

CMS Encounter Data Institutional and Pricing System (EDIPPS) Proposed Edits

EDIPPS Edit#	EDIPPS Edit Category	EDIPPS Edit 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
00080	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

EDIPPS Edit#	EDIPPS Edit Category	EDIPPS Edit Disposition	EDIPPS Edit Error Message
17070	Conflict	Reject	Type Of Bill - TOB 11X Or 18X Conflict With Admitting Diagnosis
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 - SNF Must Have Condition Code 40
17090	Conflict	Reject	Type Of Bill - RHC Conflict With Revenue Code
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 - TOB 11X, 18X, Or 21X Requires Patient Status
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 - 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	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 - 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
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 - 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
17419	Validation	Reject	Procedure - HCPCS Code 93797 Or 93798 With Invalid Units

EDIPPS Edit#	EDIPPS Edit Category	EDIPPS Edit Disposition	EDIPPS Edit Error Message
17420	Validation	Informational	Procedure - AMCC Test And Missing Modifier
17421	Validation	Informational	Procedure - Diagnosis Code V707 Missing
17425	Validation	Informational	Procedure - HCPCS Code With Invalid Modifier MS
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
17570	Validation	Reject	Value Code - Code 5 Incompatible With Associated Amount and 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 Amount
17595	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 - Date Conflicts
17635	Validation	Reject	Occurrence Span Code - Conflict With Admission Date
17640	Validation	Reject	Occurrence Span Code - Overlapping Dates
17645	Conflict	Reject	Occurrence - Code 72 With Invalid Dates
17650	Validation	Reject	Occurrence - Code Not In Remarks
17660	Validation	Informational	Charges - Total Charge Is 0
17665	Validation	Informational	Charges - Bundled Services Not Payable
17670	Validation	Informational	Replacement Of Oxygen Equipment Invalid
17675	Reference	Informational	DMEH - Invalid Use Of Modifier And HCPCS Code
17730	Validation	Informational	Modifier CD, CE, Or CF Cannot Be Billed With HCPCS Code
17735	Validation	Reject	Modifier - Not Within Effective Date
17740	Validation	Reject	Modifier GZ Incompatible With TOB
17745	Validation	Reject	Modifier - Code Incompatible With Revenue Code
17750	Validation	Reject	Modifier GN, GO, And GP Combination Not Allowed
17755	Validation	Reject	Modifier GL, GY, Or TS Inconsistent With Charge
17760	Validation	Reject	Modifier GA Not Present
17765	Validation	Reject	Modifier GL Conflict With TOB Or Charge
17770	Validation	Reject	Modifier - Invalid Covered Charges
17775	Validation	Reject	Modifier GT Requires Diagnosis Code 96X, 97X Or 98X
17780	Validation	Informational	Modifier CD, CE Or CF Modifier With Invalid HCPCS Code
17785	Reference	Informational	Modifier MS Payment Not Allowed
17800	Validation	Reject	Patient Payment Amount Not Numeric
17802	Validation	Informational	Patient Payment Exceeds Total Charges
17805	Reference	Informational	Payment Made By Another Entity
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
17915	Validation	Reject	Covered Days - Amount Is Zero

EDIPPS Edit#	EDIPPS Edit Category	EDIPPS Edit 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
18280	Conflict	Reject	Revenue - Observation Revenue Code Conflict With HCPCS 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 Edit#	EDIPPS Edit Category	EDIPPS Edit 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 OPPTS
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

EDIPPS Edit#	EDIPPS Edit Category	EDIPPS Edit Disposition	EDIPPS Edit Error Message
20100	Validation	Informational	Occurrence Code 50 Billed On IRF Claim
20105	Validation	Informational	Occurrence Code 50 Billed On SNF Claim
20110	Validation	Informational	TOB 85X - Co-Surgeon Billing Error - Missing Modifier
20115	Validation	Informational	TOB 85X - Co-Surgeon Billing Error - Policy Indicator Is 0
20120	Validation	Informational	TOB 85X - Co-Surgeon Billing Error - Policy Indicator Is 9
20125	Validation	Informational	Outpatient HCPCS/Revenue Code Error
20130	Validation	Informational	HCPCS Code G0247 Submitted Without HCPCS Codes G0245 Or G0246
20135	Validation	Informational	HCPCS Code G0245, G0246 Or G0247 Requires Diagnosis Code 25060 - 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	Outpatient - Invalid HCPCS - Revenue Code Billed And/Or Missing Diagnosis Code
20160	Validation	Reject	Outpatient HCPCS Code Requires Diagnosis Code - Diabetes Screening
20165	Validation	Reject	Outpatient HCPCS Code Requires Diagnosis Code - Cardiovascular Screening
20170	Validation	Informational	Revenue Code / HCPCS Code Cannot Be Billed - HCPCS Code G0257 Is Required
20175	Validation	Informational	Bilateral Services Billed By CAH - Modifier 50
20180	Validation	Informational	Bilateral Services Have Been Billed By CAH - Modifier RT, LT
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	Total Charges Equal Non-Covered Charges And Span Code 79 Or M1 Present
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	Admission Date Is Greater Than Provider Cancellation Date
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	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 Date

