TIBCO Foresight® EDISIM®

Error Message Numbers, Editing, and Management

Version 6.20.0

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Contents

Overview

Error number ranges in the tables below are generally followed.

Please note: TIBCO Foresight occasionally uses an error number in multiple guidelines when the meaning is the same. This avoids duplication and improves performance. TIBCO Foresight does not reuse an error number when the meaning changes.

If you re-use a TIBCO Foresight error number, it will be overwritten during upgrades.

If you re-use a customer error number, it will not be overwritten but will affect error statistics in TIBCO Foresight® Transaction Insight®.

Error Number Ranges Reserved for each Error Message File

Error number ranges reserved for each error message file		
Error Message File	**Used for …**	**Range**
FSAnErrs.txt	General EDI error messages. Editing these messages in FSAnErrs.txt has no effect. They are generated internally.	10000-29000 ACH Standards 29002-29101 (ACH Standards) 29102- 29201 (VDA Standards)
FSBRErrs.txt	HIPAA-specific testing that originates in TIBCO Foresight-distributed business rules. Editing FSBRErrs.txt is not advised. For directions on how to change messages in this range, see Changing Validation Messages on page 11.	17000 -29000 (XML) 30000-35700 36001-38700 40000-59999 90000-95899
CustomerFSBRERRS.TXT	Your own custom messages. See **BusinessRules.pdf** if you want to create new messages.	32000-32999 60000 to 60999
CompanionFSBRERRS.txt	Error messages used for HIPAA public companion guides (see **Guideline_Reference_Manual.pdf**) and Medicare guidelines.	61000-99999
ErrMsgTrans.txt	HIPAA only. Alternate wording of messages; Includes COBA dispute codes at the end of the messages (see COBA Dispute Codes chart on page 10).	

Error Numbers Ranges Reserved Within FSBRerrs.txt

Error numbers ranges reserved within FSBRerrs.txt			
Transaction	**X12-4010 Range**	**X12-4050 Range**	**X12-5010 Range**
Any transaction Default messages (if you don't specify your own message in a business rule)	10000-29201		
Any transaction Data Swapper messages	31073-31993		
Internal Error Numbers (Misc)	31081-31989		
Any transaction External system message	31992		
269	*n/a*	*n/a*	44200-44499
270/271	35101-35400 38101-38400		43600-43899 45700-45799
274	*n/a*	*n/a*	44500-44799
275	*n/a*	40300-40599	45500-45699 48619-48818 (275-X314) 48819-49018 (275-X316)
276 277	34801-34999 35000-35100 37801-37999 38000-38100	40000-40299 (277)	43300-43599 45800-45899 (277CA) 49019-49218 (277-X313)
278	34501-34800 37501-37800 (RP and RQ)	*n/a*	43000-43299 (X217Q-X217R) 48000-48299 (X215I-X215R) 48300-48599 (X216A-X216N)
820	35401-35700 38401-38700	*n/a*	43900-44199
820-X306 Health Insurance Exchange: Related Payment	*n/a*	*n/a*	46100-46199
820 Centers for Medicare & Medicaid Services (CMS) Health Care Exchange Companion Guideline (5010-HIX-820X306)	*n/a*	*n/a*	46800-47099
824	*n/a*	45900-45999	44800-45099
834	34201-34500 37201-37500	*n/a*	42700-42999
834-X307 Health Insurance Exchange: Enrollment	*n/a*	*n/a*	46200-46499

Error numbers ranges reserved within FSBRerrs.txt			
Transaction	**X12-4010 Range**	**X12-4050 Range**	**X12-5010 Range**
834 CMS Health Care Exchange Companion Guideline (5010-HIX-834X220)	*n/a*	*n/a*	46500-46799
835	30901-30999 34000-34200 36901-36999 37000-37200	*n/a*	42400-42699
837 Dental	30601-30900 36601-36900	*n/a*	41800-42399
837 Institutional	30012-30015, 30017 30301-30600 36301-36600	*n/a*	41200-41799
837 Professional	30000-30300 (not 30012-30015, 30017) 36001-36300	*n/a*	40600-41199 46000-46049
	31031-31070 CCI		
999	*n/a*	*n/a*	45100-45399 (5010 X231)
NCPDP3.0 Medicaid Subrogation	45400-45499		
820-X306 Health Insurance Exchange: Related Payment	*n/a*	*n/a*	46100-46199
834-X307 Health Insurance Exchange: Enrollment	*n/a*	*n/a*	46200-46499
834 Centers for Medicare & Medicaid Services (CMS) Health Care Exchange Companion Guideline	*n/a*	*n/a*	46500-46799
5010-HIX-820X306 CMS Health Care Exchange	*n/a*	*n/a*	46800-47099
837-X298 (Professional Post Adjudication Claims Data Reporting)	*n/a*	*n/a*	47100-47399
837-X299 Institutional Post Adjudication Claims Data Reporting	*n/a*	*n/a*	47400-47699
837-X300 Dental Post Adjudication Claims Data Reporting	*n/a*	*n/a*	47700-47999
HDMA-4010856	*n/a*	*n/a*	48600-48619
5010-834X318	*n/a*	*n/a*	49219-49418
5010-277DRAX364	*n/a*	*n/a*	49419-49519
Unused			49520-59999
CMS 276	*n/a*	*n/a*	90000 - 90199
CMS 277	*n/a*	*n/a*	90200 - 90399
CMS 277CA	*n/a*	*n/a*	90400 - 90599
Foresight Med B 837	*n/a*	*n/a*	91000-91499
Foresight Med A 837	*n/a*	*n/a*	95100-95499

Error numbers ranges reserved within FSBRerrs.txt			
Transaction	**X12-4010 Range**	**X12-4050 Range**	**X12-5010 Range**
5010-MEDICAREB.std (DME-CEDI-MedB-837P)	*n/a*	*n/a*	95500-95599
5010-MedicareB.std (EDS-MedB-837P)	*n/a*	*n/a*	95600-95749
5010-MedicareA.std (EDS-MedA-837I)	*n/a*	*n/a*	95750-95899
XML	17000 -29000 (no versions)		

Error Numbers Ranges in Numeric Order

Error numbers ranges in numeric order				
Number	**Assigned to …**	**FSAnErrs**	**FSBRErrs**	**Other**
10000-16999	Back-end error messages	✓		messages are generated internally
17000 -29000	XML-specific back-end error messages	✓		messages are generated internally
29002-29101	ACH Standards	✓		messages are generated internally
29102- 29201	VDA Standards	✓		messages are generated internally
30000-30300	837P (4010)		✓	
30301-30600	837I (4010)		✓	
30601-30900	837D (4010)		✓	
30901-30999	835 (4010)		✓	
31000-31030	unused		✓	
31031-31070	837P CCI – all versions		✓	
31071-31072	unused		✓	
31073-31993	Data Swapper messages		✓	
31081-31989	Internal error numbers (Misc)		✓	
31992	External system message		✓	
31994-31999	unused		✓	
32000-33999	Customer-created error messages			CustomerFSBRERRS.txt
34000-34200	835 (4010)		✓	
34201-34500	834 (4010)		✓	
34501-34800	278 (4010 RP and RQ)		✓	
34801-35100	276 277 (4010)		✓	
35101-35400	270/271 (4010)		✓	
35401-35700	820 (4010)		✓	
35701-36000	unused		✓	
36001-36300	837P (4010)		✓	
36301-36600	837I (4010)		✓	
36601-36900	837D (4010)		✓	
36901-37200	835 (4010)		✓	
37201-37500	834 (4010)		✓	
37501-37800	278 (4010 RP and RQ)		✓	
37801-38100	276 277 (4010)		✓	
38101-38400	270/271 (4010)		✓	
38401-38700	820 (4010)		✓	
38701-39999	unused		✓	
40000-40299	277 (4050)		✓	
40300-40599	275 (4050)		✓	
40600-41199	837P (5010)		✓	Also see 46000-46049

