CIV	1S Encounter Da	ta Institutional a	and Pricing System (EDIPPS) Proposed Edits
EDIPPS	EDIPPS Edit	EDIPPS Edit	
Edit#	Category	Disposition	EDIPPS Edit Error Message
00010	Validation	Reject	From Date Of Service Is Greater Than TCN Date
00012	Validation	Reject	Date Of Service Is Less Than 01-01-2012
00025	Validation	Reject	To Date Of Service Is After Date Of Claim Receipt
00071	Validation	Reject	Invalid Modifier For CORF Service
00075	Pricing	Reject	Invalid Modifier Combination For CORF Service
08000	Pricing	Reject	Invalid CORF Procedure Combination
00085	Pricing	Reject	Invalid CORF Procedure
00090	Pricing	Reject	Invalid Service Line Date
00265	Validation	Reject	Adjustment Or Void ICN Not Found In History
00761	Validation	Reject	Unable To Void Due To Different Billing Provider On Void From Original
00763	Pricing	Reject	Invalid Use Of Revenue Code 0024
01415	Provider	Informational	Rendering Provider Not Eligible For Date Of Service
02106	Beneficiary	Informational	Invalid Beneficiary Last Name
02110	Beneficiary	Reject	Beneficiary Health Insurance Carrier Number (HICN) Not On File
02112	Beneficiary	Reject	Date Of Service Is After Beneficiary Date Of Death
02120	Beneficiary	Reject	Beneficiary Gender Mismatch
02125	Beneficiary	Reject	Beneficiary Date Of Birth Mismatch
02240	Beneficiary	Reject	Beneficiary Not Enrolled In Medicare Advantage Organization For Date Of Service
02255	Beneficiary	Reject	Beneficiary Not Part A Eligible For Date Of Service
02256	Beneficiary	Reject	Beneficiary Not Part C Eligible For Date Of Service
03021	Pricing	Reject	Invalid Primary Diagnosis For Rehabilitation Facility Claim
03022	Pricing	Reject	Invalid Case Mix Group For Inpatient Rehabilitation Facility Claim
03101	Reference	Reject	Invalid Gender For Procedure Code
03102	Pricing	Reject	Provider Type Or Specialty Not Allowed For Billing Procedure
03103	Validation	Informational	Provider Specialty Not On File
03325	Pricing	Reject	Invalid Diagnosis Code For Blood Clotting
03330	Pricing	Reject	Invalid Or Missing Blood Clotting HCPCS Code
16003	Pricing	Informational	Unable To Price By The PPS Pricer
16004	Pricing	Informational	Unable To Price By The Non-PPS Pricer
17040	Validation	Reject	Type Of Bill - Units Exceeds NumBer Of Days
17041	Validation	Informational	Type Of Bill - Swing Bed PPS Cannot Cross FY
17042	Validation	Informational	Type Of Bill - HCPCS Code 76082 Cannot Be Billed Alone
17045	Reference	Reject	Type Of Bill - RPCH Provider Using IncOrrect Revenue Code
17048	Conflict	Reject	Type Of Bill - SNF Conflict With Span Date
17050	Validation	Reject	Type Of Bill - Conflict With Occurrence Codes
17051	Validation	Reject	Type Of Bill - Conflict With Occurrence Span Codes
17052	Conflict	Reject	Type Of Bill - Conflict With Occurrence Code 11 Or 35
17054	Conflict	Reject	Type Of Bill - Conflict With Admission Date
17055	Validation	Reject	Type Of Bill - Value Code 50 And Missing Occurrence Code
17056	Validation	Reject	Type Of Bill - Conflict With Condition Code
17057	Conflict	Reject	Type Of Bill - Conflict With Occurrence Span 74
17058	Conflict	Reject	Type Of Bill - Conflict With Revenue Codes
17059	Validation	Reject	Type Of Bill - Conflict With Covered Days And Amount
17061	Validation	Reject	Type Of Bill - CORF Requires Occurrence 28
17062	Validation	Reject	Type Of Bill - Occurrence 28 Exceeds 90 Days
17063	Reference	Reject	Type Of Bill - Claim Is Not TOB 77X
17064	Reference	Informational	Type Of Bill - Adjust With Different Admit Date
17065	Validation	Reject	Type Of Bill - Invalid Thru Date
17066	Validation	Informational	Type Of Bill - Total Units Required
17067	Validation	Informational	Type Of Bill - PPS With Revenue Code 0023 And No HCPCS Code Or Date Of Service

17075 Validation Reject Type Of Bill - Incompatible With Patient Status 17080 Validation Reject Type Of Bill - Conflict With Discharge Status 17085 Validation Reject Type Of Bill - Conflict With Discharge Status 17080 Conflict Reject Type Of Bill - SNF Must Have Condition Code 40 17090 Conflict Reject Type Of Bill - Nor Must Have Condition Code 40 17095 Conflict Reject Type Of Bill - Nor Must Have Condition Code 40 17095 Conflict Reject Type Of Bill - Nor Must Have Condition Code 40 17100 Validation Reject Type Of Bill - Home Health Claim Missing Date Of Service 17100 Validation Reject Type Of Bill - TOB 11X, 18X, Or 21X Requires Patient Status 17110 Validation Reject Type Of Bill - TOB 14X With Invalid Data 17111 Validation Reject Type Of Bill - TOB 14X With Invalid Condition Or Revenue Code 17117 Validation Reject Type Of Bill - TOB 14X With Invalid Condition Or Revenue Code 17118 Reference Informational Type Of Bill - Invalid Span Of Days 17150 Conflict Reject Diagnosis - Pap Smear Claim With Conflicting Diagnosis Code 17200 Reference Reject Diagnosis - Pap Smear Claim With Conflicting Diagnosis Code 17200 Reference Reject Contract Or Number Not Found 17210 Validation Reject Contract Or Number Not Found 17220 Validation Informational Revenue - Revenue Code 2002 Only Used In PPS Swing Bed 17255 Validation Informational Revenue - Revenue Code 9022 Only Used In PPS Swing Bed 17255 Validation Reject Revenue - Revenue Code 910 Not Allowed 17285 Validation Reject Revenue - Missing Revenue Or HCPCS Code 17300 Validation Reject Revenue - Missing Revenue Code Missing Surgical Procedure 17290 Conflict Reject Revenue - Missing Revenue Code Missing Surgical Procedure 17310 Validation Reject Revenue - Missing Revenue Code Missing Surgical Procedure 17310 Validation Reject Revenue - Missing Revenue Code Missing Surgical Procedure 17310 Validation Reject Revenue - Missing Revenue Code Missing Surgical Procedure 17310 Validation Reject Procedure - HCPCS Code 1018 APP 1018 Invalid Modifiers 17320 Reference Reject Adjustment	EDIPPS	EDIPPS Edit	EDIPPS Edit	
17075 Validation Reject Type Of Bill - Conflict With Discharge Status 17080 Validation Reject Type Of Bill - Conflict With Discharge Status 17080 Validation Reject Type Of Bill - SNF Must Have Condition Code 40 17090 Conflict Reject Type Of Bill - SNF Must Have Condition Code 40 17090 Conflict Reject Type Of Bill - SNF Must Have Condition Code 40 17090 Conflict Reject Type Of Bill - SNF Must Have Condition Code 40 17090 Validation Reject Type Of Bill - Missing NDC Data 17100 Validation Reject Type Of Bill - Missing NDC Data 17100 Validation Reject Type Of Bill - TOB 11X, 18X, Or 21X Requires Patient Status 17110 Validation Reject Type Of Bill - TOB 11X, 18X, Or 21X Requires Patient Status 17110 Validation Reject Type Of Bill - TOB 14X With Invalid Data 17111 Validation Reject Type Of Bill - TOB 14X With Invalid Condition Or Revenue Code 17117 Validation Reject Type Of Bill - Invalid Span Of Days 17119 Reference Informational Type Of Bill - Invalid Span Of Days 17119 Reference Reject Provider - Cannot Adjust Denied Claim 17200 Conflict Informational Conflict With Non-Payment Code and Amount 17210 Validation Informational Conflict With Non-Payment Code and Amount 17250 Validation Informational Revenue - Revenue Code 0022 Only Used In PPS Swing Bed 17255 Validation Informational Revenue - Revenue Code 0022 Only Used In PPS Swing Bed 17255 Validation Reject Revenue - HorPCS Code Present But No Charge 17290 Conflict Reject Revenue - Revenue Code 910 Not Allowed 17291 Validation Reject Revenue - Revenue Code 910 Not Allowed 17292 Conflict Reject Revenue - Revenue Code 910 Not Allowed 17293 Validation Reject Revenue - Revenue Code 910 Allowed 17294 Validation Reject Revenue - Revenue Code 910 Allowed 17295 Validation Reject Revenue - Revenue Code 910 Allowed 17296 Conflict Reject Revenue - Revenue Code 910 Allowed 17297 Validation Reject Revenue - Revenue Code 910 Allowed 17298 Validation Reject Revenue - Revenue Code 910 Allowed 17299 Conflict Reject Revenue - Revenue Code 910 Allowed 17290 Validation Reject Procedur	Edit#	Category	Disposition	EDIPPS Edit Error Message
17080 Validation Reject Type Of Bill - Conflict With Discharge Status 17085 Validation Reject Type Of Bill - SNF Must Have Condition Code 40 17090 Conflict Reject Type Of Bill - SNF Must Have Condition Code 40 17095 Conflict Reject Type Of Bill - Missing NDC Data 17100 Validation Reject Type Of Bill - Home Health Claim Missing Date Of Service 17105 Validation Reject Type Of Bill - Home Health Claim Missing Date Of Service 17105 Validation Reject Type Of Bill - TOB 11X, 18X, Or 21X Requires Patient Status 17110 Validation Reject Type Of Bill - TOB 14X With Invalid Data 17111 Validation Reject Type Of Bill - TOB 14X With Invalid Condition Or Revenue Code 17117 Validation Reject Type Of Bill - TOB 14X With Invalid Condition Or Revenue Code 17119 Reference Informational Type Of Bill - Invalid Span Of Days 17119 Reference Informational Type Of Bill - Invalid Span Of Days 17119 Reference Reject Diagnosis - Pap Smear Claim With Conflicting Diagnosis Code 17200 Reference Reject Diagnosis - Pap Smear Claim With Conflicting Diagnosis Code 17200 Reference Reject Contract Or Number Not Found 17250 Validation Reject Contract Or Number Not Found 17250 Validation Reject Contract Or Number Not Found 17250 Validation Reject Revenue - Revenue Code 0022 Only Used In PPS Swing Bed 17255 Validation Reject Revenue - Revenue Code 910 Not Allowed 17285 Validation Reject Revenue - HCPCS Code Present But No Charge 17290 Conflict Reject Revenue - HCPCS Code Present But No Charge 17290 Validation Reject Revenue - Conflict With Courrence Code 17290 Validation Reject Revenue - Conflict With Courrence Code 17290 Validation Reject Revenue - Conflict With Principal Diagnosis 17310 Validation Reject Revenue - Conflict With Principal Diagnosis 17310 Validation Reject Procedure - HCPCS Code Poss Missing Surgical Procedure 17315 Reference Reject Adjustment Not Allowed For A RAP 17320 Reference Reject Adjustment Not Allowed For A RAP 17330 Reference Reject Procedure - HCPCS Code Cannot Be Duplicated 17400 Validation Reject Procedure - HCPCS Code Ca	17070	Conflict	Reject	Type Of Bill - TOB 11X Or 18X Conflict With Admitting Diagnosis
17085	17075	Validation	Reject	Type Of Bill - Incompatible With Patient Status
17090   Conflict   Reject   Type Of Bill - HIC Conflict With Revenue Code	17080	Validation	Reject	Type Of Bill - Conflict With Discharge Status
17095   Conflict   Reject   Type Of Bill - Missing NDC Data	17085	Validation	Reject	Type Of Bill - SNF Must Have Condition Code 40
17095   Conflict   Reject   Type Of Bill - Missing NDC Data	17090	Conflict		Type Of Bill - RHC Conflict With Revenue Code
17100 Validation Reject Type Of Bill - Home Health Claim Missing Date Of Service 17105 Validation Reject Type Of Bill - TOB 11X, 18X, Or 21X Requires Patient Status 17110 Validation Reject Type Of Bill - TOB 12X Or 75X With Invalid Data 17115 Validation Reject Type Of Bill - TOB 12X With Invalid Condition Or Revenue Code 17117 Validation Reject Type Of Bill - Invalid Span Of Days 17119 Reference Informational Type Of Bill - Claim Requires DCN 17119 Reference Reject Dlagnosis - Pap Smear Claim With Conflicting Diagnosis Code 17200 Reference Reject Dlagnosis - Pap Smear Claim With Conflicting Diagnosis Code 17200 Conflict Informational Conflict With Non-Payment Code And Amount 17210 Validation Reject Contract Or Number Not Found 17250 Validation Informational Revenue - Revenue Code 0022 Only Used in PPS Swing Bed 17255 Validation Informational Revenue - Revenue Code 0022 Only Used in PPS Swing Bed 17255 Validation Reject Revenue - Revenue Code 910 Not Allowed 17285 Validation Reject Revenue - HCPCS Code Present But No Charge 17290 Conflict Reject Revenue - HCPCS Code Present But No Charge 17290 Conflict Reject Revenue - HISP Code Fresent But No Charge 17290 Conflict Reject Revenue - Missing Revenue Ode 0022 Only Discussion Reject Revenue - Associated Revenue Code Silissing 17290 Validation Reject Revenue - Missing Revenue Ode Silissing 17291 Validation Reject Revenue - Missing Revenue Ode Oli Allowed 17310 Validation Reject Revenue - Covered Units Are Greater Than Billed Units 17310 Validation Reject Revenue - Covered Units Are Greater Than Billed Units 17320 Reference Reject Adjustment Claim - No Original 17332 Reference Reject Adjustment Si For A Purged Claim 17333 Reference Reject Adjustment Claim - No Original 17400 Validation Reject Procedure - HCPCS Code Cannot Be Duplicated 17401 Validation Reject Procedure - HCPCS Code Composition Codes Required 17402 Validation Reject Procedure - HCPCS Code Cannot Be Duplicated 17404 Validation Reject Procedure - HCPCS Code Cannot Be Billied Mone 17410 Validation Reject	17095	Conflict		
17110 Validation Reject Type of Bill - TOB 74X Or 75X With Invalid Data 17115 Validation Reject Type of Bill - TOB 14X With Invalid Condition Or Revenue Code 17117 Validation Reject Type Of Bill - Invalid Span Of Days 17119 Reference Informational Type Of Bill - Invalid Span Of Days 17119 Reference Informational Type Of Bill - Invalid Span Of Days 17119 Reference Reject Diagnosis - Pap Smear Claim With Conflicting Diagnosis Code 17200 Reference Reject Provider - Cannot Adjust Denied Claim 17200 Conflict Informational Conflict With Non-Payment Code and Amount 17210 Validation Reject Contract Or Number Not Found 17250 Validation Informational Revenue - Revenue Code 0022 Only Used in PPS Swing Bed 17255 Validation Informational Revenue - Revenue Code 910 Not Allowed 17255 Validation Reject Revenue - HCPCS Code Present But No Charge 17290 Conflict Reject Revenue - HCPCS Code Present But No Charge 17290 Conflict Reject Revenue - Missing Revenue Or HCPCS Code 17300 Validation Reject Revenue - Associated Revenue Code 001 Allowed 17310 Validation Reject Revenue - Nissing Revenue Code 001 Allowed 17310 Validation Reject Revenue - Nor Original 17310 Validation Reject Revenue - Revenue Code 36 Missing Surgical Procedure 17310 Reference Reject Adjustment Is For A Purged Claim 17325 Reference Reject Adjustment Ser A Purged Claim 17330 Reference Reject Adjustment Is For A Purged Claim 17330 Reference Reject Adjustment Nor Allowed For A RAP 17335 Reference Reject Adjustment Nor Allowed For A RAP 17400 Validation Reject Procedure - HCPCS Code Code Cannot Be Duplicated 17401 Validation Reject Procedure - HCPCS Code Cannot Be Duplicated 17401 Validation Reject Procedure - HCPCS Code Cannot Be Duplicated 17402 Validation Reject Procedure - HCPCS Code Cannot Be Duplicated 17404 Validation Reject Procedure - HCPCS Code Cannot Be Duplicated 17405 Validation Reject Procedure - HCPCS Code Cannot Be Duplicated 17406 Validation Reject Procedure - HCPCS Code Cannot Be Duplicated 17407 Validation Reject Procedure - HCPCS Code Cannot Be Bu	17100	Validation		
17115 Validation Reject Type Of Bill - TOB 14X With Invalid Condition Or Revenue Code 17117 Validation Reject Type Of Bill - Invalid Span Of Days 17119 Reference Informational Type Of Bill - Claim Requires DCN 17155 Conflict Reject Diagnosis - Pap Smear Claim With Conflicting Diagnosis Code 17200 Reference Reject Provider - Cannot Adjust Denied Claim 17201 Validation Reject Contract Or Number Not Found 17210 Validation Reject Contract Or Number Not Found 17250 Validation Informational Conflict With Non-Payment Code And Amount 17250 Validation Informational Revenue - Revenue Code 0022 Only Used In PPS Swing Bed 17255 Validation Informational Revenue - Revenue Code 910 Not Allowed 17257 Validation Reject Revenue - HCPCS Code Present But No Charge 17298 Conflict Reject Revenue - HCPCS Code Present But No Charge 17299 Conflict Reject Revenue - Conflict With Occurrence Code 17299 Conflict Reject Revenue - Associated Revenue Codes Missing 17300 Validation Reject Revenue - Missing Revenue Or HCPCS Code 17301 Validation Reject Revenue - Missing Revenue Codes Missing 17302 Validation Reject Revenue - Only One Revenue Code sold Allowed 17310 Validation Reject Revenue - Only One Revenue Code Side Missing Surgical Procedure 17315 Validation Reject Revenue - Revenue Code 36X Missing Surgical Procedure 17315 Validation Reject Revenue - No Original 17329 Reference Reject Adjustment Claim - No Original 17320 Reference Reject Invalid XREF DCN 17400 Validation Reject Procedure - HCPCS Code Bill Original Diagnosis 17401 Validation Reject Procedure - HCPCS Code Cannot Be Duplicated 17400 Validation Reject Procedure - HCPCS Code Cannot Be Duplicated 17400 Validation Reject Procedure - HCPCS Code Cannot Be Duplicated 17401 Validation Reject Procedure - HCPCS Code Cannot Be Duplicated 17402 Validation Reject Procedure - HCPCS Code Cannot Be Billed Alone 17406 Validation Reject Procedure - HCPCS Code Cannot Be Billed Alone 17407 Validation Reject Procedure - HCPCS Code Cannot Be Billed Alone 17408 Validation Reject Procedure - HCPCS C	17105	Validation	Reject	Type Of Bill - TOB 11X, 18X, Or 21X Requires Patient Status
