

Institutional -SC X12 837  
Includeable Edit  
Errors

Error Code	Error Message	Conditions that Caused Error	Resolution	X12 837 Elements Impacted	Med A Bypas	VA Bypass
	<b>Institutional</b>					
59R	BILLING PROVIDER CURRENCY CODE INVALID	If billing provider currency has been entered, only valid values for billing provider currency code = US or USA	When billing provider currency entered, insure currency code = US or USA	2000A,CUR02		
59S	BILLING PROVIDER NAME TYPE QUALIFIER INVALID	Billing provider name type qualifier must = 1 or 2	Insert the correct entity qualifier	2010AA.NM102		
59T	BILLING PROVIDER ID CODE QUAL INVALID	Billing Provider ID code qualifier must = 24, 34, or XX	Insure valid billing provider ID code qualifier entered	2010AA, NM108		
60A	SUBMITTER FIRST NAME REQUIRED	If submitter name qualifier = 1, submitter first name must be entered	When submitter name qualifier = 1, insure submitter first name entered	1000A,NM104		
60G	BILLING PROVIDER COUNTRY CODE INVALID	If billing provider country entered, must = 'US'	When billing provider country entered, insure = 'US'	2010AA,N404		
60H	BILLING PROVIDER CONTACT INFO MISSING	If billing provider contact name and phone both not = spaces, both must be entered	Insure both provider billing contace name and phone are entered when either is entered	2010AA,PER02		
70A	BILLING FIRST NAME REQUIRED	If billing provider entity qualifier = '1', provider first name required	When billing provider entity qualifier = '1', insure provider first name entered	2010AA,NM104		
98A	SUBMITTER CONTACT NAME REQUIRED	Submitters contact name is missing	Insert the submitters contact name	1000A,PER02		
98B	SUBMITTER LAST NAME/ORGANIZATION REQUIRED	Submitters last name is missing	Insert the submitter's last name	1000A,NM103		
98C	SUBMITTER NAME TYPE QUALIFIER INVALID	Submitter name qualifier not = '1' or '2'	Insure submitter name qualifier = '1' or '2'	1000A,NM102		
98D	SUBMITTER TELEPHONE NUMBER REQUIRED	Submitter contact phone number not entered	Insert submitter contact phone number	1000A,PER04		
AA0	BCBSSC SUBMITTER ID MISSING OR INVALID	Submitters Id is missing	Insert the correct submitter Id	1000A,NM109		
ADA	INVALID OPERATING PHYSICIAN	Operating provider not found on provider table look up.	Correct the operating provider	2420,REF01	X	X
BG6	REVENUE CODE ----- NOT VALID THIS PROVIDER	Invalid revenue code for semi-pvt room	Insert a valid revenue code	2400,SV201		

