPATIENT, LONG TERM CARE, AND HOME HEALTH: IF THE CLAIM TYPE IS NOT WITHIN THE CLAIM TYPE RESTRICTION OF THE BILLING RULE FOR ANY HEADER DIAGNOSIS INCLUDING THE ADMIT OR EMERGENCY DIAGNOSIS, POST THE EDIT. THE DETAIL FDOS/TDOS RANGE IS USED TO COMPARE TO THE RULE EFFECTIVE DATES. INPATIENT: IF THE CLAIM TYPE IS NOT WITHIN THE CLAIM TYPE RESTRICTION OF THE BILLING RULE FOR THE PRIMARY, SECONDARY, OR ADMIT DIAGNOSIS, POST THE EDIT. THE DETAIL FDOS/TDOS RANGE IS USED TO COMPARE TO THE RULE EFFECTIVE DATES. INPATIENT CROSSOVERS, OUTPATIENT CROSSOVERS: IF THE CLAIM TYPE IS NOT WITHIN THE CLAIM TYPE RESTRICTION OF THE BILLING RULE FOR ANY HEADER DIAGNOSIS INCLUDING THE ADMIT OR EMERGENCY DIAGNOSIS, POST THE EDIT. THE HEADER FDOS/TDOS RANGE IS USED TO COMPARE TO THE RULE EFFECTIVE DATES.
LEGACY CRITERIA:	N/A
EOB CODES:	4911 - CONDITION CODE RESTRICTION FOR BILLED DIAGNOSIS
METHOD OF CORRECTION:	VERIFY THAT THE INFORMATION WAS KEYED CORRECTLY. IF NOT, CORRECT THE DATA.
	IF ENTERED CORRECTLY, DENY THE CLAIM.

3.632 4912 (FORMER LEGACY EDIT N/A)

DMS Approved 06/2007

ERROR STATUS CODE:	4912 (FORMER LEGACY EDIT N/A)	CLAIM TYPE:	ALL
HEADER/DETAIL:	DETAIL	PROVIDER TYPE:	ALL
OVERRIDEABLE:	NO	TYPE OF DOCUMENT:	ALL
DATA CORRECTABLE:	YES	CLAIM FIELD LABEL:	ALL

ESC NAME:	OCCURANCE CODE RESTRICTION FOR BILLED DIAGNOSIS
ESC CRITERIA:	PHYSICIAN, PHYSICIAN CROSSOVER CLAIM TYPES: IF THE CLAIM TYPE IS NOT WITHIN THE CLAIM TYPE RESTRICTION OF THE BILLING RULE FOR ANY DIAGNOSIS POINTED TO BY THE DETAIL, POST THE EDIT. THE DETAIL FDOS/TDOS RANGE IS USED TO COMPARE THE RULE EFFECTIVE DATES. OUTPATIENT, LONG TERM CARE, AND HOME HEALTH: IF THE CLAIM TYPE IS NOT WITHIN THE CLAIM TYPE RESTRICTION OF THE BILLING RULE FOR ANY HEADER DIAGNOSIS INCLUDING THE ADMIT OR EMERGENCY DIAGNOSIS, POST THE EDIT. THE DETAIL FDOS/TDOS RANGE IS USED TO COMPARE TO THE RULE EFFECTIVE DATES. INPATIENT: IF THE CLAIM TYPE IS NOT WITHIN THE CLAIM TYPE RESTRICTION OF THE BILLING RULE FOR THE PRIMARY, SECONDARY, OR ADMIT DIAGNOSIS, POST THE EDIT. THE DETAIL FDOS/TDOS RANGE IS USED TO COMPARE TO THE RULE EFFECTIVE DATES. INPATIENT CROSSOVERS, OUTPATIENT CROSSOVERS: IF THE CLAIM TYPE IS NOT WITHIN THE CLAIM TYPE RESTRICTION OF THE BILLING RULE FOR ANY HEADER DIAGNOSIS INCLUDING THE ADMIT OR EMERGENCY DIAGNOSIS, POST THE EDIT. THE HEADER FDOS/TDOS RANGE IS USED TO COMPARE TO THE RULE EFFECTIVE DATES.
LEGACY CRITERIA:	N/A

EOB CODES:	4912 - OCCURANCE CODE RESTRICTION FOR BILLED DIAGNOSIS
METHOD OF CORRECTION:	VERIFY THAT THE INFORMATION WAS KEYED CORRECTLY. IF NOT, CORRECT THE DATA.
	IF ENTERED CORRECTLY, DENY THE CLAIM.

3.633 4913 (FORMER LEGACY EDIT N/A)

DMS Approved 06/2007

ERROR STATUS CODE:	4913 (FORMER LEGACY EDIT N/A)	**CLAIM TYPE:**	ALL
HEADER/DETAIL:	DETAIL	**PROVIDER TYPE:**	ALL
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	ALL
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	ALL

ESC NAME:	DIAG ROLE RESTRICTION FOR BILLING RULE
ESC CRITERIA:	PHYSICIAN, PHYSICIAN CROSSOVER CLAIM TYPES: IF THE DETAIL PRIMARY/SECONDARY DIAGNOSIS IS NOT ALLOWED TO BE THE PRIMARY/SECONDARY DIAGNOSIS PER THE BILLING RULE BENEFIT ROLE RESTRICTION, POST THE EDIT. THE DETAIL FDOS/TDOS RANGE IS USED TO COMPARE THE RULE EFFECTIVE DATES. OUTPATIENT, LONG TERM CARE, AND HOME HEALTH: IF THE ADMIT/EMERGENCY/PRIMARY/SECONDARY DIAGNOSIS IS NOT ALLOWED TO BE THE ADMIT/EMERGENCY/PRIMARY/SECONDARY DIAGNOSIS PER THE BILLING RULE BENEFIT ROLE RESTRICTION, POST THE EDIT. THE DETAIL FDOS/TDOS RANGE IS USED TO COMPARE TO THE RULE EFFECTIVE DATES. INPATIENT: IF THE ADMIT/PRIMARY/SECONDARY DIAGNOSIS IS NOT ALLOWED TO BE THE ADMIT/PRIMARY/SECONDARY DIAGNOSIS PER THE BILLING RULE BENEFIT ROLE RESTRICTION, POST THE EDIT. THE DETAIL FDOS/TDOS RANGE IS USED TO COMPARE TO THE RULE EFFECTIVE DATES. INPATIENT CROSSOVERS, OUTPATIENT CROSSOVERS: IF THE ADMIT/PRIMARY/SECONDARY DIAGNOSIS IS NOT ALLOWED TO BE THE ADMIT/PRIMARY/SECONDARY DIAGNOSIS PER THE BILLING RULE BENEFIT ROLE RESTRICTION, POST THE EDIT. THE HEADER FDOS/TDOS RANGE IS USED TO COMPARE TO THE RULE EFFECTIVE DATES.
LEGACY CRITERIA:	N/A
EOB CODES:	4913 - DIAG ROLE RESTRICTION FOR BILLING RULE
METHOD OF CORRECTION:	VERIFY THAT THE INFORMATION WAS KEYED CORRECTLY. IF NOT, CORRECT THE DATA.
	IF ENTERED CORRECTLY, DENY THE CLAIM.

3.634 4917 (FORMER LEGACY EDIT N/A)

DMS Approved 06/2007

ERROR STATUS CODE:	4917 (FORMER LEGACY EDIT N/A)	**CLAIM TYPE:**	ALL
HEADER/DETAIL:	DETAIL	**PROVIDER TYPE:**	ALL
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	ALL
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	NONE

ESC NAME:	PROV LOCATION RESTRICTION FOR COVERED DRG
ESC CRITERIA: **LEGACY CRITERIA:**	IF THE BENEFIT PLAN RESTRICTIONS ON THE COVERED DRG LIMIT THE PROVIDERS LOCATION AND THE PROVIDER DOES NOT MEET THE CRITERIA, POST THE EDIT. N/A
EOB CODES:	4917- PROV LOCATION RESTRICTION FOR COVERED DRG
METHOD OF CORRECTION:	VERIFY THAT THE INFORMATION WAS KEYED CORRECTLY. IF NOT, CORRECT THE DATA.
	IF ENTERED CORRECTLY, DENY THE CLAIM.

3.635 4920 (FORMER LEGACY EDIT N/A)

DMS Approved 06/2007

ERROR STATUS CODE:	4920 (FORMER LEGACY EDIT N/A)	**CLAIM TYPE:**	ALL
HEADER/DETAIL:	DETAIL	**PROVIDER TYPE:**	ALL
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	ALL
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	ALL

ESC NAME:	BENEFIT PLAN RESTRICTION FOR COVERED DRG
ESC CRITERIA:	PHYSICIAN, PHYSICIAN CROSSOVER CLAIM TYPES: IF THE MEMBER DOES NOT HAVE ONE OF THE MEMBER PLANS WITHIN THE MEMBER PLAN RESTRICTION OF THE BILLING RULE FOR ANY DRG POINTED TO BY THE DETAIL, POST THE EDIT. THE DETAIL FDOS/TDOS RANGE IS USED TO COMPARE THE RULE EFFECTIVE DATES. OUTPATIENT, LONG TERM CARE, AND HOME HEALTH: IF THE MEMBER DOES NOT HAVE ONE OF THE MEMBER PLANS WITHIN THE MEMBER PLAN RESTRICTION OF THE BILLING RULE FOR ANY HEADER DRG INCLUDING THE ADMIT OR EMERGENCY DRG, POST THE EDIT. THE DETAIL FDOS/TDOS RANGE IS USED TO COMPARE TO THE RULE EFFECTIVE DATES. INPATIENT: IF THE MEMBER DOES NOT HAVE ONE OF THE MEMBER PLANS WITHIN THE MEMBER PLAN RESTRICTION OF THE BILLING RULE FOR THE PRIMARY, SECONDARY, OR ADMIT DRG, POST THE EDIT. THE DETAIL FDOS/TDOS RANGE IS USED TO COMPARE TO THE RULE EFFECTIVE DATES. INPATIENT CROSSOVERS, OUTPATIENT CROSSOVERS: IF THE MEMBER DOES NOT HAVE ONE OF THE MEMBER PLANS WITHIN THE MEMBER PLAN RESTRICTION OF THE BILLING RULE FOR ANY HEADER DRG INCLUDING THE ADMIT OR EMERGENCY DRG, POST THE EDIT. THE HEADER FDOS/TDOS RANGE IS USED TO COMPARE TO THE RULE EFFECTIVE DATES.
LEGACY CRITERIA:	N/A
EOB CODES:	4920- BENEFIT PLAN RESTRICTION FOR COVERED DRG
METHOD OF CORRECTION:	VERIFY THAT THE INFORMATION WAS KEYED CORRECTLY. IF NOT, CORRECT THE DATA.
	IF ENTERED CORRECTLY, DENY THE CLAIM.

3.636 4921 (FORMER LEGACY EDIT N/A)

DMS Approved 06/2007

ERROR STATUS CODE:	4921 (FORMER LEGACY EDIT N/A)	**CLAIM TYPE:**	ALL
HEADER/DETAIL:	DETAIL	**PROVIDER TYPE:**	ALL
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	ALL
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	ALL

ESC NAME:	CONDITION CODE RESTRICTION FOR COVERED DRG
ESC CRITERIA:	PHYSICIAN, PHYSICIAN CROSSOVER CLAIM TYPES: IF THE CLAIM TYPE IS NOT WITHIN THE CLAIM TYPE RESTRICTION OF THE BILLING RULE FOR ANY DRG POINTED TO BY THE DETAIL, POST THE EDIT. THE DETAIL FDOS/TDOS RANGE IS USED TO COMPARE THE RULE EFFECTIVE DATES. OUTPATIENT, LONG TERM CARE, AND HOME HEALTH: IF THE CLAIM TYPE IS NOT WITHIN THE CLAIM TYPE RESTRICTION OF THE BILLING RULE FOR ANY HEADER DRG INCLUDING THE ADMIT OR EMERGENCY DRG, POST THE EDIT. THE DETAIL FDOS/TDOS RANGE IS USED TO COMPARE TO THE RULE EFFECTIVE DATES. INPATIENT: IF THE CLAIM TYPE IS NOT WITHIN THE CLAIM TYPE RESTRICTION OF THE BILLING RULE FOR THE PRIMARY, SECONDARY, OR ADMIT DRG, POST THE EDIT. THE DETAIL FDOS/TDOS RANGE IS USED TO COMPARE TO THE RULE EFFECTIVE DATES. INPATIENT CROSSOVERS, OUTPATIENT CROSSOVERS: IF THE CLAIM TYPE IS NOT WITHIN THE CLAIM TYPE RESTRICTION OF THE BILLING RULE FOR ANY HEADER DRG INCLUDING THE ADMIT OR EMERGENCY DRG, POST THE EDIT. THE HEADER FDOS/TDOS RANGE IS USED TO COMPARE TO THE RULE EFFECTIVE DATES.
LEGACY CRITERIA:	N/A
EOB CODES:	4921 - CONDITION CODE RESTRICTION FOR COVERED DRG
METHOD OF CORRECTION:	VERIFY THAT THE INFORMATION WAS KEYED CORRECTLY. IF NOT, CORRECT THE DATA.
	IF ENTERED CORRECTLY, DENY THE CLAIM.

3.637 4922 (FORMER LEGACY EDIT N/A)

DMS Approved 06/2007

ERROR STATUS CODE:	4922 (FORMER LEGACY EDIT N/A)	**CLAIM TYPE:**	ALL
HEADER/DETAIL:	DETAIL	**PROVIDER TYPE:**	ALL
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	ALL
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	ALL

ESC NAME:	OCCURANCE CODE RESTRICTION FOR COVERED DRG
ESC CRITERIA:	PHYSICIAN, PHYSICIAN CROSSOVER CLAIM TYPES: IF THE CLAIM TYPE IS NOT WITHIN THE CLAIM TYPE RESTRICTION OF THE BILLING RULE FOR ANY DRG POINTED TO BY THE DETAIL, POST THE EDIT. THE DETAIL FDOS/TDOS RANGE IS USED TO COMPARE THE RULE EFFECTIVE DATES. OUTPATIENT, LONG TERM CARE, AND HOME HEALTH: IF THE CLAIM TYPE IS NOT WITHIN THE CLAIM TYPE RESTRICTION OF THE BILLING RULE FOR ANY HEADER DRG INCLUDING THE ADMIT OR EMERGENCY DRG, POST THE EDIT. THE DETAIL FDOS/TDOS RANGE IS USED TO COMPARE TO THE RULE EFFECTIVE DATES. INPATIENT: IF THE CLAIM TYPE IS NOT WITHIN THE CLAIM TYPE RESTRICTION OF THE BILLING RULE FOR THE PRIMARY, SECONDARY, OR ADMIT DRG, POST THE EDIT. THE DETAIL FDOS/TDOS RANGE IS USED TO COMPARE TO THE RULE EFFECTIVE DATES. INPATIENT CROSSOVERS, OUTPATIENT CROSSOVERS: IF THE CLAIM TYPE IS NOT WITHIN THE CLAIM TYPE RESTRICTION OF THE BILLING RULE FOR ANY HEADER DRG INCLUDING THE ADMIT OR EMERGENCY DRG, POST THE EDIT. THE HEADER FDOS/TDOS RANGE IS USED TO COMPARE TO THE RULE EFFECTIVE DATES.
LEGACY CRITERIA:	N/A
EOB CODES:	4922 - OCCURANCE CODE RESTRICTION FOR COVERED DRG
METHOD OF CORRECTION:	VERIFY THAT THE INFORMATION WAS KEYED CORRECTLY. IF NOT, CORRECT THE DATA.
	IF ENTERED CORRECTLY, DENY THE CLAIM.

3.638 4923 (FORMER LEGACY EDIT N/A)

DMS Approved 06/2007

ERROR STATUS CODE:	4923 (FORMER LEGACY EDIT N/A)	**CLAIM TYPE:**	ALL
HEADER/DETAIL:	DETAIL	**PROVIDER TYPE:**	ALL
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	ALL
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	ALL

ESC NAME:	GENDER RESTRICTION FOR COVERED ICD-9
ESC CRITERIA: **LEGACY CRITERIA:**	INPATIENT, INPATIENT CROSSOVERS CLAIM TYPES: IF THE RECIPIENT'S GENDER IS NOT WITHIN THE GENDER RESTRICTION FOR THE ICD-9 BILLING RULE, POST THE EDIT. THE HEADER FDOS/TDOS RANGE IS USED TO COMPARE TO THE RULE EFFECTIVE DATES. N/A
EOB CODES:	4923 - GENDER RESTRICTION FOR COVERED ICD-9
METHOD OF CORRECTION:	VERIFY THAT THE INFORMATION WAS KEYED CORRECTLY. IF NOT, CORRECT THE DATA.
	IF ENTERED CORRECTLY, DENY THE CLAIM.