Error numbers ranges in numeric order				
Number	**Assigned to …**	**FSAnErrs**	**FSBRErrs**	**Other**
41200-41799	837I (5010)		✓	
41800-42399	837D (5010)		✓	
42400-42699	835 (5010)		✓	
42700-42999	834 (5010)		✓	
43000-43299	278 (5010 X217Q-X217R)		✓	
43300-43599	276 (5010) 277		✓	
43600-43899	270/271 (5010)		✓	
43900-44199	820 (5010)		✓	
44200-44499	269 (5010)		✓	
44800-45099	824 (5010)		✓	
44500-44799	274 (5010)		✓	
45100-45399	999 (5010 X231)		✓	
45400-45499	NCPDP3.0 Medicaid Subrogation		✓	
45500-45699	275 (5010)		✓	
45700-45799	270/271 (5010)		✓	
45800-45899	277CA-X214		✓	
45900-45999	824-X166 (4050)		✓	
46000-46049	837P (5010)		✓	Also see 40600-41199
46050-46099	unused			
46100-46199	820-X306 Health Insurance Exchange: Related Payment		✓	
46200-46499	834-X307 Health Insurance Exchange: Enrollment		✓	
46500-46799	834 Centers for Medicare & Medicaid Services (CMS) Health Care Exchange Companion Guideline		✓	
46800-47099	5010-HIX-820X306 CMS Health Care Exchange		✓	
47100-47399	837-X298 Professional Post Adjudication Claims Data Reporting		✓	
47400-47699	837-X299 Institutional Post Adjudication Claims Data Reporting		✓	
47700-47999	837-X300 Dental Post Adjudication Claims Data Reporting		✓	
48000-48299	278 (5010 X215I-X215R)		✓	
48300-48599	278 (5010 X216A-X216N)		✓	
48600-48619	HDMA-4010856		✓	
48619-48818	275-X314		✓	
48819-49018	275-X316		✓	

Error numbers ranges in numeric order				
Number	**Assigned to …**	**FSAnErrs**	**FSBRErrs**	**Other**
49019-49218	277-X313		✓	
49219-49418	5010-834X318		✓	
49419-49519	5010-277DRAX364		✓	
49520-59999	unused			
60000 - 60999	Customer-created error messages			CustomerFSBRERRS.txt
61000-89999	Public companion documents			CompanionFSBR-ERRS.txt
90000 - 90199	CMS 276		✓	
90034 - 90200	MCare			CompanionFSBR-ERRS.txt
90200 - 90399	CMS 277		✓	
90201-90212	5010-MEDICARE-277X212		✓	
90213-90399	MCare			CompanionFSBR-ERRS.txt
90400-95099	CMS 277A		✓	
91000- 91499	Medicare B 837 5010		✓	
	Public companion documents			CompanionFSBR-ERRS.txt
95100-95499	Medicare A 837 5010		✓	
95500-95599	DME-CEDI-MedB-837P		✓	
95600-95749	EDS-MedB-837P		✓	
95750-95899	EDS-MedA-837I		✓	

HIPAA COBA Dispute Codes/Response Generator COBA Claims Dispute Report

Note: HIPAA customers only.

When TIBCO Foresight adds new error messages to base guidelines they are typically assigned a COBA value of 000700 – HIPAA error. The assigned value, (000700) is set in the **ErrMsgTrans.txt** file found in TIBCO Foresight® HIPAA Validator® Desktop or TIBCO Foresight® Instream®'s Bin directory, which contains HIPAA-specific error text for Response Generator, Document Splitter, and Transaction Insight®.

You can update the COBA dispute code assigned to a message or otherwise alter the contents of this file by using a text editor tool to modify ErrMsgTrans.txt. The COBA dispute code appears at the end of the message entry:

```
30012    The Procedure Code #FS_FindCodeValue# has been used
more than once.      When using more than one procedure code,
they should each be unique.
   000700
```

You can use Response Gen to create a custom report using COBA custom report variables, for example ErrMsg_COBA, which generates a report containing assigned COBA Dispute Codes.

For an example of this type of report, see V_RG_837I_4010_997_COBA.bat in the Instream® scripts folder.

The following list contains COBA codes that can be assigned to error messages.

HIPAA COBA Dispute Codes Response Generator COBA claims dispute report	
Code	**Meaning**
000100	Duplicate claim
000110	Duplicate claim (within the same ISA-IEA)
000120	Duplicate claim (within the same ST-SE)
000200	Reserved for future use
000300	Beneficiary not on eligibility file
000310	Beneficiary record in transition
000400	Reserved for future use
000500	Incorrect claim count
000600	Claim does not meet selection criteria
000700	HIPAA error
009999	Other

Changing Validation Messages

Overview

HIPAA Validator® Desktop and Instream users can change the wording of any TIBCO Foresight-supplied validation error message that has a number of 30000 and above.

For information on how to create *entirely new* messages and create rules to use them, see **BusinessRules.pdf**.

This procedure is for advanced users who are familiar with:

- HIPAA Validator Desktop or Instream
- The EDI guidelines for which the codes are to apply.

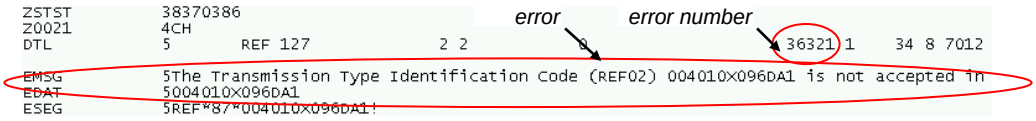
When working with validation messages, you will need:

- HIPAA Validator Desktop or Instream
- TIBCO Foresight® EDISIM® 5.1 or later if you want to create new rules that trigger new messages

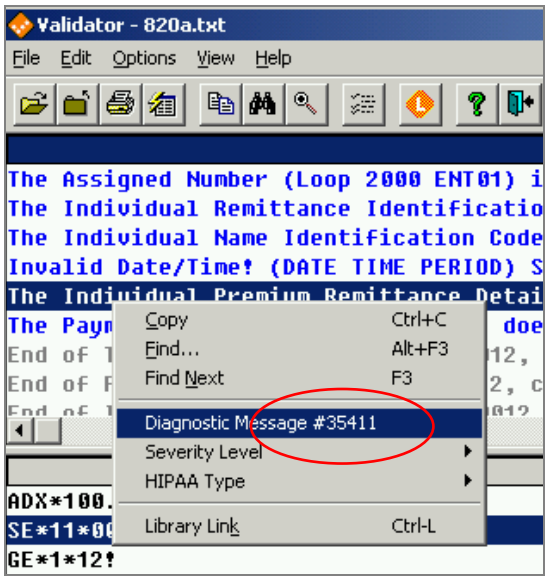
  If you only want to change the wording of existing messages, you do not need EDISIM®.

