# EDI ClaimEdits

UnitedHealthcare applies Health Insurance Portability and Accountability Act (HIPAA) edits for professional (837P) and institutional (837I) claims submitted electronically. Enhancements to these edits may occur periodically, affecting most payer IDs on the Claims Payer List for UnitedHealthcare, Affiliates and Strategic Alliances; exceptions are Harvard Pilgrim (04271) and The Alliance (88461). WEDI SNIP types 1 through 6 are applied at a pre-adjudication level during HIPAA validation for the following edits:

<table>
<thead>
<tr>
<th>WEDI SNIP Type</th>
<th>Claredi EDI Number</th>
<th>Edit Description</th>
<th>Claim Type 837P</th>
<th>Claim Type 837I</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>H10005</td>
<td>Value is too short for 'NM109'</td>
<td>X</td>
<td>X</td>
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</tr>
<tr>
<td>1</td>
<td>H10006</td>
<td>Value is too long</td>
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<tr>
<td>1</td>
<td>H10012</td>
<td>Data contains invalid character(s) from neither the basic, nor the extended character set</td>
<td>X</td>
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<tr>
<td>1</td>
<td>H10014</td>
<td>Leading zeros detected in CTP04; The X12 syntax requires the suppression of leading zeros for numeric elements</td>
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<tr>
<td>1</td>
<td>H10016</td>
<td>Leading spaces are not allowed (N401)</td>
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<tr>
<td>1</td>
<td>H10017</td>
<td>Non-alpha-numeric or -space character (.....) is not allowed here (N403)</td>
<td>X</td>
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<tr>
<td>1</td>
<td>H10018</td>
<td>Trailing spaces are not allowed (N402)</td>
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<tr>
<td>1</td>
<td>H10046</td>
<td>Syntax error: NM108 was found but NM109 was missing; X12 syntax rule: 'P0809' - if one element is present, all must be present</td>
<td>X</td>
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<td>Syntax error: No listed element was found. X12 syntax rule: 'R0203' - at least one element must be present</td>
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<tr>
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<td>Excess Trailing Data Element Delimiter(s)</td>
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<tr>
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<td>Missing Mandatory 'H11002'</td>
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<tr>
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<td>H10904</td>
<td>Number of Included Segments '306' does not match actual segment count '305'</td>
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<tr>
<td>1</td>
<td>H11202</td>
<td>Incomplete Interchange</td>
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<td>H11203</td>
<td>Transaction Set Trailer missing</td>
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<td>H11204</td>
<td>Code Value ' ' not used for element 'PWK02'</td>
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<tr>
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<td>Incomplete Functional Group</td>
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<tr>
<td>1</td>
<td>H11402</td>
<td>HL segment marked as having children but in fact has none</td>
<td>X</td>
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<tr>
<td>1</td>
<td>H11615</td>
<td>Segment terminator detected in element contents</td>
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<td>H11617</td>
<td>Interchange Control Number (ISA13) must be unique within a file</td>
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<td>Element repetition separator found in non-repeating element</td>
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<td>H20067</td>
<td>DTP03 ' ' has bad date specification; Wrong length - should be 'CCYMMDD'</td>
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<td>2</td>
<td>H20070</td>
<td>HH portion of time field must be 00-23</td>
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<td>H20203</td>
<td>Code Value 'N' at element 'CLM09' is valid in the X12 standard but not in this HIPAA implementation</td>
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<td>H20204</td>
<td>Code Value at element 'CLM09' is valid in the X12 standard but not in this HIPAA implementation</td>
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<tr>
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<td>H20205</td>
<td>Incomplete loop (2310E); Missing HIPAA-required N4 (Ambulance Pick-up Location City, State, ZIP Code)</td>
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<td>H20600</td>
<td>Value does not match the format for a Federal Tax Identification Number</td>
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<td>H20601</td>
<td>Value does not match the format for a National Association of Insurance Commissioners Code</td>