3.639 4930 (FORMER LEGACY EDIT N/A)

DMS Approved 06/2007

ERROR STATUS CODE:	4930 (FORMER LEGACY EDIT N/A)	**CLAIM TYPE:**	ALL
HEADER/DETAIL:	DETAIL	**PROVIDER TYPE:**	ALL
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	ALL
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	ALL

ESC NAME:	BENEFIT PLAN RESTRICTION FOR BILLED DRG
ESC CRITERIA:	PHYSICIAN, PHYSICIAN CROSSOVER CLAIM TYPES: IF THE MEMBER DOES NOT HAVE ONE OF THE MEMBER PLANS WITHIN THE MEMBER PLAN RESTRICTION OF THE BILLING RULE FOR ANY DRG POINTED TO BY THE DETAIL, POST THE EDIT. THE DETAIL FDOS/TDOS RANGE IS USED TO COMPARE THE RULE EFFECTIVE DATES. OUTPATIENT, LONG TERM CARE, AND HOME HEALTH: IF THE MEMBER DOES NOT HAVE ONE OF THE MEMBER PLANS WITHIN THE MEMBER PLAN RESTRICTION OF THE BILLING RULE FOR ANY HEADER DRG INCLUDING THE ADMIT OR EMERGENCY DRG, POST THE EDIT. THE DETAIL FDOS/TDOS RANGE IS USED TO COMPARE TO THE RULE EFFECTIVE DATES. INPATIENT: IF THE MEMBER DOES NOT HAVE ONE OF THE MEMBER PLANS WITHIN THE MEMBER PLAN RESTRICTION OF THE BILLING RULE FOR THE PRIMARY, SECONDARY, OR ADMIT DRG, POST THE EDIT. THE DETAIL FDOS/TDOS RANGE IS USED TO COMPARE TO THE RULE EFFECTIVE DATES. INPATIENT CROSSOVERS, OUTPATIENT CROSSOVERS: IF THE MEMBER DOES NOT HAVE ONE OF THE MEMBER PLANS WITHIN THE MEMBER PLAN RESTRICTION OF THE BILLING RULE FOR ANY HEADER DRG INCLUDING THE ADMIT OR EMERGENCY DRG, POST THE EDIT. THE HEADER FDOS/TDOS RANGE IS USED TO COMPARE TO THE RULE EFFECTIVE DATES.
LEGACY CRITERIA:	N/A
EOB CODES:	4930- BENEFIT PLAN RESTRICTION FOR BILLED DRG
METHOD OF CORRECTION:	VERIFY THAT THE INFORMATION WAS KEYED CORRECTLY. IF NOT, CORRECT THE DATA.
	IF ENTERED CORRECTLY, DENY THE CLAIM.

3.640 4931 (FORMER LEGACY EDIT N/A)

DMS Approved 06/2007

ERROR STATUS CODE:	4931 (FORMER LEGACY EDIT N/A)	**CLAIM TYPE:**	ALL
HEADER/DETAIL:	DETAIL	**PROVIDER TYPE:**	ALL
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	ALL
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	ALL

ESC NAME:	CONDITION CODE RESTRICTION FOR BILLED DRG
ESC CRITERIA:	PHYSICIAN, PHYSICIAN CROSSOVER CLAIM TYPES: IF THE CLAIM TYPE IS NOT WITHIN THE CLAIM TYPE RESTRICTION OF THE BILLING RULE FOR ANY DRG POINTED TO BY THE DETAIL, POST THE EDIT. THE DETAIL FDOS/TDOS RANGE IS USED TO COMPARE THE RULE EFFECTIVE DATES. OUTPATIENT, LONG TERM CARE, AND HOME HEALTH: IF THE CLAIM TYPE IS NOT WITHIN THE CLAIM TYPE RESTRICTION OF THE BILLING RULE FOR ANY HEADER DRG INCLUDING THE ADMIT OR EMERGENCY DRG, POST THE EDIT. THE DETAIL FDOS/TDOS RANGE IS USED TO COMPARE TO THE RULE EFFECTIVE DATES. INPATIENT: IF THE CLAIM TYPE IS NOT WITHIN THE CLAIM TYPE RESTRICTION OF THE BILLING RULE FOR THE PRIMARY, SECONDARY, OR ADMIT DRG, POST THE EDIT. THE DETAIL FDOS/TDOS RANGE IS USED TO COMPARE TO THE RULE EFFECTIVE DATES. INPATIENT CROSSOVERS, OUTPATIENT CROSSOVERS: IF THE CLAIM TYPE IS NOT WITHIN THE CLAIM TYPE RESTRICTION OF THE BILLING RULE FOR ANY HEADER DRG INCLUDING THE ADMIT OR EMERGENCY DRG, POST THE EDIT. THE HEADER FDOS/TDOS RANGE IS USED TO COMPARE TO THE RULE EFFECTIVE DATES.
LEGACY CRITERIA:	N/A
EOB CODES:	4931 - CONDITION CODE RESTRICTION FOR BILLED DRG
METHOD OF CORRECTION:	VERIFY THAT THE INFORMATION WAS KEYED CORRECTLY. IF NOT, CORRECT THE DATA.
	IF ENTERED CORRECTLY, DENY THE CLAIM.

3.641 4933 (FORMER LEGACY EDIT N/A)

DMS Approved 06/2007

ERROR STATUS CODE:	4933 (FORMER LEGACY EDIT N/A)	**CLAIM TYPE:**	ALL
HEADER/DETAIL:	DETAIL	**PROVIDER TYPE:**	ALL
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	ALL
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	ALL

ESC NAME:	GENDER RESTRICTION FOR COVERED ICD-9
ESC CRITERIA:	INPATIENT, INPATIENT CROSSOVERS CLAIM TYPES: IF THE RECIPIENT'S GENDER IS NOT WITHIN THE GENDER RESTRICTION FOR THE ICD-9 BILLING RULE, POST THE EDIT. THE HEADER FDOS/TDOS RANGE IS USED TO COMPARE TO THE RULE EFFECTIVE DATES.
LEGACY CRITERIA:	N/A
EOB CODES:	4933 - GENDER RESTRICTION FOR COVERED ICD-9
METHOD OF CORRECTION:	VERIFY THAT THE INFORMATION WAS KEYED CORRECTLY. IF NOT, CORRECT THE DATA.
	IF ENTERED CORRECTLY, DENY THE CLAIM.

3.642 4935 (FORMER LEGACY EDIT N/A)

DMS Approved 06/2007

ERROR STATUS CODE:	4935 (FORMER LEGACY EDIT N/A)	**CLAIM TYPE:**	ALL
HEADER/DETAIL:	DETAIL	**PROVIDER TYPE:**	ALL
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	ALL
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	ALL

ESC NAME:	GENDER RESTRICTION FOR COVERED DRG
ESC CRITERIA: **LEGACY CRITERIA:**	INPATIENT, INPATIENT CROSSOVERS CLAIM TYPES: IF THE RECIPIENT'S GENDER IS NOT WITHIN THE GENDER RESTRICTION FOR THE DRG BILLING RULE, POST THE EDIT. THE HEADER FDOS/TDOS RANGE IS USED TO COMPARE TO THE RULE EFFECTIVE DATES. N/A
EOB CODES:	4935 - GENDER RESTRICTION FOR COVERED DRG
METHOD OF CORRECTION:	VERIFY THAT THE INFORMATION WAS KEYED CORRECTLY. IF NOT, CORRECT THE DATA.
	IF ENTERED CORRECTLY, DENY THE CLAIM.

3.643 4936 (FORMER LEGACY EDIT N/A)

DMS Approved 06/2007

ERROR STATUS CODE:	4936 (FORMER LEGACY EDIT N/A)	**CLAIM TYPE:**	ALL
HEADER/DETAIL:	DETAIL	**PROVIDER TYPE:**	ALL
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	ALL
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	ALL

ESC NAME:	GENDER RESTRICTION FOR BILLED DRG
ESC CRITERIA: **LEGACY CRITERIA:**	INPATIENT, INPATIENT CROSSOVERS CLAIM TYPES: IF THE RECIPIENT'S GENDER IS NOT WITHIN THE GENDER RESTRICTION FOR THE DRG BILLING RULE, POST THE EDIT. THE HEADER FDOS/TDOS RANGE IS USED TO COMPARE TO THE RULE EFFECTIVE DATES. N/A
EOB CODES:	4936 - GENDER RESTRICTION FOR BILLED DRG
METHOD OF CORRECTION:	VERIFY THAT THE INFORMATION WAS KEYED CORRECTLY. IF NOT, CORRECT THE DATA.
	IF ENTERED CORRECTLY, DENY THE CLAIM.

3.644 4940 (FORMER LEGACY EDIT N/A)

DMS Approved 06/2007

ERROR STATUS CODE:	4940 (FORMER LEGACY EDIT N/A)	**CLAIM TYPE:**	ALL
HEADER/DETAIL:	DETAIL	**PROVIDER TYPE:**	ALL
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	ALL
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	NONE

ESC NAME:	BENEFIT PLAN RESTRICTION FOR COVERED ICD-9
ESC CRITERIA: **LEGACY CRITERIA:**	HOME HEALTH, INPATIENT, LONG TERM CARE, OUTPATIENT CLAIM TYPES: IF THE MEMBER DOES NOT HAVE ONE OF THE MEMBER PLANS WITHIN THE MEMBER PLAN RESTRICTION OF THE COVERAGE RULE FOR ANY OF THE ICD9'S, POST THE EDIT. THE DETAIL FDOS/TDOS RANGE IS USED TO COMPARE TO THE RULE EFFECTIVE DATES. INPATIENT CROSSOVEROUTPATIENT CROSSOVER: IF THE MEMBER DOES NOT HAVE ONE OF THE MEMBER PLANS WITHIN THE MEMBER PLAN RESTRICTION OF THE COVERAGE RULE FOR ANY OF THE ICD9'S, POST THE EDIT. THE HEADER FDOS/TDOS RANGE IS USED TO COMPARE TO THE RULE EFFECTIVE DATES. N/A
EOB CODES:	4940- BENEFIT PLAN RETRICTION FOR COVERED ICD-9
METHOD OF CORRECTION:	1. VERIFY THAT THE INFORMATION WAS KEYED CORRECTLY. IF NOT, CORRECT THE DATA.
	2. IF ENTERED CORRECTLY, DENY THE CLAIM.

3.645 4941 (FORMER LEGACY EDIT N/A)

DMS Approved 06/2007

ERROR STATUS CODE:	4941 (FORMER LEGACY EDIT N/A)	**CLAIM TYPE:**	ALL
HEADER/DETAIL:	DETAIL	**PROVIDER TYPE:**	ALL
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	ALL
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	NONE

ESC NAME:	CONDITION CODE RESTRICTION FOR COVERED ICD-9
ESC CRITERIA: **LEGACY CRITERIA:**	HOME HEALTH, INPATIENT, LONG TERM CARE, OUTPATIENT CLAIM TYPES: IF THE CONDITION CODES ARE NOT WITHIN THE CONDITION CODE RESTRICTION FOR THE COVERAGE RULE FOR ANY OF THE ICD9'S, POST THE EDIT. THE DETAIL FDOS/TDOS RANGE IS USED TO COMPARE TO THE RULE EFFECTIVE DATES. INPATIENT CROSSOVEROUTPATIENT CROSSOVER: IF THE CONDITION CODES ARE NOT WITHIN THE CONDITION CODE RESTRICTION FOR THE COVERAGE RULE FOR ANY OF THE ICD9'S, POST THE EDIT. THE HEADER FDOS/TDOS RANGE IS USED TO COMPARE TO THE RULE EFFECTIVE DATES. N/A
EOB CODES:	4941- CONDITION CODE RETRICTION FOR COVERED ICD-9
METHOD OF CORRECTION:	3. VERIFY THAT THE INFORMATION WAS KEYED CORRECTLY. IF NOT, CORRECT THE DATA.
	4. IF ENTERED CORRECTLY, DENY THE CLAIM.

3.646 4942 (FORMER LEGACY EDIT N/A)

DMS Approved 06/2007

ERROR STATUS CODE:	4942 (FORMER LEGACY EDIT N/A)	**CLAIM TYPE:**	ALL
HEADER/DETAIL:	DETAIL	**PROVIDER TYPE:**	ALL
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	ALL
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	NONE

ESC NAME:	OCCURANCE CODE RESTRICTION FOR COVERED ICD-9
ESC CRITERIA: **LEGACY CRITERIA:**	HOME HEALTH, INPATIENT, LONG TERM CARE, OUTPATIENT CLAIM TYPES: IF THE OCCURANCE CODES ARE NOT WITHIN THE OCCURANCE CODE RESTRICTION FOR THE COVERAGE RULE FOR ANY OF THE ICD9'S, POST THE EDIT. THE DETAIL FDOS/TDOS RANGE IS USED TO COMPARE TO THE RULE EFFECTIVE DATES. INPATIENT CROSSOVEROUTPATIENT CROSSOVER: IF THE OCCURANCE CODES ARE NOT WITHIN THE OCCURANCE CODE RESTRICTION FOR THE COVERAGE RULE FOR ANY OF THE ICD9'S, POST THE EDIT. THE HEADER FDOS/TDOS RANGE IS USED TO COMPARE TO THE RULE EFFECTIVE DATES. N/A
EOB CODES:	4942- OCCURANCE CODE RETRICTION FOR COVERED ICD-9
METHOD OF CORRECTION:	5. VERIFY THAT THE INFORMATION WAS KEYED CORRECTLY. IF NOT, CORRECT THE DATA.
	6. IF ENTERED CORRECTLY, DENY THE CLAIM.

3.647 4944 (FORMER LEGACY EDIT 150)

DMS Approved 01/29/04

ERROR STATUS CODE:	4944 (FORMER LEGACY EDIT 150)	**CLAIM TYPE:**	D, H, M, O, P/Q
HEADER/DETAIL:	DETAIL	**PROVIDER TYPE:**	01, 34, 39, 41, 42, 46, 47, 54, 60, 61, CT M (ALL EXCEPT 27, 28, 55, 56, 57, 80)
OVERRIDEABLE:	YES	**TYPE OF DOCUMENT:**	PAPER, NON-PAPER, ADJUSTMENTS
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	PROC, MEMBER ID

ESC NAME:	GENDER RESTRICTION FOR BILLED ICD-9
ESC CRITERIA: **LEGACY CRITERIA:**	IF THE CONTRACT BILLING RULE DOES NOT ALLOW THE CONDITION CODE FOR THE BILLED ICD9 POST THE ESC. VERIFIES THAT A LOGICAL RELATIONSHIP EXISTS BETWEEN THE PROCEDURE CODE AND THE MEMBER'S GENDER. FOR PROVIDER TYPE 30 FAILS PROCEDURE CODES WITH A UD MODIFIER IF THE GENDER = MALE. FOR PT 30 CLAIMS WITH DOS AFTER 10/15/03 THE GENDER LIMITATIONS ON THE PDD FILE ARE IGNORED.
EOB CODES:	0150 – THIS PROCEDURE IS INVALID FOR THE MEMBER'S GENDER.
METHOD OF CORRECTION:	1. VERIFY THAT THE MEMBER ID NUMBER AND THE PROCEDURE CODE WERE KEYED CORRECTLY. IF NOT, CORRECT THE DATA.
	2. REVIEW THE CLAIM TO DETERMINE IF THE PROCEDURE BEING BILLED REALLY IS INVALID FOR THE MEMBER'S GENDER, OR IF IT IS A FILE PROBLEM. IF THE ESC FAILURE IS DUE TO A GENDER ERROR ON THE ELIGIBILITY FILE, FORWARD TO THE LOCATION APPROPRIATE FOR PRIOR AUTHORIZATON. IF THE ESC IS DUE TO A PROCEDURE FILE PROBLEM (i. e. THE GENDER LIMITATION ON FILE IS ILLOGICAL, ETC.): THEN OVERRIDE THE ESC. NOTIFY PRIOR AUTHORIZATION OF FILE PROBLEM.
	3. IF THE ESC FAILURE IS DUE TO THE PROVIDER BILLING FOR A PROCEDURE THAT IS INVALID FOR THE MEMBER'S GENDER. (SEE YOUR SUPERVISOR TO VERIFY THIS): THE DETAIL OR CLAIM MUST BE DENIED.
	4. IF DOCUMENTATION IN THE PROCEDURE CODE, DESCRIPTION FIELD INDICATES A MALE INFANTS SERVICES ARE BEING PAID UNDER THE MOTHERS' MEMBER ID NUMBER, OVERRIDE. IF DOCUMENTATION IS NOT PRESENT, DENY THE CLAIM.

3.648 4950 (FORMER LEGACY EDIT N/A)

DMS Approved 06/2007

ERROR STATUS CODE:	4950 (FORMER LEGACY EDIT N/A)	**CLAIM TYPE:**	ALL
HEADER/DETAIL:	DETAIL	**PROVIDER TYPE:**	ALL
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	ALL
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	NONE

ESC NAME:	BENEFIT PLAN RESTRICTION FOR COVERED ICD-9
ESC CRITERIA: **LEGACY CRITERIA:**	HOME HEALTH, INPATIENT, LONG TERM CARE, OUTPATIENT CLAIM TYPES: IF THE BENEFIT PLANS ARE NOT WITHIN THE BENEFIT PLAN RESTRICTION FOR THE COVERAGE RULE FOR ANY OF THE ICD9'S, POST THE EDIT. THE DETAIL FDOS/TDOS RANGE IS USED TO COMPARE TO THE RULE EFFECTIVE DATES. INPATIENT CROSSOVEROUTPATIENT CROSSOVER: IF THE BENEFIT PLANS ARE NOT WITHIN THE BENEFIT PLAN RESTRICTION FOR THE COVERAGE RULE FOR ANY OF THE ICD9'S, POST THE EDIT. THE HEADER FDOS/TDOS RANGE IS USED TO COMPARE TO THE RULE EFFECTIVE DATES. N/A
EOB CODES:	4950- BENEFIT PLAN RETRICTION FOR COVERED ICD-9
METHOD OF CORRECTION:	7. VERIFY THAT THE INFORMATION WAS KEYED CORRECTLY. IF NOT, CORRECT THE DATA.
	8. IF ENTERED CORRECTLY, DENY THE CLAIM.

