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**EDIT MAPPING FOR 277 IN THE ORDER OF CLAIM STATUS CODE**

**Last Modified: October 16, 2009**

NYS Medicaid: Edit Mapping for 277 in the Order of Claim Status Code

HEALTH CARE CLAIM STATUS CODE	STATUS CODE DESCRIPTION	ENTITY IDENTIFIER CODE	ENTITY ID DESCRIPTION	EDIT NUMBER	EDIT DESCRIPTION
1	FOR MORE DETAILED INFORMATION, SEE REMITTANCE ADVICE	N/A		00166	PROVIDER INELIGIBLE SERVICE ON DATE PERFORMED
1	FOR MORE DETAILED INFORMATION, SEE REMITTANCE ADVICE	N/A		00503	CLAIM OVER 90 DAYS/PRIOR APPROVAL REQUIRED
18	ENTITY RECEIVED CLAIM/ENCOUNTER, BUT RETURNED INVALID STATUS	N/A		01479	MULTIPLE RATE CODES SUBMITTED
18	ENTITY RECEIVED CLAIM/ENCOUNTER, BUT RETURNED INVALID STATUS	N/A		01604	OVERRIDE DENIED, UT NOT AT LIMIT
18	ENTITY RECEIVED CLAIM/ENCOUNTER, BUT RETURNED INVALID STATUS	N/A		01611	MISSING OR INVALID PROCESSOR CONTROL NUMBER
18	ENTITY RECEIVED CLAIM/ENCOUNTER, BUT RETURNED INVALID STATUS	N/A		01612	MISSING OR INVALID ELIGIBILITY OVERRIDE CODE
18	ENTITY RECEIVED CLAIM/ENCOUNTER, BUT RETURNED INVALID STATUS	N/A		01613	MISSING OR INVALID COMPOUND CODE
18	ENTITY RECEIVED CLAIM/ENCOUNTER, BUT RETURNED INVALID STATUS	N/A		01615	MISSING OR INVALID PATIENT PAID AMOUNT
18	ENTITY RECEIVED CLAIM/ENCOUNTER, BUT RETURNED INVALID STATUS	N/A		01623	ECCA NOT ALLOWED
18	ENTITY RECEIVED CLAIM/ENCOUNTER, BUT RETURNED INVALID STATUS	N/A		01629	INVALID PIN
18	ENTITY RECEIVED CLAIM/ENCOUNTER, BUT RETURNED INVALID STATUS	N/A		01643	INVALID DUR CONFLICT CODE
18	ENTITY RECEIVED CLAIM/ENCOUNTER, BUT RETURNED INVALID STATUS	N/A		01644	INVALID DUR OUTCOME CODE

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18	ENTITY RECEIVED CLAIM/ENCOUNTER, BUT RETURNED INVALID STATUS	N/A		01646	ONLINE ADJUSTMENTS / RE-BILL NOT ALLOWED FOR DVS ITEMS
18	ENTITY RECEIVED CLAIM/ENCOUNTER, BUT RETURNED INVALID STATUS	N/A		01648	PROCESSOR CONTROL NUMBER NEEDED FOR RE-BILL / REVERSAL
21	MISSING OR INVALID INFORMATION	N/A		00025	SPECIAL CONSIDERATION INDICATOR INVALID
21	MISSING OR INVALID INFORMATION	N/A		00103	ADJUSTMENT/VOID FIELDS ARE INCOMPLETE
25	ENTITY NOT APPROVED.	85	BILLING PROVIDER	02105	PROVIDER IS NOT VALID FOR BARIATRIC SURGERY FOR OBESITY
27	POLICY CANCELED	QC	PATIENT	00689	RECIPIENT NO LONGER PREPAID CAPITATION PLAN ENROLLEE
35	CLAIM/ENCOUNTER NOT FOUND	N/A		00725	HISTORY RECORD NOT FOUND FOR ADJUSTMENT OR VOID
38	AWAITING NEXT PERIODIC ADJUDICATION CYCLE	N/A		00240	OVER TWO YEAR OLD CLAIM HELD FOR FUTURE ADJUDICATION
41	SPECIAL HANDLING REQUIRED AT PAYER SITE	N/A		00706	STOP-LOSS REQUIRES MANUAL PRICING
42	AWAITING RELATED CHARGES	N/A		00795	COST OUTLIER CLAIM REQUIRES MANUAL PRICING
46	INTERNAL REVIEW/AUDIT	N/A		00397	AMOUNT IS 10% OR LS AMT ON PROCEDURE FILE
46	INTERNAL REVIEW/AUDIT	N/A		00721	CLAIM PATIENT PART > 1000 AND FILE PATIENT PART = 0