17117 Validation Reject Type Of Bill - Invalid Span Of Days 17119 Reference Informational Type Of Bill - Claim Requires DCN 17155 Conflict Reject Diagnosis - Pap Smear Claim With Conflicting Diagnosis Code 17200 Reference Reject Provider - Cannot Adjust Denied Claim 17205 Conflict Informational Conflict With Non-Payment Code And Amount 17210 Validation Reject Contract Or Number Not Found 17250 Validation Informational Revenue - Revenue Code 0022 Only Used In PPS Swing Bed 17255 Validation Reject Revenue - Revenue Code 910 Not Allowed 17257 Validation Reject Revenue - Revenue Code 910 Not Allowed 17258 Validation Reject Revenue - Conflict With Occurrence Code 17299 Conflict Reject Revenue - Conflict With Occurrence Code 17299 Conflict Reject Revenue - Missing Revenue Or HCPCS Code 17300 Validation Reject Revenue - Missing Revenue Or HCPCS Code 17300 Validation Reject Revenue - Associated Revenue Code 901 Allowed 17310 Validation Reject Revenue - Associated Revenue Code 001 Allowed 17310 Validation Reject Revenue - Songinal Revenue Code 001 Allowed 17310 Validation Reject Revenue - Conflict With Occurrence Code On Allowed 17310 Validation Reject Revenue - Revenue Code 965 Missing Surgical Procedure 17315 Validation Reject Revenue - Covered Units Are Greater Than Billed Units 17320 Reference Reject Adjustment Is For A Purged Claim 17330 Reference Reject Adjustment Not Allowed For A RAP 17333 Reference Reject Invalid XREF DCN 17401 Validation Reject Procedure - HCPCS Code J0881 Or J0885 With Invalid Modifiers 17402 Validation Reject Procedure - HCPCS Code Cannot Be Duplicated 17404 Validation Reject Procedure - HCPCS Code Cannot Be Duplicated 17405 Validation Reject Procedure - HCPCS Code Cannot Be Duplicated 17406 Validation Reject Procedure - HCPCS Code Cannot Be Duplicated 17407 Validation Reject Procedure - HCPCS Code Cannot Be Billed Alone 17410 Validation Reject Procedure - HCPCS Code Cannot Be Billed Alone 17411 Validation Reject Procedure - HCPCS Code Cannot Be Billed Alone 17411 Validation Reject Procedure	17110	Validation	Reject	Type Of Bill - TOB 74X Or 75X With Invalid Data
17119   Reference   Informational   Type Of Bill - Claim Requires DCN	17115	Validation	Reject	Type Of Bill - TOB 14X With Invalid Condition Or Revenue Code
17155 Conflict Reject Diagnosis - Pap Smear Claim With Conflicting Diagnosis Code 17200 Reference Reject Provider - Cannot Adjust Denied Claim 17205 Conflict Informational Conflict With Non-Payment Code And Amount 17210 Validation Reject Contract Or Number Not Found 17250 Validation Informational Revenue - Revenue Code 0022 Only Used In PPS Swing Bed 17255 Validation Informational Revenue - Revenue Code 9022 Only Used In PPS Swing Bed 17255 Validation Reject Revenue - Revenue Code 910 Not Allowed 17285 Validation Reject Revenue - Revenue Code 910 Not Allowed 17285 Validation Reject Revenue - HCPCS Code Present But No Charge 17290 Conflict Reject Revenue - HCPCS Code Present But No Charge 17290 Conflict Reject Revenue - Missing Revenue Code 910 Not Allowed 17300 Validation Reject Revenue - Missing Revenue Code Missing 17301 Validation Reject Revenue - Only One Revenue Code 001 Allowed 17310 Validation Reject Revenue - Only One Revenue Code 001 Allowed 17311 Validation Reject Revenue - Overed Units Are Greater Than Billed Units 17312 Validation Reject Revenue - Covered Units Are Greater Than Billed Units 17325 Reference Reject Adjustment Is For A Purged Claim 17330 Reference Reject Adjustment Is For A Purged Claim 17330 Reference Reject Adjustment Not Allowed For A RAP 17331 Reference Reject Adjustment Not Allowed For A RAP 17332 Reference Reject Procedure - Conflict With Principal Diagnosis 17400 Validation Reject Procedure - HCPCS Code Gannot Be Duplicated 17407 Validation Reject Procedure - HCPCS Code Cannot Be Duplicated 17408 Validation Reject Procedure - HCPCS Code Cannot Be Duplicated 17409 Validation Reject Procedure - HCPCS Code Cannot Be Buplicated 17400 Validation Reject Procedure - HCPCS Code Cannot Be Buplicated 17401 Validation Reject Procedure - HCPCS Code Cannot Be Buplicated 17402 Validation Reject Procedure - HCPCS Code Cannot Be Bulled Alone 17410 Validation Reject Procedure - HCPCS Code Cannot Be Billed Alone 17411 Validation Reject Procedure - HCPCS Code AD888 Is Missing Modifier 17412 Valida	17117	Validation	Reject	Type Of Bill - Invalid Span Of Days
17200   Reference   Reject   Provider - Cannot Adjust Denied Claim	17119	Reference	Informational	Type Of Bill - Claim Requires DCN
17205   Conflict   Informational   Conflict With Non-Payment Code And Amount	17155	Conflict	Reject	Diagnosis - Pap Smear Claim With Conflicting Diagnosis Code
17205   Conflict   Informational   Conflict With Non-Payment Code And Amount	17200	Reference	Reiect	Provider – Cannot Adjust Denied Claim
17210			•	·
17250   Validation   Informational   Revenue - Revenue Code 0022 Only Used In PPS Swing Bed   17255   Validation   Informational   Revenue - Rental Codes With Invalid HCPCS Codes   17257   Validation   Reject   Revenue - Revenue Code 910 Not Allowed   17285   Validation   Reject   Revenue - HCPCS Code Present But No Charge   17290   Conflict   Reject   Revenue - HCPCS Code Present But No Charge   17290   Conflict   Reject   Revenue - Missing Revenue Or HCPCS Code   17300   Validation   Reject   Revenue - Missing Revenue Codes Missing   17305   Validation   Reject   Revenue - Associated Revenue Codes Missing   17305   Validation   Reject   Revenue - Only One Revenue Code 001 Allowed   17310   Validation   Reject   Revenue - Revenue Code 36X Missing Surgical Procedure   17315   Validation   Reject   Revenue - Covered Units Are Greater Than Billed Units   17325   Reference   Reject   Adjustment Claim - No Original   17325   Reference   Reject   Adjustment Is For A Purged Claim   17330   Reference   Reject   Adjustment Not Allowed For A RAP   17330   Reference   Reject   Adjustment Not Allowed For A RAP   17335   Reference   Reject   Invalid XREF DCN   Validation   Reject   Procedure - HCPCS Code J0881 Or J0885 With Invalid Modifiers   17401   Validation   Reject   Procedure - HCPCS Code J0881 Or J0885 With Invalid Modifiers   17402   Validation   Reject   Procedure - HCPCS Code C9399 With Invalid TOB   17406   Validation   Reject   Procedure - HCPCS Code C9399 With Invalid TOB   17406   Validation   Reject   Procedure - HCPCS Code C9399 With Invalid TOB   17408   Validation   Reject   Procedure - HCPCS Code C9399 With Invalid TOB   17408   Validation   Reject   Procedure - HCPCS Code C9399 With Invalid TOB   17410   Validation   Reject   Procedure - HCPCS Code C9399 With Invalid TOB   17411   Validation   Reject   Procedure - HCPCS Code C9399 With Invalid TOB   17412   Validation   Reject   Procedure - HCPCS Code C9399 With Invalid Doba   17413   Validation   Reject   Procedure - HCPCS Code O9399 Procedure - Mod				·
17257	17250	Validation		Revenue - Revenue Code 0022 Only Used In PPS Swing Bed
17285         Validation         Reject         Revenue - HCPCS Code Present But No Charge           17290         Conflict         Reject         Revenue - Conflict With Occurrence Code           17295         Conflict         Reject         Revenue - Missing Revenue Or HCPCS Code           17300         Validation         Reject         Revenue - Associated Revenue Code SM Missing           17305         Validation         Reject         Revenue - Revenue Code 36X Missing Surgical Procedure           17310         Validation         Reject         Revenue - Revenue Code 36X Missing Surgical Procedure           17315         Validation         Reject         Revenue - Revenue Code 36X Missing Surgical Procedure           17320         Reference         Reject         Adjustment Son Original           17325         Reference         Reject         Adjustment Is For A Purged Claim           17330         Reference         Reject         Adjustment Not Allowed For A RAP           17331         Reference         Reject         Invalid XREF DCN           17400         Validation         Reject         Procedure - HCPCS Code J0881 Or J0885 With Invalid Modifiers           17401         Validation         Reject         Procedure - HCPCS Code Cannot Be Duplicated           17402         Validation	17255	Validation	Informational	Revenue - Rental Codes With Invalid HCPCS Codes
17290 Conflict Reject Revenue - Conflict With Occurrence Code 17295 Conflict Reject Revenue - Missing Revenue Or HCPCS Code 17300 Validation Reject Revenue - Associated Revenue Codes Missing 17305 Validation Reject Revenue - Only One Revenue Code 001 Allowed 17310 Validation Reject Revenue - Only One Revenue Code 001 Allowed 17311 Validation Reject Revenue - Revenue Code 36X Missing Surgical Procedure 17315 Validation Reject Revenue - Covered Units Are Greater Than Billed Units 17320 Reference Reject Adjustment Claim - No Original 17321 Reference Reject Adjustment Is For A Purged Claim 17330 Reference Reject Adjustment Not Allowed For A RAP 17335 Reference Reject Invalid XREF DCN 17400 Validation Reject Procedure - HCPCS Code J0881 Or J0885 With Invalid Modifiers 17401 Validation Reject Procedure - HCPCS Code ATP02-ATP23 Not Billable 17402 Validation Reject Procedure - HCPCS Code Cannot Be Duplicated 17404 Validation Reject Procedure - HCPCS Code Cannot Be Duplicated 17405 Validation Reject Procedure - HCPCS Code Cannot Be Duplicated 17406 Validation Reject Procedure - HCPCS Code C9399 With Invalid TOB 17407 Validation Reject Procedure - HCPCS Modifier Without HCPCS Code 17408 Validation Reject Procedure - HCPCS Code C9399 Units Exceed One 17410 Validation Reject Procedure - HCPCS Code C9399 Units Exceed One 17410 Validation Reject Procedure - HCPCS Code C9399 Units Exceed One 17411 Validation Reject Procedure - HCPCS Code One Surgery Performed - Modifiers PA, PB OR PC 17412 Validation Reject Procedure - HCPCS Code Surgery Performed - Modifier PA, PB OR PC 17412 Validation Reject Procedure - HCPCS Code 93797 Or 93798 With Invalid Data 17414 Validation Reject Procedure - HCPCS Code P3797 Or 93798 With Invalid Data 17415 Validation Informational Procedure - Invalid HCPCS Code Combinations 17417 Validation Informational Procedure - Invalid HCPCS Code Combinations	17257	Validation	Reject	Revenue - Revenue Code 910 Not Allowed
17290         Conflict         Reject         Revenue - Conflict With Occurrence Code           17295         Conflict         Reject         Revenue - Missing Revenue Or HCPCS Code           17300         Validation         Reject         Revenue - Associated Revenue Codes Missing           17305         Validation         Reject         Revenue - Only One Revenue Code 001 Allowed           17310         Validation         Reject         Revenue - Revenue Code 36X Missing Surgical Procedure           17315         Validation         Reject         Revenue - Covered Units Are Greater Than Billed Units           17320         Reference         Reject         Adjustment Claim - No Original           17330         Reference         Reject         Adjustment Is For A Purged Claim           17330         Reference         Reject         Adjustment Not Allowed For A RAP           17335         Reference         Reject         Adjustment Not Allowed For A RAP           17400         Validation         Reject         Procedure - HCPCS Code J0881 Or J0885 With Invalid Modifiers           17401         Validation         Reject         Procedure - HCPCS Code ATP02-ATP23 Not Billable           17402         Validation         Reject         Procedure - HCPCS Code Cannot Be Duplicated           17404         Validat	17285	Validation	-	Revenue - HCPCS Code Present But No Charge
17295   Conflict   Reject   Revenue - Missing Revenue Or HCPCS Code   17300   Validation   Reject   Revenue - Associated Revenue Codes Missing   17305   Validation   Reject   Revenue - Associated Revenue Code 301 Allowed   17310   Validation   Reject   Revenue - Only One Revenue Code 36X Missing Surgical Procedure   17315   Validation   Reject   Revenue - Covered Units Are Greater Than Billed Units   17320   Reference   Reject   Adjustment Claim - No Original   17325   Reference   Reject   Adjustment Is For A Purged Claim   17330   Reference   Reject   Adjustment No Allowed For A RAP   17335   Reference   Reject   Invalid XREF DCN   17400   Validation   Reject   Procedure - Conflict With Principal Diagnosis   17401   Validation   Reject   Procedure - HCPCS Code J0881 Or J0885 With Invalid Modifiers   17402   Validation   Reject   Procedure - HCPCS Code ATP02-ATP23 Not Billable   17404   Validation   Reject   Procedure - HCPCS Code Cannot Be Duplicated   17405   Validation   Reject   Procedure - HCPCS Code Code Code Duplicated   17406   Validation   Reject   Procedure - HCPCS Code Code Code Odes Required   17407   Validation   Reject   Procedure - HCPCS Modifier Without HCPCS Code   17408   Validation   Reject   Procedure - HCPCS Code Code Code Odes Code   17408   Validation   Reject   Procedure - HCPCS Code Code Code Code Code   17410   Validation   Reject   Procedure - HCPCS Code Code Code Code Code Code Code Code	17290	Conflict	· · · · · · · · · · · · · · · · · · ·	
17300         Validation         Reject         Revenue - Associated Revenue Codes Missing           17305         Validation         Reject         Revenue - Only One Revenue Code 001 Allowed           17310         Validation         Reject         Revenue - Revenue Code 36X Missing Surgical Procedure           17315         Validation         Reject         Revenue - Covered Units Are Greater Than Billed Units           17320         Reference         Reject         Adjustment Claim - No Original           17325         Reference         Reject         Adjustment Is For A Purged Claim           17330         Reference         Reject         Adjustment Not Allowed For A RAP           17335         Reference         Reject         Invalid XREF DCN           17400         Validation         Reject         Procedure - Conflict With Principal Diagnosis           17401         Validation         Reject         Procedure - HCPCS Code J0881 Or J0885 With Invalid Modifiers           17402         Validation         Reject         Procedure - HCPCS Code ATP02-ATP23 Not Billable           17404         Validation         Reject         Procedure - HCPCS Code Code ATP02-ATP23 Not Billable           17405         Validation         Reject         Procedure - HCPCS Code Code Cond Edul Tolla				
17310 Validation Reject Revenue - Only One Revenue Code 001 Allowed  17310 Validation Reject Revenue - Revenue Code 36X Missing Surgical Procedure  17315 Validation Reject Revenue - Covered Units Are Greater Than Billed Units  17320 Reference Reject Adjustment Claim - No Original  17325 Reference Reject Adjustment Is For A Purged Claim  17330 Reference Reject Adjustment Not Allowed For A RAP  17335 Reference Reject Invalid XREF DCN  17400 Validation Reject Procedure - Conflict With Principal Diagnosis  17401 Validation Reject Procedure - HCPCS Code J0881 Or J0885 With Invalid Modifiers  17402 Validation Reject Procedure - HCPCS Code Cannot Be Duplicated  17404 Validation Reject Procedure - HCPCS Code Cannot Be Duplicated  17405 Validation Reject Procedure - HCPCS Code Cannot Be Duplicated  17406 Validation Reject Procedure - HCPCS Code Cannot Be Duplicated  17407 Validation Reject Procedure - HCPCS Code Cannot Be Duplicated  17407 Validation Reject Procedure - HCPCS Modifier Without HCPCS Code  17408 Validation Reject Procedure - HCPCS Code C9399 Units Exceed One  17410 Validation Reject Procedure - HCPCS Code C9399 Units Exceed One  17411 Validation Reject Procedure - HCPCS Code C9399 Units Exceed One  17412 Validation Reject Procedure - HCPCS Code C9399 Units Exceed One  17412 Validation Reject Procedure - HCPCS Code 76085 Cannot Be Billed Alone  17413 Validation Reject Procedure - HCPCS Code A0888 Is Missing Modifier  17414 Validation Reject Procedure - HCPCS Code 93797 Or 93798 With Invalid Data  17415 Validation Informational Procedure - HCPCS Code Combinations  17417 Validation Informational Procedure - HCPCS Code Combinations				
17310 Validation Reject Revenue - Revenue Code 36X Missing Surgical Procedure 17315 Validation Reject Revenue - Covered Units Are Greater Than Billed Units 17320 Reference Reject Adjustment Claim - No Original 17325 Reference Reject Adjustment Is For A Purged Claim 17330 Reference Reject Adjustment Is For A Purged Claim 17330 Reference Reject Invalid XREF DCN 17335 Reference Reject Invalid XREF DCN 17400 Validation Reject Procedure - Conflict With Principal Diagnosis 17401 Validation Reject Procedure - HCPCS Code J0881 Or J0885 With Invalid Modifiers 17402 Validation Reject Procedure - HCPCS Code ATP02-ATP23 Not Billable 17404 Validation Reject Procedure - HCPCS Code Cannot Be Duplicated 17405 Validation Informational Procedure - HCPCS Code C9399 With Invalid TOB 17406 Validation Reject Procedure - HCPCS Code C9399 With Invalid TOB 17407 Validation Reject Procedure - HCPCS Modifier Without HCPCS Code 17408 Validation Reject Procedure - HCPCS Code C9399 Units Exceed One 17410 Validation Reject Procedure - HCPCS Code C9399 Units Exceed One 17411 Validation Reject Procedure - HCPCS Code P399 Units Exceed One 17412 Validation Reject Procedure - HCPCS Code P399 Units Exceed One 17412 Validation Reject Procedure - HCPCS Code A0888 Is Missing Modifier 17413 Validation Reject Procedure - HCPCS Code A0888 Is Missing Modifier 17414 Validation Reject Procedure - HCPCS Code P3997 Or 93798 With Invalid Data 17415 Validation Informational Procedure - Invalid HCPCS Code Combinations 17417 Validation Reject Procedure - Invalid HCPCS Code Combinations 17417 Validation Informational Procedure - Invalid HCPCS Code Combinations			· ·	
