

List of Common CLAIM Rejections

Validation Errors

➤ **Missing the Insurance release information**

Populate the appropriate field in all active patient plans.

➤ **Missing the assignment authorization information**

Populate the appropriate field in all active patient plans.

➤ **Missing the patient signature source information**

Populate the appropriate field in all active patient plans.

➤ **Missing the Subscriber's DOB or Missing date, time error**

Be sure that there is a valid subscriber date of birth.

Note: This error may also appear on the clearinghouse "rec" report if the subscriber gender is missing.

➤ **Missing or invalid Postal code**

The missing postal code (zip code) may need to be added in one or more of the multiple patient or plan addresses.

If the zip code is missing, the error will appear on the Validation report. If the zip code exists but is incorrect; an error may be reported on the Clearinghouse "rec" reports.

Zip codes can be verified online at www.usps.com

➤ **The state code is missing or invalid**

Add or correct the 2 character state code.

The missing state code may need to be added in one or more of the multiple patient or plan addresses.

If the state code is missing, the error will appear on the Validation report. If the state code exists but is incorrect, an error may be reported on the Clearinghouse "rec" reports.

Only the 2 character USPS approved state code is accepted. State codes can be verified online at www.usps.com

➤ **Code source is missing**

Be sure a code source is selected in the **Plan** table.

➤ **MSP Medicare Secondary Payer is invalid**

When Medicare is a secondary insurance, the policy type selected for that patient's insurance must be one of the Medicare secondary options. These are available in the policy type drop down menu.

➤ **Missing Visit Service Location**

The service location must appear in both the Visit and Charge Summary sections of Charge Entry.

Clearinghouse Edits

➤ **Diagnosis code pointer is invalid/not used. (Bad data: 5, 6, 7, 8)**

This refers to the Diagnosis pointers within the charge, not the actual diagnosis codes.

Each procedure can not point to more than 4 diagnosis codes.

➤ **Subscriber ID Number is missing or invalid**

Add or correct the Subscriber Id number. Dashes, spaces or special characters should not appear.

➤ **Other Payer Responsibility Sequence Code is missing or invalid (bad data: P or bad data: S)**

You will see this error when a claim is not submitted in the same order as listed in the patient account.

Review the claim history and void any prior submissions for that visit for the incorrect payer.

➤ **Destination Payer Organization Name is missing, has invalid characters, or greater than 35 bytes**

Ex: Bad Data: Mohawk Valley Physicians Health Organization

There is a limit to the number of bytes or characters used for the Carrier and Plan names. All spaces, symbols, and characters count as a byte.

- **The diagnosis code is missing or invalid**
Supplemental Diagnosis Code is missing or invalid for Diagnosis type given (ICD-9, ICD-10)

These errors will show the incorrect diagnosis code in brackets.

Reminder: Only ICD-10 diagnosis codes may be submitted with dates of service on or after October 1, 2015.

- **The procedure code is missing or invalid**

The error will show the incorrect procedure code in brackets.

- **Line Level – Date is missing or invalid.**

This usually points to an error on the charge entry for that specific visit. Pay particular attention to any inpatient service locations. They may require an admission date.

- **Billing Provider Primary Identifier is missing or invalid**

Verify that individual and group NPI's, where applicable, appear correctly.

- **The Facility ID is missing or invalid**

Verify the service location in the rejected visit contains a valid NPI. All service locations setup as a facility must have a valid NPI.

- **Referring Provider secondary identifier is missing or invalid**

Verify the NPI for the referring provider appears in the Provider table.

- **COB claim balancing failed. Total charge amount does not equal sum of paid amount and all adjustment amounts.**

Coordination of Benefit (COB) service line balancing failed. Charge amount does not equal sum of paid amount and all line adjustment amounts. These secondary claim errors will occur if the primary payment is not properly posted.

- **PAYOR ID Missing/invalid (bad data: XXXXX)**

Verify that the correct clearinghouse payer id exists in the MEDfx plan table.