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<td>Value 'CO18' does not match the format for a MOA Remark Code</td>
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<tr>
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<td>H20617</td>
<td>Value does not match the format for a 'HIPAA National Provider ID (NPI)'</td>
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<tr>
<td>WEDI SNIP Type</td>
<td>Claredi EDI Number</td>
<td>Edit Description</td>
<td>Claim Type 837P</td>
<td>Claim Type 837I</td>
<td>Comments</td>
</tr>
<tr>
<td>---------------</td>
<td>--------------------</td>
<td>-----------------------------------------------------------------------------------</td>
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<tr>
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<td>H20618</td>
<td>Value `' ' does not match the format for a Person’s name - must be at least one letter</td>
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<td>Value does not match the format for a UPIN</td>
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<td>Value does not match the format for an ICD9 Diagnosis Code (digits, E, V codes only)</td>
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<td>H20628</td>
<td>Value does not match the format for a NUBC Revenue Code. Revenue codes must be 4 digits, usually including a leading zero</td>
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<td>Blank value supplied for data element</td>
<td>X</td>
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<td>H20658</td>
<td>Segment REF exceeded HIPAA max use count</td>
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<td>H20751</td>
<td>Invalid ZIP Code</td>
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<td>H20753</td>
<td>Invalid Canadian Postal Code</td>
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<td>H20759</td>
<td>NDC Code value is too long; Must be a 5-4-2 formatted code without the hyphens (11 digits only)</td>
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<tr>
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<td>H20760</td>
<td>NDC Code value is too short; Must be a 5-4-2 formatted code without the hyphens (11 digits only)</td>
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<td>H20761</td>
<td>ICD9 Codes should not contain periods</td>
<td>X</td>
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<tr>
<td>2</td>
<td>H20801</td>
<td>MOA Remark Codes must not leave gaps in the segment</td>
<td>X</td>
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<td>H20802</td>
<td>'Diagnosis Code' composites must not leave gaps in them</td>
<td>X</td>
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<td>2</td>
<td>H20904</td>
<td>Suppress edit if Claim Adjustment Reason Code 237 is duplicated</td>
<td>X</td>
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<tr>
<td>2</td>
<td>H23038</td>
<td>Decimal data elements in Data Element 782 (Monetary Amount) will be limited to a maximum length of 10 characters including 2 reported or implied places for cents</td>
<td>X</td>
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<tr>
<td>2</td>
<td>H23041</td>
<td>Not a valid date - day does not fall in month in this year</td>
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<tr>
<td>2</td>
<td>H24215</td>
<td>State or Province was not found, but was expected because the Related Causes Code (CLM-11-1) is 'AA-Auto Accident'</td>
<td>X</td>
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<tr>
<td>2</td>
<td>H24235</td>
<td>Group Name was found but was not expected because the Group Number (SBR03) is present</td>
<td>X</td>
<td>X</td>
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<tr>
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<td>H24236</td>
<td>'Claim Filing Indicator Code' was not found but was expected because PlanID has not yet been mandated</td>
<td>X</td>
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<tr>
<td>2</td>
<td>H24274</td>
<td>'Health Care Code Information' was not expected because the Other Diagnosis Industry Code (HI-04-2) is not present</td>
<td>X</td>
<td>X</td>
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<tr>
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<td>H24276</td>
<td>'Health Care Code Information' was not expected because the Other Diagnosis Industry Code (HI-06-2) is not present</td>
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<tr>
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<td>H24365</td>
<td>'Procedure Modifier' was not expected because the HCPCS Modifier 1 (SV2-02-3) is not present</td>
<td>X</td>
<td>X</td>
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<tr>
<td>2</td>
<td>H24391</td>
<td>Missing HIPAA Required 'xxx'</td>
<td>X</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>H24402</td>
<td>Value fails the check digit algorithm for the HIPAA National Provider ID (NPI)</td>