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17320 Reference Reject Adjustment Claim - No Original   17325 Reference Reject Adjustment Is For A Purged Claim   17330 Reference Reject Adjustment Is For A Purged Claim   17335 Reference Reject Invalid XREF DCN   17400 Validation Reject Procedure - Conflict With Principal Diagnosis   17401 Validation Reject Procedure - HCPCS Code J0881 Or J0885 With Invalid Modifiers   17402 Validation Reject Procedure - HCPCS Code ATP02-ATP23 Not Billable   17404 Validation Reject Procedure - HCPCS Code Cannot Be Duplicated   17405 Validation Informational Procedure - HCPCS Code C9399 With Invalid TOB   17406 Validation Reject Procedure - Specific Diagnosis And Condition Codes Required   17407 Validation Reject Procedure - HCPCS Modifier Without HCPCS Code   17408 Validation Reject Procedure - HCPCS Code C9399 Units Exceed One   17410 Validation Informational Procedure - HCPCS Code C9399 Units Exceed One   17411 Validation Reject Procedure - Wrong Surgery Performed - Modifiers PA, PB OR PC   17412 Validation Reject Procedure - Wrong Surgery Performed - Modifiers PA, PB OR PC   17412 Validation Reject Procedure - MCPCS Code A0888 Is Missing Modifier   17413 Validation Reject Procedure - Modifier GA Invalid   17414 Validation Reject Procedure - Modifier GA Invalid   17415 Validation Informational Procedure - Invalid HCPCS Code Combinations   17417 Validation Reject Procedure - Invalid HCPCS Code Combinations   17417 Validation Reject Procedure - Invalid HCPCS Code Combinations   17417 Validation Reject Procedure - Invalid HCPCS Code Combinations   17417 Validation Reject Procedure - Invalid HCPCS Code Combinations   17417 Validation Reject Procedure - Invalid HCPCS Code And Missing Value Code 48 Or 49   17417 Validation Reject Procedure - HCPCS Code And Missing Value Code 48 Or 49   17417 Validation Reject Procedure - HCPCS Code And Missing Value Code 48 Or 49   17417 Validation Reject Procedure - HCPCS Code And Missing Value Code 48 Or 49   17417 Validation Reject Procedure - HCPCS Code And Missing Value Code 48 Or 49   1741	17215	Validation	Reject	
17325 Reference Reject Adjustment Is For A Purged Claim 17330 Reference Reject Adjustment Not Allowed For A RAP 17335 Reference Reject Invalid XREF DCN 17400 Validation Reject Procedure - Conflict With Principal Diagnosis 17401 Validation Reject Procedure - HCPCS Code J0881 Or J0885 With Invalid Modifiers 17402 Validation Reject Procedure - HCPCS Code ATP02-ATP23 Not Billable 17404 Validation Reject Procedure - HCPCS Code Cannot Be Duplicated 17405 Validation Informational Procedure - HCPCS Code C9399 With Invalid TOB 17406 Validation Reject Procedure - HCPCS Code C9399 With Invalid TOB 17407 Validation Reject Procedure - HCPCS Modifier Without HCPCS Code 17408 Validation Reject Procedure - HCPCS Code C9399 Units Exceed One 17410 Validation Informational Procedure - HCPCS Code C9399 Units Exceed One 17411 Validation Reject Procedure - HCPCS Code 76085 Cannot Be Billed Alone 17411 Validation Reject Procedure - HCPCS Code A0888 Is Missing Modifier 17412 Validation Reject Procedure - HCPCS Code A0888 Is Missing Modifier 17413 Validation Reject Procedure - Modifier GA Invalid 17414 Validation Reject Procedure - HCPCS Code 93797 Or 93798 With Invalid Data 17415 Validation Informational Procedure - Invalid HCPCS Code Combinations 17417 Validation Reject Procedure - Invalid HCPCS Code Combinations				
17330ReferenceRejectAdjustment Not Allowed For A RAP17335ReferenceRejectInvalid XREF DCN17400ValidationRejectProcedure - Conflict With Principal Diagnosis17401ValidationRejectProcedure - HCPCS Code J0881 Or J0885 With Invalid Modifiers17402ValidationRejectProcedure - HCPCS Code ATP02-ATP23 Not Billable17404ValidationRejectProcedure - HCPCS Code Cannot Be Duplicated17405ValidationInformationalProcedure - HCPCS Code C9399 With Invalid TOB17406ValidationRejectProcedure - HCPCS Code C9399 With Invalid TOB17407ValidationRejectProcedure - HCPCS Modifier Without HCPCS Code17408ValidationRejectProcedure - HCPCS Code C9399 Units Exceed One17410ValidationInformationalProcedure - HCPCS Code 76085 Cannot Be Billed Alone17411ValidationRejectProcedure - HCPCS Code A0888 Is Missing Modifier17412ValidationRejectProcedure - HCPCS Code A0888 Is Missing Modifier17413ValidationRejectProcedure - HCPCS Code 9379 Or 93798 With Invalid Data17414ValidationInformationalProcedure - HCPCS Code Combinations17415ValidationRejectProcedure - Invalid HCPCS Code Combinations17417ValidationRejectProcedure - HCPCS Code And Missing Value Code 48 Or 49			· · · · · · · · · · · · · · · · · · ·	
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17400 Validation Reject Procedure - Conflict With Principal Diagnosis  17401 Validation Reject Procedure - HCPCS Code J0881 Or J0885 With Invalid Modifiers  17402 Validation Reject Procedure - HCPCS Code ATP02-ATP23 Not Billable  17404 Validation Reject Procedure - HCPCS Code Cannot Be Duplicated  17405 Validation Informational Procedure - HCPCS Code C9399 With Invalid TOB  17406 Validation Reject Procedure - Specific Diagnosis And Condition Codes Required  17407 Validation Reject Procedure - HCPCS Modifier Without HCPCS Code  17408 Validation Reject Procedure - HCPCS Code C9399 Units Exceed One  17410 Validation Informational Procedure - HCPCS Code 76085 Cannot Be Billed Alone  17411 Validation Reject Procedure - Wrong Surgery Performed - Modifiers PA, PB OR PC  17412 Validation Reject Procedure - HCPCS Code A0888 Is Missing Modifier  17413 Validation Reject Procedure - Modifier GA Invalid  17414 Validation Reject Procedure - HCPCS Code 93797 Or 93798 With Invalid Data  17415 Validation Reject Procedure - Invalid HCPCS Code Combinations  17417 Validation Reject Procedure - HCPCS Code And Missing Value Code 48 Or 49			·	<u> </u>
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17405ValidationInformationalProcedure - HCPCS Code C9399 With Invalid TOB17406ValidationRejectProcedure - Specific Diagnosis And Condition Codes Required17407ValidationRejectProcedure - HCPCS Modifier Without HCPCS Code17408ValidationRejectProcedure - HCPCS Code C9399 Units Exceed One17410ValidationInformationalProcedure - HCPCS Code 76085 Cannot Be Billed Alone17411ValidationRejectProcedure - Wrong Surgery Performed - Modifiers PA, PB OR PC17412ValidationRejectProcedure - HCPCS Code A0888 Is Missing Modifier17413ValidationRejectProcedure - Modifier GA Invalid17414ValidationRejectProcedure - HCPCS Code 93797 Or 93798 With Invalid Data17415ValidationInformationalProcedure - Invalid HCPCS Code Combinations17417ValidationRejectProcedure - HCPCS Code And Missing Value Code 48 Or 49			· · · · · ·	
17406 Validation Reject Procedure - Specific Diagnosis And Condition Codes Required  17407 Validation Reject Procedure - HCPCS Modifier Without HCPCS Code  17408 Validation Reject Procedure - HCPCS Code C9399 Units Exceed One  17410 Validation Informational Procedure - HCPCS Code 76085 Cannot Be Billed Alone  17411 Validation Reject Procedure - Wrong Surgery Performed - Modifiers PA, PB OR PC  17412 Validation Reject Procedure - HCPCS Code A0888 Is Missing Modifier  17413 Validation Reject Procedure - Modifier GA Invalid  17414 Validation Reject Procedure - HCPCS Code 93797 Or 93798 With Invalid Data  17415 Validation Informational Procedure - Invalid HCPCS Code Combinations  17417 Validation Reject Procedure - HCPCS Code And Missing Value Code 48 Or 49				·
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17410 Validation Informational Procedure - HCPCS Code 76085 Cannot Be Billed Alone  17411 Validation Reject Procedure - Wrong Surgery Performed - Modifiers PA, PB OR PC  17412 Validation Reject Procedure - HCPCS Code A0888 Is Missing Modifier  17413 Validation Reject Procedure - Modifier GA Invalid  17414 Validation Reject Procedure - HCPCS Code 93797 Or 93798 With Invalid Data  17415 Validation Informational Procedure - Invalid HCPCS Code Combinations  17417 Validation Reject Procedure - HCPCS Code And Missing Value Code 48 Or 49				
17411 Validation Reject Procedure - Wrong Surgery Performed - Modifiers PA, PB OR PC 17412 Validation Reject Procedure - HCPCS Code A0888 Is Missing Modifier 17413 Validation Reject Procedure - Modifier GA Invalid 17414 Validation Reject Procedure - HCPCS Code 93797 Or 93798 With Invalid Data 17415 Validation Informational Procedure - Invalid HCPCS Code Combinations 17417 Validation Reject Procedure - HCPCS Code And Missing Value Code 48 Or 49			·	
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17413ValidationRejectProcedure - Modifier GA Invalid17414ValidationRejectProcedure - HCPCS Code 93797 Or 93798 With Invalid Data17415ValidationInformationalProcedure - Invalid HCPCS Code Combinations17417ValidationRejectProcedure - HCPCS Code And Missing Value Code 48 Or 49	17/112	\/alidation	Reject	Procedure - HCPCS Code ADSSS is Missing Modifier
17414 Validation Reject Procedure - HCPCS Code 93797 Or 93798 With Invalid Data 17415 Validation Informational Procedure - Invalid HCPCS Code Combinations 17417 Validation Reject Procedure - HCPCS Code And Missing Value Code 48 Or 49				
17417 Validation Reject Procedure - HCPCS Code And Missing Value Code 48 Or 49				
17417 Validation Reject Procedure - HCPCS Code And Missing Value Code 48 Or 49	17415	Validation	Informational	Procedure - Invalid HCPCS Code Combinations
17419 Validation Reject Procedure - HCPCS Code 93797 Or 93798 With Invalid Units				
	17419	Validation	Reject	Procedure - HCPCS Code 93797 Or 93798 With Invalid Units

Category	EDIPPS	EDIPPS Edit	EDIPPS Edit	
17420	Edit#	Category	Disposition	EDIPPS Edit Error Message
17425   Validation   Informational   Procedure - HCPCS Code With Invalid Modifier MS	17420		-	
17430 Reference Informational Procedure - HCPCS Codes G0369 And G0370 Billed Same Day 17435 Validation Informational Procedure - HCPCS G0422 Or G0423 Billed On Wrong TOB 17560 Validation Reject Value Code - Multiple Occurrences Of A Code 17565 Validation Reject Value Code - Code 32 Incompatible With Associated Amount and Covered Charges 17570 Validation Reject Value Code - Code 63 Incompatible With Associated Amount and Covered Charges 17580 Conflict Reject Value Code - Blood Value Codes in Conflict 17585 Validation Reject Value Code - Code 6 07 36 With Invalid Revenue Code 17590 Validation Reject Value Code - Code 6 07 36 With Invalid Revenue Code 17590 Validation Reject Value Code - Code 6 07 36 With Invalid Revenue Code 17590 Validation Reject Value Code - Code 6 5 Not Present or Conflicts With Dollar Amount 17600 Validation Reject Occurrence - Code 5 And Revenue Codes Not Allowed 17620 Validation Reject Occurrence - Code 32 Present 17620 Validation Reject Occurrence - Code 32 Present 17630 Validation Reject Occurrence - Date Conflict 17630 Validation Reject Occurrence - Date Conflict 17640 Conflict Reject Occurrence Span Code - Conflict With Admission Date 17650 Validation Reject Occurrence - Code 72 With Invalid Dates 17650 Validation Informational Charges - Bundled Services Not Payable 17660 Validation Informational Charges - Bundled Services Not Payable 17670 Validation Informational Replacement Of Daygen Equipment Invalid 17675 Reference Informational Replacement Of Daygen Equipment Invalid 17675 Reference Informational Replacement Of Daygen Equipment Invalid 17675 Validation Reject Modifier - Occurrence Tode Regulary Bulpiment Invalid 17740 Validation Reject Modifier G1 Incompatible With TOB 17750 Validation Reject Modifier G2 Incompatible With TOB 17750 Validation Reject Modifier G3 Incompatible With TOB 17750 Validation Reject Modifier Modifier Modifier Modifier With Admission Reject Modifier Modifier Modifier Modifier With With Invalid HCPCS Code 17780 Validation Reject Modifier Modifier Modifier Mo	17421	Validation	Informational	Procedure - Diagnosis Code V707 Missing
17435 Validation Informational Procedure - HCPCS G0422 Or G0423 Billed On Wrong TOB 17560 Validation Reject Value Code - Multiple Occurrences Of A Code 17565 Validation Reject Value Code - Code 32 Incompatible 17570 Validation Reject Value Code - Code 32 Incompatible With Associated Amount and Covered Charges 17580 Conflict Reject Value Code - Code 67 as With Invalid Revenue Code 17580 Conflict Reject Value Code - Blood Value Codes in Conflict 17580 Validation Reject Value Code - Code 67 as With Invalid Revenue Code 17590 Validation Reject Value Code - Code 67 as With Invalid Revenue Code 17590 Validation Reject Value Code - Code 67 as With Invalid Revenue Code 17600 Validation Reject Value Code - Code 45 With Invalid Revenue Code Not Allowed 17600 Validation Reject Value Code - Code 45 With Invalid Amount 17620 Validation Reject Occurrence - Code 25 Date Incorrect 17625 Validation Reject Occurrence - Code 27 Date Incorrect 17630 Validation Reject Occurrence - Code 27 Date Incorrect 17630 Validation Reject Occurrence - Date Conflicts 17640 Validation Reject Occurrence - Date Conflicts 17650 Validation Reject Occurrence - Code 7 Conflict With Admission Date 17640 Validation Reject Occurrence - Code 7 With Invalid Dates 17650 Validation Informational Cocurrence - Code 7 With Walid Dates 17660 Validation Informational Reject Occurrence - Code Replace - Code 7 With Walid Dates 17660 Validation Informational Reject Occurrence - Code Not In Remarks 17670 Validation Informational Reject Modifier CD, CC, Or CC Cannot Be Billed With HCPCS Code 17730 Validation Reject Modifier Occurrence - Modifier And HCPCS Code 17730 Validation Reject Modifier Revenue Code Not Informational Reject Modifier Revenue Code Not Informational Reject Modifier Revenue Code Code Code Code Code Revenue Code 17780 Validation Reject Modifier CD, CC, Or CF Annot Be Billed With HCPCS Code 17780 Validation Reject Modifier Occurrence Date Code Revenue Code 17780 Validation Reject Modifier Occurrence Note Code Post Synton Synton Synton Synton Synton Sy	17425	Validation	Informational	Procedure - HCPCS Code With Invalid Modifier MS
17560   Validation   Reject   Value Code - Multiple Occurrences Of A Code   17585   Validation   Reject   Value Code - Code 32 Incompatible   17570   Validation   Reject   Value Code - Code 52 Incompatible   17580   Conflict   Reject   Value Code - Code 5 Incompatible   Value Code - Code 50 736 With Invalid Revenue Code   Value Code - Code 60 736 With Invalid Revenue Code   Value Code - Code 60 736 With Invalid Revenue Code   Value Code - Code 60 736 With Invalid Revenue Code   Value Code - Code 60 736 With Invalid Revenue Code   Value Code - Code 60 736 With Invalid Revenue Code   Value Code - Code 60 736 With Invalid Revenue Code   Value Code - Code 60 736 With Invalid Revenue Code   Value Code - Code 50 Not Present or Conflicts With Dollar Amount   Value Code - Code 45 With Invalid Amount   Value Code - Code 45 With Invalid Amount   Value Code - Code 45 With Invalid Amount   Value Code - Code 50 Not Present   Value Code - Value Code - Code 50 Not Present   Value Code - Code 50 Not Present   Value Code - Value Code - Code 50 Not Present   Value Code - Value Code - Code 50 Not Present   Value Code - Value Code - Code 50 Not Present   Value Code - Code 50 Not Present   Value Code - Code 50 Not Present   Value Code - Value Code - Code 50 Not Present   Value Code - Value Code   Value Code - Code 50 Not Present   Value Code   Va	17430	Reference	Informational	Procedure - HCPCS Codes G0369 And G0370 Billed Same Day
17565   Validation   Reject   Value Code - Code 32 Incompatible	17435	Validation	Informational	Procedure - HCPCS G0422 Or G0423 Billed On Wrong TOB
17570	17560	Validation	Reject	Value Code - Multiple Occurrences Of A Code
17500 Validation Reject Covered Charges 17580 Conflict Reject Value Code - Blood Value Codes in Conflict 17585 Validation Reject Value Code - Code 6 Or 36 With Invalid Revenue Code 17590 Validation Reject Value Code - Code 5 Not Present or Conflicts With Dollar 17595 Validation Reject Value Code - Code 5 Not Present or Conflicts With Dollar 17500 Validation Reject Value Code - Code 5 And Revenue Codes Not Allowed 17600 Validation Reject Occurrence - Code 32 Present 17620 Validation Reject Occurrence - Code 32 Present 17621 Validation Reject Occurrence - Code 32 Present 17632 Validation Reject Occurrence - Code 51 Date Incorrect 17633 Validation Reject Occurrence - Date Conflicts 17630 Validation Reject Occurrence Span Code - Conflict With Admission Date 17630 Validation Reject Occurrence Span Code - Conflict With Admission Date 17640 Validation Reject Occurrence - Code 7 With Invalid Dates 17650 Validation Reject Occurrence - Code 7 With Invalid Dates 17650 Validation Reject Occurrence - Code 7 With Invalid Dates 17650 Validation Informational Charges - Total Charge is 0 17670 Validation Informational Charges - Total Charge is 0 17730 Validation Informational Reject Modifier - Not With Informational DMEH - Invalid Use Of Modifier And HCPCS Code 17730 Validation Reject Modifier - Not Within Effective Date 17740 Validation Reject Modifier - Not Within Effective Date 17750 Validation Reject Modifier - Not Within Effective Date 17750 Validation Reject Modifier GN, GO, And GP Combination Not Allowed 17755 Validation Reject Modifier GN, GO, And GP Combination Not Allowed 17755 Validation Reject Modifier GN, GO, And GP Combination Not Allowed 17765 Validation Reject Modifier GN, GO, And GP Combination Not Allowed 17765 Validation Reject Modifier GN, GO, And GP Combination Not Allowed 17765 Not Allowed Reject Modifier GN, GO, And GP Combination Not Allowed 17765 Validation Reject Modifier GN Not Present 17770 Validation Reject Modifier GN Not Present 17780 Validation Reject Modifier GN Not Present 17780 Validation Reje	17565	Validation	Reject	Value Code - Code 32 Incompatible
17585   Validation   Reject   Value Code - Code 6 Or 36 With Invalid Revenue Code	17570	Validation	Reject	·