3.649 4951 (FORMER LEGACY EDIT N/A)

DMS Approved 06/2007

ERROR STATUS CODE:	4951 (FORMER LEGACY EDIT N/A)	**CLAIM TYPE:**	ALL
HEADER/DETAIL:	DETAIL	**PROVIDER TYPE:**	ALL
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	ALL
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	NONE

ESC NAME:	CONDITION CODE RESTRICTION FOR COVERED ICD-9
ESC CRITERIA:	HOME HEALTH, INPATIENT, LONG TERM CARE, OUTPATIENT CLAIM TYPES: IF THE CONDITION CODES ARE NOT WITHIN THE CONDITION CODE RESTRICTION FOR THE COVERAGE RULE FOR ANY OF THE ICD9'S, POST THE EDIT. THE DETAIL FDOS/TDOS RANGE IS USED TO COMPARE TO THE RULE EFFECTIVE DATES. INPATIENT CROSSOVEROUTPATIENT CROSSOVER: IF THE CONDITION CODES ARE NOT WITHIN THE CONDITION CODE RESTRICTION FOR THE COVERAGE RULE FOR ANY OF THE ICD9'S, POST THE EDIT. THE HEADER FDOS/TDOS RANGE IS USED TO COMPARE TO THE RULE EFFECTIVE DATES.
LEGACY CRITERIA:	N/A
EOB CODES:	4951- CONDITION CODE RETRICTION FOR COVERED ICD-9
METHOD OF CORRECTION:	9. VERIFY THAT THE INFORMATION WAS KEYED CORRECTLY. IF NOT, CORRECT THE DATA.
	10. IF ENTERED CORRECTLY, DENY THE CLAIM.

3.650 4952 (FORMER LEGACY EDIT N/A)

DMS Approved 06/2007

ERROR STATUS CODE:	4952 (FORMER LEGACY EDIT N/A)	**CLAIM TYPE:**	ALL
HEADER/DETAIL:	DETAIL	**PROVIDER TYPE:**	ALL
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	ALL
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	NONE

ESC NAME:	OCCURANCE CODE RESTRICTION FOR COVERED ICD-9
ESC CRITERIA:	HOME HEALTH, INPATIENT, LONG TERM CARE, OUTPATIENT CLAIM TYPES: IF THE OCCURANCE CODES ARE NOT WITHIN THE OCCURANCE CODE RESTRICTION FOR THE COVERAGE RULE FOR ANY OF THE ICD9'S, POST THE EDIT. THE DETAIL FDOS/TDOS RANGE IS USED TO COMPARE TO THE RULE EFFECTIVE DATES. INPATIENT CROSSOVEROUTPATIENT CROSSOVER: IF THE OCCURANCE CODES ARE NOT WITHIN THE OCCURANCE CODE RESTRICTION FOR THE COVERAGE RULE FOR ANY OF THE ICD9'S, POST THE EDIT. THE HEADER FDOS/TDOS RANGE IS USED TO COMPARE TO THE RULE EFFECTIVE DATES.
LEGACY CRITERIA:	N/A
EOB CODES:	4952- OCCURANCE CODE RETRICTION FOR COVERED ICD-9
METHOD OF CORRECTION:	11. VERIFY THAT THE INFORMATION WAS KEYED CORRECTLY. IF NOT, CORRECT THE DATA.
	12. IF ENTERED CORRECTLY, DENY THE CLAIM.

3.651 4961 (FORMER LEGACY EDIT N/A)

DMS Approved 06/2007

ERROR STATUS CODE:	4961 (FORMER LEGACY EDIT N/A)	**CLAIM TYPE:**	ALL
HEADER/DETAIL:	DETAIL	**PROVIDER TYPE:**	ALL
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	ALL
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	NONE

ESC NAME:	PROV LOCATION RESTRICTION FOR COVERED PROCEDURE
ESC CRITERIA: **LEGACY CRITERIA:**	IF THE BENEFIT PLAN RESTRICTIONS ON THE COVERED PROCEDURE LIMIT THE PROVIDERS LOCATION AND THE PROVIDER DOES NOT MEET THE CRITERIA, POST THE EDIT. N/A
EOB CODES:	4961- PROV LOCATION RESTRICTION FOR COVERED PROCEDURE
METHOD OF CORRECTION:	VERIFY THAT THE INFORMATION WAS KEYED CORRECTLY. IF NOT, CORRECT THE DATA.
	IF ENTERED CORRECTLY, DENY THE CLAIM.

3.652 4963 (FORMER LEGACY EDIT 150)

DMS Approved 01/29/04

ERROR STATUS CODE:	4963 (FORMER LEGACY EDIT 150)	**CLAIM TYPE:**	D, H, M, O, P/Q
HEADER/DETAIL:	DETAIL	**PROVIDER TYPE:**	01, 34, 39, 41, 42, 46, 47, 54, 60, 61, CT M (ALL EXCEPT 27, 28, 55, 56, 57, 80)
OVERRIDEABLE:	YES	**TYPE OF DOCUMENT:**	PAPER, NON-PAPER, ADJUSTMENTS
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	PROC, MEMBER ID

ESC NAME:	GENDER RESTRICTION FOR BILLED PROCEDURE
ESC CRITERIA: **LEGACY CRITERIA:**	IF THE CONTRACT BILLING RULE DOES NOT ALLOW THE GENDER FOR THE PROCEDURE, POST THE ESC. VERIFIES THAT A LOGICAL RELATIONSHIP EXISTS BETWEEN THE PROCEDURE CODE AND THE MEMBER'S GENDER. FOR PROVIDER TYPE 30 FAILS PROCEDURE CODES WITH A UD MODIFIER IF THE GENDER = MALE. FOR PT 30 CLAIMS WITH DOS AFTER 10/15/03 THE GENDER LIMITATIONS ON THE PDD FILE ARE IGNORED.
EOB CODES:	0150 – THIS PROCEDURE IS INVALID FOR THE MEMBER'S GENDER.
METHOD OF CORRECTION:	1. VERIFY THAT THE MEMBER ID NUMBER AND THE PROCEDURE CODE WERE KEYED CORRECTLY. IF NOT, CORRECT THE DATA.
	2. REVIEW THE CLAIM TO DETERMINE IF THE PROCEDURE BEING BILLED REALLY IS INVALID FOR THE MEMBER'S GENDER, OR IF IT IS A FILE PROBLEM. IF THE ESC FAILURE IS DUE TO A GENDER ERROR ON THE ELIGIBILITY FILE, FORWARD TO THE LOCATION APPROPRIATE FOR PRIOR AUTHORIZATON. IF THE ESC IS DUE TO A PROCEDURE FILE PROBLEM (i. e. THE GENDER LIMITATION ON FILE IS ILLOGICAL, ETC.): THEN OVERRIDE THE ESC. NOTIFY PRIOR AUTHORIZATION OF FILE PROBLEM.
	3. IF THE ESC FAILURE IS DUE TO THE PROVIDER BILLING FOR A PROCEDURE THAT IS INVALID FOR THE MEMBER'S GENDER. (SEE YOUR SUPERVISOR TO VERIFY THIS): THE DETAIL OR CLAIM MUST BE DENIED.
	4. IF DOCUMENTATION IN THE PROCEDURE CODE, DESCRIPTION FIELD INDICATES A MALE INFANTS SERVICES ARE BEING PAID UNDER THE MOTHERS' MEMBER ID NUMBER, OVERRIDE. IF DOCUMENTATION IS NOT PRESENT, DENY THE CLAIM.

3.653 4964 (FORMER LEGACY EDIT 150)

DMS Approved 01/29/04

ERROR STATUS CODE:	4964 (FORMER LEGACY EDIT 150)	**CLAIM TYPE:**	D, H, M, O, P/Q
HEADER/DETAIL:	DETAIL	**PROVIDER TYPE:**	01, 34, 39, 41, 42, 46, 47, 54, 60, 61, CT M (ALL EXCEPT 27, 28, 55, 56, 57, 80)
OVERRIDEABLE:	YES	**TYPE OF DOCUMENT:**	PAPER, NON-PAPER, ADJUSTMENTS
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	PROC, MEMBER ID

ESC NAME:	GENDER RESTRICTION FOR BILLED REVENUE CODE
ESC CRITERIA: **LEGACY CRITERIA:**	IF THE CONTRACT BILLING RULE DOES NOT ALLOW THE GENDER FOR THE REVENUE CODE, POST THE ESC. VERIFIES THAT A LOGICAL RELATIONSHIP EXISTS BETWEEN THE PROCEDURE CODE AND THE MEMBER'S GENDER. FOR PROVIDER TYPE 30 FAILS PROCEDURE CODES WITH A UD MODIFIER IF THE GENDER = MALE. FOR PT 30 CLAIMS WITH DOS AFTER 10/15/03 THE GENDER LIMITATIONS ON THE PDD FILE ARE IGNORED.
EOB CODES:	0150 – THIS PROCEDURE IS INVALID FOR THE MEMBER'S GENDER.
METHOD OF CORRECTION:	1. VERIFY THAT THE MEMBER ID NUMBER AND THE PROCEDURE CODE WERE KEYED CORRECTLY. IF NOT, CORRECT THE DATA.
	2. REVIEW THE CLAIM TO DETERMINE IF THE PROCEDURE BEING BILLED REALLY IS INVALID FOR THE MEMBER'S GENDER, OR IF IT IS A FILE PROBLEM. IF THE ESC FAILURE IS DUE TO A GENDER ERROR ON THE ELIGIBILITY FILE, FORWARD TO THE LOCATION APPROPRIATE FOR PRIOR AUTHORIZATON. IF THE ESC IS DUE TO A PROCEDURE FILE PROBLEM (i. e. THE GENDER LIMITATION ON FILE IS ILLOGICAL, ETC.): THEN OVERRIDE THE ESC. NOTIFY PRIOR AUTHORIZATION OF FILE PROBLEM.
	3. IF THE ESC FAILURE IS DUE TO THE PROVIDER BILLING FOR A PROCEDURE THAT IS INVALID FOR THE MEMBER'S GENDER. (SEE YOUR SUPERVISOR TO VERIFY THIS): THE DETAIL OR CLAIM MUST BE DENIED.
	4. IF DOCUMENTATION IN THE PROCEDURE CODE, DESCRIPTION FIELD INDICATES A MALE INFANTS SERVICES ARE BEING PAID UNDER THE MOTHERS' MEMBER ID NUMBER, OVERRIDE. IF DOCUMENTATION IS NOT PRESENT, DENY THE CLAIM.

3.654 4966 (FORMER LEGACY EDIT N/A)

DMS Approved 06/2007

ERROR STATUS CODE:	4966 (FORMER LEGACY EDIT N/A)	**CLAIM TYPE:**	ALL
HEADER/DETAIL:	DETAIL	**PROVIDER TYPE:**	ALL
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	ALL
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	NONE

ESC NAME:	PROV LOCATION RESTRICTION FOR COVERED PROCEDURE
ESC CRITERIA: **LEGACY CRITERIA:**	IF THE BENEFIT PLAN RESTRICTIONS ON THE COVERED PROCEDURE LIMIT THE PROVIDERS LOCATION AND THE PROVIDER DOES NOT MEET THE CRITERIA, POST THE EDIT. N/A
EOB CODES:	4966- PROV LOCATION RESTRICTION FOR COVERED PROCEDURE
METHOD OF CORRECTION:	VERIFY THAT THE INFORMATION WAS KEYED CORRECTLY. IF NOT, CORRECT THE DATA.
	IF ENTERED CORRECTLY, DENY THE CLAIM.

3.655 4970 (FORMER LEGACY EDIT N/A)

ERROR STATUS CODE:	4970 (FORMER LEGACY EDIT N/A)	**CLAIM TYPE:**	ALL
HEADER/DETAIL:	DETAIL	**PROVIDER TYPE:**	ALL
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	ALL
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	ALL

ESC NAME:	BENEFIT PLAN RESTRICTION FOR COVERED REV CODE
ESC CRITERIA (MCO BENEFIT PLANS):	FAILS FEE-FOR-SERVICE CLAIMS IF THE MEMBER HAS AN MCO BENEFIT PLAN (MCONC, MCOWC) FOR THE DATE OF SERVICE BUT DOES NOT HAVE AN MCO ASSIGNMENT PLAN. THIS RESTRICTION IS SET UP WITHIN THE BENEFIT PLAN COVERAGE RULES ON THE MEMBER PLAN PANEL. GENERALLY MCO MEMBERS WILL HAVE BOTH AN MCO BENEFIT PLAN AND ASSIGNMENT PLAN. HOWEVER, ALTHOUGH THE EDIT WILL APPLY TO CLAIMS SUBMITTED FOR OTHER MEMBERS, THIS RESTRICTION IS NECESSARY DUE TO THE 1-DAY LAG IN ASSIGNMENT PLAN UPDATING FOR MEMBERS ADDED VIA THE PRESUMPTIVE ELIGIBILITY SYSTEM. THESE CLAIMS ARE SUSPENDED BY THIS EDIT SO THEY DO NOT PROCESS WITH AN INCORRECT ASSIGNMENT PLAN. NOTE – FAILURES FOR THIS SCENARIO SHOULD **NOT** BE DENIED. THE EDIT SHOULD BE RECYLED SO THAT WHEN THE ASSIGNMENT PLAN IS ADDED THE CLAIM SHOULD NO LONGER FAIL THE EDIT.
ESC CRITERIA (OTHER THAN MCO BENEFIT PLANS):	FAILS IF BENEFIT PLAN RESTRICTIONS ARE ENTERED INTO THE BENEFIT ADMINISTRATION MEMBER PLAN PANEL RULES. NOTE – CURRENTLY THERE ARE NO BENEFIT PLAN RESTRICTIONS WITHIN THE BENEFIT PLAN RULES OTHER THAN THE MCO BENEFIT PLAN RESTRICTIONS DOCUMENTED ABOVE.
EOB CODES:	4970- BENEFIT PLAN RESTRICTION FOR COVERED REV CODE
METHOD OF CORRECTION:	VERIFY THAT THE REVENUE CODE, MEMBER ID, AND DATES OF SERVICE WERE ENTERED CORECTLY. IF NOT, CORRECT THE DATA.
	IF ENTERED CORRECTLY, DO NOT DENY THE CLAIM. CHANGE THE STATUS TO RESUBMIT SO THAT THE CLAIM RECYCLES.

3.656 4971 (FORMER LEGACY EDIT N/A)

DMS Approved 06/2007

ERROR STATUS CODE:	4971 (FORMER LEGACY EDIT N/A)	**CLAIM TYPE:**	ALL
HEADER/DETAIL:	DETAIL	**PROVIDER TYPE:**	ALL
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	ALL
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	ALL

ESC NAME:	CONDITION CODE RESTRICTION FOR COVERED REV CODE
ESC CRITERIA:	PHYSICIAN, PHYSICIAN CROSSOVER CLAIM TYPES: IF THE CLAIM TYPE IS NOT WITHIN THE CLAIM TYPE RESTRICTION OF THE BILLING RULE FOR ANY REV CODE POINTED TO BY THE DETAIL, POST THE EDIT. THE DETAIL FDOS/TDOS RANGE IS USED TO COMPARE THE RULE EFFECTIVE DATES. OUTPATIENT, LONG TERM CARE, AND HOME HEALTH: IF THE CLAIM TYPE IS NOT WITHIN THE CLAIM TYPE RESTRICTION OF THE BILLING RULE FOR ANY HEADER REV CODE INCLUDING THE ADMIT OR EMERGENCY REV CODE, POST THE EDIT. THE DETAIL FDOS/TDOS RANGE IS USED TO COMPARE TO THE RULE EFFECTIVE DATES. INPATIENT: IF THE CLAIM TYPE IS NOT WITHIN THE CLAIM TYPE RESTRICTION OF THE BILLING RULE FOR THE PRIMARY, SECONDARY, OR ADMIT REV CODE, POST THE EDIT. THE DETAIL FDOS/TDOS RANGE IS USED TO COMPARE TO THE RULE EFFECTIVE DATES. INPATIENT CROSSOVERS, OUTPATIENT CROSSOVERS: IF THE CLAIM TYPE IS NOT WITHIN THE CLAIM TYPE RESTRICTION OF THE BILLING RULE FOR ANY HEADER REV CODE INCLUDING THE ADMIT OR EMERGENCY REV CODE, POST THE EDIT. THE HEADER FDOS/TDOS RANGE IS USED TO COMPARE TO THE RULE EFFECTIVE DATES.
LEGACY CRITERIA:	N/A
EOB CODES:	4971 - CONDITION CODE RESTRICTION FOR COVERED REV CODE
METHOD OF CORRECTION:	VERIFY THAT THE INFORMATION WAS KEYED CORRECTLY. IF NOT, CORRECT THE DATA.
	IF ENTERED CORRECTLY, DENY THE CLAIM.