NYS Medicaid: Edit Mapping for 277 in the Order of Claim Status Code

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46	INTERNAL REVIEW/AUDIT	N/A		00722	CLAIM PATIENT PART AMOUNT 10 OR MORE TIMES > FILE PATIENT PART AMOUNT
46	INTERNAL REVIEW/AUDIT	N/A		00778	CAPITAL ADD ON RATE NOT FOUND FOR PROVIDER
46	INTERNAL REVIEW/AUDIT	N/A		00867	PHARMACY SERVICE INCLUDED IN OUT-OF-STATE FACILITY RATE
46	INTERNAL REVIEW/AUDIT	N/A		00868	DENTAL SERVICE INCLUDED IN OUT OF STATE FACILITY RATE
46	INTERNAL REVIEW/AUDIT	N/A		01141	PROVIDER EXCEPTION IND REQUIRES PEND (DOH)
46	INTERNAL REVIEW/AUDIT	N/A		01142	PROVIDER EXCEPTION REQUIRES PEND - OHIP
46	INTERNAL REVIEW/AUDIT			01316	PHARMACY SERVICE INCLUDED IN FACILITY RATE
46	INTERNAL REVIEW/AUDIT	N/A		01493	PHARMACY SERVICE INCLUDED IN IN-STATE FACILITY RATE (DENY)
46	INTERNAL REVIEW/AUDIT	N/A		02014	CLAIM UNDER REVIEW BY THE OFFICE OF THE STATE COMPTROLLER
48	REFERRAL/AUTHORIZATION	N/A		01116	PRIOR APPROVAL REQUIRED FOR AMBULATORY SURGERY
48	REFERRAL/AUTHORIZATION	N/A		01247	THERAPEUTIC DAYS GT 4 FOR RTF CLAIM, NO PA PRESENT

NYS Medicaid: Edit Mapping for 277 in the Order of Claim Status Code

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48	REFERRAL/AUTHORIZATION	N/A		01249	CONSECUTIVE THERAPEUTIC DAYS GT 4 FOR RTF CLAIM, NO PA PRESENT
54	DUPLICATE OF A PREVIOUSLY PROCESSED CLAIM/LINE	N/A		00605	CLAIM PREVIOUSLY PAID USING ANOTHER PROVIDER NUMBER
54	DUPLICATE OF A PREVIOUSLY PROCESSED CLAIM/LINE	N/A		00705	DUPLICATE CLAIM IN HISTORY
54	DUPLICATE OF A PREVIOUSLY PROCESSED CLAIM/LINE	N/A		00707	EXACT DUP CATCH ALL PROCEDURE
54	DUPLICATE OF A PREVIOUSLY PROCESSED CLAIM/LINE	N/A		00708	CONFLICTING PAC RATE CODE IN HISTORY
54	DUPLICATE OF A PREVIOUSLY PROCESSED CLAIM/LINE	N/A		00715	PROCEDURE CONFLICTS WITH PRIOR SERVICE
54	DUPLICATE OF A PREVIOUSLY PROCESSED CLAIM/LINE	N/A		00717	PROCEDURE CONFLICTS WITH PRIOR SERVICE
54	DUPLICATE OF A PREVIOUSLY PROCESSED CLAIM/LINE	N/A		00718	PROCEDURE COMBINATION REQUIRES REVIEW/PRICING
54	DUPLICATE OF A PREVIOUSLY PROCESSED CLAIM/LINE	N/A		00727	NEAR DUPLICATE CLAIM IN HISTORY
54	DUPLICATE OF A PREVIOUSLY PROCESSED CLAIM/LINE	N/A		00755	THIS REFILL ALREADY PAID
54	DUPLICATE OF A PREVIOUSLY PROCESSED CLAIM/LINE	N/A		00759	DUPLICATE INPATIENT/CLINIC, EMERGENCY, REFERRED AMB OR LAB CLAIM
54	DUPLICATE OF A PREVIOUSLY PROCESSED CLAIM/LINE	N/A		00760	SUSPECT DUPLICATE, COVERED BY INPATIENT CLAIM