17590   Validation   Reject   Value Code - Code 5 Not Present or Conflicts With Dollar Amount   17600   Validation   Reject   Value Code - Code 5 And Revenue Codes Not Allowed   17600   Validation   Reject   Value Code - Code 45 With Invalid Amount   17620   Validation   Reject   Occurrence - Code 31 Present   17630   Validation   Reject   Occurrence - Code 51 Date Incorrect   17630   Validation   Reject   Occurrence - Date Conflicts   17630   Validation   Reject   Occurrence - Date Conflicts   17630   Validation   Reject   Occurrence - Date Conflicts   17640   Validation   Reject   Occurrence Span Code - Overlapping Dates   17640   Validation   Reject   Occurrence Span Code - Overlapping Dates   17640   Validation   Reject   Occurrence - Code 72 With Invalid Dates   17650   Validation   Informational   Charges - Bundled Services Not Payable   Informational   Charges - Total Charge is 0   Informational   Charges - Total Charge is 0   Informational   Informational   DMEH - Invalid Use Of Modifier And HCPCS Code   17730   Validation   Informational   DMEH - Invalid Use Of Modifier And HCPCS Code   17730   Validation   Reject   Modifier CD, CE, Or CF Cannot Be Billed With HCPCS Code   17740   Validation   Reject   Modifier GZ Incompatible With TOB   17745   Validation   Reject   Modifier GZ Incompatible With Revenue Code   17750   Validation   Reject   Modifier GA, Or, Or S Inconsistent With Charge   17760   Validation   Reject   Modifier GA, Not Present   Modifier GA Not Present   17765   Validation   Reject   Modifier GA, Or, Or S Inconsistent With Charge   17775   Validation   Reject   Modifier GA, Or, Or S Inconsistent With Charge   17775   Validation   Reject   Modifier GA, Or, Or S Inconsistent With Charge   17775   Validation   Reject   Modifier GA, Or, Or Or S Inconsistent With Charge   17775   Validation   Reject   Modifier GA, Or, Or, Or S Inconsistent With Charge   17775   Validation   Reject   Modifier GA, Or, Or, Or S Inconsistent With Charges   17785   Validation   Reject   Modifier GA, Or, Or, Or	17580	Conflict	Reject	Value Code - Blood Value Codes in Conflict
17590 Validation Reject Value Code - Code 5 And Revenue Codes Not Allowed 17600 Validation Reject Value Code - Code 45 With Invalid Amount 17620 Validation Reject Occurrence - Code 32 Present 17625 Validation Reject Occurrence - Code 51 Date Incorrect 17630 Validation Reject Occurrence - Code 51 Date Incorrect 17630 Validation Reject Occurrence - Date Conflicts 17633 Validation Reject Occurrence - Date Conflicts 17640 Validation Reject Occurrence Span Code - Conflict With Admission Date 17640 Validation Reject Occurrence - Span Code - Overlapping Dates 17650 Validation Reject Occurrence - Code Not In Remarks 17650 Validation Informational Charges - Total Charge Is 0 17660 Validation Informational Charges - Total Charge Is 0 17670 Validation Informational Replacement Of Oxygen Equipment Invalid Informational Pallacement Of Oxygen Equipment Invalid Informational Informational Pallacement Of Oxygen Equipment Invalid Informational Pallacement Of Oxygen Equipment Invalid Informational Pallacement Of Oxygen Equipment Invalid Informational Informational Pallacement Of Oxygen Equipment Invalid Informational Pallacement Of Oxygen Equipment Invalid Informational Informational Pallacement Of Oxygen Equipment Invalid Information Not Allowed Information Reject Modifier Gallacement Information Not Allowed Informational Pallacement Informational Pallacement Informational Pallacement Informational Pallacement Informational Informational Pallacement	17585	Validation	Reject	Value Code - Code 6 Or 36 With Invalid Revenue Code
17600 Validation Reject Value Code - Code 45 With Invalid Amount 17620 Validation Reject Occurrence - Code 32 Present 17625 Validation Reject Occurrence - Code 51 Date Incorrect 17630 Validation Reject Occurrence - Date Conflicts 17635 Validation Reject Occurrence - Date Conflict With Admission Date 17640 Validation Reject Occurrence Span Code - Conflict With Admission Date 17645 Validation Reject Occurrence - Date Conflict With Admission Date 17645 Conflict Reject Occurrence - Code 72 With Invalid Dates 17650 Validation Reject Occurrence - Code Not in Remarks 17660 Validation Informational Charges - Toal Charge Is O 17665 Validation Informational Charges - Bundled Services Not Payable 17670 Validation Informational Replacement Of Oxygen Equipment Invalid 17675 Reference Informational MBH - Invalid Use Of Modifier And HCPCS Code 17730 Validation Reject Modifier - Not Within Effective Date 17740 Validation Reject Modifier Ox Within Effective Date 17745 Validation Reject Modifier GZ Incompatible With TOB 17745 Validation Reject Modifier GZ Incompatible With Revenue Code 17750 Validation Reject Modifier GJ, GY, Or TS Inconsistent With Charge 17760 Validation Reject Modifier GJ, GY, Or TS Inconsistent With Charge 17760 Validation Reject Modifier GJ, GY, Or TS Inconsistent With Charge 17760 Validation Reject Modifier GJ, GY, Or TS Inconsistent With Charge 17770 Validation Reject Modifier GJ, GY, Or TS Inconsistent With Charge 17770 Validation Reject Modifier GJ, GY, Or TS Inconsistent With Charge 17780 Validation Reject Modifier GJ, GY, Or TS Inconsistent With Invalid HCPCS Code 17880 Validation Reject Modifier GJ, GY, Or TS Inconsistent With Charge 17770 Validation Reject Modifier GJ, GY, Or TS Inconsistent With Invalid HCPCS Code 17880 Validation Reject Modifier GJ, GY, Or TS Modifier GJ,	17590	Validation	Reject	
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17660   Validation   Informational   Charges - Total Charge Is 0			·	
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17802ValidationInformationalPatient Payment Exceeds Total Charges17805ReferenceInformationalPayment Made By Another Entity17880ValidationRejectCondition - Incorrect Usage Of Condition Codes 20 And 2117881ReferenceRejectCondition - Code 41 Invalid For TOB17882ValidationRejectCondition - A6 With Invalid HCPCS Code17885ValidationRejectCondition - Code 20 Incompatible With Charges And Days17890ValidationRejectCondition - Code 21 Incompatible With Covered Charges17895ValidationRejectCondition - Code 56 Conflict With TOB17900ConflictRejectCondition - Code C6 Conflict With Claim17905ValidationRejectCondition - Code M1 Conflict With Payor17910ValidationRejectThru Date Invalid17912ValidationRejectNon-Pay Code Present - Days Not Zero				·
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17880 Validation Reject Condition - Incorrect Usage Of Condition Codes 20 And 21  17881 Reference Reject Condition - Code 41 Invalid For TOB  17882 Validation Reject Condition - A6 With Invalid HCPCS Code  17885 Validation Reject Condition - Code 20 Incompatible With Charges And Days  17890 Validation Reject Condition - Code 21 Incompatible With Covered Charges  17895 Validation Reject Condition - Code 56 Conflict With TOB  17900 Conflict Reject Condition - Code C6 Conflict With Claim  17905 Validation Reject Condition - Code M1 Conflict With Payor  17910 Validation Reject Thru Date Invalid  17912 Validation Reject Non-Pay Code Present - Days Not Zero	17802	Validation	Informational	Patient Payment Exceeds Total Charges
17881 Reference Reject Condition - Code 41 Invalid For TOB 17882 Validation Reject Condition - A6 With Invalid HCPCS Code 17885 Validation Reject Condition - Code 20 Incompatible With Charges And Days 17890 Validation Reject Condition - Code 21 Incompatible With Covered Charges 17895 Validation Reject Condition - Code 56 Conflict With TOB 17900 Conflict Reject Condition - Code C6 Conflict With Claim 17905 Validation Reject Condition - Code M1 Conflict With Payor 17910 Validation Reject Thru Date Invalid 17912 Validation Reject Non-Pay Code Present - Days Not Zero	17805	Reference	Informational	Payment Made By Another Entity
17882ValidationRejectCondition - A6 With Invalid HCPCS Code17885ValidationRejectCondition - Code 20 Incompatible With Charges And Days17890ValidationRejectCondition - Code 21 Incompatible With Covered Charges17895ValidationRejectCondition - Code 56 Conflict With TOB17900ConflictRejectCondition - Code C6 Conflict With Claim17905ValidationRejectCondition - Code M1 Conflict With Payor17910ValidationRejectThru Date Invalid17912ValidationRejectNon-Pay Code Present - Days Not Zero	17880	Validation	Reject	Condition - Incorrect Usage Of Condition Codes 20 And 21
17885 Validation Reject Condition - Code 20 Incompatible With Charges And Days  17890 Validation Reject Condition - Code 21 Incompatible With Covered Charges  17895 Validation Reject Condition - Code 56 Conflict With TOB  17900 Conflict Reject Condition - Code C6 Conflict With Claim  17905 Validation Reject Condition - Code M1 Conflict With Payor  17910 Validation Reject Thru Date Invalid  17912 Validation Reject Non-Pay Code Present - Days Not Zero	17881	Reference	Reject	Condition - Code 41 Invalid For TOB
17890 Validation Reject Condition - Code 21 Incompatible With Covered Charges  17895 Validation Reject Condition - Code 56 Conflict With TOB  17900 Conflict Reject Condition - Code C6 Conflict With Claim  17905 Validation Reject Condition - Code M1 Conflict With Payor  17910 Validation Reject Thru Date Invalid  17912 Validation Reject Non-Pay Code Present - Days Not Zero	17882	Validation	Reject	Condition - A6 With Invalid HCPCS Code
17895 Validation Reject Condition - Code 56 Conflict With TOB  17900 Conflict Reject Condition - Code C6 Conflict With Claim  17905 Validation Reject Condition - Code M1 Conflict With Payor  17910 Validation Reject Thru Date Invalid  17912 Validation Reject Non-Pay Code Present - Days Not Zero	17885	Validation	Reject	Condition - Code 20 Incompatible With Charges And Days
17900ConflictRejectCondition - Code C6 Conflict With Claim17905ValidationRejectCondition - Code M1 Conflict With Payor17910ValidationRejectThru Date Invalid17912ValidationRejectNon-Pay Code Present - Days Not Zero	17890	Validation	Reject	Condition - Code 21 Incompatible With Covered Charges
17905ValidationRejectCondition - Code M1 Conflict With Payor17910ValidationRejectThru Date Invalid17912ValidationRejectNon-Pay Code Present - Days Not Zero	17895	Validation	Reject	Condition - Code 56 Conflict With TOB
17905ValidationRejectCondition - Code M1 Conflict With Payor17910ValidationRejectThru Date Invalid17912ValidationRejectNon-Pay Code Present - Days Not Zero	17900	Conflict	-	Condition - Code C6 Conflict With Claim
17910ValidationRejectThru Date Invalid17912ValidationRejectNon-Pay Code Present - Days Not Zero	17905	Validation	-	Condition - Code M1 Conflict With Payor
17912 Validation Reject Non-Pay Code Present - Days Not Zero	17910	Validation	Reject	Thru Date Invalid
	17912	Validation	Reject	Non-Pay Code Present - Days Not Zero
	17915	Validation	Reject	Covered Days - Amount Is Zero

EDIPPS	EDIPPS Edit	EDIPPS Edit	
Edit#	Category	Disposition	EDIPPS Edit Error Message
17920	Validation	Reject	DIscharge - Hour / Minute Invalid
17925	Validation	Reject	HMO - Date Invalid
17930	Validation	Reject	Non-Payment – Incompatible With Covered Charges
17935	Validation	Reject	Type Of Bill Frequency - Missing Or Invalid
17940	Validation	Reject	Provider - Interest Amount Not Numeric
17941	Reference	Informational	Provider - Changed PIP - Cannot Adjust
17945	Validation	Reject	Beneficiary - Interest Amount Not Numeric
17950	Validation	Reject	Reimbursement - Medicare A Amount Not Numeric
17955	Reference	Reject	Inactive Status - 'Not Found' Condition
17960	Validation	Reject	Per Diem - Not Numeric
17965	Validation	Reject	Coinsurance - First Year Day Count Not Numeric
17970	Validation	Reject	Bill Code - Not Numeric
17975	Validation	Reject	Covered Charges - Count Is Zero
17980	Validation	Reject	Identifiers - DCN Or NDC Invalid
17982	Validation	Reject	Invalid Has Invalid Qualifiers
17990	Reference	Reject	Claim Already Being Cancelled
17995	Reference	Informational	DME On Claim Conflicts With History
18010	Reference	Reject	Age Conflict With Diagnosis
18012	Reference	Reject	Gender – Inconsistency With Diagnosis
18018	Reference	Reject	Gender - Inconsistency With Procedure Code
18020	Reference	Informational	Limited Coverage
18120	Reference	Reject	ICD-9 Error
18130	Reference	Reject	Diagnosis - Principal Diagnosis Code Is A Duplicate
18135	Reference	Reject	Diagnosis - Principal Diagnosis Code Is A Manifestation Code
18140	Reference	Reject	Diagnosis - Principal Diagnosis Is An E-Code
18145	Reference	Reject	Diagnosis - Unacceptable Code
18150	Reference	Informational	Diagnosis - Principle Diagnosis Is Questionable
18250	Reference	Informational	Revenue - Blood Exchange Without Blood Product
18255	Reference	Reject	Revenue - Code Invalid
18260	Reference	Informational	Revenue - Code Not Recognized
18265	Reference	Informational	Revenue - Diagnosis Code V707 Required
18270	Validation	Informational	Revenue - HCPCS Code Required
18275	Validation	Informational	Revenue - Multiple VIsits Without Condition G0  Revenue - Observation Revenue Code Conflict With HCPCS
18280	Conflict	Reject	Code
18405	Reference	Reject	Procedure - Provided After NCD Non-Coverage
18410	Reference	Reject	Procedure - Provided Prior To FDA Approval
18415	Reference	Reject	Procedure - Provided Prior To NCD Approval
18420	Reference	Reject	Procedure - HCPCS Code Is a Cataract Procedure
18425	Reference	Informational	Procedure - Non-Reportable HCPCS Code
18430	Reference	Reject	Procedure - Bilateral Procedure Code Conflict
18435	Validation	Informational	Procedure – Same Bilateral Procedure Code Occurs Two Or More Times
18440	Validation	Informational	Procedure – Bilateral Procedure Terminated Or Units Exceed One
18445	Validation	Informational	Procedure – Bilateral Procedure Code Without Modifier 50
18450	Validation	Informational	Procedure - Modifier CA Requires Status Code 20
18455	Reference	Informational	Procedure – Code 2 Of Pair – Incorrect Modifier
18460	Reference	Informational	Procedure – HCPCS Code - Statutory Exclusion
18465	Reference	Informational	Procedure – Code Not Recognized By OPPS
18475	Validation	Informational	Procedure – Inconsistent Implantation Code
18480	Validation	Informational	Procedure – Inpatient Error
18485	Reference	Informational	Procedure – Inpatient Not Paid
18490	Reference	Informational	Procedure Code – Error
18495	Validation	Reject	Procedure - Invalid Digit
18500	Conflict	Informational	Procedure - Multiple Codes For The Same Service
18505	Reference	Informational	Procedure – Must Bill To DMERC

EDIPPS	EDIPPS Edit	EDIPPS Edit	
Edit#	Category	Disposition	EDIPPS Edit Error Message
18510	Reference	Informational	Procedure – Mutually Exclusive Codes
18515	Reference	Informational	Procedure – Mutually Exclusive NCCI Codes
18520	Reference	Informational	Procedure – Non-Covered
18525	Validation	Informational	Procedure – Observation G Code Allowed With TOB 13X
18530	Reference	Informational	Procedure – Outside Approval Period
18535	Validation	Informational	Procedure – Service Provided Same Day as Inpatient
18540	Reference	Informational	Procedure – Service Unit Out Of Range
18545	Validation	Informational	Procedure – Type T Or S Procedure Without Modifier 25
18550	Validation	Reject	Procedure - Wrong Surgical Procedure Performed - Diagnosis Code E8765, E8766 or E8767 Present On Claim
18705	Validation	Reject	DIscharge Status Is Invalid
18710	Validation	Reject	POA Indicator - Missing Or Invalid
18715	Validation	Reject	Site Of Service - Not In OPPS
18720	Validation	Informational	Code - Not Recognized
18725	Validation	Informational	Condition – Code 41 Not Approved
18730	Reference	Informational	Modifier - Invalid
18875	Reference	Reject	Secondary Payer Alert
18880	Reference	Informational	Condition - Code 21 Service Submitted For Denial
18885	Reference	Informational	Condition - Code 20 Service Submitted For Review
18890	Reference	Reject	Type Of Bill - Separate Payment Not Provided
18895	Reference	Informational	Procedure - Comprehensive Code Not Allowed
18900	Validation	Reject	Date Out Of OCE Range
18905	Validation	Reject	Age Is 0 Or Exceeds 124
18910	Validation	Reject	Invalid Sex Code
18915	Reference	Informational	Procedure - Non-Reportable Site
18920	Reference	Informational	Modifier CA Not Allowed
18925	Reference	Informational	Procedure - HCPCS Code G0129 Not LIsted on Partial Hospital Claim
18930	Reference	Informational	Procedure - Activity Therapy Not Payable
18935	Reference	Reject	Procedure - Manual Pricing Required
18940	Reference	Informational	Modifier - Lacks Required Device Code
18945	Reference	Informational	Revenue - Incorrect Billing For Blood Or Blood Products
18950	Reference	Informational	Modifier - Code 50 - Units Greater Than 1
18955	Reference	Informational	Modifier - Incorrect Billing Of Modifiers FB Or FC
18960	Reference	Informational	Revenue - Invalid Revenue Code For Trauma Care
18965	Reference	Informational	Revenue - Incorrect Billing With HCPCS Code
18970	Reference	Informational	Condition - Code 41 - Mental Health Not Approved
18975	Reference	Informational	Condition - Code 41 - Mental Health Not Payable
18980	Reference	Informational	Token Charge Exceeded
18985	Validation	Reject	Invalid Dates
20005	Conflict	Informational	Procedure Code / TOB Conflict
20010	Conflict	Informational	Conflict Of HCPCS Code On Same IRF Claim
20015	Validation	Informational	Revenue Code 540 - Error
20020	Validation	Reject	Provider Not Eligible To Bill Claim
20025	Conflict	Informational	Covered Line Contains Modifier GY
20030	Conflict	Informational	Covered Line Contains Modifier GZ
20035	Validation	Reject	Outpatient Claim Requires Date Of Service For Revenue Code 57X
20040	Conflict	Informational	HCPCS Code And Revenue Code Combination Not Allowed