3.657 4972 (FORMER LEGACY EDIT N/A)

DMS Approved 06/2007

ERROR STATUS CODE:	4972 (FORMER LEGACY EDIT N/A)	**CLAIM TYPE:**	ALL
HEADER/DETAIL:	DETAIL	**PROVIDER TYPE:**	ALL
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	ALL
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	ALL

ESC NAME:	OCCURANCE CODE RESTRICTION FOR COVERED REV CODE
ESC CRITERIA:	PHYSICIAN, PHYSICIAN CROSSOVER CLAIM TYPES: IF THE CLAIM TYPE IS NOT WITHIN THE CLAIM TYPE RESTRICTION OF THE BILLING RULE FOR ANY REV CODE POINTED TO BY THE DETAIL, POST THE EDIT. THE DETAIL FDOS/TDOS RANGE IS USED TO COMPARE THE RULE EFFECTIVE DATES. OUTPATIENT, LONG TERM CARE, AND HOME HEALTH: IF THE CLAIM TYPE IS NOT WITHIN THE CLAIM TYPE RESTRICTION OF THE BILLING RULE FOR ANY HEADER REV CODE INCLUDING THE ADMIT OR EMERGENCY REV CODE, POST THE EDIT. THE DETAIL FDOS/TDOS RANGE IS USED TO COMPARE TO THE RULE EFFECTIVE DATES. INPATIENT: IF THE CLAIM TYPE IS NOT WITHIN THE CLAIM TYPE RESTRICTION OF THE BILLING RULE FOR THE PRIMARY, SECONDARY, OR ADMIT REV CODE, POST THE EDIT. THE DETAIL FDOS/TDOS RANGE IS USED TO COMPARE TO THE RULE EFFECTIVE DATES. INPATIENT CROSSOVERS, OUTPATIENT CROSSOVERS: IF THE CLAIM TYPE IS NOT WITHIN THE CLAIM TYPE RESTRICTION OF THE BILLING RULE FOR ANY HEADER REV CODE INCLUDING THE ADMIT OR EMERGENCY REV CODE, POST THE EDIT. THE HEADER FDOS/TDOS RANGE IS USED TO COMPARE TO THE RULE EFFECTIVE DATES.
LEGACY CRITERIA:	N/A
EOB CODES:	4972 - OCCURANCE CODE RESTRICTION FOR COVERED REV CODE
METHOD OF CORRECTION:	VERIFY THAT THE INFORMATION WAS KEYED CORRECTLY. IF NOT, CORRECT THE DATA.
	IF ENTERED CORRECTLY, DENY THE CLAIM.

3.658 4973 (FORMER LEGACY EDIT N/A)

DMS Approved 06/2007

ERROR STATUS CODE:	4973 (FORMER LEGACY EDIT N/A)	**CLAIM TYPE:**	ALL
HEADER/DETAIL:	DETAIL	**PROVIDER TYPE:**	ALL
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	ALL
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	NONE

ESC NAME:	PROV LOCATION RESTRICTION FOR COVERED DIAGNOSIS
ESC CRITERIA: **LEGACY CRITERIA:**	IF THE BENEFIT PLAN RESTRICTIONS ON THE COVERED DIAGNOSIS LIMIT THE PROVIDERS LOCATION AND THE PROVIDER DOES NOT MEET THE CRITERIA, POST THE EDIT. N/A
EOB CODES:	4973- PROV LOCATION RESTRICTION FOR COVERED DIAGNOSIS
METHOD OF CORRECTION:	VERIFY THAT THE INFORMATION WAS KEYED CORRECTLY. IF NOT, CORRECT THE DATA.
	IF ENTERED CORRECTLY, DENY THE CLAIM.

3.659 4975

3.659.1 4975 (FORMER LEGACY EDIT 105)

DMS Approved 01/26/96.

ERROR STATUS CODE:	4975 (FORMER LEGACY EDIT 105)	**CLAIM TYPE:**	H
HEADER/DETAIL:	HEADER	**PROVIDER TYPE:**	44
OVERRIDEABLE:	YES	**TYPE OF DOCUMENT:**	PAPER, NON-PAPER, ADJUSTMENTS
DATA CORRECTABLE	YES	**CLAIM FIELD LABEL:**	MEMBER ID
ESC NAME:	BENEFIT PLAN RESTRICTION FOR BILLED REVENUE CODE		
ESC CRITERIA: **LEGACY CRITERIA:**	IF THE CONTRACT BILING RULE DOES NOT ALLOW THE REVENUE CODE WHEN THE MEMBER HAS (OR DOES NOT HAVE) A SPECIFIC BENEFIT PLAN, POST THE ESC. MEMBER HAS NO HOSPICE SEGMENT ON THE ELIGIBILITY FILE.		
EOB CODES:	4975: THIS REVENUE CODE IS NOT COVERED FOR THIS MEMBER.		
METHOD OF CORRECTION:	3. VERIFY THAT THE MEMBER MEMBER ID NUMBER WAS KEYED CORRECTLY. IF NOT, CORRECT BY CHANGING THE MEMBER ID NUMBER FIELD IN THE HEADER.		
	4. IF THE CLAIM WAS KEYED CORRECTLY, MAKE NO CHANGES. CLAIM WILL RECYCLE IN THE SYSTEM FOR 15 DAYS OR UNTIL A HOSPICE SEGMENT IS FOUND.		
	NOTE: IF SYSTEM AGE IS OVER 15 DAYS, CLAIM WILL AUTO-DENY FOR ESC 4975.		

3.659.2 4975 (FORMER LEGACY EDIT 245)

DMS Approved 04/28/04

ERROR STATUS CODE:	4975 (FORMER LEGACY EDIT 245)	**CLAIM TYPE:**	A, B (PT 01, 31, 35 ONLY), C (PT 01, 39 ONLY), H (PT 34, 42 ONLY), I, L, M (ALL EXCEPT PT 13, 27, 28, 40, 45, 50, 52, 55, 56, 57, 64, 65, 70, 77, 80, 85), O, P/Q
HEADER/DETAIL:	HEADER/DETAIL	**PROVIDER TYPE:**	01, 02, 04, 11, 12, 34, 39, 41, 42, 46, 47, 54, 92, 93, CT M (ALL EXCEPT 13, 27, 28, 40, 45, 50, 52, 55, 56, 57, 64, 65, 70, 77, 80, 85)
OVERRIDEABLE:	YES	**TYPE OF DOCUMENT:**	PAPER, NON-PAPER, ADJUSTMENTS
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	MEMBER ID, BPROV, FDOS, TDOS
ESC NAME:	BENEFIT PLAN RESTRICTION FOR BILLED REVENUE CODE		

ESC CRITERIA: **LEGACY CRITERIA:**	IF THE CONTRACT BILING RULE DOES NOT ALLOW THE REVENUE CODE WHEN THE MEMBER HAS (OR DOES NOT HAVE) A SPECIFIC BENEFIT PLAN, POST THE ESC. IF THE MEMBER IS ELIGIBLE FOR HOSPICE DURING THE CLAIM DATES OF SERVICE, AND CATEGORY OF SERVICE IS 02, 03, 05, 07, 12, 24, 25, 26, 27, 30, 33, 40, 41, 42, 43, 46, 47, 50, 52, 53, OR 64 APPLY THE ESC. HOSPICE ELIGIBILITY SEGMENTS ARE LOCATED ON MEMBER ELIGIBILITY DISPLAY SCREEN 12. **EXCLUSIONS** • FOR CLAIM TYPE A AND I, IF THE END DATE ON THE HOSPICE ELIGIBILITY SEGMENT IS THE SAME AS THE ADMISSION DATE OF THE HOSPITAL CLAIM, THE CLAIM WILL NOT FAIL. • FOR CLAIM TYPES A, I or L, IF THE DATE OF DISCHARGE IS THE SAME AS THE BEGIN DATE OF HOSPICE ELIGIBILITY, THE CLAIM WILL NOT FAIL. • FOR PT 42 DETAILS WITH REVENUE CODE 580 ARE EXCLUDED.
EOB CODES:	4975: THIS REVENUE CODE IS NOT COVERED FOR THIS MEMBER.
METHOD OF CORRECTION:	1. VERIFY THAT THE MEMBER MEMBER ID NUMBER, PROVIDER NUMBER, AND DATES OF SERVICE WERE KEYED CORRECTLY. IF NOT, CORRECT THE DATA.
	2. IF CERTIFICATION OF UNRELATED CONDITION (MAP-383 OR MAP-397) APPROVED AND SIGNED BY MEDICAID STAFF, IS ATTACHED, OVERRIDE THE ESC.
	3. IF THE CLAIM TYPE IS B AND THE PROCEDURE IS **NOT** NDC OR LAB (LAB PROCEDURE CODES BEGIN WITH AN “8”), OVERRIDE THE ESC.
	4. IF THE PROVIDER INDICATES THAT THE SERVICE IS FOR A CONDITION UNRELATED TO THE TERMINAL ILLNESS, BUT DOES NOT ATTACH THE MEDICAID APPROVED AND SIGNED MAP-383 OR MAP-397 DENY THE CLAIM WITH EOB 0113.
	5. IF NONE OF THE ABOVE APPLY, DENY THE CLAIM WITH EOB 0245.

3.659.3 4975 (FORMER LEGACY EDIT 270)

DMS Approved 12/23/2008

ERROR STATUS CODE:	4975 (FORMER LEGACY EDIT 270)	**CLAIM TYPE:**	H
HEADER/DETAIL:	DETAIL	**PROVIDER TYPE:**	34
OVERRIDEABLE:	YES	**TYPE OF DOCUMENT:**	PAPER, NON-PAPER,

			ADJUSTMENTS
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	PROC, MEMBER ID, FDOS, TDOS

ESC NAME:	NO COVERAGE FOR BILLED REVENUE CODE.
ESC CRITERIA: **LEGACY CRITERIA:**	IF THE MEMBER'S PROGRAM BEING BILLED DOES NOT COVER THE REVENUE CODE BILLED ON THE DETAIL FOR THE SERVICE DATES ON THE CLAIM, POST THE ESC. FAILS IF THE REVENUE CODE IS 550 AND THE MEMBER HAS MODEL WAIVER SEGMENT (WAIVER INDICATOR “D” OR “E”) ON THE MEMBER ELIGIBILITY FILE FOR THE DATE OF SERVICE.
EOB CODES:	4975 - THIS REVENUE CODE IS NOT COVERED FOR THIS MEMBER.
METHOD OF CORRECTION:	1. VERIFY THAT THE PROCEDURE CODE WAS KEYED CORRECTLY. IF PROCEDURE CODE WAS KEYED INCORRECTLY, CORRECT THE DATA.
	2. VERIFY THAT THE MEMBER’S MEMBER ID NUMBER WAS KEYED CORRECTLY. IF MEMBER’S MEMBER ID NUMBER WAS KEYED INCORRECTLY, CORRECT THE DATA.
	3. VERIFY THAT THE FROM DATES OF SERVICE AND TO DATES OF SERVICE WERE KEYED CORRECTLY. IF THE DATES OF SERVICE WERE KEYED INCORRECTLY, CORRECT HEADER DATES AND CORRECT EACH DETAIL DATES.
	4. IF ALL DATA WAS KEYED CORRECTLY, DENY THE CLAIM.
	THIS ESC IS SET TO AUTO -DENY FOR TYPE OF DOCUMENT - ELECTRONIC CLAIMS.

3.659.4 4975 (FORMER LEGACY EDIT 297)

DMS Approved 01/26/96

ERROR STATUS CODE:	4975 (FORMER LEGACY EDIT 297)	**CLAIM TYPE:**	H
HEADER/DETAIL:	HEADER	**PROVIDER TYPE:**	44
OVERRIDEABLE:	YES	**TYPE OF DOCUMENT:**	PAPER, NON-PAPER, ADJUSTMENTS
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	MEMBER ID,/FDOS, TDOS

ESC NAME:	BENEFIT PLAN RESTRICTION FOR BILLED REVENUE CODE
ESC CRITERIA: **LEGACY CRITERIA:**	IF THE CONTRACT BILING RULE DOES NOT ALLOW THE REVENUE CODE WHEN THE MEMBER HAS (OR DOES NOT HAVE) A SPECIFIC BENEFIT PLAN, POST THE ESC. MEMBER HAS NO HOSPICE SEGMENT ON THE ELIGIBILITY FILE.
EOB CODES:	4975: THIS REVENUE CODE IS NOT COVERED FOR THIS MEMBER.
METHOD OF CORRECTION:	3. VERIFY THAT THE MEMBER MEMBER ID NUMBER WAS KEYED CORRECTLY. IF NOT, DATA CORRECT BY CHANGING THE MEMBER ID FIELD IN THE HEADER.
	4. IF THE CLAIM WAS KEYED CORRECTLY, MAKE NO CHANGES. CLAIM WILL RECYCLE IN THE SYSTEM FOR 15 DAYS OR UNTIL A HOSPICE SEGMENT IS FOUND. **NOTE: IF SYSTEM AGE IS OVER 15 DAYS, ESC WILL AUTO-DENY.**

3.660 4976 (FORMER LEGACY EDIT N/A)

DMS Approved 06/2007

ERROR STATUS CODE:	4976 (FORMER LEGACY EDIT N/A)	**CLAIM TYPE:**	ALL
HEADER/DETAIL:	DETAIL	**PROVIDER TYPE:**	ALL
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	ALL
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	ALL

ESC NAME:	CONDITION CODE RESTRICTION FOR BILLED REV CODE
ESC CRITERIA:	PHYSICIAN, PHYSICIAN CROSSOVER CLAIM TYPES: IF THE CLAIM TYPE IS NOT WITHIN THE CLAIM TYPE RESTRICTION OF THE BILLING RULE FOR ANY REV CODE POINTED TO BY THE DETAIL, POST THE EDIT. THE DETAIL FDOS/TDOS RANGE IS USED TO COMPARE THE RULE EFFECTIVE DATES. OUTPATIENT, LONG TERM CARE, AND HOME HEALTH: IF THE CLAIM TYPE IS NOT WITHIN THE CLAIM TYPE RESTRICTION OF THE BILLING RULE FOR ANY HEADER REV CODE INCLUDING THE ADMIT OR EMERGENCY REV CODE, POST THE EDIT. THE DETAIL FDOS/TDOS RANGE IS USED TO COMPARE TO THE RULE EFFECTIVE DATES. INPATIENT: IF THE CLAIM TYPE IS NOT WITHIN THE CLAIM TYPE RESTRICTION OF THE BILLING RULE FOR THE PRIMARY, SECONDARY, OR ADMIT REV CODE, POST THE EDIT. THE DETAIL FDOS/TDOS RANGE IS USED TO COMPARE TO THE RULE EFFECTIVE DATES. INPATIENT CROSSOVERS, OUTPATIENT CROSSOVERS: IF THE CLAIM TYPE IS NOT WITHIN THE CLAIM TYPE RESTRICTION OF THE BILLING RULE FOR ANY HEADER REV CODE INCLUDING THE ADMIT OR EMERGENCY REV CODE, POST THE EDIT. THE HEADER FDOS/TDOS RANGE IS USED TO COMPARE TO THE RULE EFFECTIVE DATES.
LEGACY CRITERIA:	N/A
EOB CODES:	4976 - CONDITION CODE RESTRICTION FOR BILLED REV CODE
METHOD OF CORRECTION:	VERIFY THAT THE INFORMATION WAS KEYED CORRECTLY. IF NOT, CORRECT THE DATA.
	IF ENTERED CORRECTLY, DENY THE CLAIM.

3.661 4977 (FORMER LEGACY EDIT N/A)

DMS Approved 06/2007

ERROR STATUS CODE:	4977 (FORMER LEGACY EDIT N/A)	**CLAIM TYPE:**	ALL
HEADER/DETAIL:	DETAIL	**PROVIDER TYPE:**	ALL
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	ALL
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	ALL

ESC NAME:	OCCURANCE CODE RESTRICTION FOR BILLED REV CODE
ESC CRITERIA:	PHYSICIAN, PHYSICIAN CROSSOVER CLAIM TYPES: IF THE CLAIM TYPE IS NOT WITHIN THE CLAIM TYPE RESTRICTION OF THE BILLING RULE FOR ANY REV CODE POINTED TO BY THE DETAIL, POST THE EDIT. THE DETAIL FDOS/TDOS RANGE IS USED TO COMPARE THE RULE EFFECTIVE DATES. OUTPATIENT, LONG TERM CARE, AND HOME HEALTH: IF THE CLAIM TYPE IS NOT WITHIN THE CLAIM TYPE RESTRICTION OF THE BILLING RULE FOR ANY HEADER REV CODE INCLUDING THE ADMIT OR EMERGENCY REV CODE, POST THE EDIT. THE DETAIL FDOS/TDOS RANGE IS USED TO COMPARE TO THE RULE EFFECTIVE DATES. INPATIENT: IF THE CLAIM TYPE IS NOT WITHIN THE CLAIM TYPE RESTRICTION OF THE BILLING RULE FOR THE PRIMARY, SECONDARY, OR ADMIT REV CODE, POST THE EDIT. THE DETAIL FDOS/TDOS RANGE IS USED TO COMPARE TO THE RULE EFFECTIVE DATES. INPATIENT CROSSOVERS, OUTPATIENT CROSSOVERS: IF THE CLAIM TYPE IS NOT WITHIN THE CLAIM TYPE RESTRICTION OF THE BILLING RULE FOR ANY HEADER REV CODE INCLUDING THE ADMIT OR EMERGENCY REV CODE, POST THE EDIT. THE HEADER FDOS/TDOS RANGE IS USED TO COMPARE TO THE RULE EFFECTIVE DATES.
LEGACY CRITERIA:	N/A
EOB CODES:	4977 - OCCURANCE CODE RESTRICTION FOR BILLED REV CODE
METHOD OF CORRECTION:	VERIFY THAT THE INFORMATION WAS KEYED CORRECTLY. IF NOT, CORRECT THE DATA.
	IF ENTERED CORRECTLY, DENY THE CLAIM.