<td>X</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>H24410</td>
<td>Subscriber ID cannot be used in the NM1 segment because the Subscriber is not a Person</td>
<td>X</td>
<td>X</td>
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</tr>
<tr>
<td>2</td>
<td>H25367</td>
<td>Country Code was found but not expected because the country is the United States (N404=US)</td>
<td>X</td>
<td>X</td>
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</tr>
<tr>
<td>2</td>
<td>H25370</td>
<td>Telephone/FAX number in PER must be exactly 10 positions long - the value '9999820' is too short</td>
<td>X</td>
<td>X</td>
<td></td>
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<tr>
<td>2</td>
<td>H25371</td>
<td>Telephone/FAX number in PER must be exactly 10 positions long - the value is too long</td>
<td>X</td>
<td>X</td>
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</tr>
<tr>
<td>2</td>
<td>H25375</td>
<td>Billing Provider Address must be a street address; Post Office Box or Lock Box addresses are to be sent in the Pay-to-Provider Address</td>
<td>X</td>
<td>X</td>
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<tr>
<td>2</td>
<td>H25376</td>
<td>'Billing Provider Postal Zone or ZIP Code' must be the nine digit Zip code</td>
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<tr>
<td>2</td>
<td>H25377</td>
<td>'Billing Provider Postal Zone or ZIP Code' must be the nine digit Zip code</td>
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<tr>
<td>2</td>
<td>H25387</td>
<td>'Billing Provider Tax Identification Number' does not match the format of a Tax ID Number</td>
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<tr>
<td>2</td>
<td>H25388</td>
<td>Service Facility Contact Name was found but was not expected because it is the same as Submitter Loop (1000A) or the Billing Provider Loop (2010AA)</td>
<td>X</td>
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<td></td>
</tr>
<tr>
<td>WEDI SNIP Type</td>
<td>Claredi EDI Number</td>
<td>Edit Description</td>
<td>Claim Type</td>
<td>Comments</td>
<td></td>
</tr>
<tr>
<td>---------------</td>
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<td>----------------------------------------------------------------------------------</td>
<td>------------</td>
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<tr>
<td>2</td>
<td>H25389</td>
<td>Code ‘ER - Jurisdiction Specific Procedure and Supply Codes’ is not valid for HIPAA at the time of the writing of the implementation guide</td>
<td>837P</td>
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</tr>
<tr>
<td>2</td>
<td>H25390</td>
<td>Payer Claim Control Number’ was not found but was expected because the ‘Claim Submission Reason Code’ (CLM05-3) is 7 or 8</td>
<td>837I</td>
<td>X</td>
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<tr>
<td>2</td>
<td>H25392</td>
<td>Line Item Control Number must be unique within a claim</td>
<td>837P</td>
<td>X</td>
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<tr>
<td>2</td>
<td>H25393</td>
<td>Zip Code is required when the address is in the US or Canada</td>
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<td>X</td>
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<tr>
<td>2</td>
<td>H25405</td>
<td>Point of Origin for Admission or Visit is required for all inpatient and outpatient services except for Type of Bill ‘14x’</td>
<td>837I</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>H25407</td>
<td>Admitting Diagnosis must be used because this claim is for Inpatient Services</td>
<td>837I</td>
<td>X</td>
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<tr>
<td>2</td>
<td>H25584</td>
<td>Group or Policy Number (2000B SBR03) and (2320 SBR03) cannot be ‘NONE’, ‘None’ or ‘none’</td>
<td>837I</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>H25602</td>
<td>Admitting Diagnosis was found but not expected because this claim is for outpatient services</td>
<td>837I</td>
<td>X</td>
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<tr>
<td>2</td>
<td>H25620</td>
<td>Classification of either inpatient or outpatient could not be determined since the Bill Type is invalid</td>
<td>837I</td>
<td>X</td>
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<tr>
<td>2</td>
<td>H25643</td>
<td>A second iteration of the Condition Information segment is not allowed unless all twelve data elements in the first iteration are present.</td>
<td>837I</td>
<td>X</td>
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<tr>
<td>2</td>
<td>H25651</td>
<td>If ICD10 Diagnosis Codes are submitted, any procedure codes submitted must be ICD10 Procedure Codes</td>
<td>837I</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>H25652</td>
<td>If ICD9 Diagnosis Codes are submitted, any procedure codes submitted must be ICD9 Procedure Codes</td>
<td>837I</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>H25653</td>
<td>If ICD10 and ICD9 Diagnosis Codes cannot be sent on the same claim please split the claim before resubmitting</td>