EDIPPS Edit#	EDIPPS Edit Category	EDIPPS Edit Disposition	EDIPPS Edit Error Message
20300	Validation	Informational	Claim Coverage Date Is Greater Than 7/1/98; Provider Start Date Is Greater Than 7/1/98; And Revenue Code 022 Not Present
20305	Provider	Informational	Conditions For Provider Specific Record Must Be Present With 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 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 9999999991
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	Dignols 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

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20535	Pricing	Informational	Revenue Code 0451 Precludes Revenue Code 0450
20540	Pricing	Informational	Revenue Code 0452 Precludes Revenue Codes 0450, 0456, 0459
20545	Pricing	Informational	Revenue Code 0456 Precludes Revenue Codes 0450 And 0452
20550	Pricing	Informational	Revenue Code 0459 Precludes Revenue Codes 0450 And 0452
20555	Pricing	Informational	Revenue Code 0452 Requires Revenue Code 0451 With Non-Zero Charges
20560	Pricing	Informational	Specific HCPCS Codes Require Specific Revenue Codes
20565	Pricing	Reject	Certain HCPCS Codes Are Not Allowed For Male Beneficiaries
20570	Pricing	Informational	HCPCS Modifiers And Bypass Condition
20575	Pricing	Informational	FQHC Providers And Allowed HCPCS Codes
20580	Pricing	Informational	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 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	Informational	Valid TOBs For HCPCS G0102 And G0103
20610	Pricing	Reject	HCPCS G0102 And G0103 Require Male Beneficiary
20615	Pricing	Informational	Certain HCPCS Codes Require Units Equal To 1 When Charges Are Greater Than 0
20620	Conflict	Informational	Revenue Code And TOB Conflict
20625	Provider	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 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	HCPCS Code 0336 Must Have Specific Diagnosis Codes And Modifiers
20675	Conflict	Reject	Zip Code Mismatch
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 22X and 23X
20695	Conflict	Informational	Revenue Code 0964 Is Not Allowed By Method I Of CAH Providers
20700	Conflict	Informational	SNF Cannot 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
20740	Conflict	Informational	Modifiers AQ, AR, QB, QU Can Only Be Used With Professional Services

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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 to 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

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20895	Pricing	Informational	PET SCAN Procedure Codes and Modifiers Should Be Billed With Tracer Procedure Codes
20900	Pricing	Informational	E & M Service Conflict With Preventive Service
20905	Pricing	Reject	Invalid Screening Electrocardiogram (EKG) - HCPCS Code / TOB Conflict
20910	Pricing	Informational	Procedure G9140 Present With Additional Services
20915	Pricing	Informational	Invalid Revenue Code For TOB
20920	Pricing	Reject	Invalid Screening Electrocardiogram (EKG) - HCPCS Code G0403
20930	Pricing	Informational	Outpatient - Revenue 0270 and Specific TOBs Require Specific HCPCS
20935	Pricing	Informational	Outpatient - Specific HCPCS Codes Require Specific TOBs - Flu Demo Not Applicable
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 Reques DOS For Revenue Code 57X
20960	Pricing	Informational	Modifier - Occurrence Code Conflict
20965	Pricing	Informational	Revenue Code 0634 / 0635 Cannot Be Billed Part Of This TOB
20970	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	HCPCS Code Not Allowed For FQHC
21005	Validation	Informational	Outpatient - Revenue Code 0381, 0382 With Covered Charges
21010	Validation	Informational	Blood Units Not Equal To Replaced Blood Units
21015	Validation	Informational	Outpatient - Revenue Code 0380, 0381, 0382 With Covered Charges But Blood Furnlshed Is Zero
21020	Validation	Informational	Conflict With Revenue Codes 0381 And 0382 With Blood Not Replaced
21025	Validation	Informational	Revenue Code 0561 And 0562 Present On The Claim
21030	Validation	Informational	Revenue Code 0562 Not Present As The First On The Claim
21035	Validation	Reject	Non-Private Room Charges / Accomodation Rate Is Not a Whole Number
21040	Validation	Informational	Occurrence Code 11 Not Present Not Present With Revenue 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
21095	Validation	Informational	Non-Billable Revenue Code With Covered Charges

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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	Validation	Informational	Frequency Code 8 Requires Traction Code C
21730	Validation	Informational	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