Determining the Error Number

To determine the error's number in Instream, find the error text in the detail results file and then look for the error number in the corresponding DTL record.



To determine the error's number in HIPAA Validator Desktop, right-click on the error in the top pane and note the Diagnostic Message #:



Your Customer Error Message File

The default name for your own error message file is **CustomerFSBRERRS.TXT.** This is set up by this line in your $Dir.ini (Windows) or fsdir.ini (UNIX) file in Instream's Bin directory:

```
ERRMSGFILE3 = "@\bin\CustomerFSBRERRS.TXT"
```

To use another filename, change this line and then copy CustomerFSBRERRS.TXT to the filename that you are using.

Changing the Text of an Error Message

1. Look at the format of the error messages in **FSBRErrs.txt** in Instream's or HIPAA Validator Desktop's Bin directory.

   Each error message is on a separate line.

   Each line starts with the number, then a *Tab*, then the text to be displayed during validation.

2. Edit your own customer error message file when you want to override an existing TIBCO Foresight error message.

   Following the format you saw in FSBRErrs.txt, type the error number, a *Tab*, and the text that you wish to display for that error.

   ```
   30007  Please supply a Claim Filing Indicator…
   ```
   Tab ↗

   Do not use any special characters such as exclamation marks, except the pound sign around variables. You can see examples in FSBRErrs.txt, like this one:

   ```
   The modifier code #FS_FindCodeValue# was not found in Code Table
   #FS_FindCodeList#
   ```

You can rearrange the order of the variables within a message, like this:

```
Code Table #FS_FindCodeList# does not contain the modifier code
#FS_FindCodeValue#
```

3. If you want to override the text of another message, go to the next line and add the number, a *Tab*, and the desired text.

Appendix A - Retired Error Numbers

Error numbers retired after January 2013 are listed in this appendix.

When an error message is “retired” it means an edit has been removed or changed in such a way that the associated guideline no longer triggers the error number. The actual text for retired error numbers remains in the FSBRErrs.txt file. This is done so that Transaction Insight users are able to view error messages generated in past releases of the product.

Error Number	Text	Retired as of this date
40606	The Subscriber Secondary Reference Identification Code (Loop 2010BA, REF02) must match the pattern 123456789 and have a valid area code when the Reference Identification Qualifier (Loop 2010BA, REF01) is equal to SY Social Security Number.	5/12/2014
40791	The Billing Provider Reference Identification Code (Loop 2010AA, REF02) must match the pattern 123456789 with no special characters and have a valid area code (first three positions) and a valid group number (4-5 position) When the REF01 = SY.	5/12/2014
40820	The State or Province Code (Loop 2300, CLM11.04) is required when address is within the United States or Canada.	10/7/2014
40890	The Social Security number must be a string of exactly nine numbers with no separators and have a valid area code, first three digits, and valid group code, second two digits.	5/12/2014
40913	The Adjudication Service Line information does not balance. Formula used sum of Loop 2430 CAS adjustments, #S2430CASTotals# + Loop 2430 SVD02 Adjudication Line payment, #S2430SVD02Amt# = Loop 2400 SV102 Service Line amount, #S2400ServiceLineAmt#.	11/23/2015
40914	The Adjudication Service Line information does not balance. Formula used sum of Loop 2430 CAS adjustments, #P2430CASTotals# + Loop 2430 SVD02 Adjudication Line payment, #P2430SVD02Amt# = Loop 2400 SV102 Service Line amount, #P2400ServiceLineAmt#.	11/23/2015
41018	The Claim Adjustment Reason Code #FS_FindCodeValue#, was not valid on the Claim Check or Remittance Date #Current_Element#.	6/2/2015
41080	The Date-Accident segment (Loop, 2300, DTP) is only required when the Related-Causes Code (Loop 2300, CLM11.01 or CLM11.02) is equal to AA or OA. If not required, do not send.	2/28/2017
41083	The Subscriber Identification Code Qualifier and Identification Code (Loop 2010BA, NM108/NM109) are only required when the Entity Type Qualifier (Loop 2010BA, NM102) equals 1.	8/13/2019

Error Number	Text	Retired as of this date
41084	The Subscriber Identification Code Qualifier and Identification Code (Loop 2010BA, NM108/NM109) are required when the Entity Type Qualifier (Loop 2010BA, NM102) equals 1.	8/13/2019
41092	The HIPAA Guideline does not support dollar amounts greater than 10 characters, 8 characters to the left and two to the right of the decimal, including implied places after the decimal point. This provides a limit of 99999999.99.	10/4/2017
41140	The Date-Accident segment (Loop, 2300, DTP) is required when the Related-Causes Code (Loop 2300, CLM11.01 or CLM11.02) is equal to EM and either the OA or AA is also present in the CLM11. If not required, do not send.	2/28/2017
41141	The Date-Accident segment (Loop, 2300, DTP) is only required when the Related-Causes Code (Loop 2300, CLM11.01 or CLM11.02) is equal to EM and either the OA or AA is also present in the CLM11. If not required, do not send.	2/28/2017
41144	The HIPAA Rules do not support dollar amounts greater than 10 characters, 8 characters to the left and two to the right of the decimal, including implied places after the decimal point. This provides a limit of 99999999.99.	10/4/2017
41153	The Transaction Set Control Number (ST02) must be a unique number within an ISA-IEA.	9/10/2013
41195	The maximum length for the Drug Quantity (Loop 2410, CTP04), is 8 digits excluding the decimal. When a decimal is used, the maximum number of digits allowed to the right of the decimal is three.	9/14/2016
41234	The Social Security number must be a string of exactly nine numbers with no separators and have a valid area code, first three digits, and valid group code, second two digits.	5/9/2014
41291	The Demonstration Project Identifier (Loop 2300, REF) must not be sent when a demonstration project is not being billed or reported.	2/19/2014
41300	In order to fully describe an injury using ICD-10-CM (Loop 2300, HI), it is necessary to report a series of 3 external cause of injury code and at least three were not sent.	12/11/2015
41511	The Adjudication Service Line information does not balance. Formula used sum of Loop 2430 CAS adjustments, #S2430CASTotals# + Loop 2430 SVD02 Adjudication Line payment, #S2430SVD02Amt# = Loop 2400 SV203 Service Line amount, #S2400ServiceLineAmt#.	11/17/2015
41512	The Adjudication Service Line information does not balance. Formula used sum of Loop 2430 CAS adjustments, #P2430CASTotals# + Loop 2430 SVD02 Adjudication Line payment, #P2430SVD02Amt# = Loop 2400 SV203 Service Line amount, #P2400ServiceLineAmt#.	11/17/2015
41518	The Claim Adjustment Reason Code (CAS02) #FS_FindCodeValue#, was not valid on the Claim Check or Remittance Date #Current_Element#.	7/1/2015
41519	The Claim Adjustment Reason Code (CAS05) #FS_FindCodeValue#, was not valid on the Claim Check or Remittance Date #Current_Element#.	7/1/2015
41520	The Claim Adjustment Reason Code (CAS08) #FS_FindCodeValue#, was not valid on the Claim Check or Remittance Date #Current_Element#.	7/1/2015
41521	The Claim Adjustment Reason Code (CAS11) #FS_FindCodeValue#, was not valid on the Claim Check or Remittance Date #Current_Element#.	7/1/2015
41522	The Claim Adjustment Reason Code (CAS14) #FS_FindCodeValue#, was not valid on the Claim Check or Remittance Date #Current_Element#.	7/1/2015