3.662 4980 (FORMER LEGACY EDIT N/A)

DMS Approved 10/27/2011

ERROR STATUS CODE:	4980 (FORMER LEGACY EDIT N/A)	**CLAIM TYPE:**	ALL
HEADER/DETAIL:	DETAIL	**PROVIDER TYPE:**	ALL
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	ALL
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	ALL

ESC NAME:	BENEFIT PLAN RESTRICTION FOR COVERED PROCEDURE
ESC CRITERIA (MCO BENEFIT PLANS):	FAILS FEE-FOR-SERVICE CLAIMS IF THE MEMBER HAS AN MCO BENEFIT PLAN (MCONC, MCOWC) FOR THE DATE OF SERVICE BUT DOES NOT HAVE AN MCO ASSIGNMENT PLAN. THIS RESTRICTION IS SET UP WITHIN THE BENEFIT PLAN COVERAGE RULES ON THE MEMBER PLAN PANEL. GENERALLY MCO MEMBERS WILL HAVE BOTH AN MCO BENEFIT PLAN AND ASSIGNMENT PLAN. HOWEVER, ALTHOUGH THE EDIT APPLIES TO CLAIMS SUBMITTED FOR OTHER MEMBERS, THIS RESTRICTION IS NECESSARY DUE TO THE 1-DAY LAG IN ASSIGNMENT PLAN UPDATING FOR MEMBERS ADDED VIA THE PRESUMPTIVE ELIGIBILITY SYSTEM. THESE CLAIMS ARE SUSPENDED BY THIS EDIT SO THEY DO NOT PROCESS WITH AN INCORRECT ASSIGNMENT PLAN. NOTE – FAILURES FOR THIS SCENARIO SHOULD **NOT** BE DENIED. THE EDIT SHOULD BE RECYLED SO THAT WHEN THE ASSIGNMENT PLAN IS ADDED THE CLAIM SHOULD NO LONGER FAIL THE EDIT.
ESC CRITERIA (OTHER THAN MCO BENEFIT PLANS):	FAILS IF BENEFIT PLAN RESTRICTIONS ARE ENTERED INTO THE BENEFIT ADMINISTRATION MEMBER PLAN PANEL RULES. NOTE – CURRENTLY THERE ARE NO BENEFIT PLAN RESTRICTIONS WITHIN THE BENEFIT PLAN RULES OTHER THAN THE MCO BENEFIT PLAN RESTRICTIONS DOCUMENTED ABOVE.
EOB CODES:	4980- BENEFIT PLAN RESTRICTION FOR COVERED PROCEDURE
METHOD OF CORRECTION:	VERIFY THAT THE PROCEDURE CODE, MEMBER ID, AND DATES OF SERVICE WERE ENTERED CORECTLY. IF NOT, CORRECT THE DATA.
	IF ENTERED CORRECTLY, DO NOT DENY THE CLAIM. CHANGE THE STATUS TO RESUBMIT SO THAT THE CLAIM RECYCLES.

3.663 4981 (FORMER LEGACY EDIT N/A)

DMS Approved 06/2007

ERROR STATUS CODE:	4981 (FORMER LEGACY EDIT N/A)	**CLAIM TYPE:**	ALL
HEADER/DETAIL:	DETAIL	**PROVIDER TYPE:**	ALL
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	ALL
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	ALL

ESC NAME:	CONDITION CODE RESTRICTION FOR COVERED PROCEDURE
ESC CRITERIA:	PHYSICIAN, PHYSICIAN CROSSOVER CLAIM TYPES: IF THE CLAIM TYPE IS NOT WITHIN THE CLAIM TYPE RESTRICTION OF THE BILLING RULE FOR ANY PROCEDURE POINTED TO BY THE DETAIL, POST THE EDIT. THE DETAIL FDOS/TDOS RANGE IS USED TO COMPARE THE RULE EFFECTIVE DATES. OUTPATIENT, LONG TERM CARE, AND HOME HEALTH: IF THE CLAIM TYPE IS NOT WITHIN THE CLAIM TYPE RESTRICTION OF THE BILLING RULE FOR ANY HEADER PROCEDURE INCLUDING THE ADMIT OR EMERGENCY PROCEDURE, POST THE EDIT. THE DETAIL FDOS/TDOS RANGE IS USED TO COMPARE TO THE RULE EFFECTIVE DATES. INPATIENT: IF THE CLAIM TYPE IS NOT WITHIN THE CLAIM TYPE RESTRICTION OF THE BILLING RULE FOR THE PRIMARY, SECONDARY, OR ADMIT PROCEDURE, POST THE EDIT. THE DETAIL FDOS/TDOS RANGE IS USED TO COMPARE TO THE RULE EFFECTIVE DATES. INPATIENT CROSSOVERS, OUTPATIENT CROSSOVERS: IF THE CLAIM TYPE IS NOT WITHIN THE CLAIM TYPE RESTRICTION OF THE BILLING RULE FOR ANY HEADER PROCEDURE INCLUDING THE ADMIT OR EMERGENCY PROCEDURE, POST THE EDIT. THE HEADER FDOS/TDOS RANGE IS USED TO COMPARE TO THE RULE EFFECTIVE DATES.
LEGACY CRITERIA:	N/A
EOB CODES:	4981 - CONDITION CODE RESTRICTION FOR COVERED PROCEDURE
METHOD OF CORRECTION:	VERIFY THAT THE INFORMATION WAS KEYED CORRECTLY. IF NOT, CORRECT THE DATA.
	IF ENTERED CORRECTLY, DENY THE CLAIM.

3.664 4982 (FORMER LEGACY EDIT N/A)

DMS Approved 06/2007

ERROR STATUS CODE:	4982 (FORMER LEGACY EDIT N/A)	**CLAIM TYPE:**	ALL
HEADER/DETAIL:	DETAIL	**PROVIDER TYPE:**	ALL
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	ALL
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	ALL

ESC NAME:	OCCURANCE CODE RESTRICTION FOR COVERED PROCEDURE
ESC CRITERIA:	PHYSICIAN, PHYSICIAN CROSSOVER CLAIM TYPES: IF THE CLAIM TYPE IS NOT WITHIN THE CLAIM TYPE RESTRICTION OF THE BILLING RULE FOR ANY PROCEDURE POINTED TO BY THE DETAIL, POST THE EDIT. THE DETAIL FDOS/TDOS RANGE IS USED TO COMPARE THE RULE EFFECTIVE DATES. OUTPATIENT, LONG TERM CARE, AND HOME HEALTH: IF THE CLAIM TYPE IS NOT WITHIN THE CLAIM TYPE RESTRICTION OF THE BILLING RULE FOR ANY HEADER PROCEDURE INCLUDING THE ADMIT OR EMERGENCY PROCEDURE, POST THE EDIT. THE DETAIL FDOS/TDOS RANGE IS USED TO COMPARE TO THE RULE EFFECTIVE DATES. INPATIENT: IF THE CLAIM TYPE IS NOT WITHIN THE CLAIM TYPE RESTRICTION OF THE BILLING RULE FOR THE PRIMARY, SECONDARY, OR ADMIT PROCEDURE, POST THE EDIT. THE DETAIL FDOS/TDOS RANGE IS USED TO COMPARE TO THE RULE EFFECTIVE DATES. INPATIENT CROSSOVERS, OUTPATIENT CROSSOVERS: IF THE CLAIM TYPE IS NOT WITHIN THE CLAIM TYPE RESTRICTION OF THE BILLING RULE FOR ANY HEADER PROCEDURE INCLUDING THE ADMIT OR EMERGENCY PROCEDURE, POST THE EDIT. THE HEADER FDOS/TDOS RANGE IS USED TO COMPARE TO THE RULE EFFECTIVE DATES.
LEGACY CRITERIA:	N/A
EOB CODES:	4982 - OCCURANCE CODE RESTRICTION FOR COVERED PROCEDURE
METHOD OF CORRECTION:	VERIFY THAT THE INFORMATION WAS KEYED CORRECTLY. IF NOT, CORRECT THE DATA.
	IF ENTERED CORRECTLY, DENY THE CLAIM.

3.665 4983 (FORMER LEGACY EDIT N/A)

DMS Approved 06/2007

ERROR STATUS CODE:	4983 (FORMER LEGACY EDIT N/A)	**CLAIM TYPE:**	ALL
HEADER/DETAIL:	DETAIL	**PROVIDER TYPE:**	ALL
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	ALL
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	NONE

ESC NAME:	PROV LOCATION RESTRICTION FOR COVERED REV CODE
ESC CRITERIA: **LEGACY CRITERIA:**	IF THE BENEFIT PLAN RESTRICTIONS ON THE COVERED REV CODE LIMIT THE PROVIDERS LOCATION AND THE PROVIDER DOES NOT MEET THE CRITERIA, POST THE EDIT. N/A
EOB CODES:	4983- PROV LOCATION RESTRICTION FOR COVERED REV CODE
METHOD OF CORRECTION:	VERIFY THAT THE INFORMATION WAS KEYED CORRECTLY. IF NOT, CORRECT THE DATA.
	IF ENTERED CORRECTLY, DENY THE CLAIM.

3.666 4990

3.666.1 4990 (FORMER LEGACY EDIT 245)

DMS Approved 04/28/04

ERROR STATUS CODE:	4990 (FORMER LEGACY EDIT 245)	**CLAIM TYPE:**	A, B (PT 01, 31, 35 ONLY), C (PT 01, 39 ONLY), H (PT 34, 42 ONLY), I, L, M (ALL EXCEPT PT 13, 27, 28, 40, 45, 50, 52, 55, 56, 57, 64, 65, 70, 77, 80, 85), O, P/Q
HEADER/DETAIL:	HEADER/DETAIL	**PROVIDER TYPE:**	01, 02, 04, 11, 12, 34, 39, 41, 42, 46, 47, 54, 92, 93, CT M (ALL EXCEPT 13, 27, 28, 40, 45, 50, 52, 55, 56, 57, 64, 65, 70, 77, 80, 85)
OVERRIDEABLE:	YES	**TYPE OF DOCUMENT:**	PAPER, NON-PAPER, ADJUSTMENTS
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	MEMBER ID, BPROV, FDOS, TDOS

ESC NAME:	BENEFIT PLAN RESTRICTION FOR BILLED PROCEDURE.
ESC CRITERIA: **LEGACY CRITERIA:**	IF THE CONTRACT BILING RULE DOES NOT ALLOW THE PROCEDURE WHEN THE MEMBER HAS (OR DOES NOT HAVE) A SPECIFIC BENEFIT PLAN, POST THE ESC. IF THE MEMBER IS ELIGIBLE FOR HOSPICE DURING THE CLAIM DATES OF SERVICE, AND CATEGORY OF SERVICE IS 02, 03, 05, 07, 12, 24, 25, 26, 27, 30, 33, 40, 41, 42, 43, 46, 47, 50, 52, 53, OR 64 APPLY THE ESC. HOSPICE ELIGIBILITY SEGMENTS ARE LOCATED ON MEMBER ELIGIBILITY DISPLAY SCREEN 12. <u>EXCLUSIONS:</u> • FOR CLAIM TYPE A AND I, IF THE END DATE ON THE HOSPICE ELIGIBILITY SEGMENT IS THE SAME AS THE ADMISSION DATE OF THE HOSPITAL CLAIM, THE CLAIM WILL NOT FAIL. • FOR CLAIM TYPES A, I, OR L, IF THE DATE OF DISCHARGE IS THE SAME AS THE BEGIN DATE OF HOSPICE ELIGIBILITY, THE CLAIM WILL NOT FAIL. • FOR PT 42 DETAILS WITH REVENUE CODE 580 ARE EXCLUDED.
EOB CODES:	4990 – THIS PROCEDURE CODE IS NOT COVERED FOR THIS MEMBER.
METHOD OF CORRECTION:	1. VERIFY THAT THE MEMBER MEMBER ID NUMBER, PROVIDER NUMBER, AND DATES OF SERVICE WERE KEYED CORRECTLY. IF NOT, CORRECT THE DATA.

	2. IF CERTIFICATION OF UNRELATED CONDITION (MAP-383 OR MAP-397) APPROVED AND SIGNED BY MEDICAID STAFF, IS ATTACHED, OVERRIDE THE ESC.
	3. IF THE CLAIM TYPE IS B AND THE PROCEDURE IS **NOT** NDC OR LAB (LAB PROCEDURE CODES BEGIN WITH AN "8"), OVERRIDE THE ESC.
	4. IF THE PROVIDER INDICATES THAT THE SERVICE IS FOR A CONDITION UNRELATED TO THE TERMINAL ILLNESS, BUT DOES NOT ATTACH THE MEDICAID APPROVED AND SIGNED MAP-383 OR MAP-397 DENY THE CLAIM WITH EOB 0113.
	5. IF NONE OF THE ABOVE APPLY, DENY THE CLAIM WITH EOB 4990.

3.666.2 4990 (FORMER LEGACY EDIT 260)

DMS Approved 02/08/1999

ERROR STATUS CODE:	4990 (FORMER LEGACY EDIT 260)	**CLAIM TYPE:**	ALL
HEADER/DETAIL:	BOTH	**PROVIDER TYPE:**	ALL
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	ALL
DATA CORRECTABLE:	YES	**FIELD NAME:**	PROGRAM CODE

ESC NAME:	BENEFIT PLAN RESTRICTION FOR BILLED PROCEDURE.
ESC CRITERIA: **LEGACY CRITERIA:**	IF THE CONTRACT BILING RULE DOES NOT ALLOW THE PROCEDURE WHEN THE MEMBER HAS (OR DOES NOT HAVE) A SPECIFIC BENEFIT PLAN, POST THE ESC. FAILS IF THE RECIPIENT HAS A PROGRAM CODE OF "ZJ", "ZK", "ZL" OR "ZQ" FOR EITHER THE "FROM" OR "TO" DATE OF SERVICE.
EOB CODES:	4990 – THIS PROCEDURE CODE IS NOT COVERED FOR THIS MEMBER.
METHOD OF CORRECTION:	8. VERIFY THE RECIPIENT MAID WAS KEYED CORRECTLY. IF NOT, CORRECT THE DATA.
	9. VERIFY THE DATES OF SERVICE WERE KEYED CORRECTLY. IF NOT, CORRECT THE DATA.
	10. IF THE RECIPIENT MAID AND DATES OF SERVICE WERE KEYED CORRECTLY, DENY THE EDIT.
FOR PAPER ADJUSTMENT:	11. IF THE CLAIM IS KEYED CORRECTLY, THE ENTIRE CLAIM FAILS THE EDIT, AND NO ELIGIBILITY CARD IS PRESENT, DENY THE CLAIM AND REQUEST A PROVIDER REFUND USING THE APPROPRIATE EOB CODE.
	12. IF ONLY CERTAIN DETAILS FAIL THE EDIT, DENY THE DETAILS.
FOR MASS ADJUSTMENT OR ELECTRONIC ADJUSTMENT:	13. IF THE ENTIRE CLAIM FAILS THE EDIT, VERIFY THE RECIPIENT MAID NUMBER BY USING THE NAME AND BIRTH DATE TO OBTAIN THE RECORD. IF A NEW NUMBER IS

	FOUND, DATA CORRECT THE MAID NUMBER. IF KEYED CORRECTLY AND NO MATCH IS FOUND ON RECIPIENT ELIGIBILITY FILE, REFER TO DMS FOR REVIEW. IF DMS RETURNS WITH “NO MATCH FOUND”, DENY THE CLAIM AND REQUEST A PROVIDER REFUND. IF DMS INDICATES A NEW MAID NUMBER, DATA CORRECT THE MAID.
	14. IF ONLY CERTAIN DETAILS FAIL THE EDIT, DENY THE DETAILS.