20050	Limit	Informational	Therapy Codes Limit
20055	Conflict	Informational	Revenue Codes Not Allowed For TOB 75X
20060	Conflict	Reject	Invalid CPT / Revenue Code Billed
20065	Conflict	Reject	Invalid HCPCS / Revenue Code Combination Billed
20075	Validation	Informational	Modifier Q0 Not Present
20080	Validation	Informational	DRG Code 998 Or 999 Submitted
20085	Validation	Informational	Diagnosis V73.89 / HCPCS Code Error
20090	Validation	Informational	Diagnosis Z114 / HCPCS Code Error
20095	Validation	Informational	More Than One Revenue Code 510 Billed
20000	vandation	ormadonai	The state of the s

Disposition   Courners Code 50 Billed On SIFC Claim   Courner Code 50 Billed Code Fror   Code 50 Billed Code	EDIPPS	EDIPPS Edit	EDIPPS Edit	
20105 Validation Informational Occurrence Code 50 Billed On SNE Claim Validation Informational TOB 85X - Co-Surgeon Billing Error - Policy Indicator Is 0 Informational TOB 85X - Co-Surgeon Billing Error - Policy Indicator Is 0 Validation Informational TOB 85X - Co-Surgeon Billing Error - Policy Indicator Is 0 Validation Informational Dispatch PERCE Validation Informational Dispatch PERCE Validation Informational Dispatch PERCE Validation Informational Dispatch PERCE Validation Informational Informational PERCE Validation Informational Informational Perce Validation Informational Informational Perce Validation Informational Informational Perce Validation Informational Invalid Revenue Code Billed With Wounds HCPCS Code G0245 Validation Informational Unstantive Perce Validation Informational Octation Perce Validation Perce Validat	Edit#	Category	Disposition	EDIPPS Edit Error Message
20110	20100	Validation	Informational	Occurrence Code 50 Billed On IRF Claim
20115 Validation informational TOB 85X - Co-Surgeon Billing Error - Policy Indicator is 0 20125 Validation informational Outpatient HCPCS/Revenue Code Error 20130 Validation Informational HCPCS Code G0247 Submitted Without HCPCS Codes G0245 Or 20135 Validation Informational HCPCS Code G0247 Submitted Without HCPCS Codes G0245 Or 20135 Validation Informational HCPCS Code G0245, G0246 Or G0247 Requires Diagnosis Code 20140 Validation Informational HCPCS Code G0245, G0246 Or G0247 Billed On Wrong TOB 20145 Validation Informational Invalid Revenue Code Billed With Wounds HCPCS Code 20150 Validation Informational Invalid Revenue Code Billed With Wounds HCPCS Code 20150 Validation Reject Outpatient - Invalid HCPCS - Revenue Code Combination Billed 20155 Validation Reject Cardiovascular Screening 20160 Validation Reject Cardiovascular Screening 20170 Validation Informational Informational Revenue Code Pth PCPC Code Requires Diagnosis Code - Diabetes Screening 20170 Validation Informational Informational Informational Pth PCPC Code Requires Diagnosis Code - Cardiovascular Screening 20170 Validation Informational Bilateral Services Billed by CAH - Modifier SD (2017) Required Diagnosis Code - Diabetes Screening Revenue Code Pth PCPC Code Cannot Be Billed - HCPCS Code G0275 is Required 20180 Validation Informational Informational Reject Number of Units Of Revenue Code 0901 Should Be Less Than Or Equal To Covered Days 20190 Validation Informational Per Claim Provider Cardiovascular Services Provider Provider Reject Validation Informational Reject Number of Units Of Revenue Code 0901 Should Be Less Than Order Cardiovascular Services Provider Services Provider Service Record And Is Not Informational Informational Informational Partially Non-	20105	Validation	Informational	Occurrence Code 50 Billed On SNF Claim
20120				
20125				
Validation   Informational				
20130 Validation Informational G0246 20135 Validation Informational Informational 2000-25063 Or 3572 20140 Validation Informational HCPCS Code G0245, G0246 Or G0247 Billed On Wrong TOB 20145 Validation Informational Invalid Revenue Code Billed With Wounds HCPCS Code 20150 Validation Informational Outpatient - Invalid HCPCS - Revenue Code Combination Billed 20155 Validation Informational Missing Diagnosis Code 20160 Validation Reject Screening Outpatient HCPCS Code Requires Diagnosis Code - Diabetes Screening 20170 Validation Informational Informational Revenue Code HCPCS Code Requires Diagnosis Code - Cardiovascular Screening Revenue Code HCPCS Code Requires Diagnosis Code - Cardiovascular Screening Revenue Code HCPCS Code Requires Diagnosis Code - Cardiovascular Screening Revenue Code HCPCS Code Requires Diagnosis Code - Cardiovascular Screening Revenue Code HCPCS Code G0257 is Required G0257 is Required G0257 is Required Formational Provided Formational Informational Informational Billateral Services Billed By CAH - Modifier 50 Informational Reject Overed Days HCPCS Code 9427 Must Be Billed By CAH - Modifier RT, LT Provider Provider Reject Provider Carder J Locality Not On File Provider Validation Informational Informational Bundled Therapy Service - Not Separately Billable Informational Informa	20125	Validation	Informational	
20140 Validation Informational 25060 - 25063 or 3572  20140 Validation Informational HCPCS Code G0245, G0246 or G0247 Billed On Wrong TOB Invalid Acceptance of Code Combination Billed On Wrong TOB Validation Informational Invalid Revenue Code Billed With Wounds HCPCS Code Outpatient - Invalid HCPCS - Revenue Code Combination Billed Outpatient - Invalid HCPCS - Revenue Code Billed And/Or Missing Diagnosis Code - Outpatient HCPCS Code Requires Diagnosis Code - Diabetes Screening Code Validation Reject Outpatient HCPCS Code Requires Diagnosis Code - Cardiovascular Screening Revenue Code / HCPCS Code Cannot Be Billed - HCPCS Code G0257 Is Required G0257 In G1257 In	20130	Validation	Informational	G0246
20145         Validation         Informational         Invalid Revenue Code Billed With Wounds HCPCS Code           20150         Validation         Informational         Outpatient - Invalid HCPCS - Revenue Code Combination Billed           20155         Validation         Informational         Outpatient - Invalid HCPCS - Revenue Code Billed And/Or Missing Diagnosis Code           20160         Validation         Reject         Outpatient HCPCS Code Requires Diagnosis Code - Diabetes Screening           20170         Validation         Informational         Outpatient HCPCS Code Requires Diagnosis Code - Cardovascular Screening           20170         Validation         Informational         Revenue Code / HCPCS Code Cannot Be Billed - HCPCS Code GO257 Is Required           20175         Validation         Informational         Bilateral Services Billed By CAH - Modifier SO           20180         Validation         Informational         Incorrect Home Health Billing           20190         Validation         Informational         Incorrect Home Health Billing           20190         Validation         Informational         Number Of Units Of Revenue Code 0901 Should Be Less Than Or PIPC Claim           20200         Provider         Reject         Provider Carrier / Locality Not On File           20201         Validation         Informational         Budled Therapy Service - Not Separate	20135	Validation	Informational	
20150   Validation   Informational   Outpatient - Invalid HCPCS - Revenue Code Combination Billed	20140	Validation	Informational	HCPCS Code G0245, G0246 Or G0247 Billed On Wrong TOB
Validation	20145	Validation	Informational	Invalid Revenue Code Billed With Wounds HCPCS Code
Missing Diagnosis Code	20150	Validation	Informational	Outpatient - Invalid HCPCS - Revenue Code Combination Billed
Screening   Screening   Outpatient HCPCS Code Requires Diagnosis Code - Cardiovascular Screening   Revenue Code / HCPCS Code Cannot Be Billed - HCPCS Code GO257 Is Required	20155	Validation	Informational	
Validation   Informational   Reject   Cardiovascular Screening   Revenue Code / HCPCS Code Cannot Be Billed - HCPCS Code   G0257 Is Required   G0257 Is Revenue Code O901 Should Be Less Than Or Equal To Covered Days   G0257 Is Validation   Informational   Informational   Informational   Informational   G0200   Provider   Reject   Provider Carrier / Locality Not On File   G0200   Validation   Informational   Bondled Therapy Service - Not Separately Billable   Mocovered Charges On Claim Line   Partially Non-Covered Charges On Claim Line   Partially Non-Covered Charges On Claim Line   Partially Non-Covered Charges And Span Code 79 Or M1 Present   Mon-Covered Charges And Span Code	20160	Validation	Reject	· · · · · · · · · · · · · · · · · · ·
20170   Validation   Informational   Revenue Code / HCPCS Code Cannot Be Billed - HCPCS Code GO257 Is Required	20165	Validation	Reject	· · · · · · · · · · · · · · · · · · ·
20175	20170	Validation	Informational	· ·
20185         Validation         Informational         Incorrect Home Health Billing           20190         Validation         Reject         Number Of Units Of Revenue Code 0901 Should Be Less Than Or Equal To Covered Days           20195         Validation         Informational HCPCS Code 9427 Must Be Billed With Revenue Code 0901 For IPF Claim           20200         Provider         Reject         Provider Carrier / Locality Not On File           20205         Validation         Informational         Bundled Therapy Service - Not Separately Billable           20210         Validation         Informational         No Covered Charges On Claim Line           20215         Validation         Informational         Partially Non-Covered Charges On Claim Line           20220         Validation         Informational         Non-Covered Charges On Claim Line           20225         Validation         Informational         Non-Covered Charges Are Less Than Total Charges And Span Code 79 Or M1 Present           20230         Validation         Reject         Admit Date Prior To Provider Effective Date           20235         Validation         Reject         Admits Date Is Greater Than Provider Cancellation Date           20250         Validation         Reject         Claim From Date Is Less Than Provider Start Date           20255         Validation         In	20175	Validation	Informational	·
Validation   Reject   Number Of Units Of Revenue Code 0901 Should Be Less Than Or Equal To Covered Days	20180	Validation	Informational	Bilateral Services Have Been Billed By CAH - Modifier RT, LT
Validation   Reject   Or Equal To Covered Days	20185	Validation	Informational	Incorrect Home Health Billing
PF Claim   PF Claim   Provider   Reject   Provider Carrier / Locality Not On File   20205   Validation   Informational   Bundled Therapy Service - Not Separately Billable   20210   Validation   Informational   No Covered Charges On Claim Line   Partially Non-Covered Charges On Claim Line   Partially Non-Covered Charges On Claim Line   Partially Non-Covered Charges And Span Code 79 Or M1 Present   Non-Covered Charges And Span Code 79 Or M1 Present   Non-Covered Charges And Span Code 79 Or M1 Present   Non-Covered Charges Are Less Than Total Charges And Span Code 79 Or M1 Present   Admit Date Prior To Provider Effective Date   Admission Date Is Greater Than Provider Cancellation Date   20235   Validation   Reject   Claim From Date Is Less Than Provider Start Date - Thru Date Is Greater Than Start Date   Claim From Date Is Less Than Provider Start Date - Thru Date Is Greater Than Start Date   Provider Does Not Have Provider Specific Record And Is Not In Group Of Specific Providers   Admit From And Thru Dates Are Same; Day Count Does Not Equal 1   Provider Date Is Greater Than Provider Specific Record And Is Not In Group Of Specific Providers   Provider Specific Pro	20190	Validation	Reject	
20205   Validation   Informational   Bundled Therapy Service - Not Separately Billable	20195	Validation	Informational	
20210ValidationInformationalNo Covered Charges On Claim Line20215ValidationInformationalPartially Non-Covered Charges On Claim Line20220ValidationInformationalTotal Charges Equal Non-Covered Charges And Span Code 79 Or M1 Present20225ValidationInformationalNon-Covered Charges Are Less Than Total Charges And Span Code 79 Or M1 Present20230ValidationRejectAdmit Date Prior To Provider Effective Date20235ValidationRejectAdmission Date Is Greater Than Provider Cancellation Date20250ValidationRejectClaim From Date Is Less Than Provider Start Date20255ValidationRejectClaim From Date Is Less Than Provider Start Date - Thru Date Is Greater Than Start Date20260ValidationInformationalClaim Dates Conflict With Provider FIscal Dates20265ValidationInformationalProvider Does Not Have Provider Specific Record And Is Not In Group Of Specific Providers20270ValidationRejectAdmit From And Thru Dates Are Same; Day Count Does Not Equal 120275ValidationRejectProvider Effective Date Conflicts With Claim Date20280ValidationRejectProvider Effective Date Conflicts With Claim Date20285ValidationRejectClaim Date Is Greater Than Provider Termination Date Plus 30 Days20290ValidationRejectAdmission Date On Claim Is Greater Than Provider Termination	20200	Provider	Reject	Provider Carrier / Locality Not On File
Validation   Informational   Partially Non-Covered Charges On Claim Line	20205	Validation		Bundled Therapy Service - Not Separately Billable
Validation   Informational   Total Charges Equal Non-Covered Charges And Span Code 79 Or M1 Present	20210	Validation		<u> </u>
Validation   Informational   M1 Present	20215	Validation	Informational	
Validation   Informational   Code 79 Or M1 Present	20220	Validation	Informational	
20235ValidationRejectAdmission Date Is Greater Than Provider Cancellation Date20250ValidationRejectClaim From Date Is Less Than Provider Start Date20255ValidationRejectClaim From Date Is Less Than Provider Start Date - Thru Date Is Greater Than Start Date20260ValidationInformationalClaim Dates Conflict With Provider FIscal Dates20265ValidationProvider Does Not Have Provider Specific Record And Is Not In Group Of Specific Providers20270ValidationRejectAdmit From And Thru Dates Are Same; Day Count Does Not Equal 120275ValidationInformationalRevenue Code / Principal Diagnosis Conditions20280ValidationRejectProvider Effective Date Conflicts With Claim Date20285ValidationRejectClaim Date Is Greater Than Provider Termination Date Plus 30 Days20290ValidationInformationalClaim Covers Thru Date Greater Than Claim Termination Date Plus 30 Days20295ValidationRejectAdmission Date On Claim Is Greater Than Provider Termination	20225	Validation	Informational	
20250 Validation Reject Claim From Date Is Less Than Provider Start Date  20255 Validation Reject Claim From Date Is Less Than Provider Start Date - Thru Date Is Greater Than Start Date  20260 Validation Informational Claim Dates Conflict With Provider FIscal Dates  20265 Validation Informational Provider Does Not Have Provider Specific Record And Is Not In Group Of Specific Providers  20270 Validation Reject Admit From And Thru Dates Are Same; Day Count Does Not Equal 1  20275 Validation Informational Revenue Code / Principal Diagnosis Conditions  20280 Validation Reject Provider Effective Date Conflicts With Claim Date  20285 Validation Reject Claim Date Is Greater Than Provider Termination Date Plus 30 Days  20290 Validation Reject Admission Date On Claim Is Greater Than Provider Termination	20230	Validation	Reject	Admit Date Prior To Provider Effective Date
Validation   Reject   Claim From Date Is Less Than Provider Start Date - Thru Date Is Greater Than Start Date	20235	Validation	Reject	Admission Date Is Greater Than Provider Cancellation Date
Validation   Reject   Greater Than Start Date	20250	Validation	Reject	Claim From Date Is Less Than Provider Start Date
20265ValidationInformationalProvider Does Not Have Provider Specific Record And Is Not In Group Of Specific Providers20270ValidationRejectAdmit From And Thru Dates Are Same; Day Count Does Not Equal 120275ValidationInformationalRevenue Code / Principal Diagnosis Conditions20280ValidationRejectProvider Effective Date Conflicts With Claim Date20285ValidationRejectClaim Date Is Greater Than Provider Termination Date Plus 30 Days20290ValidationInformationalClaim Covers Thru Date Greater Than Claim Termination Date Plus 30 Days20295ValidationRejectAdmission Date On Claim Is Greater Than Provider Termination	20255	Validation	Reject	
Validation   Informational   Group Of Specific Providers	20260	Validation	Informational	Claim Dates Conflict With Provider FIscal Dates
20270ValidationRejectEqual 120275ValidationInformationalRevenue Code / Principal Diagnosis Conditions20280ValidationRejectProvider Effective Date Conflicts With Claim Date20285ValidationRejectClaim Date Is Greater Than Provider Termination Date Plus 30 Days20290ValidationInformationalClaim Covers Thru Date Greater Than Claim Termination Date Plus 30 Days20295ValidationRejectAdmission Date On Claim Is Greater Than Provider Termination	20265	Validation	Informational	· ·
20275ValidationInformationalRevenue Code / Principal Diagnosis Conditions20280ValidationRejectProvider Effective Date Conflicts With Claim Date20285ValidationRejectClaim Date Is Greater Than Provider Termination Date Plus 30 Days20290ValidationInformationalClaim Covers Thru Date Greater Than Claim Termination Date Plus 30 Days20295ValidationRejectAdmission Date On Claim Is Greater Than Provider Termination	20270	Validation	Reject	Admit From And Thru Dates Are Same; Day Count Does Not