Error Number	Text	Retired as of this date
41523	The Claim Adjustment Reason Code (CAS17) #FS_FindCodeValue#, was not valid on the Claim Check or Remittance Date #Current_Element#.	7/1/2015
41530	The Claim Adjustment Reason Code #FS_FindCodeValue#, was not valid on the Claim Check or Remittance Date #Current_Element#.	7/1/2015
41531	The Claim Adjustment Reason Code #FS_FindCodeValue#, was not valid on the Claim Check or Remittance Date #Current_Element#.	7/1/2015
41532	The Claim Adjustment Reason Code #FS_FindCodeValue#, was not valid on the Claim Check or Remittance Date #Current_Element#.	7/1/2015
41533	The Claim Adjustment Reason Code #FS_FindCodeValue#, was not valid on the Claim Check or Remittance Date #Current_Element#.	7/1/2015
41534	The Claim Adjustment Reason Code #FS_FindCodeValue#, was not valid on the Claim Check or Remittance Date #Current_Element#.	7/1/2015
41535	The Claim Adjustment Reason Code #FS_FindCodeValue#, was not valid on the Claim Check or Remittance Date #Current_Element#.	7/1/2015
41542	The Remark Code #Current_Element# was not valid on Claim Statement Date of #SStatementDate2#.	7/1/2015
41543	The Remark Code #Current_Element# was not valid on Claim Statement Date of #PStatementDate2#.	7/1/2015
41547	The Remark Code #Current_Element# was not valid on Claim Statement Date of #SStatementDate2#.	7/1/2015
41548	The Remark Code #Current_Element# was not valid on Claim Statement Date of #PStatementDate2#.	7/1/2015
41626	The HIPAA Rules do not support dollar amounts greater than 10 characters, 8 characters to the left and two to the right of the decimal, including implied places after the decimal point. This provides a limit of 99999999.99.	10/5/2017
41627	The HIPAA Rules do not support dollar amounts greater than 10 characters, 8 characters to the left and two to the right of the decimal, including implied places after the decimal point. This provides a limit of 99999999.99.	10/5/2017
41628	The HIPAA Rules do not support dollar amounts greater than 10 characters, 8 characters to the left and two to the right of the decimal, including implied places after the decimal point. This provides a limit of 99999999.99.	10/5/2017
41629	The HIPAA Rules do not support dollar amounts greater than 10 characters, 8 characters to the left and two to the right of the decimal, including implied places after the decimal point. This provides a limit of 99999999.99.	10/5/2017
41630	The HIPAA Rules do not support dollar amounts greater than 10 characters, 8 characters to the left and two to the right of the decimal, including implied places after the decimal point. This provides a limit of 99999999.99.	10/4/2017
41630	The HIPAA Rules do not support dollar amounts greater than 10 characters, 8 characters to the left and two to the right of the decimal, including implied places after the decimal point. This provides a limit of 99999999.99.	10/5/2017
41631	The HIPAA Rules do not support dollar amounts greater than 10 characters, 8 characters to the left and two to the right of the decimal, including implied places after the decimal point. This provides a limit of 99999999.99.	10/4/2017

Error Number	Text	Retired as of this date
41631	The HIPAA Rules do not support dollar amounts greater than 10 characters, 8 characters to the left and two to the right of the decimal, including implied places after the decimal point. This provides a limit of 99999999.99.	10/5/2017
41632	The HIPAA Rules do not support dollar amounts greater than 10 characters, 8 characters to the left and two to the right of the decimal, including implied places after the decimal point. This provides a limit of 99999999.99.	10/4/2017
41632	The HIPAA Rules do not support dollar amounts greater than 10 characters, 8 characters to the left and two to the right of the decimal, including implied places after the decimal point. This provides a limit of 99999999.99.	10/5/2017
41681	The Transaction Set Control Number (ST02) must be a unique number within an ISA-IEA.	9/10/2013
41716	The maximum length for the Drug Quantity (Loop 2410, CTP04), is 8 digits excluding the decimal. When a decimal is used, the maximum number of digits allowed to the right of the decimal is three.	8/15/2016
41831	The Billing Provider Tax Identification Number (Loop 2010AA, REF02) must match the pattern 123456789 when the Reference Identification Code Qualifier (Loop 2010AA, REF01) is equal to SY.	5/6/2014
41845	The Subscriber Secondary Identification Number (Loop 2010BA, REF02) must match the pattern 123456789 when the Reference Identification Code Qualifier (Loop 2010BA, REF01) is equal to SY.	5/6/2014
41933	The Other Subscriber Secondary Identification Number (Loop 2330A, REF02) must match the pattern 123456789 and have a valid area code when the Reference Identification Code Qualifier (Loop 2330A, REF01) is equal to SY	5/6/2014
42095	The Adjudication Service Line information does not balance. Formula used sum of Loop 2430 CAS adjustments, #S2430CASTotals# + Loop 2430 SVD02 Adjudication Line payment, #S2430SVD02Amt# = Loop 2400 SV302 Service Line amount, #S2400ServiceLineAmt#.	11/18/2015
42096	The Adjudication Service Line information does not balance. Formula used sum of Loop 2430 CAS adjustments, #P2430CASTotals# + Loop 2430 SVD02 Adjudication Line payment, #P2430SVD02Amt# = Loop 2400 SV302 Service Line amount, #P2400ServiceLineAmt#.	11/18/2015
42145	The Property and Casualty Patient Identification Code (Loop 2010CA, REF02) must match the pattern 123456789 when the Property and Casualty Patient Identification Qualifier (Loop 2010CA, REF01) is equal to SY.	5/6/2014
42430	There can be no spaces or special characters used for US Postal codes.	7/1/2015
42501	The Claim Adjustment Group code OA (Loop 2100, CAS01) must be used with a Claim Adjustment Reason code of 101, when the Claim Status Code (Loop 2100, CLP02) equals 25 for predetermination.	7/22/2014
42520	The Social Security Number must match the pattern 123456789 and have a valid area code (first three positions) and a valid group number (4-5 position).	5/9/2014
42558	The Other Claim Related ID Qualifier (Loop 2100, REF01) CE, is only required when there is a Contractual Obligation on the claim, (Loop 2100, CAS01=CO, or 2110, CAS01=CO), otherwise, do not send.	7/1/2015
42575	The National Drug Code #Current_Element# is not a valid code.	7/1/2013
42581	The National Drug Code #FS_FindCodeValue# was not valid on the service line date #2110DTM02ServiceDate#.	7/1/2013