3.667 4991 (FORMER LEGACY EDIT N/A)

DMS Approved 06/2007

ERROR STATUS CODE:	4991 (FORMER LEGACY EDIT N/A)	**CLAIM TYPE:**	ALL
HEADER/DETAIL:	DETAIL	**PROVIDER TYPE:**	ALL
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	ALL
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	ALL

ESC NAME:	CONDITION CODE RESTRICTION FOR BILLED PROCEDURE
ESC CRITERIA:	PHYSICIAN, PHYSICIAN CROSSOVER CLAIM TYPES: IF THE CLAIM TYPE IS NOT WITHIN THE CLAIM TYPE RESTRICTION OF THE BILLING RULE FOR ANY PROCEDURE POINTED TO BY THE DETAIL, POST THE EDIT. THE DETAIL FDOS/TDOS RANGE IS USED TO COMPARE THE RULE EFFECTIVE DATES. OUTPATIENT, LONG TERM CARE, AND HOME HEALTH: IF THE CLAIM TYPE IS NOT WITHIN THE CLAIM TYPE RESTRICTION OF THE BILLING RULE FOR ANY HEADER PROCEDURE INCLUDING THE ADMIT OR EMERGENCY PROCEDURE, POST THE EDIT. THE DETAIL FDOS/TDOS RANGE IS USED TO COMPARE TO THE RULE EFFECTIVE DATES. INPATIENT: IF THE CLAIM TYPE IS NOT WITHIN THE CLAIM TYPE RESTRICTION OF THE BILLING RULE FOR THE PRIMARY, SECONDARY, OR ADMIT PROCEDURE, POST THE EDIT. THE DETAIL FDOS/TDOS RANGE IS USED TO COMPARE TO THE RULE EFFECTIVE DATES. INPATIENT CROSSOVERS, OUTPATIENT CROSSOVERS: IF THE CLAIM TYPE IS NOT WITHIN THE CLAIM TYPE RESTRICTION OF THE BILLING RULE FOR ANY HEADER PROCEDURE INCLUDING THE ADMIT OR EMERGENCY PROCEDURE, POST THE EDIT. THE HEADER FDOS/TDOS RANGE IS USED TO COMPARE TO THE RULE EFFECTIVE DATES.
LEGACY CRITERIA:	N/A
EOB CODES:	4991 - CONDITION CODE RESTRICTION FOR BILLED PROCEDURE
METHOD OF CORRECTION:	VERIFY THAT THE INFORMATION WAS KEYED CORRECTLY. IF NOT, CORRECT THE DATA.
	IF ENTERED CORRECTLY, DENY THE CLAIM.

3.668 4992 (FORMER LEGACY EDIT N/A)

DMS Approved 06/2007

ERROR STATUS CODE:	4992 (FORMER LEGACY EDIT N/A)	**CLAIM TYPE:**	ALL
HEADER/DETAIL:	DETAIL	**PROVIDER TYPE:**	ALL
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	ALL
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	ALL

ESC NAME:	OCCURANCE CODE RESTRICTION FOR BILLED PROCEDURE
ESC CRITERIA:	PHYSICIAN, PHYSICIAN CROSSOVER CLAIM TYPES: IF THE CLAIM TYPE IS NOT WITHIN THE CLAIM TYPE RESTRICTION OF THE BILLING RULE FOR ANY PROCEDURE POINTED TO BY THE DETAIL, POST THE EDIT. THE DETAIL FDOS/TDOS RANGE IS USED TO COMPARE THE RULE EFFECTIVE DATES. OUTPATIENT, LONG TERM CARE, AND HOME HEALTH: IF THE CLAIM TYPE IS NOT WITHIN THE CLAIM TYPE RESTRICTION OF THE BILLING RULE FOR ANY HEADER PROCEDURE INCLUDING THE ADMIT OR EMERGENCY PROCEDURE, POST THE EDIT. THE DETAIL FDOS/TDOS RANGE IS USED TO COMPARE TO THE RULE EFFECTIVE DATES. INPATIENT: IF THE CLAIM TYPE IS NOT WITHIN THE CLAIM TYPE RESTRICTION OF THE BILLING RULE FOR THE PRIMARY, SECONDARY, OR ADMIT PROCEDURE, POST THE EDIT. THE DETAIL FDOS/TDOS RANGE IS USED TO COMPARE TO THE RULE EFFECTIVE DATES. INPATIENT CROSSOVERS, OUTPATIENT CROSSOVERS: IF THE CLAIM TYPE IS NOT WITHIN THE CLAIM TYPE RESTRICTION OF THE BILLING RULE FOR ANY HEADER PROCEDURE INCLUDING THE ADMIT OR EMERGENCY PROCEDURE, POST THE EDIT. THE HEADER FDOS/TDOS RANGE IS USED TO COMPARE TO THE RULE EFFECTIVE DATES.
LEGACY CRITERIA:	N/A
EOB CODES:	4992 - OCCURANCE CODE RESTRICTION FOR BILLED PROCEDURE
METHOD OF CORRECTION:	VERIFY THAT THE INFORMATION WAS KEYED CORRECTLY. IF NOT, CORRECT THE DATA.
	IF ENTERED CORRECTLY, DENY THE CLAIM.

3.669 4993 (FORMER LEGACY EDIT N/A)

DMS Approved 06/2007

ERROR STATUS CODE:	4993 (FORMER LEGACY EDIT N/A)	**CLAIM TYPE:**	ALL
HEADER/DETAIL:	DETAIL	**PROVIDER TYPE:**	ALL
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	ALL
DATA CORRECTABLE:	YES	**CLAIM FIELD LABEL:**	NONE

ESC NAME:	PROV LOCATION RESTRICTION FOR COVERED REV CODE
ESC CRITERIA: **LEGACY CRITERIA:**	IF THE BENEFIT PLAN RESTRICTIONS ON THE COVERED REV CODE LIMIT THE PROVIDERS LOCATION AND THE PROVIDER DOES NOT MEET THE CRITERIA, POST THE EDIT. N/A
EOB CODES:	4993- PROV LOCATION RESTRICTION FOR COVERED REV CODE
METHOD OF CORRECTION:	VERIFY THAT THE INFORMATION WAS KEYED CORRECTLY. IF NOT, CORRECT THE DATA.
	IF ENTERED CORRECTLY, DENY THE CLAIM.

3.670 6000 (FORMER LEGACY EDIT 355)

DMS Approved 02/24/2012

ERROR STATUS CODE:	6000 (FORMER LEGACY EDIT 355)	**CLAIM TYPE:**	M, H, 0
HEADER/DETAIL:	DETAIL	**PROVIDER TYPE:**	21, 13, 64, 65, 60, 61, 36, 50, 52, 70, 77, 17, 32, 33, 34, 37, 41, 42, 43, 46, 47, 74, 78, 80, 86, 90
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	ALL EXCEPT MASS ADJUSTMENT
DATA CORRECTABLE:	YES	**FIELD NAME:**	PROC/NDC
ESC NAME:		MANUAL PRICING REQUIRED	
ESC CRITERIA: **LEGACY CRITERIA:**		IF A PROCEDURE CODE HAS A PRICING INDICATOR OF 5, SUSPEND THE CLAIM WITH ESC 6000. FOR PROVIDER TYPES OTHER THAN 36 (ASC), EDIT 355 FAILS IF THERE IS A MANUAL PRICE INDICATOR ON THE PDD FILE FOR THE PROCEDURE CODE BEING BILLED.	
FOR PT 36 CLAIMS, FAILS IF THE PROCEDURE CODE HAS A MODIFIER OF “59” (IMPLANTABLE). FOR PROVIDER TYPE 90, CLAIMS WITH PROCEDURE CODE E1399 FAIL IF THE DATE OF SERVICE ON THE CLAIM IS BEFORE 1/08/2003, THE BILLED AMOUNT IS EQUAL OR LESS THAN $300.00 AND THERE IS NOT A PA NUMBER ON THE CLAIM. FOR PT, 17, 21, AND 33 FAILS IF PROCEDURE CODE IS E1399. EXCLUSIONS: PROVIDER TYPE 30, CT. M WITH DOS ON OR AFTER 10/16/03.			
EOB CODES:		0355 – FEE ADJUSTED TO MAXIMUM ALLOWABLE AMOUNT. 0354 – CLAIM DENIED. LITER FLOW PER MINUTE AND NUMBER OF HOURS MUST BE PRESENT TO PROCESS CLAIM. 0028 – CLAIM/DETAIL DENIED. DATA ILLEGIBLE. PLEASE RESUBMIT. 0182 – CLAIM DENIED. PLEASE SEND OPERATIVE NOTES OR EXPLANATION OF PROCEDURE. 0640 – THIS DETAIL WAS MANUALLY PRICED AFTER REVIEWING BY CONSULTANTS. 0235 – SERVICE NOT PROVIDED BY THE MEDICAID PROGRAM. 0021 – CLAIM, DENIED. PHYSICIAN ON REPORT AND PHYSICIANS BILLING DO NOT MATCH. 0352 – CLAIM DENIED. INAPPROPRIATE PROCEDURE CODE USED. 0023 – CLAIM DENIED. NO PHYSICIAN PATIENT CONTACT. 0356 – CLAIM/DETAIL DENIED AFTER REVIEW BY MEDICAL CONSULTANTS. 0029 – CLAIM REQUIRES DOCUMENTATION. PLEASE RESUBMIT ON PAPER 0113 – CLAIM DENIED. REQUIRED DOCUMENTATION MISSING/INCOMPLETE. 0010 – CLAIM DENIED. PLEASE RESUBMIT CLAIM WITH	

	ANESTHESIA REPORT. 0327 – PROCEDURE/NDC REQUIRES PRIOR AUTHORIZATION. 0357-CLAIM DENIED. INVOICE MUST HAVE ITEM BILLED NOTED. 0045 - RETURN TO PROVIDER. INVOICE AMOUNT DOES NOT MATCH BILLED AMOUNT. CORRECT AND RESUBMIT. 0382 – DETAIL DENIED. BILLED AMOUNT FOR IMPLANTABLE MUST BE GREATER THAN $100.00. 0384 – DETAIL DENIED. INVOICE MUST BE ATTACHED WHEN BILLING IMPLANTABLES. 0386 – DETAIL DENIED. INVOICE AMOUNT MUST
METHOD OF CORRECTION:	1. VERIFY PROCEDURE NUMBER WAS KEYED CORRECTLY. IF NOT CORRECT THE PROCEDURE, NUMBER. 2. IF CLAIM DATA IS KEYED CORRECTLY, FOLLOW INSTRUCTIONS FOR THE CLAIM TYPE APPLICABLE

CLAIM TYPE M-P/T 36 ASC

ASC IMPLANTABLES (MODIFIER 59) MUST BE MANUALLY PRICED ACCORDING TO THE FOLLOWING GUIDELINES:

1. IF THE DETAIL HAS A BILLED AMOUNT $100.00 <u>OR</u> <u>LESS,</u> DENY THE DETAIL WITH EOB 0382.
2. IF THE CLAIM DOES NOT HAVE AN INVOICE ATTACHED, DENY THE DETAIL WITH EOB 0384.
3. COMPARE THE INVOICE AMOUNT TO THE BILLED AMOUNT. IF <u>DIFFERENT,</u> DENY THE DETAIL WITH EOB 0386.
4. IF INVOICE IS ATTACHED, CALCULATE THE MANUAL PRICE AS FOLLOWS:
5. (INVOICE AMOUNT – $100.00) X 1.10 = MANUAL PRICE

CLAIM TYPE M-P/T 21 SCHOOL BASED SERVICES (*FOR CLAIM DOS = OR > 08/01/2012 , E1399 SEE BELOW*)

PROCEDURE CODES X0099 AND E1399

SCHOOL BASED SERVICES PROCEDURE CODE X0099 OR E1399 MUST BE MANUALLY PRICED ACCORDING TO THE FOLLOWING GUIDELINES.

1. THIS SERVICE REQUIRES AN INVOICE TO BE ATTACHED TO EACH CLAIM. IF NO INVOICE IS ATTACHED, DENY WITH EOB 0113.

2. IF THE AMOUNT OF THE INVOICE DOES NOT MATCH THE BILLED AMOUNT, DENY WITH EOB 0045.

3. IF AMOUNT OF INVOICE MATCHES BILLED AMOUNT ON CLAIM, MANUALLY PRICE THE DETAIL AND CHANGE THE DETAIL EOB TO 0640.

*FOR CLAIMS WITH DATES OF SERVICE ON OR AFTER 08/01/2011 THE FOLLOWING RESOLUTION INSTRUCTIONS ARE APPLICABLE- TYPE M-P/T 21 SCHOOL BASED SERVICES, PROCEDURE CODE E1399

PROCEDURE CODE E1399

CLAIM DATES OF SERVICE 08/01/2011 AND AFTER

1. IF ONE OR ALL OF THE FOLLOWING DOCUMENTS ARE NOT ATTACHED TO THE CLAIM, THEN DENY FOR ADDITIONAL DOCUMENTATION:

    - MEDICAID RECIPIENTS INDIVIDUALIZED EDUCATION PLAN WITHIN THE TIME FRAME FOR THE DATE OF SERVICE (IEP)
    - COPY OF ORIGINAL RECEIPT WITH PURCHASE PRICE AND ITEM NAME
    - DETAILED PRODUCT DESCRIPTION (PRINTED FROM THE INTERNET)

2. 2. IF THE BILLED AMOUNT IS GREATER THAN $100.00, THEN FORWARD THE ICN TO THE RESO SUPERVISOR WHO WILL FORWARD TO DMS, STEPHANIE MACK AND/OR LUCY SENTERS. (SEE EXAMPLE OF IEP DOCUMENTATION)

Student Name: [redacted]
DOB: [redacted]

KY IEP, Page 1
Date of ARC: 12/11/2009

Individual Education Program (IEP)

Boone County
8330 US 42
Florence, KY 41042
(859)283-1003

Plan Information			
Meeting Date: 12/11/2009	Start Date: 12/11/2009	End Date: 12/10/2010	Eligibility Date: 12/12/2008
Special Ed Status: Active		Special Ed Setting: (age 6-21) <40% of the day general ed programs	
Primary Disability: Multiple Disabilities			
Secondary Disability: Speech Language			

Student Information			
Student Name: [redacted]	DOB: [redacted]		Student Number: [redacted]
Address: [redacted]	District of Residence:		
School of Attendance: [redacted]	Grade: 08	Gender: F	Race (Ethnicity Code): White

Present Level of Academic Achievement and Functional Performance

Present Levels of Academic Achievement and Functional Performance, including how the disability affects the student's involvement and progress in the general curriculum:

(For preschool children include the effect on participation in appropriate activities; Beginning in the child's 8th grade year or when the child has reached the age of 14, a statement of transition needs is included.)

Communication Status

☐ Performance commensurate with similar age peers

[redacted] is a 15 year old middle school student who exhibits a communication disability in the areas of receptive/expressive language and articulation. Her receptive and expressive language skills are equally affected. Many of her language
difficulties are semantic in nature, such as her ability to understand and use vocabulary. She likewise has difficulty comprehending various question forms, along with answering them appropriately. She performs better with visual cues such as pictures and words.
Her articulation is characterized by substitutions of the w/l, f,z/th, and
cluster/blend reduction of s/st. Although her voice is somewhat hoarse and weak, it does not contribute to an adverse affect in the classroom in the same way her language and articulation disabilities do. Her fluency skills are within an average range of performance.

Academic Performance

☐ Performance commensurate with similar age peers

[redacted]s a 15 year old student whose school readiness skills limit her success in the regular classroom. Alex recognizes the letters of the alphabet. She understands letter/sound correspondence and can produce the sounds. She is improving in her abiltiy to sound out unfamilar words and is participating in beginning level of SRA. She can count by 5's to 100 but is not consistent when applying the skill in a natural situation. She use touch dots for coin counting and is inconsistent with applying this skill. She is often distracted and needs redirection. She recognizes about 60 sight words from the Edmark reading program and can read short sentences with the words. She is good at predicting and retelling events accurately.

Health, Vision, Hearing, Motor Abilities

☐ Not an area of concern at this time

[redacted] is a 15 year old student with a diagnosis of Seizure disorder with a history of neurological surgery in 12/08 to relieve the frequency of the seizure activity. [redacted] demonstrates difficulty with fine and gross motor skills scoring well below average on standardized testing. She requires an increased amount of visual and verbal prompting to engage in many activities. She lacks visual attention skills and struggles with motor planning and handwriting. She has low muscle tone and poor grading of movements. She has decreased endurance due to her recent weight gain. She is able to ambulate without an assistive device in the school environment with functional balance. She exhibits generally good cooperation to engage in school tasks, however she can be reluctant to try new tasks requested of her. Overall the above impacts her ability to perform in the general curriculum.

Student Name: [redacted]
DOB: [redacted]

KY IEP, Page 2
Date of ARC: 12/11/2009

Present Level of Academic Achievement and Functional Performance

Social and Emotional Status

☐ Performance commensurate with similar age peers

[redacted] social skills limit her success in the regular classroom. She enjoys interacting with peers but is inappropriate at times (excessive laughing to withdrawl behaviors depending on the day. She is more cooperative working with instructors and will work for 20 minutes independently on familar tasks.

General Intelligence

☐ Performance commensurate with similar age peers

[redacted] is a 15 year whose cognitive skills impact her success in the regular classroom. She is significantly below same age peers in all academic areas. [redacted] lack of concentration, attention to task and short-term visual memory limit her success on academic tasks. [redacted] can be expected to learn new material but it will occur at a slower rate than her same age peers.