<td>837I</td>
<td>X</td>
<td></td>
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<tr>
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<td>H25655</td>
<td>Adjustment Reason Amount cannot be zero (2320 and 2430)</td>
<td>837I</td>
<td>X</td>
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<tr>
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<td>H25656</td>
<td>Duplicate condition codes not allowed on a claim</td>
<td>837I</td>
<td>X</td>
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<tr>
<td>2</td>
<td>H25659</td>
<td>Gaps not allowed between Patient Reason for Visit codes</td>
<td>837I</td>
<td>X</td>
<td></td>
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<tr>
<td>2</td>
<td>H25660</td>
<td>Gaps not allowed between External Cause of Injury codes (2300 H103 through H112)</td>
<td>837I</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>H25670</td>
<td>Duplicate Diagnosis Pointers are not allowed</td>
<td>837I</td>
<td>X</td>
<td></td>
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<tr>
<td>2</td>
<td>H25671</td>
<td>Duplicate Treatment Codes are not allowed for Patient Reason for Visit Codes</td>
<td>837I</td>
<td>X</td>
<td></td>
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<tr>
<td>3</td>
<td>ALL*</td>
<td>&quot;Except H31312&quot;</td>
<td>837I</td>
<td>X</td>
<td></td>
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<tr>
<td>4</td>
<td>H40038</td>
<td>Ambulance Transport Information is required on all ambulance transport services</td>
<td>837I</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>H40101</td>
<td>Subscriber address required if the Subscriber is the patient</td>
<td>837I</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>H40102</td>
<td>Subscriber City/State/Zip required if the Subscriber is the patient</td>
<td>837I</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>H40103</td>
<td>'Individual Relationship Code' (SBR-02) must be '18-Self' when 'Hierarchical Child Code' HL-04=0 for 'No Subordinate HL Segment'</td>
<td>837I</td>
<td>X</td>
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</tr>
<tr>
<td>4</td>
<td>H40106</td>
<td>When the Subscriber is the Patient, the 'Relationship Code' in SBR-02 must be '18-Self'</td>
<td>837I</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>H40131</td>
<td>'Bundled/Unbundled Line Number' must be less than or equal to the Line Counter (2400/LX-01) for Loop 2400</td>
<td>837I</td>
<td>X</td>
<td></td>
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<tr>
<td>4</td>
<td>H40142</td>
<td>Discharge Date (DTP-01=096) was not expected because this claim is not for Inpatient Services</td>
<td>837I</td>
<td>X</td>
<td></td>
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<tr>
<td>4</td>
<td>H40160</td>
<td>'Form Identification Code' indicates a DMERC CMN form but none was found in 2400/PWK-02</td>
<td>837I</td>
<td>X</td>
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<tr>
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<td>H40163</td>
<td>Admission Date (2300-DTP01=435) required on inpatient claims</td>
<td>837I</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>H40164</td>
<td>Admission Date (2300-DTP01=435) not allowed on outpatient claims</td>
<td>837I</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>H40165</td>
<td>Admission Date (2300-DTP01=435, DTP02=DT) required on inpatient claims</td>
<td>837I</td>
<td>X</td>
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</tr>
<tr>
<td>4</td>
<td>H40176</td>
<td>'Acute Manifestation Date' is required on Medicare claims when the Patient Condition Code in CR2-08 is ‘A’</td>
<td>837I</td>
<td>X</td>
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<td>WEDI SNIP Type</td>
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<td>Claim Type 837P</td>
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<td>H40192</td>
<td>When a 'Diagnosis Code Pointer' is '2', a 'Diagnosis Code' in 2300/HI-02-2 must exist</td>
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<td>H40193</td>
<td>When a 'Diagnosis Code Pointer' is '3', a 'Diagnosis Code' in 2300/HI-03-2 must exist</td>
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<td>When a 'Diagnosis Code Pointer' is '5', a 'Diagnosis Code' in 2300/HI-05-2 must exist</td>
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<td>H40197</td>
<td>When a 'Diagnosis Code Pointer' is '7', a 'Diagnosis Code' in 2300/HI-07-2 must exist</td>
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<td>H40358</td>
<td>'Acute Manifestation Date' cannot be used unless the Patient Condition Code in CR2-08 is 'A' or 'M'</td>
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<td>H40365</td>
<td>'Discharge Hour' (2300 DTP-01 = 096) was not found but was expected because the Claim Frequency Code (CLM-05-3) is '1 - Original' or '4 - Last Claim' and this claim is for Inpatient Services.</td>