Error Number	Text	Retired as of this date
42586	The National Drug Code #FS_FindCodeValue# was not valid on the claim date #2100StatementDate#.	7/1/2013
42610	The Reference ID (PLB0x.02) is only required when a control number, account or tracking number applies to this adjustment, Adjustment Reason code equal to 72, CS, FB, FC, LS, OB, WO, or PI, otherwise, do not send.	6/25/2018
42615	When the Claim Supplemental Information (Loop 2100, AMT01) equals I for Interest, an Adjustment Reason Code in the Provider Adjustment (PLB03, 05, 07, 09, 11, or 13) must be equal to L6 Interest Owed.	7/1/2015
42634	The Other Subscriber Name (Loop 2100, NM103) or the NM109 must be present, but not both.	7/1/2013
42670	The Transaction Set Control Number (ST02) must be a unique number within an ISA-IEA.	9/10/2013
42689	The HIPPS Procedure code #FS_FindCodeValue# was not valid on the transaction date #BPR16TransactionDate#.	5/18/2020
42719	The Code value ZZ in (Loop 2100A NM108) is permissible but has not yet been mandated for use	10/5/2017
42721	The Member Identification Code (Loop 2100A, NM109) must match the pattern 123456789 and have a valid area code (first three positions) and a valid group number (4-5 position) when the Member Name Identification Code Qualifier (Loop 2100A, NM108) equals 34.	5/8/2014
42741	The Incorrect Member Identification Code (Loop 2100B, NM109) must match the pattern 123456789 and have a valid area code (first three positions) and a valid group number (4-5 position) when the Incorrect Member Name Identification Code Qualifier (Loop 2100B, NM108) equals 34.	5/8/2014
42742	The Incorrect Member Demographics (2100B, DMG) segment must be used when the Member Entity Identifier Code (2100A, NM101) is equal to 74 – Corrected Insured and the Incorrect Member Name Entity Identifier Code (2100B, NM101) is equal to 70 - Prior Incorrect Insured.	1/2/2014
42749	The Member Employer Identification Code (Loop 2100D, NM109) must match the pattern 123456789 and have a valid area code (first three positions) and a valid group number (4-5 position) when the Member Employer Identification Code Qualifier (Loop 2100D, NM108) equals 34.	5/8/2014
42756	The Code value ZZ in (Loop 2100B NM108) is permissible but has not yet been mandated for use	10/5/2017
42757	The Code value ZZ in (Loop 2100F NM108) is permissible but has not yet been mandated for use	10/5/2017
42758	The Custodial Parent Identification Code (Loop 2100F, NM109) must match the pattern 123456789 and have no special characters when the Custodial Parent Identification Code Qualifier (Loop 2100F, NM108) equals 34.	5/8/2014
42760	The Member Identification Code (Loop 2100G, NM109) must match the pattern 123456789 and have a valid area code (first three positions) and a valid group number (4-5 position) when the Member Name Identification Code Qualifier (Loop 2100G, NM108) equals 34.	5/8/2014
42761	The Code value ZZ in (Loop 2100G NM108) is permissible but has not yet been mandated for use	10/5/2017

Error Number	Text	Retired as of this date
42779	The Provider Identification Code (Loop 2310, NM109) must match the pattern 123456789 and have no special characters when the Provider Name Identification Code Qualifier (Loop 2310, NM108) equals 34.	5/8/2014
42791	The Additional Coordination of Benefits Reference Identification Number (Loop 2320, REF03) must match the pattern 123456789 and have a valid area code (first three positions) and a valid group number (4-5 position) when the Additional Coordination of Benefits Reference Identification Number Qualifier (Loop 2320, REF02) equals SY.	5/8/2014
43008	The Social Security Number must match the pattern 123456789 and have a valid area code (first three positions) and a valid group number (4-5 position).	5/9/2014
43153	The National Drug Code, #Current_Element#, is not a valid code.	7/1/2013
43269	The Transaction Set Control Number (ST02) must be a unique number within an ISA-IEA.	8/27/2013
43409	The Patient Control Number (2200D, REF02) may not be greater than 20 characters.	11/18/2015
43411	The Patient Control Number (2200E, REF02) may not be greater than 20 characters.	11/18/2015
43429	The Transaction Set Control Number (ST02) must be a unique number within an ISA-IEA.	9/10/2013
43618	The Information Receiver Identification Code (Loop 2100B, NM109) must match the pattern 123456789 and have a valid area code (first three positions) and a valid group number (4-5 position) when the Identification Code Qualifier (Loop 2100B, NM108) is equal to 34.	5/6/2014
43628	The Information Receiver Reference Identification Code (2100B, REF02) must match the pattern 123456789 and have a valid area code (first three positions) and a valid group number (4-5 position) when the Reference Identification Code Qualifier (2100B, REF01) is equal to SY.	5/6/2014
43647	The Subscriber Reference Identification Code (2100C, REF02) must match the pattern 123456789 and have a valid area code (first three positions) and a valid group number (4-5 position) when the Reference Identification Code Qualifier (2100C, REF01) is equal to SY.	5/6/2014
43653	The Provider Information Reference Identification (Loop 2100C, PRV03) must match the pattern 123456789 and have a valid area code (first three positions) and a valid group number (4-5 position) when the Provider Information Reference Identification Qualifier (Loop 2100C, PRV02) is equal to SY.	5/6/2014
43697	The Dependent Reference Identification Code (2100D, REF02) must match the pattern 123456789 and have a valid area code (first three positions) and a valid group number (4-5 position) when the Reference Identification Code Qualifier (2100D, REF01) is equal to SY.	5/6/2014
43701	The Trace number (TRN) is sent at the dependent level only when the subscriber is not the patient.	6/27/17
43710	The Provider Information Reference Identification (Loop 2100D, PRV03) must match the pattern 123456789 and have a valid area code (first three positions) and a valid group number (4-5 position) when the Provider Information Reference Identification Qualifier (Loop 2100D, PRV02) is equal to SY.	5/6/2014
43717	The Diagnosis Code pointer (Loop 2110D, EQ05C01) is required when the Subscriber Health Care Diagnosis Code (HI segment) is used.	5/6/2014