NYS Medicaid: Edit Mapping for 277 in the Order of Claim Status Code

HEALTH CARE CLAIM STATUS CODE	STATUS CODE DESCRIPTION	ENTITY IDENTIFIER CODE	ENTITY ID DESCRIPTION	EDIT NUMBER	EDIT DESCRIPTION
54	DUPLICATE OF A PREVIOUSLY PROCESSED CLAIM/LINE	N/A		00761	DUPLICATE DAY TREATMENT CLINIC / PART-TIME CLINIC CLAIM
54	DUPLICATE OF A PREVIOUSLY PROCESSED CLAIM/LINE	N/A		00762	SUSPECT DUPLICATE, COVERED BY PART-TIME CLINIC CLAIM
54	DUPLICATE OF A PREVIOUSLY PROCESSED CLAIM/LINE	N/A		00763	DUPLICATE CLINIC (0160) / CLINIC (0164)
54	DUPLICATE OF A PREVIOUSLY PROCESSED CLAIM/LINE	N/A		00764	SUSPECT DUPLICATE, COVERED BY CLINIC (COS 0160)
54	DUPLICATE OF A PREVIOUSLY PROCESSED CLAIM/LINE	N/A		00765	SUSPECT DUPLICATE PHARMACY, COVERED BY INPATIENT CLAIM
54	DUPLICATE OF A PREVIOUSLY PROCESSED CLAIM/LINE	N/A		00766	DUPLICATE DENTAL / CLINIC CLAIM (0164)
54	DUPLICATE OF A PREVIOUSLY PROCESSED CLAIM/LINE	N/A		01129	PART A DEDUCTIBLE PREVIOUSLY PAID FOR THIS SPELL OF ILLNESS
54	DUPLICATE OF A PREVIOUSLY PROCESSED CLAIM/LINE	N/A		01168	SERVICE WAS PREVIOUSLY PAID AT 100%
54	DUPLICATE OF A PREVIOUSLY PROCESSED CLAIM/LINE	N/A		01175	PREPAID CAPITATION RECIPIENT - MULTIPLE COVERAGE
54	DUPLICATE OF A PREVIOUSLY PROCESSED CLAIM/LINE	N/A		01178	DUPLICATE PRINCIPAL PAS CLAIM ON HISTORY FILE
54	DUPLICATE OF A PREVIOUSLY PROCESSED CLAIM/LINE	N/A		01231	INAPPROPRIATE RATE BILLED/CONFLICTING CLAIM PREVIOUSLY PAID

NYS Medicaid: Edit Mapping for 277 in the Order of Claim Status Code

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54	DUPLICATE OF A PREVIOUSLY PROCESSED CLAIM/LINE	N/A		01256	BILLED FOR MORE THAN ONE STOP LOSS CLAIM IN A YEAR
54	DUPLICATE OF A PREVIOUSLY PROCESSED CLAIM/LINE	N/A		02062	TRANSPORTATION SERVICE PERFORMED DURING INPATIENT STAY
54	DUPLICATE OF A PREVIOUSLY PROCESSED CLAIM/LINE	N/A		02063	TRANSPORTATION SERVICE PAID DURING THIS INPATIENT ADMISSION PERIOD
54	DUPLICATE OF A PREVIOUSLY PROCESSED CLAIM/LINE	N/A		02064	PAYMENT ALREADY RECEIVED FOR THIS SERVICE UNDER NURSING HOME CLAIM TYPE
54	DUPLICATE OF A PREVIOUSLY PROCESSED CLAIM/LINE	N/A		02065	PAYMENT ALREADY RECEIVED FOR THIS SERVICE UNDER CLINIC CLAIM TYPE
65	CLAIM/LINE HAS BEEN PAID	N/A		02080	APG CLAIM BASE RATE CHANGE TABLE LIMITS REACHED
65	CLAIM/LINE HAS BEEN PAID	N/A		02081	ALL APG LINES PAID ZERO
84	SERVICE NOT AUTHORIZED	N/A		00186	REQ PA FOR PROCEDURE NOT FOUND
84	SERVICE NOT AUTHORIZED	N/A		00190	PROVIDER EXCEPTION CODE 02 REQUIRES MANUAL PRICING (0-0-S PROVIDER)
84	SERVICE NOT AUTHORIZED	N/A		00231	ELECTIVE ABORTION NOT PAYABLE
84	SERVICE NOT AUTHORIZED	N/A		00254	SERVICE CODE NOT EQUAL TO PA