20285 Validation Reject Claim Date Is Greater Than Provider Termination Date Plus 30 Days  20290 Validation Informational Claim Covers Thru Date Greater Than Claim Termination Date Plus 30 Days  20295 Validation Reject Admission Date On Claim Is Greater Than Provider Termination	20275	Validation	Informational	Revenue Code / Principal Diagnosis Conditions
20290 Validation Reject Days  20290 Validation Informational Claim Covers Thru Date Greater Than Claim Termination Date Plus 30 Days  20295 Validation Reject Admission Date On Claim Is Greater Than Provider Termination	20280	Validation	Reject	Provider Effective Date Conflicts With Claim Date
20290 Validation Informational Plus 30 Days  20295 Validation Reject Admission Date On Claim Is Greater Than Provider Termination	20285	Validation	Reject	
20295 Validation Reject Admission Date On Claim Is Greater Than Provider Termination	20290	Validation	Informational	
	20295	Validation	Reject	Admission Date On Claim Is Greater Than Provider Termination

20300	Category	Disposition	EDIPPS Edit Error Message
20300	<u> </u>	•	
20300			Claim Coverage Date Is Greater Than 7/1/98; Provider Start
	Validation	Informational	Date Is Greater Than 7/1/98; And Revenue Code 022 Not
			Present
20205	Duaridan	Informational	Conditions For Provider Specific Record Must Be Present With
20305	Provider	Informational	Provider Type 38 Or 51
20310	Validation	Informational	Inpatient SNF - Covered Days Not Equal To 0
20315	Validation	Informational	PPS Providers Must Submit Claim With Patient Status 30 With
	Validation	IIIIOIIIIatioilai	Certain Conditions
20320	Validation	Reject	Admission Date Does Not Equal Statement From Date
20330	Validation	Informational	Type Of Bill Categories And Revenue Codes
20335	Validation	Informational	Revenue Code Billed On TOB 12X Or 85X Must Contain Value Code 05
20340	Validation	Informational	Revenue Code 510 Is Missing Or Present Without Units
20345	Validation	Informational	Provider Facility Code S, TOB 71X, Revenue Code 403 Are Not Allowed
20350	Validation	Informational	Hospital Based FQHCs Are Not Allowed To Bill 13X Or 14X TOB
20355	Provider	Informational	Type Of Bill Invalid Or Provider Number Not Found
20360	Provider	Informational	No PPSH Effective Date On File
20365	Validation	Informational	RHC TOB 71X With Various Conditions
20370	Provider	Reject	Provider Date / PPS RecOrd Do Not Match Claim Dates
20375	Validation	Informational	Provider Type Cannot Bill This Type Of Claim
20380	Validation	Informational	Revenue Code Needed With HIPPS
20385	Validation	Informational	Revenue Code 0024 Greater Than Zero
20390	Validation	Informational	Need To Have Correct Number Of Units And HIPPS Code
20395	Validation	Informational	Date Coverage Requirements
20400	Validation	Informational	Both Procedure Codes Should Be Billed
20405	Validation	Reject	Admit Date Should Match From Date On Claim - TOB 212
20410	Validation	Informational	More Than One Revenue Code 0636 Required
20415	Validation	Reject	Admit Date Should Match From Date On Claim - TOB 112
20420	Validation	Informational	Claim Is Not Within Dates that The Provider Is Participating in Plan
20425	Validation	Informational	Provider Contains Multiple OSCAR Numbers
20430	Validation	Informational	OSCAR Number Does Not Start With 56 Or 59 When NPI Is 999999991
20435	Validation	Informational	ESA Services On A Non ESRD Claim With Modifier EC
20440	Validation	Informational	ESA Services On A Non ESRD Claim With Modifier EB
20445	Validation	Reject	Procedure Code Not Valid For Date Of Service
20450	Validation	Reject	Servicing Provider Is Sanctioned
20455	Validation	Reject	Operating Provider Is Sanctioned
20460	Provider	Informational	Attending Provider UPIN Cannot Be a Surrogate UPIN
20465	Validation	Informational	Procedure Code Not Allowed With Specific Revenue Code
20470	Validation	Informational	Inpatient - Surgical Code Requires Specific Revenue Codes
20475	Validation	Informational	Revenue Code 51X And 45X are Both Present On Claim
20480	Validation	Informational	Type Of Bill 71X Must Contain Revenue Code 52X Or 91X
20485	Validation	Informational	Blood Revenue Code Is Not Present On The Claim
20490	Validation	Informational	Blood Revenue Code Is Present On The Claim But No Covered Charges
20495	Validation	Informational	Revenue Code Is Invalid Or Non-Billable For Medicare For TOB
20500	Conflict	Reject	Valid Service Date For Revenue Code Billed
20505	Conflict	Reject	HCPCS Code Or Units Conflict For Revenue Code
20510	Conflict	Reject	Revenue Code 540 Requires Specific HCPCS Codes
20515	Conflict	Reject	DignosIs Codes For Certain HCPCS Codes
20520	Validation	Reject	Invalid Ambulance Pickup Location
20525	Validation	Reject	Multiple Ambulance Pickup Locations
20530	Validation	Reject	Zip Code Cannot Be 0 or Blank For Ambulance Pickup

Edit#   Category   Disposition   Revenue Code O451 Precludes Revenue Code O450	EDIPPS	EDIPPS Edit	EDIPPS Edit	
20540   Pricing   Informational   Revenue Code 0452 Precludes Revenue Code 0450, 0459	Edit#	Category	Disposition	EDIPPS Edit Error Message
20540   Pricing   Informational   Revenue Code 0456 Precludes Revenue Codes 0450 And 0452	20535	Pricing	Informational	Revenue Code 0451 Precludes Revenue Code 0450
20550 Pricing Informational Revenue Code 0459 Precludes Revenue Code 0451 With Non- 20560 Pricing Informational Specific HCPCS Codes Requires Specific Revenue Code 0451 With Non- 20560 Pricing Informational Specific HCPCS Codes Require Specific Revenue Codes 20565 Pricing Informational HCPCS Codes Are Not Allowed For Male Beneficiaries 20570 Pricing Informational HCPCS Modifiers And Bypass Condition 20575 Pricing Informational HCPCS Modifiers And Bypass Condition 20580 Pricing Informational FOME Providers And Allowed HCPCS Codes 20580 Pricing Informational HCPCS Codes With Covered Charges Equal To 0 And Covered Units Greater Than 0 20585 Pricing Informational HCPCS Code Modifiers And Spass Condition 20590 Pricing Informational HCPCS Code Requires Proper Diagnosis Code Or Gender 20590 Pricing Informational Revenue Code 022 And Required TOB 20600 Pricing Informational Revenue Code 022 And Required TOB 20600 Pricing Informational Revenue Code 022 And Required TOB 20610 Pricing Reject HCPCS G0102 And G0103 Require Male Beneficiary 20615 Pricing Informational Revenue Code And TOB Conflict Pricing Reject HCPCS G0102 And G0103 Require Male Beneficiary 20615 Pricing Informational Revenue Code And TOB Conflict Units Equal To 1 When Charges Are Greater Than 0 20620 Conflict Informational Date of Service Conflicts With ADA Dates On File 20630 Conflict Informational Date of Service Conflicts With ADA Dates On File 20640 Conflict Informational HCPCS G0404 Required TOB Shall HCPCS G0404 Required D0405 Are Greater Than 0 20650 Conflict Informational Invalid Type of Bill Based on HCPCS TOB Table 20660 Pricing Informational Invalid Type of Bill Based on HCPCS TOB Table 20660 Conflict Reject Tob G0404 Must Be Billed With Specific Revenue Codes Conflict For TOB 13X And 77X 406060 Conflict Informational HCPCS G0404 And Shall Based With Specific Revenue Codes Conflict For TOB 13X	20540	Pricing	Informational	
20555 Pricing Informational Revenue Code 0452 Requires Revenue Code 0451 With Non-Zero Charges 20560 Pricing Reject Certain HCPCS Codes Require Specific Revenue Codes 20575 Pricing Informational HCPCS Modifiers And Bypass Condition 20575 Pricing Informational HCPCS Modifiers And Bypass Condition 20575 Pricing Informational HCPCS Modifiers And HAIDWAY MODIFIER Specific Revenue Codes With Covered Charges Equal To 0 And Covered Units Greater Than 0 20585 Pricing Informational HCPCS Code G0101 Without Proper Diagnosis Code Or Gender 20590 Pricing Informational HCPCS Code G0101 Without Proper Diagnosis Code Or Gender 20590 Pricing Informational Revenue Code 022 And Required TOB 20600 Pricing Informational More Than One Vaccine Billed For The Same Date Of Service 20601 Pricing Informational Wolld TOBs For HCPCS G0102 And G0103 20610 Pricing Reject HCPCS G0102 And G0103 Require Male Beneficiary 20615 Pricing Informational Are Greater Than 0 20620 Conflict Informational Diabetes Self-Training - Applicable TOBs 20630 Conflict Informational Diabetes Self-Training - Applicable TOBs 20631 Conflict Informational Diabetes Self-Training - Applicable TOBs 20640 Validation Informational Informational Invalid TOBs for HCPCS Codes (2899) 20640 Pricing Informational Diabetes Self-Training - Applicable TOBs 20630 Conflict Informational Diabetes Self-Training - Applicable TOBs 20640 Pricing Informational Diabetes Self-Training - Applicable TOBs 20640 Pricing Informational Invalid TOBs for HCPCS Code (2899) 20640 Pricing Informational Informational Invalid TOB for HCPCS Code (2899) 20640 Pricing Informational Invalid TOB for HCPCS Code (2899) 20640 Pricing Informational Invalid TOB for HCPCS Code (2899) 20640 Pricing Informational Informational Invalid TOB for HCPCS Code (2899) 20650 Conflict Informational HCPCS And Revenue Code Conflict for TOB 13X Informational Informational Informational Proposition P	20545	Pricing	Informational	Revenue Code 0456 Precludes Revenue Codes 0450 And 0452
20550 Pricing Informational Specific RPCS Codes Require Specific Revenue Codes 20565 Pricing Reject Certain HCPCS Codes Require Specific Revenue Codes 20575 Pricing Informational HCPCS Modifiers And Bypass Condition 20575 Pricing Informational FQHC Providers And Allowed HCPCS Codes Specific Revenue Codes With Covered Charges Equal To 0 And Covered Units Greater Than 0 Covered Units Greater Than 0 Pricing Informational HCPCS Code G0101 Without Proper Diagnosis Code Or Gender 20590 Pricing Informational HCPCS Code And TOB Interaction Revenue Code 22 And Required TOB Pricing Informational More Than One Vaccine Billed For The Same Date Of Service 20605 Pricing Informational World ToBs for HCPCS G0102 And G0103 Pricing Reject HCPCS G0102 And G0103 Require Male Beneficiary Certain HCPCS Codes Require Units Equal To 1 When Charges Are Greater Than 0 Revenue Code And TOB Conflict Informational Diabetes Self-Training - Applicable TOBs D1645 Pricing Informational Diabetes Self-Training - Applicable TOBs D1655 Pricing Informational Invalid TOBs for HCPCS Codes Codes Sea D1655 Pricing Informational Invalid TOBs for HCPCS Code Codes Sea D1655 Pricing Informational Invalid TOBs for HCPCS Code Codes Sea D1656 Conflict Informational Invalid TOB for HCPCS Code Codes Sea D1656 Conflict Informational HCPCS And Revenue Code Conflict For TOB 131X HCPCS G0061 Pricing Informational HCPCS G0061 Pricing Informational Invalid TOBs for HCPCS Code Codes Sea D1656 Conflict Informational HCPCS G0061 Pricing Informational HCPCS G0061 Pr	20550	Pricing	Informational	Revenue Code 0459 Precludes Revenue Codes 0450 And 0452
20565 Pricing Reject Certain HCPCS Codes Are Not Allowed For Male Beneficiaries 20570 Pricing Informational HCPCS Modifiers And Bypass Condition 20575 Pricing Informational FGHC Providers And Allowed HCPCS Codes 20580 Pricing Informational Covered Units Greater Than 0 20585 Pricing Informational HCPCS Code G0101 Without Proper Diagnosis Code Or Gender 20590 Pricing Informational HCPCS Code And TOB Interaction 20595 Pricing Informational Revenue Code 022 And Required TOB 20600 Pricing Informational More Than One Vaccine Billed For The Same Date Of Service 20605 Pricing Reject HCPCS G0102 And G0103 Require Male Beneficiary 20615 Pricing Reject HCPCS G0102 And G0103 Require Male Beneficiary 20615 Pricing Informational Revenue Code And TOB Conflict Units Equal To 1 When Charges Are Greater Than 0 20620 Conflict Informational Date of Service Code And TOB Conflict Units Equal To 1 When Charges Are Greater Than 0 20635 Conflict Informational Date of Service Conflicts With ADA Dates On File Date of Service Conflict With Services Date of Service Conflict With	20555	Pricing	Informational	· ·
20570 Pricing Informational FQHC Providers And Allowed HCPCS Codes Specific Revenue Codes With Covered Charges Equal To 0 And Covered Units Greater Than 0 20585 Pricing Informational FQHC Providers And Allowed HCPCS Codes Specific Revenue Codes With Covered Charges Equal To 0 And Covered Units Greater Than 0 20585 Pricing Informational HCPCS Code G0101 Without Proper Diagnosis Code Or Gender HCPCS Code Pricing Informational Revenue Code 022 And Required TOB More Than One Vaccine Billed For The Same Date Of Service Validation Pricing Reject HCPCS G0102 And G0103 Require Male Beneficiary Certain HCPCS Code Require Units Equal To 1 When Charges Are Greater Than 0 20615 Pricing Informational Revenue Code And TOB Informational Pricing Reject HCPCS G0102 And G0103 Require Male Beneficiary Certain HCPCS Codes Require Units Equal To 1 When Charges Are Greater Than 0 20620 Conflict Informational Revenue Code And TOB Conflict Sulfabation Informational Informational Pricing Pricing Informational Informatio	20560	Pricing	Informational	Specific HCPCS Codes Require Specific Revenue Codes
20575 Pricing Informational FQHC Providers And Allowed HCPCS Codes Specific Revenue Codes With Covered Charges Equal To 0 And Covered Units Greater Than 0  20585 Pricing Informational HCPCS Code G0101 Without Proper Diagnosis Code Or Gender Display of Pricing Informational HCPCS Code G0101 Without Proper Diagnosis Code Or Gender Display of Pricing Informational Revenue Code 022 And Required TOB Display	20565	Pricing	Reject	Certain HCPCS Codes Are Not Allowed For Male Beneficiaries
20580   Pricing   Informational   Specific Revenue Codes With Covered Charges Equal To 0 And Covered Units Greater Than 0   HCPCS Code G0101 Without Proper Diagnosis Code Or Gender 20590   Pricing   Informational   HCPCS Code G0101 Without Proper Diagnosis Code Or Gender 20590   Pricing   Informational   HCPCS Code And TOB Interaction	20570	Pricing	Informational	, ·
20585 Pricing Informational HCPCS Code G0101 Without Proper Diagnosis Code Or Gender 20590 Pricing Informational HCPCS Code G0101 Without Proper Diagnosis Code Or Gender 20595 Pricing Informational Revenue Code 022 And Required TOB 20600 Pricing Informational More Than One Vaccine Billed For The Same Date Of Service 20605 Pricing Informational Valid TOBs For HCPCS G0102 And G0103 Pricing Reject HCPCS G0102 And G0103 Require Male Beneficiary 20615 Pricing Informational HCPCS G0102 And G0103 Require Wale Beneficiary 20620 Conflict Informational Pricing Revenue Code And TOB Conflict Pricing Informational Diabetes Self-Training - Applicable TOBs 20630 Conflict Informational Diabetes Self-Training - Applicable TOBs 20630 Conflict Informational Diabetes Self-Training - Applicable TOBs 20640 Conflict Informational Invalid Type of Bill Based on HCPCS - TOB Table Informational Informational Invalid Type of Bill Based on HCPCS - TOB Table Informational Informational Invalid TOB for HCPCS COde C9899 Pricing Informational Informational Invalid TOB for HCPCS CODE C9899 Pricing Informational Informational Invalid TOB for HCPCS CODE C9899 Pricing Informational Informational Invalid TOB for HCPCS CODE C9899 Pricing Informational Informational Invalid TOB for HCPCS CODE C9899 Pricing Informational Informational Invalid TOB for HCPCS CODE C9899 Pricing Informational Informational Invalid TOB for HCPCS CODE C9899 Pricing Informational HCPCS And Revenue Code Conflict Diagnosis Codes And Modifiers C9890 Conflict Informational HCPCS And Revenue Code Conflict For TOB 71X and 77X Revenue Code C990 Pricing Informational HCPCS And Revenue Code Conflict Modifiers C9909 Conflict Informational HCPCS Code Requires Sp	20575	Pricing	Informational	FQHC Providers And Allowed HCPCS Codes
20590 Pricing Informational Revenue Code 022 And Required TOB  20600 Pricing Informational Revenue Code 022 And Required TOB  20600 Pricing Informational More Than One Vaccine Billed For The Same Date Of Service  20605 Pricing Informational Valid TOBs For HCPCS G0102 And G0103  20610 Pricing Reject HCPCS G0102 And G0103 Require Male Beneficiary  20615 Pricing Informational Revenue Code And G0103 Require Male Beneficiary  20620 Conflict Informational Revenue Code And TOB Conflict  20620 Conflict Informational Date of Service Conflicts With ADA Dates On File  20630 Conflict Informational Diabetes Self-Training - Applicable TOBS  20635 Conflict Informational HCPCS And Revenue Code Conflict For TOB 13X  20640 Conflict Informational Invalid Type of Bill Based on HCPCS - TOB Table  20645 Validation Informational Invalid TOB for HCPCS Code C9899  20655 Pricing Informational Specific Modifiers Require TOB 85X  20660 Pricing Informational HCPCS And Revenue Code C9899  20655 Conflict Informational HCPCS G0041-G9044 Must Be Billed On A Low Vision Rehab Claim  40675 Conflict Reject And TOBS  40675 Conflict Informational HCPCS Code 336 Must Have Specific Diagnosis Codes And Modifiers  20680 Conflict Informational HCPCS And Revenue Code Conflict for TOB 11X and 77X  40689 Conflict Informational HCPCS And Revenue Code Conflict for TOB 12X and 77X  20690 Conflict Informational HCPCS And Revenue Code Conflict for TOB 21X and 77X  20690 Conflict Informational HCPCS And Revenue Code Conflict for TOB 21X and 77X  20695 Conflict Reject Required Diagnosis Code Occurs On Wrong Line  20700 Conflict Informational HCPCS Codes G0438 Or G0439 Billed on Wrong TOB  20710 Conflict Informational HCPCS Code Requires Specific Diagnosis Codes  20710 Conflict Informational HCPCS Code Requires Specific Diagnosis Codes  20710 Conflict Informational HCPCS Code Requires Specific Diagnosis Codes  20720 Conflict Informational HCPCS Code Requires Specific Diagnosis Codes  20730 Conflict Informational HCPCS Code Requires Specific Diagnosis Codes  20740 C	20580	Pricing	Informational	1.