Error Number	Text	Retired as of this date
43777	The Information Receiver Identification Code (2100B, NM109) must match the pattern 123456789 and have a valid area code (first three positions) and a valid group number (4-5 position) when the Identification Code Qualifier (2100B, NM108) is equal to 34.	5/6/2014
43784	The Information Receiver Reference Identification Code (2100B, REF02) must match the pattern 123456789 and have a valid area code (first three positions) and a valid group number (4-5 position) when the Reference Identification Code Qualifier (2100B, REF01) is equal to SY.	5/6/2014
43798	The Subscriber Reference Identification Code (2100C, REF02) must match the pattern 123456789 and have a valid area code (first three positions) and a valid group number (4-5 position) when the Reference Identification Code Qualifier (2100C, REF01) is equal to SY.	5/6/2014
43865	The Subscriber Benefit Related Entity Identification Code (2120C, NM109) must match the pattern 123456789 and have a valid area code (first three positions) and a valid group number (4-5 position) when the Identification Code Qualifier (2120C, NM108) is equal to 34.	5/6/2014
43879	The Trace number (TRN) is sent at the Dependent level only when the subscriber is not the patient.	6/27/17
43990	The Social Security Number must match the pattern 123456789 and have a valid area code (first three positions) and a valid group number (4-5 position).	5/6/2014
44003	The Transaction Set Control Number (ST02) must be a unique number within an ISA-IEA.	5/6/2014
45400	The Patient ID Number (B1-332-CY), #Current_Element#, is not a valid Social Security Number.	5/6/2014
45545	The National Drug code (2000A, REF02), #Current_Element#, is not a valid code.	5/6/2014
45758	One iteration of the Subscriber Eligibility or Benefit Information (Loop 2110C, EB) segment must be used when all other elements except the EB03 are identical. Multiple Service Type Codes should utilize the repetition function in the EB03 to send each Service Type Code when all other values (except the EB03) sent in the 2110C EB segment are the same.	10/5/2017
45759	One iteration of the Dependent Eligibility or Benefit Information (Loop 2110D, EB) segment must be used when all other elements except the EB03 are identical. Multiple Service Type Codes should utilize the repetition function in the EB03 to send each Service Type Code when all other values (except the EB03) sent in the 2110D EB segment are the same.	10/5/2017
45827	The Social Security Number must match the pattern 123456789 with no hyphens or special characters.	5/9/2014
45840	The Patient Control Number (2200D, TRN02) has a 20 character limit.	12/11/2015
45852	The Free Form Message Text (STC12) is required when the Health Care Claim Status Code has been sent.	7/21/2017
45853	The Free Form Message Text (STC12) is only required when the Health Care Claim Status Code has been sent. Otherwise, do not send.	7/21/2017
46116	The Premium Receiver's Name (Loop 1000A, N102) is only required when the Identification Code Qualifier (Loop 1000A, N103) is not being sent, otherwise, do not send.	7/1/2013
46117	The Premium Receiver's Name (1000A, N102) is required when a value is not being sent in the N103.	7/1/2013

Error Number	Text	Retired as of this date
46237	The Member Identification Code (Loop 2100A, NM109) must match the pattern 123456789 and have a valid area code (first three positions) and a valid group number (4-5 position) when the Member Name Identification Code Qualifier (Loop 2100A, NM108) equals 34.	5/8/2014
46268	The Incorrect Member Identification Code (Loop 2100B, NM109) must match the pattern 123456789 and have no special characters when the Incorrect Member Name Identification Code Qualifier (Loop 2100B, NM108) equals 34.	5/8/2014
46274	The Member Employer Identification Code (Loop 2100D, NM109) must match the pattern 123456789 and have a valid area code (first three positions) and a valid group number (4-5 position) when the Member Employer Identification Code Qualifier (Loop 2100D, NM108) equals 34.	5/8/2014
46281	The Custodial Parent Identification Code (Loop 2100E, NM109) must match the pattern 123456789 andhave no special characters when the Custodial Parent Identification Code Qualifier (Loop 2100F, NM108) equals 34.	5/8/2014
46283	The Responsible Person Code (Loop 2100F, NM109) must match the pattern 123456789 and have a valid area code (first three positions) and a valid group number (4-5 position) when the Responsible Person Code Qualifier (Loop 2100F, NM108) equals 34.	5/8/2014
46331	The State Code was not valid	7/1/2015
46352	The APTC Contributor/Tax Payer Identification Code (Loop 2100I, NM109) must match the pattern 123456789 and have no special characters when the APTC Contributor/Tax Payer Identification Code Qualifier (Loop 2100I, NM108) equals 34.	5/8/2014
46506	(HIX) The first Member Communications Numbers (2100A, PER03) must be equal to TE.	5/20/2013
46507	(HIX) The second Member Communications Numbers (2100A, PER05) must be equal to AP.	5/20/2013
46508	(HIX) The third Member Communications Numbers (2100A, PER07) must be equal to EM or BN.	5/20/2013
46511	(HIX) The Reporting Category ID Qualifier (2750, REF01) must be 9V, when the Member Reporting Category Name (2750, N102) equals "OTH PAY AMT 1" , "APTC AMT", "CSR AMT", "TOT RES AMT", or "TOT EMP RES AMT" .	7/1/2013
46513	(HIX) The Reporting Category Date (2750, DTP) segment is required when the Reporting Category Reference ID Qualifier (2750, REF01) is equal to 17, 9V or 9X.	12/8/2014
46514	(HIX) The Transaction Set Policy Number (REF) segment is not allowed.	7/1/2013
46517	(HIX) The Transaction Set Control Totals (QTY) must be sent with a qualifier of TO - Total, a qualifier of ET - Employee total, and a qualifier of DT - Dependent total.	7/1/2014
46519	(HIX) At least one Transaction Set Control Totals (QTY) segment must be sent with the qualifier of ET - Employee Total.	7/1/2014
46520	(HIX) At least one Transaction Set Control Totals (QTY) segment must be sent with the qualifier of DT - Dependent Total.	7/1/2014
46521	(HIX) The Sponsor Name ID Code Qualifier (1000A, N103) must be either FI or 24.	7/1/2014
46531	(HIX) The first Responsible Person Communications Numbers (2100A, PER03) must be equal to TE.	5/20/2013

Error Number	Text	Retired as of this date
46532	(HIX) The second Responsible Person Communications Numbers (2100A, PER05) must be equal to AP.	5/20/2013
46533	(HIX) The third Responsible Person Communications Numbers (2100A, PER07) must be equal to EM or BN.	5/20/2013
46545	(HIX) The Member Level Dates (2000, DTP) segment must be send for cancellations.	3/21/2016
46557	(HIX) The Maintenance Reason Code (2000, INS04) must be present for Confirmation/Effectuation transactions.	4/30/2013
46558	(HIX) The Maintenance Reason Code (2000, INS04) must be equal to 28 for Confirmation/Effectuation transactions.	4/30/2013
46561	(HIX) The Health Coverage Dates Qualifier (2300, DTP01) must be equal to 348 or 543 for Confirmation/Effectuation transactions.	7/1/2014
46562	(HIX) Two iterations are required for the Health Coverage Dates (2300, DTP) when the Maintenance Reason Code (2000, INS04) equals 28.	7/1/2014
46564	(HIX) One iteration of the Member Reporting Categories (2700, LX) is required for Confirmation/Effectuation transactions.	7/1/2014
46564	(HIX) One iteration of the Member Reporting Categories (2700, LX) is required for Confirmation/Effectuation transactions.	4/30/2013
46565	(HIX) The Reporting Category Name (2750, N102) must be equal to "ADDL MAINT REASON" for Confirmation/Effectuation transactions.	10/16/2013
46567	(HIX) The Reporting Category Reference ID (2750, REF02) must be equal to "CONFIRM" for Confirmation/Effectuation transactions.	10/16/2013
46569	(HIX) The Reporting Category Name (2750, N102) must be equal to "ADDL MAINT REASON" for Cancellations.	10/16/2013
46570	(HIX) The Reporting Category Reference ID (2750, REF02) must be equal to "CANCEL" or "TERM" for Cancellations and Terminations.	10/16/2013
46571	(HIX) The Member Supplemental Identifier Qualifier (2000, REF01) must be equal to Q4 for Re-enrollments.	4/1/2014
46572	(HIX) The Member Level Dates Qualifier (2000, DTP01) must be equal to 357 Eligibility End date, when the Maintenance Reason Code (2000, INS04) equals 59 or 14.	3/21/2016
46574	(HIX) Two iterations of the Health Coverage Dates (2300, DTP) segment must be present with one DTP01=348 and one DTP01=543 when the Maintenance Reason Code (2000, INS04) equals 28.	7/1/2014
46575	(HIX) Only one iteration of the Member Reporting Categories (2700, LX) is allowed when the Maintenance Reason Code (2000, INS04) equals 28 for Confirmations.	7/1/2013
46576	(HIX) Only one iteration of the Member Reporting Categories (2700, LX) is allowed when the Maintenance Reason Code (2000, INS04) equals 59 Cancellations or Terminations.	2/28/2014
46578	(HIX) The Member Communications Numbers (2100A, PER) is required when the Member Supplemental Identifier (2000, INS04) equals EC, 41 or 28.	5/20/2013