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<td>H41110</td>
<td>Undefined 'Other Payer ID Number' - this pointer must point to an existing 'Other Payer ID Number' in Loop 2330B</td>
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<td>H41202</td>
<td>Patient Amount Paid of '0' is not an acceptable value</td>
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<td>H42003</td>
<td>'EPSDT Referral Condition Certification Indicator' (CRC02) of 'N' is required if the 'Condition Indicator' (CRC03) is 'NU-Not Used'</td>
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<td>H45114</td>
<td>Subscriber State Code was not found but was expected because the Subscriber Relationship (SBR-02) is '18-Self'</td>
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<td>H45117</td>
<td>'Payer City/State/ZIP Code' was not found but was expected because the Payer Address Line (N3) is present</td>
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<td>H45125</td>
<td>'Claim information' was not expected because the Subscriber Relationship (SBR-02) is not 18-Self</td>
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<td>H45150</td>
<td>'Coordination of Benefits (COB) Payer Paid Amount' was not found but was expected because the Other Subscriber Claim Adjustment segment (2320/CAS) is present</td>
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<td>H45153</td>
<td>'Other Subscriber City/State/ZIP Code' was not found but was expected because the Other Insured Address Line (N3-01) is present</td>
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<td>H45173</td>
<td>'Admission Type Code' was not found but was expected because this Claim is for Inpatient Hospital services</td>
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<td>H45175</td>
<td>'Other Procedure Code' was not expected because the Principal Procedure Information is not present</td>
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<td>H45185</td>
<td>'Medicare Inpatient Adjudication Information' was not expected because this Claim is for Outpatient services</td>
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<td>H45202</td>
<td>'Date - Accident' was not found but was expected because the Related Causes Code (CLM-11-1) is present and is not 'EM-Employment'</td>
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<td>H45215</td>
<td>'Composite Diagnosis Code Pointer' was not found but was expected because the Principal Diagnosis Code (H101-1) is present</td>
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<td>H45216</td>
<td>'Composite Diagnosis Code Pointer' was not found but was expected because the Diagnosis Code (H1021) is present</td>
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<td>H45217</td>
<td>'Composite Diagnosis Code Pointer' was not found, but was expected because the Diagnosis Code (H1031) is present</td>
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<td>H45218</td>
<td>'Composite Diagnosis Code Pointer' was not found but was expected because the Diagnosis Code (H1041) is present</td>
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<td>H45219</td>
<td>'Composite Diagnosis Code Pointer' was not found but was expected because the Diagnosis Code (H1051) is present</td>
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<td>H45225</td>
<td>'Purchased Service Provider Name' was not expected because the Purchased Service Provider Identifier (PS1-01) is not present</td>
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<td>H45227</td>
<td>'Purchased Service Provider Name' was not expected because the Purchased Service Provider Identifier (PS1-01) is not present</td>
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<td>H45228</td>
<td>'Purchased Service Provider Name' was not found, but was expected because the Purchased Service Provider Identifier (PS1-01) is present and the Claim Level Purchased Service Provider is not present</td>
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<td>H45233</td>
<td>'Ordering Provider City/State/ZIP Code' was not found but was expected because the Ordering Provider Address Line (N3-01) is present</td>
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<tr>
<td>WEDI SNIP Type</td>
<td>Claredi EDI Number</td>
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<td>4 H45238</td>
<td>'Form Identification Code' was not expected because the Attachment Transmission Code (PWK-02) is 'AB-Previously Submitted to Payer'</td>
<td>X</td>
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<td>4 H45245</td>
<td>'Ordering Provider City, State, ZIP Code' (2420E N4) was not found but was expected because the DMERC CMN (2400 PWK) is present</td>
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<td>4 H45255</td>
<td>Other Subscriber Primary Identifier (2330A NM109) cannot be the same as the Group or Policy Number (2320 SBR03)</td>
<td>X</td>
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<td>4 H45318</td>