Transition Needs

☐ Not an area of concern at this time (Checking this box is not an option when the student is in the 8th Grade or 14 years or older because transition must be addressed for these students)

☒ Instruction
☒ Community Experiences
☒ Daily Living Skills
☐ Functional Vocational Evaluation
☒ Related services
☐ Employment
☐ Post School Adult Living Objectives

Functional Vision/Learning Media Assessment

☐ Not an area of concern at this time

Consideration of Special Factors for IEP Development

(The ARC MUST address each question below and consider these issues in the review and revision of the IEP.)

Does the child's behavior impede his/her learning or that of others?

☐ Yes ☒ No

If yes, include appropriate strategies, such as positive behavioral interventions and supports in the statement of devices and services below.

Does the child have limited English proficiency?

☐ Yes ☒ No

If yes, what is the relationship of language needs to the IEP?

Is the child blind or visually impaired? ☐ Yes ☒ No If yes, the IEP Team must consider:

- Is instruction in Braille needed? ☐ Yes ☐ No
- Is use of Braille needed? ☐ Yes ☐ No
- Will Braille be the student's primary mode of communication? ☐ Yes ☐ No

(See evaluation data for supporting evidence.)

Does the child have communication needs? ☒ Yes ☐ No If Yes, specify below:

☒ See Present Levels for Communication Status
☐ Other (Specify):

Student Name: [redacted]
DOB: [redacted]

KY IEP, Page 3
Date of ARC: 12/11/2009

Consideration of Special Factors for IEP Development

(The ARC MUST address each question below and consider these issues in the review and revision of the IEP.)

Is the child deaf or hard of hearing? ☐ Yes ☒ No If yes, the IEP Team must consider:

- The child's language and communication needs; Describe:
  - ☐ See Present Levels for Communication Status
  - ☐ Other (Specify):
- Opportunities for direct communications with peers and professional personnel in the child's language and communication mode, academic level and full range of needs; Describe:
- Any necessary opportunities for direct instruction in the child's language and communication mode. Describe:

Are assistive technology devices and services necessary in order to implement the child's IEP?

☐ Yes ☒ No

Statement of Devices/Services: If the ARC answers Yes to any of the questions above, include a statement of services and or devices to be provided to address the above special factors.

- ☐ See Specially Designed Instruction
- ☐ See Supplemental Aids and Services
- ☐ See Behavior Intervention Plan
- ☐ Other (Specify):

Measurable Annual Goals and Benchmarks

Student progress and performance for each goal of this IEP will be reported at least as often as the school reports the performance of all students.

Annual Measurable Goal (# 1):

[redacted] will use mathematical procedures to solve problems to meet short term objectives.

Method(s) of Measurement:

Progress Data

Specially Designed Instruction:

cue cards for counting by 5's, next dollar determination guide

Benchmarks/Short-Term Instructional Objectives

1. During classroom activities, [redacted] will count paper money ($1 and $5 bills) to $20.00, 4/5 trials correctly over 3 consecutive sessions.
2. During classroom activities and community based instruction, [redacted] will determine the next dollar when requested and count out the correct amount of money ($1 & $5 bills only to $20.00). 4/5 opportunities over 3 consecutive sessions.
3. Using a money determination guide [redacted] will pre-fill envelopes with determined amounts of money to be used for identifidied activities, and use the correct envelope as requested, 4/5 trials per week.

Annual Measurable Goal (# 2):

[redacted] will make sense of material read to meet short term objectives.

Method(s) of Measurement:

Progress Data

Specially Designed Instruction:

Edmark reading program, SRA reading program, one:one practice, functional reading cards

Student Name: [redacted]
DOB: 0[redacted]

KY IEP, Page 4
Date of ARC: 12/11/2009

Measurable Annual Goals and Benchmarks

Benchmarks/Short-Term Instructional Objectives

1. During classroom activities, [redacted] will read 5-10 word direction cards (using decoding and sight-word strategies) and complete the direction correctly, 4/5 opportunities per week.

2. Using environmental print such as labels, food signs, packages, etc, [redacted] will read the words and tell something meaningful about the word, 8/10 opportunities per week.

3.

Annual Measurable Goal (# 3):

[redacted] will improve her communication skills in the areas of receptive and expressive language and articulation, in order to improve her ability to effectively communicate in academic and social settings, as measured by short term objectives.

Method(s) of Measurement:

-Progress data (Service Logs)
-Therapist/teacher observation
-Informal assessments

Specially Designed Instruction:

-direct instruction in articulation skills and auditory discrimination
-direct instruction in comprehension skills

Benchmarks/Short-Term Instructional Objectives

1. Given a variety of picture and word prompts, [redacted] will monitor and produce the /l/ and /st/ blend in all word positions, to 80% accuracy, in the therapy setting.

2. Given a variety of word, story, and/or picture prompts, [redacted] will answer "when", "how", and "why" questions, to 75% accuracy, in the therapy setting.

3. Given a variety of therapy or curriculum based vocabulary words, [redacted] will describe the meaning of the word using at least 2 attributes, and then construct a complete basic sentence that conveys the meaning of the word, to 75% accuracy, in the therapy setting.

Annual Measurable Goal (# 4):

[redacted] will improve her personal management skills to meet short term objectives.

Method(s) of Measurement:

Progress Data

Specially Designed Instruction:

cue cards, self-monitoring form if needed, timer

Benchmarks/Short-Term Instructional Objectives

1. Upon request, [redacted] will say her phone number and street name, 4/5 times per week over 3 consecutive weeks.

2. During designated activities, [redacted] will read an informational word for direction, task completion or organization of materials, and perform the correct function/task, 6/10 opprotunities per week.

Supplementary Aids and Services

Statement of Supplementary Aids and Services to be provided to the child or on behalf of the child.

auditory, visual, and tactile cues and prompts for articulation; paraphrasing and/or repeating, as needed; individual and/or small group setting; highlighting key information, across curriculum; auditory and visual cues and prompts for comprehension and expressive skills; sensory/motor exercises as appropriate per OT and PT, handwriting aides as needed. Endurance activities as indicated by PT.

Accommodations for Administration of State Assessments and Assessments in the Classroom

In order to justify appropriateness of accommodations for any state mandated tests, the testing accommodations must be used consistently as part of routine instruction and classroom assessment as well as meet all additional requirements established by the *Inclusion of Special Populations in the State-Required Assessment and Accountability Programs, 703 KAR 5:070* document.

Student Name: [redacted]
DOB: [redacted]

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Date of ARC: 12/11/2009

Accommodations for Administration of State Assessments and Assessments in the Classroom

In order to justify appropriateness of accommodations for any state mandated tests, the testing accommodations must be used consistently as part of routine instruction and classroom assessment as well as meet all additional requirements established by the Inclusion of Special Populations in the State-Required Assessment and Accountability Programs, 703 KAR 5:070 document.

- ☐ Readers
- ☐ Scribes
- ☐ Paraphrasing
- ☐ Reinforcement and behavior modification strategies
- ☐ Prompting/cueing
- ☐ Use of Technology
- ☐ Manipulatives
- ☐ Braille
- ☐ Interpreters
- ☐ Extended time
- ☐ Other, specify

☒ Student has been determined eligible for participation in the Alternate Assessment Program. The reasons for this decision are documented in the 'Determination of Eligibility for Alternate Assessment' section at the end of this plan. If determined eligible for the Alternate Assessment the ARC must also determine if the student is Dimension A or Dimension B.

Program Modifications/Supports for school personnel that will be provided

Supports for school personnel:

Teaching staff to be trained in seizure procedures and medical care plan including the administration of Dyastat for seizure.

☐ Not needed at this time

Least Restrictive Environment (LRE) and General Education

Explain the extent, if any, to which the student will not participate in general education (content area):

Weekly speech therapy sessions
Community based instruction, functional academics, instruction in core content

Special Education Services

Type of Service	Anticipated Frequency and Duration of Service					Service Provider (by Position)	Location (e.g., Regular Classroom, Resource Room, Separate Class)
	Service Frequency (Number of times provided per Service Period)	Service Period (Daily, Weekly, Monthly, Annually)	Service Minutes (Per Service Period)	Start Date	End Date		
Special Education	5.0	day	60.0	12/11/2009	12/10/2010		FMD classroom

Related Services

Type of Service	Anticipated Frequency and Duration of Service					Service Provider (by Position)	Location (e.g., Regular Classroom, Resource Room, Separate Class)
	Service Frequency (Number of times provided per Service Period)	Service Period (Daily, Weekly, Monthly, Annually)	Service Minutes (Per Service Period)	Start Date	End Date		
Transportation (No Lift)	2.0	day	60.0	12/11/2009	12/10/2010		
Occupational Therapy	1.0	month	15.0	12/11/2009	12/10/2010	Occupational Therapy	special ed. classroom
Physical Therapy	1.0	month	30.0	12/11/2009	12/10/2010	Physical Therapy	
Speech/Language Therapy	3.0	week	90.0	12/11/2009	12/10/2010	Speech/Language	speech therapy room

Student Name: [redacted]
DOB: [redacted]

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Date of ARC: 12/11/2009

Extended School Year

Are extended school year services required for this student?

☐ Yes ☒ No ☐ More data needed

If the ARC determines ESY services are to be provided, describe the service and indicate to which annual goal or goals the service is related. If the ARC determines no ESY services are to be provided, please document the reason(s) for this decision.

Transition Services Needs

(Beginning in the child's 8th grade year or when the child has reached the age of 14 and thereafter)

What transition assessments were used to determine the child's preference and interests? (Check all that apply)

- ☒ Student Interview
- ☐ Student Portfolio
- ☒ Interest Inventory
- ☒ Career Awareness
- ☐ Individual Learning Plan
- ☐ Student Survey
- ☐ Vocational Assessments
- ☐ Parent Interview
- ☐ Career Aptitude
- ☐ Other:

Does the student's Individual Learning Plan (ILP) include the student's course of study?

- ☐ No. If No, do not proceed with development of IEP until ILP is initiated, including the child's course of study.
- ☒ Yes. (See student's attached course of study to include current year through graduation or exiting special education)

Do transition service needs focus on the child's course of study and are they addressed in the Present Levels?

☐ No ☒ Yes

DETERMINATION OF ELIGIBILITY FOR ALTERNATE ASSESSMENT

Students with disabilities are eligible for Alternate Assessment if all the following items are verified by ARC action:

- ☒ Yes ☐ No — Current and Longitudinal data across settings in all relevant areas, including progress monitoring and adaptive behavior has been reviewed, and
- ☒ Yes ☐ No — Student's cognitive ability and adaptive behavior could prevent completing a general education course of study even with program modifications and adaptations, and
- ☒ Yes ☐ No — Student's current adaptive behavior requires extensive direct instruction in multiple settings to accomplish application and transfer of skills necessary for functional application in domestic, community living, recreation/leisure and vocational activities, and
- ☒ Yes ☐ No — Student's inability to complete general education course of study is not the result of excessive or extended absences, nor primarily the result of:
  1. visual or auditory disabilities
  2. specific learning disabilities
  3. emotional-behavior disabilities or
  4. social, cultural and economic differences, and
- ☒ Yes ☐ No — Student is unable to apply or use academic skills at minimal competency level in natural settings when instructed solely or primarily through school-based instruction, and
- ☒ Yes ☐ No — Admission and Release Committee members agree that this student is eligible for the Alternate Assessment. (If this item is checked 'Yes', continue with the section below to determine the Dimension of Performance.)

DETERMINATION OF PERFORMANCE DIMENSION A OR B

The IEP team must select one of the following: Performance Dimension A or Performance Dimension B based using the specified indicators.

☒ **Performance Dimension A:** Attainment should be chosen if the student's communication is best described by the following indicators:

- ☒ Student uses verbal or written words, signs, Braille, or language-based augmentative systems to request, initiate, and respond to questions, describe things or events, and express refusal. OR
- ☐ Student uses intentional communication, but not at a symbolic language level: Student uses understandable communication through such modes as gestures, pictures, objects/textures, points, etc., to clearly express a variety of intentions.

☐ **Performance Dimension B:** Progress may be chosen if the student's communication is best described by the following indicators. While students who participate in Performance Dimension B may be able to score at the proficient level, distinguished scores are not available if

Student Name: [redacted]
DOB: [redacted]

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Date of ARC: 12/11/2009

this performance dimension is chosen.

- ☐ Student communicates primarily through cries, facial expressions, change in muscle tone but no clear use of objects/textures, regularized gestures, pictures, signs, etc., to communicate.
- ☐ Student alerts to sensory input from another person (auditory, visual, touch, movement) BUT requires actual physical assistance to follow simple directions. Or the student's response to sensory stimuli (e.g., sound/voice; sight/gesture; touch; movement; smell) is unclear.

Boone County
8330 US 42
Florence, KY 41042

CONFERENCE SUMMARY/ACTION NOTICE

Date: 12/11/2009

District Boone County

Name: [redacted] DOB: [redacted] Student ID #: [redacted]

School: CONNER MIDDLE SCHOOL Disability: Multiple Disabilities (If currently receiving Special Education Services) Grade: 08

I. DESCRIPTION OF EACH EVALUATION PROCEDURE, TEST, RECORD, OR REPORT USED AS BASIS FOR THE ARC DECISIONS. The following items were considered. (See attached explanation of evaluation procedures.):

☑	Written Assessment Report Dated: 10-15-09	☐	Behavior Observations	☑	Physical Therapy Assessment
☑	Student Progress in Achieving IEP Goals	☐	Communication Assessment	☑	Occupational Therapy Assessment
☐	Referral	☐	Receptive Language Assessment	☐	Assistive Technology Evaluation
☐	Vision Screening	☐	Expressive Language Assessment	☐	Developmental History
☐	Hearing Screening	☐	Speech Sound Production	☐	Social/Cultural Factors
☐	Health Screening	☐	Oral Mechanism Evaluation	☐	Rating Scales
☐	Communication Screening	☐	Fluency Evaluation	☐	Adaptive Behavior Scale
☐	Cognitive Screening	☐	Voice Evaluation	☐	Social Competence Assessment (emotional/behavioral)
☐	Academic Performance Screening	☐	Augmentative Comm. Assessment	☐	Behavioral Data/Logs
☐	Motor Screening	☐	Hearing Evaluation	☐	Functional Behavior Assessment
☐	Social/Emotional Competence Screening	☐	Vision Evaluation	☐	Discipline Referral(s)
☐	Educational History	☐	Functional Vision/Learning Media Assessment	☐	Technical/Vocational Assessment
☐	Cognitive/Intellectual Assessment	☐	Braille Skills Inventory	☑	Parental Input (Specify Below):
☐	Perceptual Abilities Assessment	☐	Orientation and Mobility Assessment		
☐	Developmental Assessment	☐	Health/Medical Evaluation or Statement		
☐	Academic Performance	☐	Motor Abilities		
☐	Other Data: (Specify if Any)				

II. PARENT CONCERNS AND INPUT (Specify if Any)
See conference summary notes

Name: [redacted] DOB: [redacted] Date of ARC: 12/11/2009

III. **OPTIONS/ACTIONS CONSIDERED AND REASONS FOR THE DECISIONS:** Complete all applicable sections based on the purpose of the meeting. Explain why the ARC proposes or refuses to take action, providing documentation for the reasons for those decisions in the sections below, in the notes section, and through appropriate attachments.

☐ A. **Initial Evaluation**

Suspected Disability: (Place a check for each suspected disability)

☐ Autism	☐ Hearing Impaired	☐ Specific Learning Disability
☐ Deaf Blind	☐ Mild Mental Disability	☐ Speech or Language Impaired
☐ Developmentally Delayed	☐ Multiple Disabilities	☐ Traumatic Brain Injury
☐ Emotional Behavior Disability	☐ Orthopedically Impaired	☐ Vision Impaired
☐ Functional Mental Disability	☐ Other Health Impaired	

Description of Action(s):

☐ An evaluation will be conducted (See Evaluation Planning Form).

☐ An evaluation will not be conducted.

☐ Additional interventions will be implemented in the area(s) of (This is suggested, not required.)

☐ Other: (Specify)

Reason for Decision(s):

☐ Review of referral information, including all existing data, supports a suspected disability and the need for a full evaluation.

☐ Review of referral information, including all existing data, does not support a suspected disability nor the need for a full evaluation.

☐ Additional information is required prior to acting on the referral.

☐ Other: (Specify)

☐ B. **Reevaluation Plan**

Based on the review of existing data as outlined in *Section I*, including but not limited to:

(a) Evaluations and information provided by parents;
(b) Current classroom-based assessments and observations; and
(c) Observations by teachers and related service providers.

The ARC has decided that additional information (See Evaluation Planning Form) is needed to determine: (Check all that apply)

☐ If the student continues to have a disability.

☐ If the student continues to need special education.

☐ The present level of academic and functional performance and educational needs of the student.

☐ Any additions or modifications to the special education and related services needed to enable the student to meet the goals set out in the IEP and to participate, as appropriate, in the general curriculum.

Or

☐ The ARC has determined that current data is sufficient.

Or

☐ Parent has requested formal evaluation. (See Evaluation Planning Form)

And

☐ The parents have been informed of these decisions.