Error Number	Text	Retired as of this date
46583	(HIX) The Responsible Person Communications Numbers (2100G, PER) is required when the Member Supplemental Identifier (2000, INS04) equals EC or 28.	5/20/2013
46588	(HIX) The Member Supplemental Identifier Qualifier (2000, REF01) must be 17, 23, or ZZ when the Maintenance Type Code (2000, INS03) equals 024.	12/11/2015
46595	(HIX) The Reporting Category Name (2750, N102) must be equal to "ADDL MAINT REASON" when the Maintenance Type Code (2000, INS03) equals 024.	10/16/2013
46596	(HIX) The Reporting Category Reference ID (2750, REF02) must be equal to "TERM" or "CANCEL" when the Maintenance Type Code (2000, INS03) equals 024.	10/16/2013
46600	(HIX) The Responsible Person Communications Numbers Qualifier (2100G, PER03) must be TE, EM or BN.	11/18/2014
46601	(HIX) The Responsible Person Communications Numbers Qualifier (2100G, PER03, PER05 or PER07) #Current_Element# has already been used.	11/18/2014
46605	(HIX) The Responsible Person Communications Numbers Qualifier (2100G, PER05) must be AP, EM or BN.	11/18/2014
46606	(HIX) The Responsible Person Communications Numbers Qualifier (2100G, PER07) must be EM or BN.	11/18/2014
46613	(HIX) Two iterations of the Health Coverage Dates (2300, DTP) segment must be present with one DTP01=348 and one DTP01=349 when the Maintenance Reason Code (2000, INS04) equals 28.	7/1/2014
46616	(HIX) The Reporting Category Date (2750, DTP) must be present when submitting defined Reporting Category (2750, NM1) codes per section 9.6 of the companion guideline.	12/8/2014
46622	(HIX) At least one Transaction Set Control Totals (QTY) segment must be sent with the qualifier of ET - Employee Total for FFM and FF-SHOP.	12/8/2014
46631	(HIX) Three iterations of the Health Coverage Dates (2300, DTP) segment must be present with one DTP01=348, one DTP01=343 and one DTP01=543 when the Maintenance Reason Code (2000, INS04) equals 28, for Individual Markets.	12/11/2015
46658	(HIX) One iteration of the Reporting Category Name (2750, N102) must be equal to "ADDL MAINT REASON", with a Reporting Category Reference ID (2750, REF02) equal to a valid Re-enrollment reporting category REF ID for Individual Market re-enrollments.	7/5/2016
46659	(HIX) One iteration of the Member Reporting Categories (Loop 2750, REF02) must contain NO CHANGE, to signal that the specific member's demographic and financial information is unchanged.	7/5/2016
46811	(HIX) The Issuer Assigned Policy Number (2100A, REF) segment must be present.	8/28/2013
46812	(HIX) The Issuer Assigned Subscriber Identifier (2100A, REF) segment must be present.	8/28/2013
46819	(HIX) The Issuer Assigned Employer Group Identifier (2100A, REF) segment will not be transmitted.	10/6/2014
46819	(HIX) The Issuer Assigned Employer Group Identifier (2100A, REF) segment will not be transmitted.	8/28/2013

Error Number	Text	Retired as of this date
46830	(HIX) The Exchange Assigned Dependent Identifier (2000, REF) will be transmitted for SHOP.	3/21/2016
47192	The Service Facility Location Secondary Identification (2310C REF) information may not be used when the Service Facility Location Identification Code (2310C NM109) is present.	11/10/2014
47200	The Other Subscriber Information Name (2320, SBR04) is required when the SBR03 is not used and the name is available. Otherwise, do not send.	6/17/2015
47201	The Other Subscriber Information Name (2320, SBR04) is only required when the SBR03 is not used and the name is available. Otherwise, do not send.	6/17/2015
47236	The Facility Code Value (2400 SV105) is only required when it is different than the value carried in the Facility Code Value (2300 CLM05-01)	11/12/2014
47261	The Onset of Current Illness or Symptom Date (2300, DTP) is only required when available and different than the date of service.	6/25/2020
47273	The Line Item Control Number (2400, REF01=6R) must be unique with the claim.	5/18/2016
47314	The Claim Check or Remittance Date (Loop 2330B, DTP) is only required when the Line Adjudication Information (Loop 2430, SVD) is not used and the claim has been previously adjudicated by the provider in loop 2330B.	11/10/2014
47336	The Adjudication Service Line information does not balance. Formula used sum of Loop 2430 CAS adjustments, #S2430CASTotals# + Loop 2430 SVD02 Adjudication Line payment, #S2430SVD02Amt# = Loop 2400 SV102 Service Line amount, #S2400ServiceLineAmt#.	11/23/2015
47337	The Adjudication Service Line information does not balance. Formula used sum of Loop 2430 CAS adjustments, #P2430CASTotals# + Loop 2430 SVD02 Adjudication Line payment, #P2430SVD02Amt# = Loop 2400 SV102 Service Line amount, #P2400ServiceLineAmt#.	11/23/2015
47358	Within a given claim, the various values for the Payer Responsibility Sequence Number Code (other than value "U") may occur no more than once.	2/28/2017
47427	There can be no spaces or special characters used for US Postal codes.	7/1/2015
47615	The Claim Adjustment Reason Code #FS_FindCodeValue#, was not valid on the Claim Check or Remittance Date #Current_Element#.	7/1/2015
47616	The Claim Adjustment Reason Code #FS_FindCodeValue#, was not valid on the Claim Check or Remittance Date #Current_Element#.	7/1/2015
47617	The Claim Adjustment Reason Code #FS_FindCodeValue#, was not valid on the Claim Check or Remittance Date #Current_Element#.	7/1/2015
47618	The Claim Adjustment Reason Code #FS_FindCodeValue#, was not valid on the Claim Check or Remittance Date #Current_Element#.	7/1/2015
47619	The Claim Adjustment Reason Code #FS_FindCodeValue#, was not valid on the Claim Check or Remittance Date #Current_Element#.	7/1/2015
47620	The Claim Adjustment Reason Code #FS_FindCodeValue#, was not valid on the Claim Check or Remittance Date #Current_Element#.	7/1/2015
47621	The Claim Adjustment Reason Code #FS_FindCodeValue#, was not valid on the Claim Check or Remittance Date #Current_Element#.	7/1/2015