NYS Medicaid: Edit Mapping for 277 in the Order of Claim Status Code

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84	SERVICE NOT AUTHORIZED	N/A		00552	CLAIM REQUIRES PRIOR APPROVAL
84	SERVICE NOT AUTHORIZED	N/A		00728	PA REQUIRED – STAY GT 15 DAYS OR LEVEL OF CARE CHANGED
84	SERVICE NOT AUTHORIZED	N/A		00746	NO SERVICE AUTHORIZATION RECORD ON FILE
84	SERVICE NOT AUTHORIZED	N/A		01154	NO UT SERVICE AUTHORIZATION RECORD ON FILE
84	SERVICE NOT AUTHORIZED	N/A		01155	UTILIZATION THRESHOLD SERVICE AUTHORIZATION EXHAUSTED
84	SERVICE NOT AUTHORIZED	N/A		01207	CARE AT HOME RATE DOES NOT MATCH RECIPIENTS PROGRAM
84	SERVICE NOT AUTHORIZED	N/A		01647	DVS ERROR
84	SERVICE NOT AUTHORIZED	N/A		02008	RECIP EXCP CODE MUST = 84 TO BILL THIS RATE CODE
84	SERVICE NOT AUTHORIZED	N/A		02009	RECIP EXCP CODE MUST = 84 OR 85 TO BILL THIS RATE CODE
84	SERVICE NOT AUTHORIZED	N/A		02010	RECIP EXCP CODE MUST = 86 TO BILL THIS RATE CODE
84	SERVICE NOT AUTHORIZED	N/A		02099	BREAST CANCER SURGERIES NOT REIMBURSED FOR FACILITY
84	SERVICE NOT AUTHORIZED	80	HOSPITAL	02103	SERIOUS ADVERSE EVENT IS NOT REIMBURSED FOR THE ENTIRE STAY

NYS Medicaid: Edit Mapping for 277 in the Order of Claim Status Code

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84	SERVICE NOT AUTHORIZED	80	HOSPITAL	02104	RATE CODE IMPLIES SERIOUS ADVERSE EVENT DURING A STAY
84	SERVICE NOT AUTHORIZED	80	HOSPITAL	02107	SERIOUS ADVERSE EVENT RATE CODE NOT ALLOWED ON ORIGINAL CLAIM
85	ENTITY NOT PRIMARY	MR	MEDICAL INSURANCE CARRIER	00131	THIRD PARTY INDICATED/OTHER INSURANCE AMT NOT SUBMITTED
85	ENTITY NOT PRIMARY	MR	MEDICAL INSURANCE CARRIER	00152	RECIPIENT FILE INDICATES MEDICARE/NO MEDICARE PRESENT
85	ENTITY NOT PRIMARY	QA	PHARMACY	00677	RESTRICTED RECIPIENT SERVICE NOT PROVIDED/ORDERED/REFERRED BY PRIMARY PHARMACY
85	ENTITY NOT PRIMARY	QA	PHARMACY	00678	RESTRICTED RECIPIENT SERVICE NOT PROVIDED/ORDERED/REFERRED BY PRIMARY PHARMACY/ATTACHMENT
85	ENTITY NOT PRIMARY	1T	PHYSICIAN, CLINIC OR GROUP PRACTICE	00679	RESTRICTED RECIPIENT SERVICE NOT PROVIDED/ORDERED/REFERRED BY PRIMARY PHYSICIAN
85	ENTITY NOT PRIMARY	1T	PHYSICIAN, CLINIC OR GROUP PRACTICE	00680	RESTRICTED RECIPIENT SERVICE NOT PROVIDED/ORDERED/REFERRED BY PRIMARY PHYSICIAN/ATTACHMENT