20595   Pricing   Informational   Revenue Code 022 And Required TOB	20585	Pricing	Informational	HCPCS Code G0101 Without Proper Diagnosis Code Or Gender
20600 Pricing Informational Wore Than One Vaccine Billed For The Same Date Of Service 20605 Pricing Informational Valid TOBs For HCPCS G0102 And G0103 20610 Pricing Reject HCPCS G0102 And G0103 Require Male Beneficiary 20615 Pricing Informational Pricing Informational Informational Are Greater Than 0 20620 Conflict Informational Date of Service Conflicts With ADA Dates On File 20625 Provider Informational Date of Service Conflicts With ADA Dates On File 20630 Conflict Informational Date of Service Conflicts With ADA Dates On File 20630 Conflict Informational HCPCS And Revenue Code Conflict TOB 13X 20640 Conflict Informational Invalid Type of Bill Based on HCPCS -TOB Table 20645 Validation Informational Invalid TOB for HCPCS Code C9899 20655 Pricing Informational Specific Modifiers Require TOB 85X 20660 Pricing Informational Pheros Gode C9899 Specific Modifiers Require TOB 85X 40660 Pricing Informational Claim 20665 Conflict Reject HCPCS G9041-G9044 Must Be Billed On A Low VIsion Rehab Claim 20670 Conflict Reject HCPCS G9041-G9044 Must Be Billed With Specific Revenue Codes And TOBs 40680 Conflict Informational HCPCS Gode 0336 Must Have Specific Diagnosis Codes And Modifiers 20680 Conflict Informational Type of Bill - HCPCS Codes / TOB Mismatch 20685 Conflict Informational HCPCS And Revenue Code Conflict for TOB 71X and 77X 20690 Conflict Informational HCPCS And Revenue Code Conflict for TOB 71X and 77X 20690 Conflict Informational Revenue Code Conflict for TOB 22X and 23X 20695 Conflict Reject Required Diagnosis Codes Revenue Code Offict for TOB 22X and 23X 20700 Conflict Reject Required Diagnosis Gode Occurs on Wrong Line 20710 Conflict Reject Required Diagnosis Gode Cocurs On Wrong Line 20715 Conflict Informational HCPCS Codes G0438 Or G0439 Billed on Wrong TOB 20720 Conflict Informational HCPCS Codes G0438 Or G0439 Billed on Wrong TOB 20730 Conflict Informational HCPCS Codes G0438 Or G0439 Billed on Wrong TOB 20730 Conflict Informational HCPCS Codes G0438 Or G0439 Billed On Wrong TOB 20730 Conflict Informatio	20590	Pricing		HCPCS Code And TOB Interaction
20605   Pricing   Informational   Valid TOBs For HCPCS G0102 And G0103	20595	Pricing	Informational	Revenue Code 022 And Required TOB
20610   Pricing   Reject   HCPCS G0102 And G0103 Require Male Beneficiary	20600	Pricing	Informational	More Than One Vaccine Billed For The Same Date Of Service
20615   Pricing   Informational   Are Greater Than 0   Revenue Code And TOB Conflict   Informational   Revenue Code And TOB Conflict   Informational   Revenue Code And TOB Conflict   Informational   Date of Service Conflicts With ADA Dates On File   Diabetes Self-Training - Applicable TOBS   Appli	20605	Pricing	Informational	Valid TOBs For HCPCS G0102 And G0103
20620 Conflict Informational Revenue Code And TOB Conflict 20625 Provider Informational Revenue Code And TOB Conflict 20630 Conflict Informational Date of Service Conflicts With ADA Dates On File 20630 Conflict Informational Diabetes Self-Training - Applicable TOBS 20635 Conflict Informational Invalid Type of Bill Based on HCPCS -TOB Table 20640 Conflict Informational Invalid Type of Bill Based on HCPCS -TOB Table 20645 Validation Informational Invalid TOB for HCPCS Code C9899 20655 Pricing Informational Specific Modifiers Require TOB 85X 20660 Pricing Informational HCPCS G9041-G9044 Must Be Billed On A Low Vision Rehab Claim 20665 Conflict Informational HCPCS G9041-G9044 Must Be Billed With Specific Revenue Codes And TOBs 20670 Conflict Reject Zip Code Mismatch 20675 Conflict Informational Type of Bill - HCPCS Code C9369 And Modifiers 20680 Conflict Informational Type of Bill - HCPCS Code Codes / TOB Mismatch 20685 Conflict Informational HCPCS And Revenue Code Conflict for TOB 71X and 77X 20690 Conflict Informational HCPCS And Revenue Code Conflict for TOB 22X and 23X 20695 Conflict Informational HCPCS And Revenue Code Conflict for TOB 22X and 23X 20695 Conflict Reject HCPCS Code Requires Specific Modifiers 20700 Conflict Reject Required Diagnosis Code Sodes 20710 Conflict Informational HCPCS Code Requires Specific Diagnosis Codes 20710 Conflict Informational HCPCS Code Requires Specific Diagnosis Codes 20710 Conflict Informational HCPCS Code Requires Specific Diagnosis Codes 20710 Conflict Informational HCPCS Code Requires Specific Diagnosis Codes 20720 Conflict Informational HCPCS Modifier Cannot Be Billed By Method II By CAH Providers 20730 Conflict Informational Informational HCPCS Modifier Cannot Be Billed By Method II By CAH Providers 20730 Conflict Informational Claims Billed With Professional Services 20740 Conflict Informational Informational Modifiers 20735 Conflict Informational Informational Modifiers 20740 Conflict Informational Informational Claims Billed With Professional	20610	Pricing	Reject	HCPCS G0102 And G0103 Require Male Beneficiary
Date of Service Conflicts With ADA Dates On File	20615	Pricing	Informational	
20630   Conflict   Informational   Diabetes Self-Training - Applicable TOBs	20620	Conflict	Informational	Revenue Code And TOB Conflict
20635   Conflict   Informational   HCPCS And Revenue Code Conflict for TOB 13X	20625	Provider	Informational	Date of Service Conflicts With ADA Dates On File
20640   Conflict   Informational   Invalid Type of Bill Based on HCPCS -TOB Table	20630	Conflict	Informational	Diabetes Self-Training - Applicable TOBs
20645   Validation   Informational   Invalid TOB for HCPCS Code C9899	20635	Conflict	Informational	HCPCS And Revenue Code Conflict for TOB 13X
20655   Pricing   Informational   Specific Modifiers Require TOB 85X	20640	Conflict		
Pricing				
20660   Pricing   Informational   Claim	20655	Pricing	Informational	
Conflict	20660	Pricing	Informational	Claim
20670   Conflict   Reject   Modifiers	20665	Conflict	Informational	·
20680   Conflict   Informational   Type of Bill - HCPCS Codes / TOB Mismatch	20670	Conflict	Reject	
20685   Conflict   Informational   HCPCS And Revenue Code Conflict for TOB 71X and 77X			•	
20690 Conflict Informational HCPCS And Revenue Code Conflict for TOB 22X and 23X  20695 Conflict Informational Revenue Code 0964 Is Not Allowed By Method I Of CAH Providers  20700 Conflict Informational SNFCannot Bill Without Specific Modifiers  20705 Conflict Reject HCPCS Code Requires Specific Diagnosis Codes  20710 Conflict Reject Required Diagnosis Code Occurs On Wrong Line  20715 Conflict Informational HCPCS Codes G0438 Or G0439 Billed on Wrong TOB  20720 Conflict Informational Number Of Sessions Allowed In 12 Month Period Is Exceeded  20725 Conflict Informational HCPCS Modifier Cannot Be Billed By Method II By CAH Providers  20730 Conflict Informational CAH Providers Can Only Bill By Method II With Certain Modifiers  20735 Conflict Informational Claims Billed With Professional Services  Modifiers AQ, AR,QB,QU Can Only Be Used With Professional	<b>—</b>			
20695   Conflict   Informational   Revenue Code 0964 Is Not Allowed By Method I Of CAH Providers				
20700   Conflict   Informational   Providers	20690	Conflict	Informational	
20705 Conflict Reject HCPCS Code Requires Specific Diagnosis Codes 20710 Conflict Reject Required Diagnosis Code Occurs On Wrong Line 20715 Conflict Informational HCPCS Codes G0438 Or G0439 Billed on Wrong TOB  20720 Conflict Informational Number Of Sessions Allowed In 12 Month Period Is Exceeded  20725 Conflict Informational HCPCS Modifier Cannot Be Billed By Method II By CAH Providers  20730 Conflict Informational CAH Providers Can Only Bill By Method II With Certain Modifiers  20735 Conflict Informational Claims Billed With Professional Services  Modifiers AQ, AR,QB,QU Can Only Be Used With Professional				Providers
20710 Conflict Reject Required Diagnosis Code Occurs On Wrong Line 20715 Conflict Informational HCPCS Codes G0438 Or G0439 Billed on Wrong TOB  20720 Conflict Informational Number Of Sessions Allowed In 12 Month Period Is Exceeded  20725 Conflict Informational HCPCS Modifier Cannot Be Billed By Method II By CAH Providers  20730 Conflict Informational CAH Providers Can Only Bill By Method II With Certain Modifiers  20735 Conflict Informational Claims Billed With Professional Services  Modifiers AQ, AR,QB,QU Can Only Be Used With Professional	<b></b>			·
20715 Conflict Informational HCPCS Codes G0438 Or G0439 Billed on Wrong TOB  20720 Conflict Informational Number Of Sessions Allowed In 12 Month Period Is Exceeded  20725 Conflict Informational HCPCS Modifier Cannot Be Billed By Method II By CAH Providers  20730 Conflict Informational CAH Providers Can Only Bill By Method II With Certain Modifiers  20735 Conflict Informational Claims Billed With Professional Services  20740 Conflict Informational Modifiers AQ, AR,QB,QU Can Only Be Used With Professional	<b></b>		·	
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20725 Conflict Informational HCPCS Modifier Cannot Be Billed By Method II By CAH Providers  Conflict Informational CAH Providers Can Only Bill By Method II With Certain Modifiers  Conflict Informational Claims Billed With Professional Services  Modifiers AQ, AR,QB,QU Can Only Be Used With Professional	20715	Conflict	Intormational	HCPCS Codes G0438 Or G0439 Billed on Wrong TOB
20730 Conflict Informational Providers  20730 Conflict Informational CAH Providers Can Only Bill By Method II With Certain Modifiers  20735 Conflict Informational Claims Billed With Professional Services  20740 Conflict Informational Modifiers AQ, AR,QB,QU Can Only Be Used With Professional	20720	Conflict	Informational	
20730 Conflict Informational Modifiers  20735 Conflict Informational Claims Billed With Professional Services  20740 Conflict Informational Modifiers AQ, AR,QB,QU Can Only Be Used With Professional	20725	Conflict	Informational	Providers
20740 Conflict Informational Modifiers AQ, AR,QB,QU Can Only Be Used With Professional	20730	Conflict	Informational	· · ·
I 20/40 I Conflict I Informational I	20735	Conflict	Informational	Claims Billed With Professional Services
	20740	Conflict	Informational	· · · · · · · · · · · · · · · · · · ·

EDIPPS	EDIPPS Edit	EDIPPS Edit	
Edit#	Category	Disposition	EDIPPS Edit Error Message
20745	Conflict	Informational	A Claim Line Cannot Have More Than One Modifier AA, GC, QK Or QY
20750	Conflict	Informational	Modifiers AQ, AR,QB,QU Are Present Without Modifier AQ
20755	Pricing	Reject	Modifier GT Can Be Billed With HCPCS Code 90801 Only
20760	Pricing	Reject	Modifier QZ Must Be Billed With TOB 85X
20765	Pricing	Informational	Modifier GF Cannot Be Billed With Revenue Code 0963 Or 0964
20770	Pricing	Informational	GF Modifier Can Only Be Billed With TOB 85X And Professional Revenue Codes
20775	Pricing	Informational	No HCPCS Or HCPCS Code - Does Not Match from Revenue Code Table
20780	Pricing	Reject	Revenue Code For HCPCS Code Does Not Match One From Table
20785	Pricing	Informational	Manual Processing Needed For Same Day Tests When Units Are Greater Than 1
20790	Pricing	Informational	Osteoporosis Injection Is Only Allowed On TOB 34X For Females
20795	Pricing	Informational	Revenue Code 636 Is Billed On TOB 34X With Unmatching HCPCS Codes
20800	Pricing	Informational	Lab Tests 85029 And 85030 Cannot Be Billed For The Same Date Of Service
20805	Pricing	Informational	G0369 And G0370 are Billed on The Same Claim And Cancer Diagnosis Is Not Present
20810	Pricing	Informational	Radiology And Diagnostic Allowed Units Must Equal Covered Days
20815	Pricing	Informational	Radiology And Diagnostic Allowed Units Must Equal 3 Days
20820	Pricing	Informational	Radiology And Diagnostic Allowed Units Must Equal 12 Days
20825	Pricing	Informational	Condition Code A6 Is Required With Certain HCPCS Codes
20830	Pricing	Informational	Automated/Panel/Hematology Profile Tests Are Allowed 1 Unit A Day
20835	Pricing	Reject	Service Line Date Of Service Must Be Valid And Within Header Date of Service
20840	Pricing	Informational	Certain HCPCS Codes Cannot Appear Together For The Same Date Of Service
20845	Pricing	Informational	Revenue Line For a Test Is Denied For Duplicate Test Covered Under a Panel Code
20850	Pricing	Informational	Bundled Therapy Services Cannot Be Billed As Separate Line Items
20855	Pricing	Informational	Outpatient Claims Require Some Revenue Codes tn Be Billed Together
20860	Pricing	Informational	Procedure Code G0117 Or G0118 Must Be Submitted With Diagnosis Code V801 Or Z135
20865	Pricing	Informational	Revenue Code 770 Require Certain HCPCS Codes and TOBs
20870	Pricing	Informational	Revenue Code 770 Or 520 Require Certain HCPCS Codes and TOBs
20875	Pricing	Informational	Procedure Code Q0092, R0070 Or R0075 Should Be Billed With Procedure Codes 70000 – 79999
20880	Pricing	Informational	Procedure Code P9603 Or P9604 Requires Procedure Code P9610, P9615, Q0162, 36415,G0001, P9612 Or 36600
20885	Pricing	Informational	PET SCAN Procedures Should Be Billed With Tracer Procedures
20890	Pricing	Informational	Procedure Codes G0344, G0366, G0367, And G0368 Not Billed on TOB 12X,13X, 22X, 71X, 73X, Or 85X

2090 Pricing Informational Facer Procedure Codes 2091 Pricing Reject Invalid Screening Electrocardiogram (EKG) - HCPCS Code / TOB Conflict 2091 Pricing Informational Invalid Screening Electrocardiogram (EKG) - HCPCS Code / TOB Conflict 2091 Pricing Informational Invalid Screening Electrocardiogram (EKG) - HCPCS Code G0403 2093 Pricing Informational Invalid Screening Electrocardiogram (EKG) - HCPCS Code G0403 20930 Pricing Informational Invalid Screening Electrocardiogram (EKG) - HCPCS Code G0403 20930 Pricing Informational Outpatient - Specific HCPCS Codes Require Specific TOBs - Flu Demo Not Applicable 20940 Pricing Informational Modifier As Sistant Surgeon Claim Should Not Be Priced - HCPCS/Code Payment Policy Indicator Equals 9 20945 Pricing Informational Modifier As Should Be Billed With Modifiers 80, 81 Or 82 20955 Pricing Reject Outpatient Claim Requies D05 For Revenue Code 57X 20960 Pricing Informational Modifier - Occurrence Code Conflict 20960 Pricing Informational Revenue Code 0634 / 0635 Cannot Be Billed Part Of This TOB Pricing Informational Revenue Code 0634 Cannot Be Billed Part Of This TOB Pricing Informational Revenue Code 0643 Cannot Be Billed Part Of This TOB Pricing Informational Revenue Code 0643 Cannot Be Billed Part Of This TOB Pricing Informational Revenue Code 0643 Cannot Be Billed Part Of This TOB Pricing Informational Revenue Code 0643 Cannot Be Billed Part Of This TOB Pricing Informational Revenue Code 0643 Cannot Be Billed Part Of This TOB Pricing Reject Note Pricing Reject Revenue Code 0644 Cannot Be Billed Part Of This TOB Pricing Reject Revenue Code 0645 Cannot Be Billed Part Of This TOB Pricing Reject Revenue Code 0645 Cannot Be Billed Part Of This TOB Pricing Reject Revenue Code 0645 Cannot Be Billed Part Of This TOB Pricing Reject Revenue Code 0645 Cannot Be Billed Part Of This TOB Pricing Reject Revenue Code 0645 Cannot Be Billed Part Of This TOB Pricing Revenue Code 0645 Cannot Be Billed Part Of This TOB Pricing Revenue Code 0645 Cannot Be Billed Part Of This TOB Pricing Reve	EDIPPS	EDIPPS Edit	EDIPPS Edit	
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Pricing   Informational   E. & M. Service Conflict With Preventive Service   1000	20895	Pricing	Informational	PET SCAN Procedure Codes and Modifiers Should Be Billed With
Pricing   Reject   Informational   Procedure G9140 Present With Additional Services   Informational   Procedure G9140 Present With Additional Services   Informational   Inf	20000		lufa ma ati a nal	
20910 Pricing Informational Invalid Revenue Code For TOB  20920 Pricing Informational Invalid Revenue Code For TOB  20930 Pricing Informational Dutpatient - Revenue 0270 and Specific TOBs Require Specific HCPCS  20940 Pricing Informational CAH - Assistant Surgeon Claim Should Not Be Priced - HCPCS/CPT Code Payment Policy Indicator Equals 9  20945 Pricing Informational Modifier AS Should Be Billed With Modifiers 80, 81 Or 82  20955 Pricing Reject Outpatient Claim Requies DOS For Revenue Code 57X  20960 Pricing Informational Modifier - Cocurrence Code Conflict  20960 Pricing Informational Revenue Code 0634 / 0635 Cannot Be Billed Part Of This TOB Revenue Code Pricing Informational Revenue Code 0634 / 0635 Cannot Be Billed Part Of This TOB Pricing Informational Revenue Code 0636 Cannot Be Billed Part Of This TOB Pricing Informational Revenue Code 0636 Cannot Be Billed Part Of This TOB Pricing Informational Revenue Code 0636 Cannot Be Billed Part Of This TOB Pricing Informational Revenue Code 0636 Cannot Be Billed Part Of This TOB Pricing Informational Revenue Code 0636 Cannot Be Billed Part Of This TOB Pricing Reject Provider Not Eligible For This TOB Pricing Informational Pricing Reject One Not Found On File Pricing Informational Pricing Reject One Not Found On File Pricing Informational Pricing Reject One Not Allowed For FOHC  20095 Pricing Informational Informational Pricing Reject One Not Found On File Pricing Reject One Not Pricing Reject One Not Found On File Pricing Reject One Not Pricing	20900	Pricing	Informational	