<td>Subscriber City, State, ZIP Code was not expected because the Subscriber Relationship (SBR-02) is not 18-Self</td>
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<td>4 H46001</td>
<td>'Billing Provider UPIN/License Information' not expected because the NPI was sent as the primary identifier</td>
<td>X</td>
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<td>4 H46215</td>
<td>Service Facility Location is not used when reporting ambulance services</td>
<td>X</td>
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<td>4 H46216</td>
<td>Other Insurance Group Name must not be used if the Group Number is submitted</td>
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<td>4 H46218</td>
<td>Payer Paid Amount or any CAS segments are not allowed when the COB Total Non-Covered Amount is submitted</td>
<td>X X</td>
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<td>4 H46219</td>
<td>COB Total Non-Covered Amount must equal the Total Claim Charge Amount (CLM02)</td>
<td>X X</td>
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<td>4 H46226</td>
<td>'Invalid 'Diagnosis Code Pointer' - must be 1 through 12 inclusive</td>
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<td>4 H46227</td>
<td>When a 'Diagnosis Code Pointer' is '9', a 'Diagnosis Code' in 2300/HI-09-2 must exist</td>
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<td>4 H46228</td>
<td>When a 'Diagnosis Code Pointer' is '10', a 'Diagnosis Code' in 2300/HI10-2 must exist</td>
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<td>4 H46229</td>
<td>When a 'Diagnosis Code Pointer' is '11', a 'Diagnosis Code' in 2300/HI11-2 must exist</td>
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<td>4 H46211</td>
<td>The Attachment Control Number should not be sent if PWK02=AA</td>
<td>X effective 7/8/2021</td>
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<td>4 H46251</td>
<td>Service Date is required on outpatient services when a drug is not being billed and the Statement Covers Period is greater than one day</td>
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<td>4 H46255</td>
<td>Other Operating Provider was found but was not expected because the Operating Provider was not submitted</td>
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<td>4 H46283</td>
<td>Subscriber Group or Policy Number was found but was not expected because it is the same as the value sent as the Subscriber Primary ID</td>
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<td>4 H46447</td>
<td>Ambulance Pick-Up and Drop-Off Locations are required for ambulance claims</td>
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<td>4 H46474</td>
<td>Other Subscriber Information was not found but was expected because the destination payer is not the primary payer</td>
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<td>4 H46500</td>
<td>COB Payer Paid Amount was expected because the claim has been adjudicated by the payer identified in Other Payer Loop</td>
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<td>4 H46504</td>
<td>'Service Line Date' was not expected because this Claim is for Inpatient services</td>
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<td>4 H46506</td>
<td>Attending Provider (2310A) is required on all bills except unscheduled transportation claims</td>
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<td>4 H46542</td>
<td>Payer Claim Control Number not allowed on original claims</td>
<td>X X</td>
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<td>4 H46544</td>
<td>EPSDT Referral Information must be present when a screening service is billed</td>
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<td>4 H46551</td>
<td>Duplicate Occurrence Span Codes not allowed on a claim</td>
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<tr>
<td>4 H46548</td>
<td>Occurrence Code 55 requires a Patient Status Code of 20, 40, 41, 94, or 42</td>
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<tr>
<td>5 ALL'</td>
<td>'Except HS0010, H51090, H51123</td>
<td>X X</td>
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<td>6 H61161</td>
<td>Patient Reason for Visit loop must be included if the 2300 CLM05-1 is equal to facility code 13, 85 or 78</td>
<td>X X</td>
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* WEDI SNIP Transaction Compliance Types 1-6
  - Type 1 - EDI Syntax Integrity
  - Type 2 - HIPAA Implementation Guide Requirements

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<td>Type 4 - HIPAA Inter-Segment Situation</td>
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* Change or addition

Deletions by effective date:

- 6/5/2014 H46248
- 4/25/2014 H46520
- 3/7/2014 H46235, H46236, H46240, H46246, H46252, H46253, H46473, H51131
- 9/24/2015 B25099, B25140, B25144, B25150, B25155, B25154
- 1/13/2016 H46546
- 9/1/2016 Medica HealthCare Plans (78857) and Preferred Care Partners (65088) no longer exceptions
- 8/7/2019 H46203