Name: [redacted] DOB: [redacted] Date of ARC: 12/11/2009

☑ C. **Eligibility/Continued Eligibility:** Document the ARC decision regarding the determination of the student's eligibility for special education and related services and reasons for the decision on the appropriate Eligibility Determination form(s). *(Note: For Multiple Disabilities, complete a separate form for each underlying disability category.)*

Date of Eligibility Determination: 12-12-08

☐ Student does not have an educational disability requiring special education and related services

Primary Disability: MD

Secondary Disability:

For students identified as Multiple Disabilities document the underlying disabilities below:

Underlying Disability (A): FMD

Underlying Disability (B) OHI

Underlying Disability (C): SL

Underlying Disability (D)

☑ D. **Individual Education Program developed/revised**

☑ An Individual Education Program has been developed or revised

☐ An Individual Education Program has NOT been developed or revised.

☑ E. **Placement Options and Decisions:** Based on the review of assessment data and the completed IEP, the ARC discussed the following placement option(s):

Placement Option Considered	Accepted	Rejected	Reason Accepted/Rejected
☐ Full time general education environment	☐	☑	
☐ Part-time general education and Part-time special education environment.	☐	☑	
☐ Full-time special education environment	☑	☐	Needs intensive support

Select only one option from the list below based on the student's age as of December 1 during the effective date of the IEP.

Ages 3 through 5:	Ages 6 to 21:
☐ Regular Early Childhood Program at least 80% of time	☐ Regular Class 80% or more of the day
☐ Regular Early Childhood Program 40% to 79% of time	☐ Regular Class no more than 79% of day and no less than 40% of day
☐ Regular Early Childhood Program less than 40% of time	☑ Regular Class less than 40% of the day
☐ Separate Class	☐ Separate School
☐ Separate School	☐ Residential Facility
☐ Residential Facility	☐ Homebound/Hospital
☐ Home	☐ Correctional Facilities
☐ Service Provider Location	☐ Parentally Placed in Private Schools

Name: A[redacted] DOB: [redacted] Date of ARC: 12/11/2009

☑ F. Consideration of Potential Harmful Effects

☑ There are no potential harmful effects of the placement on the child or on the quality of services needed by the child

☐ Potential harmful effects identified and modifications to compensate are outlined below:

☐ G. Notice of Graduation or Aging Out:

☐ The ARC anticipates the student will require longer than 4 years of High School to Graduate.

☐ The ARC anticipates that the student will graduate within the next twelve (12) months.

☐ The student has been provided with a summary of academic achievement and functional performance including recommendations on how to assist the student in meeting his or her post secondary goal(s)

☐ Based on the student's birth date, the student will age-out and no longer be eligible for services on: (Date)

IV. MEDICAID (OPTIONAL):

☐ Annual written notice was provided to the parent in order to submit claims for Medicaid Reimbursement.

☐ In addition to covered services on the student's IEP and/or covered evaluations outlined through evaluation planning, collateral services will be provided by qualified providers as needed.

V. ☐ DISCIPLINARY REVIEW (Complete Manifestation Determination Review form if checked)

VI. OTHER FACTORS RELEVANT TO THE ACTION:

Identified factors relevant to the action as follows (if any) specified below:

☑ None Identified

☐ Identified factors relevant to the action as follows:

Name: [redacted] DOB: [redacted] Date of ARC: 12/11/2009

VII. ADMISSIONS AND RELEASE COMMITTEE MEMBERS sign their names to indicate their attendance.

I have been advised, in my native language, and I understand the contents of this notice. I have a copy and have received an explanation of my procedural safeguards as parent of a student with a disability or as a student with a disability. I understand that I can receive an additional copy of my procedural safeguards, a further explanation of my rights, or assistance in understanding the content of this notice by contacting the student's school or the Director of Special Education.

Parent(s)/Student* _____ ☐ Parent participated via alternate means
*(if age 18 or older or younger if appropriate)

☐ Parents did not attend meeting. A copy of Parent Rights, if necessary, and appropriate Due Process forms were:

Date:

☐ Mailed ☐ Delivered by school personnel ☐ Sent home with student

Bridget Warnke	, District Representative	Annie Seitz	, Other Agency Representation
	, Regular Education Teacher(s)	Anita Bernardo	, Speech-Language Pathologist
Kathleen Board	, Special Education Teacher(s)		, Student (when appropriate)
	, School Psychologist/Evaluation Specialist(s)	Jennifer Clause	, Title: Physical Therapist
Jodi Noble	, Title: Occupational Therapist		, Title:
	, Title:		, Title:
	, Title:		, Title:

Name: [redacted] DOB: [redacted] Date of ARC: 12/11/2009

Notes Page - 1:

Parent rights were offered and declined. [redacted] did not attend meeting.

The purpose of this meeting is to review the occupational and physical therapy evaluations that were completed, and to review/revise [redacted]s IEP. [redacted] eligibility for special education was determined on 12-12-08. She receives services under the category of Multiple Disabilities, which include Functional Mental Disability and Other Health Impairment.

Evaluation results:
PT - [redacted] has low muscle tone and poor grading of movements (decreased strength overall). She has decreased endurance, decreased age appropriate gross motor skills, poor quality of gait, and poor body awareness. Overall, she has well below average gross motor skills, which impact her ability to participate fully in her educational environment.
OT - [redacted] demonstrates well below average fine motor skills. She has difficulty with motor planning, is visually inattentive, and has poor handwriting skills. She requires increased prompts/cues for most tasks with verbal/visual directions.

Progress on IEP: (See monitoring sheet for detail)
Reading: [redacted] has met criteria for being able to read 50-60 words. She is having more difficulty with reading direction cards. Her data is very inconsistent because her performance varies from day to day. She has difficulty responding on cue (retrieval) at times. This happens in all areas. Her data does not (and likely will never) show 100% mastery because of the aforementioned difficulties.
Personal Mgmt: She has mastered using a visual cue for task completion. She has a personal reference book for information (address, school information, phone number).
Math: She levels out at 60-70% accuracy with counting money. She does much better after several practice trials, but she is not able to do this accurately without practicing first. She is able to do next dollar, but again needs practice first.
Speech - She is having difficulty with articulation /L/, /st/ blend, and does not isolate those sounds.

Proposed IEP: (See IEP for detail)
Reading: Incorporate environmental print as part of her goals. Increase number of words expected to read. Read informational words for directions and task completion, which also addresses vocational needs.
Personal Management: Continue working on address and phone number as priorities; condense information system/reference guide for her to personally manage.

Mom had noted that she would like for [redacted] to work on tying her shoes. This has been addressed at school in the past, but she is inconsistent and has not learned it yet. She tends to become anxious when this is expected of her. The occupational therapist will work with her teacher to see if this can be addressed.

Math: Continue math goals regarding counting money and teach her to use a flip chart for counting next dollar.

Speech - [redacted]x does much better when provided with picture cues. She continues to need vocabulary development and can identify pictures well (expressive language). She had difficulty blending sounds after she is shown them in isolation. She can not do two things at once (i.e. write a word in the sand while she says it). Continue working on constructing basic sentence structures.

PT - 30 minutes/month to focus on strengthening exercises, endurance, balance, body coordination, and overall gross motor skills.
OT - consultative service 15 minutes/month to address fine motor weaknesses

[redacted] continues to qualify for alternate assessment. The parent guide was given to mom.

Name: [redacted] DOB: [redacted] Date of ARC: 12/11/2009

Notes Page - 2:

Parent concerns:

[redacted] weight has fluctuated a lot. Her weight did increase significantly between spring and fall. She seems to be losing weight now. There have been some changes in her medication. As of today, she is no longer taking Topamax. The topic of a weighed vest was discussed. At school, she does not display behaviors that would indicate the need for a weighed vest. However, at home, she does display aggressive behaviors and a weighed vest might be beneficial in that setting. Typically, she has the most behavioral difficulties between 4:30 and 6:30. Because of her seizure disorder, she does not qualify for Michelle P or a TCS worker through Impact at this time. Mom questioned how OT and PT services would work in the schools. She was hoping that this would facilitate help with getting direct services outside of school. Her Impact worker will share OT/PT reports.

[redacted] has started seeing a new therapist.

[redacted] language skills have improved significantly since she has been at CMS.

The ARC agreed with the proposed IEP.

PROVIDER TYPES 13, 64, 65, 85 BY REPORT PROCEDURES

1. IF PROCEDURE CODE IS **96520, 96530 OR 96545**, DENY THE DETAIL WITH EOB 0235.
2. CLAIMS WITH ATTACHMENTS SUCH AS OPERATIVE NOTES, ANESTHESIA NOTES, CONSULTATION REPORT, EMERGENCY NOTES, ETC. WILL BE SENT TO DMS.
3. CLAIMS WITH ATTACHMENTS AND THE ATTACHMENTS OR INFORMATION ON THE CLAIM IS NOT LEGIBLE WILL BE DENIED USING EOB 0028 (CLAIM/DETAIL DENIED. DATA ILLEGIBLE. PLEASE RESUBMIT).
4. CLAIMS BILLING LAB CODES (**80000 SERIES**) DO NOT REQUIRE REPORTS OR ATTACHMENTS FOR CLAIM TYPE M UNLESS SPECIFICALLY REQUESTED. SEND TO DMS FOR MANUAL PRICING.
5. FOR DATES OF SERVICE PRIOR TO APRIL 1, 1990, CLAIMS BILLING CHEMOTHERAPY PROCEDURE CODE **96500 THRU 96549** AND **J9000 - J9999** MUST HAVE THE FOLLOWING INFORMATION ON THE CLAIM FORM.
   - NAME OF THE ANTINEOPLASTIC DRUG
   - DOSAGE AMOUNT
   - ROUTE OF ADMINISTRATION (i. e.: I.M., I.V., P.O., ETC.)
   - PLUS THE WORD “CHEMO” OR CHEMOTHERAPY DISPLAYED PROMINENTLY ON THE CLAIM FORM.

EFFECTIVE D.O.S. APRIL 1, 1990 TO OCTOBER 1, 1991

CHEMOTHERAPY PROCEDURE CODES

96400	96422
96408	96423
96410	96425
96412	96440
96414	96445
96420	96450

- NEED ONLY THE NAME OF DRUG BEING ADMINISTERED ON THE DETAIL OF THE CLAIM.

  CHEMOTHERAPY PROCEDURE CODES

  J9000 THROUGH J9380

- MUST HAVE ON CLAIM DETAIL - (1) NAME OF DRUG, (2) ROUTE OF ADMINISTRATION AND (3) DOSAGE.

  IF ALL THE INFORMATION IS ON THE CLAIM FORM, SEND TO DMS. IF THIS INFORMATION IS MISSING OR INCOMPLETE, DENY THE DETAIL WITH EOB 0113.

1. CLAIMS BILLING ORAL SURGERY CODES 41899 AND 21499 WITH A PROCEDURE DESCRIPTION ON THE CLAIM FORM OR ATTACHMENT, WILL BE SENT TO DMS.
2. CLAIMS BILLING ORAL SURGERY CODES 41899 AND 21499 WITH NO PROCEDURE DESCRIPTION ON THE CLAIM OR AN ATTACHMENT WILL BE DENIED WITH EOB 0113.
3. CLAIMS BILLING HEMODIALYSIS 90988 ARE TO BE PRICED AT $5.40 AND THE DETAIL EOB CHANGED TO 0640.
4. IF THE CLINIC PROVIDER NUMBER IS 65901696 AND HAS APPROPRIATE DOCUMENTATION, THE CLAIM SHOULD BE PRICED AT 100% OF THE BILLED CHARGE AND THE DETAIL EOB CHANGED TO 0640.
5. IF THE CLINIC PROVIDER NUMBER IS 65901696 AND THE CLAIM HAS NO DOCUMENTATION, DENY THE DETAIL WITH EOB 0179.
6. CLAIMS WITH ATTACHMENTS SUCH AS RA, CONFIRMATION OF DENIAL OR OTHER INFORMATION NOT RELATIVE TO THE DESCRIPTION OF THE MEDICAL PROCEDURE WILL BE DENIED WITH AN EOB 0182 (RESUBMIT WITH OPERATIVE NOTES OR EXPLANATION OF PROCEDURES.)

CLAIM TYPE D

FORWARD CLAIM AND ATTACHMENTS TO THE APPROPRIATE LOCATION FOR REVIEW BY DMS.

DMS ANALYST: AFTER CLAIM REVIEW, ENTER A MANUAL PRICE, AND ENTER APPROPRIATE EOB, OR DENY THE CLAIM.

PT 33 SCL, PT 17 BRAIN INJURY

PROCEDURE CODE E1399, S5165, X0095, AND X0099

PROCEDURE CODE E1399, S5165, X0095 AND X0099 MUST BE MANUALLY PRICED ACCORDING TO THE FOLLOWING GUIDELINES.

7. ALL SERVICES/ITEMS REQUIRE A PRIOR AUTHORIZATION FORM (MAP-95) TO BE ATTACHED TO EACH CLAIM. IF NO PRIOR AUTHORIZATION IS ATTACHED, DENY WITH EOB 0327.
8. MANUALLY PRICE THE CLAIM ACCORDING TO THE AMOUNT ON THE PRIOR AUTHORIZATION FORM. CHANGE THE DETAIL EOB TO 640.
9. IF ANY OTHER PROCEDURE CODE FAILS ON CLAIM TYPE U PT 33, DENY THE DETAIL WITH EOB 0146.

PT 37 - INDEPENDENT LAB

10. ANY PROCEDURE CODES WHICH END WITH “99” SHOULD BE DENIED WITH EOB CODE 0352.
11. IF ANY OTHER PROCEDURE CODES FAIL THIS EDIT, NOTIFY SUPERVISOR SO THE APPROPRIATE DMS POLICY STAFF CAN BE NOTIFIED.

PT 043 – ADULT DAY CARE CENTER

PROCEDURE CODE S5165

12. MANUALLY PRICE PROCEDURE CODE S5165 AT 100% OF DETAIL BILLED AMOUNT

ORGAN TRANSPLANT DRG 103, 480, 481, 495

CLAIMS WITH DRG # 103, 480, 481, 495 ARE MANUALLY PRICED ACCORDING TO THE FOLLOWING GUIDELINES.

13. CLAIMS WITH DOS BEGINNING 07/01/02 WITH PRINCIPLE PROCEDURE CODES 4100 THROUGH 4109, 335, 3350, 3351, 3352,336, 375, 4697, 505, 5059, 5051, 6353, OR 6592 THAT FAIL MANUAL PRICING PAY THE LESSER OF $75,000 OR 80% OF THE NET CLAIM TOTAL. (TOTAL BILLED AMOUNT MINUS NON-COVERED CHARGES X 80% MINUS THIRD PARTY LIABILITY PAYMENT, IF ANY = REIMBURSEMENT AMOUNT).
14. TO MANUALLY PRICE CLAIM ENTER THE REIMBURSEMENT AMOUNT IN THE ALLOWED CHARGE FIELD AND CHARGE SOURCE CODE TO 1 (ONE).

NOTE: Any claim can be manually priced by DMS with a cover memo which will state the amount of reimbursement. If a cover memo from DMS is attached, this supercedes any other pricing methodology.

3.671 9019 (NO FORMER LEGACY EDIT)

DMS Approved 06/2007

ERROR STATUS CODE:	9019 (NO FORMER LEGACY EDIT)	**CLAIM TYPE:**	A, B, C
HEADER/DETAIL:	HEADER	**PROVIDER TYPE:**	ALL FOR THE ABOVE CLAIM TYPES
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	PAPER CLAIM, ELECTRONIC CLAIM
DATA CORRECTABLE:	YES	**FIELD NAME:**	PROV ID

ESC NAME:	NO XOVER PROVIDER NUMBER
ESC CRITERIA:	IF THE SYSTEM IS UNABLE TO DETERMINE THE CROSSOVER PROVIDER NUMBER, POST THE ESC.
EOB CODES:	9019 – NO XOVER PROVIDER NUMBER
METHOD OF CORRECTION:	7. VERIFY THAT THE PROVIDER ID IS KEYED CORRECTLY. IF NOT, CORRECT THE DATA.
	8. IF DATA IS KEYED CORRECTLY, DENY THE CLAIM WITH EOB 9019**.**.
	THIS ESC IS SET TO AUTO-DENY FOR ELECTRONIC CLAIMS.

3.672 9021 (NO FORMER LEGACY EDIT)

DMS Approved 06/2007

ERROR STATUS CODE:	9021 (NO FORMER LEGACY EDIT)	**CLAIM TYPE:**	ALL
HEADER/DETAIL:	HEADER	**PROVIDER TYPE:**	ALL
OVERRIDEABLE:	NO	**TYPE OF DOCUMENT:**	ADJUSTMENTS, MASS ADJUSTMENTS
DATA CORRECTABLE:	YES	**FIELD NAME:**	ICN

ESC NAME:	UNABLE TO FIND ORIGINAL ICN FOR 837 ADJ REQUEST
ESC CRITERIA:	IF THE SYSTEM IS UNABLE TO FIND THE ORIGINAL ICN FOR THE 837 ADJ REQUEST, POST THIS ESC.
EOB CODES:	9021 - 837 ADJUSTMENT ERROR -- UNABLE TO FIND ORIGINAL ICN
METHOD OF CORRECTION:	9. IF THE CLAIM SUSPENDS FOR THIS ESC, **NOTIFY SUPERVISOR.**
	THIS ESC IS SET TO SUSPEND FOR ADJUSTMENTS AND MASS ADJUSTMENTS.