20915   Pricing   Informational   Invalid Revenue Code For TOB		Pricing	-	Conflict
20930   Pricing   Reject   Invalid Screening Electrocardiogram (EKG) - HCPCS Code G0403			+	
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Pricing   Informational   HCPCS   Outpatient - Specific HCPCS Codes Require Specific TOBs - Flu   Demo Not Applicable   CAH - Assistant Surgeon Claim Should Not Be Priced - HCPCS/CPT Code Payment Policy Indicator Equals 9   HCPCS/CPT Code Payment Policy Indicator Equals 9   Pricing   Informational   Modifier AS Should Be Billed With Modifiers 80, 81 Or 82   20955   Pricing   Reject   Outpatient Claim Requise DOS For Revenue Code 57X   20960   Pricing   Informational   Revenue Code 0634 / 0635 Cannot Be Billed Part Of This TOB   100   Pricing   Informational   Revenue Code 0636 Cannot Be Billed Part Of This TOB   20970   Pricing   Reject   Provider Not Eligible For This TOB   100   Pricing   Reject   Provider Not Eligible For This TOB   20980   Pricing   Reject   Provider Not Eligible For This TOB   20990   Pricing   Reject   Provider Not Eligible For This TOB   20990   Pricing   Reject   Ambulance HCPCS Code Not Allowed For FQHC   20090   Pricing   Informational   HCPCS Code Not Allowed For FQHC   20090   Pricing   Informational   HCPCS Code Not Allowed For FQHC   20090   Pricing   Informational   Untrained HCPCS Code Not Allowed For FQHC   20090   Pricing   Informational   Untrained HCPCS Code Not Allowed For FQHC   20090   Pricing   Informational   Untrained HCPCS Code Not Allowed For FQHC   20090   Pricing   Informational   Revenue Code 0381, 0382 With Covered Charges But Blood Furnished Is Zero   20090   Pricing   Reject   20090   Pricing   20090   Pricing   Reject   20090   Pricing   20090	20920	Pricing	Reject	Invalid Screening Electrocardiogram (EKG) - HCPCS Code G0403
Demo Not Applicable	20930	Pricing	Informational	
Description	20935	Pricing	Informational	
20955 Pricing Informational Revenue Code 034 / 0635 Cannot Be Billed Part Of This TOB 20970 Pricing Informational Revenue Code 0634 / 0635 Cannot Be Billed Part Of This TOB 20975 Pricing Informational Revenue Code 0636 Cannot Be Billed Part Of This TOB 20975 Pricing Informational Revenue Code 0942 Cannot Be Billed Part Of This TOB 20980 Pricing Reject Provider Not Eligible For This TOB 20985 Pricing Informational Covered And Non-Covered Charges Present 20990 Pricing Reject Ambulance HCPCS Code Not Found On File 20995 Pricing Informational Outpatient - Revenue Code 0381, 0382 With Covered Charges Present 20090 Validation Informational Outpatient - Revenue Code 0380, 0381, 0382 With Covered Charges 20090 Validation Informational Blood Units Not Equal To Replaced Blood Units 20010 Validation Informational Revenue Code 0380, 0381, 0382 With Covered Charges 20090 Validation Informational Revenue Code 0380, 0381, 0382 With Covered Charges But Blood Furnished Is Zero 20090 Validation Informational Revenue Code 0561 And 0562 Present On The Claim 20090 Validation Informational Revenue Code 0562 Not Present As The First On The Claim 20090 Validation Informational Revenue Code 0562 Not Present As The First On The Claim 20090 Validation Informational 20090 Pricing Informational 20090 Validation Informational 20090 Validatio	20940	Pricing	Informational	CAH - Assistant Surgeon Claim Should Not Be Priced -
Pricing   Informational   Modifier - Occurrence Code Conflict	20945	Pricing	Informational	Modifier AS Should Be Billed With Modifiers 80, 81 Or 82
20965   Pricing   Informational   Revenue Code 0634 / 0635 Cannot Be Billed Part Of This TOB	20955	Pricing	Reject	Outpatient Claim Requies DOS For Revenue Code 57X
20970   Pricing   Informational   Revenue Code 0636 Cannot Be Billed Part Of This TOB	20960	Pricing	Informational	Modifier - Occurrence Code Conflict
20975   Pricing   Informational   Revenue Code 0942 Cannot Be Billed Part Of ThIs TOB	20965	Pricing	Informational	Revenue Code 0634 / 0635 Cannot Be Billed Part Of This TOB
20980   Pricing   Reject   Provider Not Eligible For This TOB	20970	Pricing	Informational	Revenue Code 0636 Cannot Be Billed Part Of This TOB
20985PricingInformationalCovered And Non-Covered Charges Present20990PricingRejectAmbulance HCPCS Code Not Found On File20995PricingInformationalHCPCS Code Not Allowed For FQHC21005ValidationInformationalOutpatient - Revenue Code 0381, 0382 With Covered Charges21010ValidationInformationalBlood Units Not Equal To Replaced Blood Units21015ValidationInformationalOutpatient - Revenue Code 0380, 0381, 0382 With Covered Charges But Blood Furnished Is Zero21020ValidationInformationalConflict With Revenue Codes 0381 And 0382 With Blood Not Replaced21025ValidationInformationalRevenue Code 0561 And 0562 Present On The Claim21030ValidationInformationalRevenue Code 0562 Not Present As The First On The Claim21035ValidationRejectNon-Private Room Charges / Accomodation Rate Is Not a Whole Number21040ValidationInformationalOccurrence Code 11 Not Present Not Present With Revenue Codes 42X, 43X, 44X or 94321045ValidationInformationalOccurrence Code 35 Not Present With Revenue Codes 42X, 43X, or 44X21050ValidationInformationalRevenue Code Not Valid For TOB Sumbitted21060PricingInformationalRevenue Code Not Valid For TOB Sumbitted21065ValidationInformationalRevenue Code 917 Requires Specific HCPCS Codes21070ValidationInformationalRevenue Code 917 Requires Specific HCPCS Codes21075ValidationI	20975	Pricing	Informational	Revenue Code 0942 Cannot Be Billed Part Of This TOB
20990PricingRejectAmbulance HCPCS Code Not Found On File20995PricingInformationalHCPCS Code Not Allowed For FQHC21005ValidationInformationalOutpatient - Revenue Code 0381, 0382 With Covered Charges21010ValidationInformationalBlood Units Not Equal To Replaced Blood Units21015ValidationInformationalOutpatient - Revenue Code 0380, 0381, 0382 With Covered Charges But Blood Furnished Is Zero21020ValidationInformationalRevenue Code 0361 And 0382 With Blood Not Replaced21025ValidationInformationalRevenue Code 0561 And 0562 Present On The Claim21030ValidationInformationalRevenue Code 0562 Not Present As The First On The Claim21035ValidationRejectNon-Private Room Charges / Accomodation Rate Is Not a Whole Number21040ValidationInformationalOccurrence Code 11 Not Present Not Present With Revenue Codes 42X, 43X, 44X Or 94321045ValidationInformationalOutpatient - Value Code 50 Is Not Present With Revenue Codes 42X, 43X, 0r 44X21050ValidationInformationalRevenue Code Not Valid For TOB Sumbitted21060PricingInformationalCannot Determine If Non-Covered Charges Are For Private Room Differential, N/C Days Or Both21065ValidationInformationalRevenue Code 917 Requires Specific HCPCS Codes21070ValidationInformationalSpecific Revenue Codes Require Specific HCPCS Codes21075ValidationInformationalUnits Equal To 0 Or Greater Than 4 F	20980	Pricing	Reject	Provider Not Eligible For This TOB
20995PricingInformationalHCPCS Code Not Allowed For FQHC21005ValidationInformationalOutpatient - Revenue Code 0381, 0382 With Covered Charges21010ValidationInformationalBlood Units Not Equal To Replaced Blood Units21015ValidationInformationalOutpatient - Revenue Code 0380, 0381, 0382 With Covered Charges But Blood Furnished Is Zero21020ValidationInformationalConflict With Revenue Codes 0381 And 0382 With Blood Not Replaced21025ValidationInformationalRevenue Code 0561 And 0562 Present On The Claim21030ValidationInformationalRevenue Code 0562 Not Present As The First On The Claim21035ValidationRejectNon-Private Room Charges / Accomodation Rate Is Not a Whole Number21040ValidationInformationalOccurrence Code 11 Not Present Not Present With Revenue Codes 42X, 43X, 44X Or 94321045ValidationInformationalOccurrence Code 35 Not Present With Revenue Codes 42X, 43X, or 44X21050ValidationInformationalRevenue Code 50 Is Not Present With Revenue Codes 42X, 43X, Or 44X21055ValidationInformationalRevenue Code Not Valid For TOB Sumbitted21060PricingInformationalRevenue Code 917 Requires Specific HCPCS Codes21070ValidationInformationalRevenue Code 917 Requires Specific HCPCS Codes21075ValidationInformationalSpecific Revenue Codes Require Specific HCPCS Codes21075ValidationInformationalValidationInformational </td <td>20985</td> <td>Pricing</td> <td>Informational</td> <td>Covered And Non-Covered Charges Present</td>	20985	Pricing	Informational	Covered And Non-Covered Charges Present
21005   Validation   Informational   Outpatient - Revenue Code 0381, 0382 With Covered Charges	20990	Pricing	Reject	Ambulance HCPCS Code Not Found On File
21010   Validation   Informational   Blood Units Not Equal To Replaced Blood Units	20995	Pricing	Informational	HCPCS Code Not Allowed For FQHC
Validation   Informational   Outpatient - Revenue Code 0380, 0381, 0382 With Covered Charges But Blood FurnIshed Is Zero   Conflict With Revenue Codes 0381 And 0382 With Blood Not Replaced	21005	Validation	Informational	Outpatient - Revenue Code 0381, 0382 With Covered Charges
21015	21010	Validation	Informational	Blood Units Not Equal To Replaced Blood Units
Validation   Informational   Conflict With Revenue Codes 0381 And 0382 With Blood Not Replaced	21015	Validation	Informational	
Validation   Informational   Revenue Code 0561 And 0562 Present On The Claim	21020	Validation	Informational	Conflict With Revenue Codes 0381 And 0382 With Blood Not
21035   Validation   Reject   Non-Private Room Charges / Accomodation Rate Is Not a Whole Number	21025	Validation	Informational	·
Validation   Informational   Occurrence Code 11 Not Present Not Present With Revenue Codes 42X, 43X, 44X Or 943	21030	Validation	Informational	Revenue Code 0562 Not Present As The First On The Claim
Validation   Informational   Occurrence Code 11 Not Present With Revenue Codes 42X, 43X, 44X Or 943	21035	Validation	Reject	
Validation   Informational   Codes 42X, 43X, 44X Or 943     21045   Validation   Informational   Occurrence Code 35 Not Present With Revenue Codes 42X, 43X, or 44X     21050   Validation   Informational   Outpatient - Value Code 50 Is Not Present With Revenue Codes 42X, 43X Or 44X     21055   Validation   Informational   Revenue Code Not Valid For TOB Sumbitted     21060   Pricing   Informational   Cannot Determine If Non-Covered Charges Are For Private Room Differential, N/C Days Or Both     21065   Validation   Informational   Revenue Code 917 Requires Specific HCPCS Codes     21070   Validation   Informational   Specific Revenue Codes Require Specific HCPCS Codes     21075   Validation   Informational   Non-Covered Charge Amount For Line Item Is Not Numeric Or Is Greater Than Total     21080   Validation   Informational   Units Equal To 0 Or Greater Than 4 For HCPCS Code 92543     21085   Validation   Informational   Revenue Code 975 Has Covered Charges Greater Than 0 But Has No Procedure Code Or Provider Information     21090   Validation   Informational   Claim Contains Conflicting HCPCS Codes				
Validation   Informational   43X, or 44X	21040	Validation	Informational	Codes 42X, 43X, 44X Or 943
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21060 Pricing Informational Cannot Determine If Non-Covered Charges Are For Private Room Differential, N/C Days Or Both  21065 Validation Informational Revenue Code 917 Requires Specific HCPCS Codes  21070 Validation Informational Specific Revenue Codes Require Specific HCPCS Codes  21075 Validation Informational Non-Covered Charge Amount For Line Item Is Not Numeric Or Is Greater Than Total  21080 Validation Informational Units Equal To 0 Or Greater Than 4 For HCPCS Code 92543  21085 Validation Informational Revenue Code 975 Has Covered Charges Greater Than 0 But Has No Procedure Code Or Provider Information  21090 Validation Informational Claim Contains Conflicting HCPCS Codes	21050	Validation	Informational	
Pricing   Informational   Room Differential, N/C Days Or Both	21055	Validation	Informational	Revenue Code Not Valid For TOB Sumbitted
21065ValidationInformationalRevenue Code 917 Requires Specific HCPCS Codes21070ValidationInformationalSpecific Revenue Codes Require Specific HCPCS Codes21075ValidationInformationalNon-Covered Charge Amount For Line Item Is Not Numeric Or Is Greater Than Total21080ValidationInformationalUnits Equal To 0 Or Greater Than 4 For HCPCS Code 9254321085ValidationInformationalRevenue Code 975 Has Covered Charges Greater Than 0 But Has No Procedure Code Or Provider Information21090ValidationInformationalClaim Contains Conflicting HCPCS Codes	21060	Pricing	Informational	_
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21085 Validation Informational Has No Procedure Code Or Provider Information 21090 Validation Informational Claim Contains Conflicting HCPCS Codes	21080	Validation	Informational	
21090 Validation Informational Claim Contains Conflicting HCPCS Codes	21085	Validation	Informational	_
	21090	Validation	Informational	
E LOUIZA E MANGAMBAL E GOGGOGOMBARIO HAMALLONGOM OU WINDE LINE WUNDELDIE DE CONTRACTOR	21095	Validation	Informational	Non-Billable Revenue Code With Covered Charges

EDIPPS Edit#	EDIPPS Edit Category	EDIPPS Edit Disposition	EDIPPS Edit Error Message
21100	Validation	Informational	Revenue Code Present But Covered Charges Not Equal To 0
21105	Validation	Informational	Covered And Total Charges Equal 0
21110	Validation	Informational	Specific TOBs Require Specific Revenue, Diagnosis And HCPCS Codes
21115	Validation	Informational	HCPCS Q0092 Is Present But Revenue Codes R0070 And R0075 Are Missing
21120	Validation	Informational	Revenue Code 403 Requires Specific HCPCS Codes
21125	Validation	Informational	Revenue Code 450 Billed With Covered Charges - Certain Revenue Codes Cannot Be Present
21130	Validation	Informational	Modifier TQ Or QL Is Present On Claim Line Without Non- Covered Charges
21135	Validation	Informational	Outpatient Claim HCPCS Codes Are Not Allowed With TOBs
21140	Validation	Informational	Missing Or Not Within Header Service Dates
21145	Validation	Reject	Claim To Date Is Greater Than Provider Termination Date
21150	Validation	Reject	Claim Date Is Outside Of Provider Participation Date
21155	Validation	Informational	Modifier EY Is Present On Line With Total Covered Charges As 0
21620	Pricing	Informational	Inpatient - Revenue Codes Billed For More Than 2 Units
21630	Pricing	Informational	Covered Charges are Greater Than 0 For An After A3 Occurrence Code Date
21635	Pricing	Informational	Invalid Occurrence Code 74 Span Dates For Revenue Code 18X
21640	Pricing	Informational	Occurrence Code 74, 76, 77 Or 79 Are Not Allowed With Covered Charges Greater Than 0
21650	Validation	Informational	HCPCS G Code Vs AdminIstration Fee Conflict
21655	Validation	Informational	Modifier - Reason Code Conflict
21660	Validation	Informational	Modifier TS Is Present On Claim Line With Covered Charges Equal To Total Charges
21705	Validation	Informational	Claim Does Not Contain Line 0001 With Monetary Data
21710	Validation	Informational	Missing Revenue Codes
21725 21730	Validation Validation	Informational Informational	Frequency Code 8 Requires Traction Code C  Adjustment Claim With Frequency Code Of 7 Or P Does Not Contain Transact Type 'D'
21745	Validation	Informational	Non-Numeric Reimbursement Amount
21750	Validation	Informational	Required Number Of Occurrence Code 74 On The Claim
21780	Validation	Informational	PPS System Returns An Error – Invalid Number Of Covered Days
21790	Validation	Informational	PPS Pricer Code Return Equals 52
21795	Validation	Informational	PPS Pricer Code Return Equals 55 And Discharge Date Conflicts
21800	Validation	Informational	Provider Record Must Have A Reimbursement Method Of 'P' For Outpatient Precalc Claim
21805	Validation	Informational	Cross Reference Claim Is Not in a Final Location (I.E. B9997, B9998 Or B75XX)
21810	Validation	Reject	Non PPS In-Patient Claim With Conflicts in Admission Dates
21815	Validation	Reject	Claim With Condition Code 20 And Conflicting History
21820	Validation	Informational	Covered Days In Inpatient , SNF Or Swing Bed Claims
21825	Validation	Informational	Coinsurance Rate For Life Time Reserve Days Is Exceeded
25000	NCCI	Informational	Correct Code Initiative Error
98323	Duplicate	Reject	Duplicate Inpatient Claims
98324	Duplicate	Reject	Duplicate Outpatient Claims
98325	Duplicate	Reject	Claim Is an Exact Duplicate Of a Previously Priced Claim