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CA9	MEMBER OF PROF ASSOC MUST BE ATTENDING PHYS	Invalid Professional Association qualifier	Insert a valid identifier	2420,REF01		
E10	INVALID PROVIDER NUMBER	Invalid billing provider Id.	Insert the correct provider Id	2010AA,NM109	X	X
E11	INVALID TYPE PROVIDER	Invalid provider type for bill class	Insert a valid provider type	2420A,NM102		
F36	INVALID ATTENDING PHYSICIAN	Attending pvdr not found on table of valid providers.	Insure pvdr entered is on table of valid pvdrs	2420A,NM109	X	X
F37	INVALID OTHER PHYSICIAN	Referring pvdr not found on table of valid providers.	Insure pvdr entered is on table of valid pvdrs	2420C,NM109	X	X
F38	INVALID OTHER PHYSICIAN (2)	Other pvdr not found on table of valid providers.	Insure pvdr entered is on table of valid pvdrs	2420C,NM109	X	X
F40	INVALID UPIN IN OTHER PHYSICIAN (2)	Oth pvdr primary ID not found on table of valid providers and route code not = 'AMMS', 'T19', or 'FLDT'	Insure pvdr entered is on table of valid pvdrs when route code 'AMMS', 'T19', or 'FLDT' entered	2420C,NM109		
HZ1	PROVIDER NAME MISSING	Billing pvdr name is missing	Insert the billing provider name	2010AA,NM103		
HZ2	PROVIDER STREET ADDRESS MISSING	Billing pvdr address is missing	Enter billing pvdr address	2010AA,N301		
HZ3	PROVIDER CITY MISSING	Billing pvdr city missing	Enter billing pvdr city	2010AA,N401		
HZ4	PROVIDER STATE MISSING	Billing pvdr state missing	Enter billing pvdr state	2010AA,N402		
HZ5	PROVIDER ZIP CODE MISSING/INVALID	Billing pvdr zip code missing or not found on zip code reference table	Enter billing pvdr zip code or enter valid zip code	2010AA,N403		
OJ1	Billing provider must submit Tax-Id along with NPI	REF must = EI/SY when NM1-Id = XX	Submit Billing NPI as primary with Tax Id as secondary.	2010AA NM1, REF		
OJ2	Pay-To provider must submit Tax-Id along with NPI	REF must = EI/SY when NM1-Id = XX	Submit Pay-to NPI as primary with Tax Id as secondary.	2010AB NM1, REF		
OJ3	Attending - No proprietary Ids to be submitted with NPI	REF must not be submitted when NM1-Id = XX	Submit Attending with only NPI	2310A/ 2420A NM1		
OJ4	Operating - No proprietary Ids to be submitted with NPI	REF must not be submitted when NM1-Id = XX	Submit Operating with only NPI	2310B/ 2420B NM1		
OJ5	Other provider - No proprietary Ids to be submitted with NPI	REF must not be submitted when NM1-Id = XX	Submit Other provider with only NPI	2310C/ 2420C NM1		
OJ6	Referring - No proprietary Ids to be submitted with NPI	REF must not be submitted when NM1-Id = XX	Submit Referring with only NPI	2310D/ 2420D NM1		
OJ7	Service Facility - No proprietary Ids to be submitted with NPI	REF must not be submitted when NM1-Id = XX	Submit Service Facility with only NPI	2310E NM1		
PJO	NPI MUST BE LINKED TO PROPRIETARY-ID	Billing proprietary Id not linked to NPI	Enter correct Billing ID	2010AA NM1/ REF		

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PJ1	NPI NUMBER IS REQUIRED FOR BILLING PROVIDER	Billing provider must submit NPI	Submit with Billing NPI	2010AA NM1		
PJC	NPI NUMBER SUBMITTED FOR BILLING IS INVALID	Billing NPI is invalid	Correct Billing NPI	2010AA NM1		
PJ2	NPI NUMBER IS REQUIRED FOR PAY TO PROVIDER	Pay-To provider must submit NPI	Submit with Billing NPI	2010AB NM1		
PJD	NPI NUMBER SUBMITTED FOR BILLING CLAIM IS INVALID	Pay-To NPI is invalid	Correct Pay-To NPI	2010AB NM1		
PJ3	NPI NUMBER IS REQUIRED FOR ATTENDING PROVIDER	Attending provider must submit NPI	Submit with Attending NPI	2310A/ 2420A NM1		
PJE	NPI NUMBER SUBMITTED FOR ATTENDING IS INVALID	Attending NPI is invalid	Correct Attending NPI	2310A/ 2420A NM1		
PJ4	NPI NUMBER IS REQUIRED FOR OPERATING PROVIDER	Operating provider must submit NPI	Submit with Operating NPI	2310B/ 2420B NM1		
PJF	NPI NUMBER SUBMITTED FOR OPERATING IS INVALID	Operating NPI is invalid	Correct Operating NPI	2310B/ 2420B NM1		
PJ5	NPI NUMBER IS REQUIRED FOR OTHER PROVIDER	Other provider must submit NPI	Submit with Other provider NPI	2310C/ 2420C NM1		
PJG	NPI NUMBER SUBMITTED FOR OTHER PROVIDER IS INVALID	Other provider NPI is invalid	Correct Other provider NPI	2310C/ 2420C NM1		
PJ6	NPI NUMBER IS REQUIRED FOR REFERRING	Referring provider must submit NPI	Submit with Referring provider NPI	2310D/ 2420D NM1		
PJH	NPI NUMBER SUBMITTED FOR REFERRING IS INVALID	Referring NPI is invalid	Correct Referring provider NPI	2310D/ 2420D NM1		
PJ7	NPI NUMBER IS REQUIRED FOR SERVICE FACILITY	Service Facility must submit NPI	Submit with Service Facility NPI	2310E NM1		
PJI	NPI NUMBER SUBMITTED FOR SERVICE FACILITY IS INVALID	Service Facility NPI is invalid	Correct Service Facility provider NPI	2310E NM1		
TBG	PROVIDER NOT ON FILE AS A MEDICAID AGENCY (ME)	If Title19 Flag not = '1'	When a medicaid pvdr, insure Title19 Flag = '1'	2010AA,REF02		