Error Number	Text	Retired as of this date
47622	The Claim Adjustment Reason Code #FS_FindCodeValue#, was not valid on the Claim Check or Remittance Date #Current_Element#.	7/1/2015
47623	The Claim Adjustment Reason Code #FS_FindCodeValue#, was not valid on the Claim Check or Remittance Date #Current_Element#.	7/1/2015
47624	The Claim Adjustment Reason Code #FS_FindCodeValue#, was not valid on the Claim Check or Remittance Date #Current_Element#.	7/1/2015
47625	The Claim Adjustment Reason Code #FS_FindCodeValue#, was not valid on the Claim Check or Remittance Date #Current_Element#.	7/1/2015
47626	The Claim Adjustment Reason Code #FS_FindCodeValue#, was not valid on the Claim Check or Remittance Date #Current_Element#.	7/1/2015
47904	The Adjudication Service Line information does not balance. Formula used sum of Loop 2430 CAS adjustments, #S2430CASTotals# + Loop 2430 SVD02 Adjudication Line payment, #S2430SVD02Amt# = Loop 2400 SV302 Service Line amount, #S2400ServiceLineAmt#.	11/18/2015
47905	The Adjudication Service Line information does not balance. Formula used sum of Loop 2430 CAS adjustments, #P2430CASTotals# + Loop 2430 SVD02 Adjudication Line payment, #P2430SVD02Amt# = Loop 2400 SV302 Service Line amount, #P2400ServiceLineAmt#.	11/18/2015
48106	The Service Provider Name (2010F, NM1) is only required when different from the entity identified in the Patient Event (2010EA, NM1) segment. Otherwise, do not send.	11/18/2014
91198	(MedicareB) The Other Payer Country Code (2330B, N404) must not be present.	3/21/2016
91229	(MedicareB) The Principal Diagnosis Code (HI01.01) cannot be equal to ABK for (ICD-10-CM) Principal Diagnosis, when the Date of Service is prior to #FS_ICD9_ICD10_CutoverDate#.	3/21/2016
91230	(MedicareB) The Diagnosis Code (HI0X.01) cannot be equal to ABF for (ICD-10-CM) Diagnosis, when the Date of Service is prior to #FS_ICD9_ICD10_CutoverDate#.	3/21/2016
91263	(MedicareB) The Country Subdivision Code (2330B, N407) must not be present.	3/21/2016
91374	(MedicareB) The Health Care Diagnosis Code, (2300, HI) ABK/ABF qualifier for ICD-10 code may not be used prior to the effective date of #FS_ICD9_ICD10_CutoverDate#.	9/3/2013
91384	(VA) The Billing Provider UPIN/License Information (2010AA, REF) is required.	7/1/2013
95133	(MedicareA) The Principal Diagnosis (HI01.01) cannot be equal to ABK for (ICD-10-CM) Principal Diagnosis, when the Date of Service is prior to #FS_ICD9_ICD10_CutoverDate#.	3/21/2016
95134	(MedicareA) The Admitting Diagnosis (HI01.01) cannot be equal to ABJ for (ICD-10-CM) Principal Diagnosis, when the Date of Service is prior to #FS_ICD9_ICD10_CutoverDate#.	3/21/2016
95135	(MedicareA) The Patient Reason for Visit (HI0X.01) cannot be equal to APR for (ICD-10-CM) Principal Diagnosis, when the Date of Service is prior to #FS_ICD9_ICD10_CutoverDate#.	3/21/2016
95136	(MedicareA) The External Cause of Injury (HI0X.01) cannot be equal to ABN for (ICD-10-CM) Principal Diagnosis, when the Date of Service is prior to #FS_ICD9_ICD10_CutoverDate#.	3/21/2016

Error Number	Text	Retired as of this date
95137	(MedicareA) The Other Diagnosis Code (HI0X.01) cannot be equal to ABF for (ICD-10-CM) Principal Diagnosis, when the Date of Service is prior to #FS_ICD9_ICD10_CutoverDate#.	3/21/2016
95138	(MedicareA) The Principal Procedure Information (HI01.01) cannot be equal to BBR for (ICD-10-PCS) Principal Procedure Codes, when the Date of Service is prior to #FS_ICD9_ICD10_CutoverDate#.	3/21/2016
95139	(MedicareA) The Other Procedure Information (HI0X.01) cannot be equal to BBQ for (ICD-10-PCS) Principal Procedure Codes, when the Date of Service is prior to #FS_ICD9_ICD10_CutoverDate#.	3/21/2016
95212	(MedicareA) The Other Payer Country Subdivision Code (2330B, N407) is not used.	3/21/2016

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Product-Specific Documentation

Documentation for TIBCO® Foresight® EDISIM® is available on the TIBCO Foresight® EDISIM® Documentation page.

The following documents for this product can be found on the TIBCO Documentation site:

- *TIBCO Foresight® EDISIM® Release Notes*
- *TIBCO Foresight® EDISIM® Data Types*
- *TIBCO Foresight® EDISIM® Documentation and Demo Data Index*
- *TIBCO Foresight® EDISIM® Supported File Formats*
- *TIBCO Foresight® EDISIM® Installation Guide*
- *TIBCO Foresight® EDISIM® Introduction to EDISIM®*
- *TIBCO Foresight® EDISIM® DocStarter: Creating a Guideline from EDI Data*
- *TIBCO Foresight® EDISIM® Guideline Merge*
- *TIBCO Foresight® EDISIM® Document Builder User's Guide*
- *TIBCO Foresight® EDISIM® Error Message Numbers, Editing, and Management*
- *TIBCO Foresight® EDISIM® Validator User's Guide*
- *TIBCO Foresight® EDISIM® Using Flat Files*
- *TIBCO Foresight® EDISIM® Library User's Guide*
- *TIBCO Foresight® EDISIM® Validation Profile Files (APF)*
- *TIBCO Foresight® EDISIM® Using XML*
- *TIBCO Foresight® EDISIM® Comparator User's Guide*
- *TIBCO Foresight® EDISIM® Analyzer User's Guide*
- *TIBCO Foresight® EDISIM® Standards and Guidelines Reference Manual*
- *TIBCO Foresight® EDISIM® Test Data Generator User's Guide*

- *TIBCO Foresight® EDISIM® Self-Paced Tutorial: Introduction to EDISIM® (X12 Standards)*
- *TIBCO Foresight® EDISIM® Self-Paced Tutorial: Introduction to EDISIM® EDIFACT D99A Orders*
- *TIBCO Foresight® EDISIM® Standards Editor User's Guide*
- *TIBCO Foresight® EDISIM® Business Rules*

How to Contact TIBCO Support

You can contact TIBCO Support in the following ways:

- For an overview of TIBCO Support, visit http://www.tibco.com/services/support.
- For accessing the Support Knowledge Base and getting personalized content about products you are interested in, visit the TIBCO Support portal at https://support.tibco.com.
- For creating a Support case, you must have a valid maintenance or support contract with TIBCO. You also need a user name and password to log in to https://support.tibco.com. If you do not have a user name, you can request one by clicking Register on the website.

How to Join TIBCO Community

TIBCO Community is the official channel for TIBCO customers, partners, and employee subject matter experts to share and access their collective experience. TIBCO Community offers access to Q&A forums, product wikis, and best practices. It also offers access to extensions, adapters, solution accelerators, and tools that extend and enable customers to gain full value from TIBCO products. In addition, users can submit and vote on feature requests from within the TIBCO Ideas Portal. For a free registration, go to https://community.tibco.com

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