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85	ENTITY NOT PRIMARY	1T	PHYSICIAN, CLINIC OR GROUP PRACTICE	00683	RESTRICTED RECIPIENT SERVICE NOT PROVIDED/ORDERED/REFERRED BY PRIMARY CLINIC
85	ENTITY NOT PRIMARY	1T	PHYSICIAN, CLINIC OR GROUP PRACTICE	00684	RESTRICTED RECIPIENT SERVICE NOT PROVIDED/ORDERED/REFERRED BY PRIMARY CLINIC/ATTACH
85	ENTITY NOT PRIMARY	N/A		00808	PATIENT HAS ALREADY MET MEDICARE DEDUCTIBLE - REVIEW MEDICARE DATA
85	ENTITY NOT PRIMARY	QS	PODIATRIST	01138	RESTRICTED RECIPIENT SERVICE NOT PROVIDED/ORDERED/REFERRED BY PRIMARY PODIATRIST
85	ENTITY NOT PRIMARY	QN	DENTIST	01139	RESTRICTED RECIPIENT SERVICE NOT PROVIDED/ORDERED/REFERRED BY PRIMARY DENTIST
85	ENTITY NOT PRIMARY	X5	DURABLE MEDICAL EQUIPMENT SUPPLIER	01140	RESTRICTED RECIPIENT SERVICE NOT PROVIDED/ORDERED/REFERRED BY PRIMARY DME PROVIDER
85	ENTITY NOT PRIMARY	QS	PODIATRIST	01149	RESTRICTED RECIPIENT SERVICE NOT PROVIDED/ORDERED/REFERRED BY PRIMARY PODIATRIST/ATTACHMENT

NYS Medicaid: Edit Mapping for 277 in the Order of Claim Status Code

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85	ENTITY NOT PRIMARY	QN	DENTIST	01150	RESTRICTED RECIPIENT SERVICE NOT PROVIDED/ORDERED/REFERRED BY PRIMARY DENTIST/ATTACHMENT
85	ENTITY NOT PRIMARY	X5	DURABLE MEDICAL EQUIPMENT SUPPLIER	01151	RESTRICTED RECIPIENT SERVICE NOT PROVIDED/ORDERED/REFERRED BY PRIMARY DME PROVIDER/ATTACHMENT
85	ENTITY NOT PRIMARY	P3	PRIMARY CARE PROVIDER	01152	RESTRICTED RECIPIENT/MANAGED CARE COORDINATION PROGRAM SERVICE NOT PROVIDED/ORDERED/REFERRED BY PRIMARY PROVIDER
85	ENTITY NOT PRIMARY	P3	PRIMARY CARE PROVIDER	01153	ONLY PRIMARY PHYSICIAN MAY BILL RESTRICTED RECIPIENT/MANAGED CARE COORDINATION PROGRAM PROCEDURE CODE
85	ENTITY NOT PRIMARY	P3	PRIMARY CARE PROVIDER	01157	RESTRICTED RECIPIENT/MANAGED CARE COORDINATION PROGRAM SERVICE NOT PROVIDED/ORDERED/REFERRED BY PRIMARY PROVIDER/ATTACHMENT

NYS Medicaid: Edit Mapping for 277 in the Order of Claim Status Code

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85	ENTITY NOT PRIMARY	CK	PHARMACIST	01198	MANAGED CARE COORDINATION PROGRAM SERVICE NOT PROVIDED/ORDERED/REFERRED BY PRIMARY PHARMACY
85	ENTITY NOT PRIMARY	CK	PHARMACIST	01199	MANAGED CARE COORDINATION PROGRAM SERVICE NOT PROVIDED/ORDERED/REFERRED BY PRIMARY PHARMACY/ATTACHMENT
85	ENTITY NOT PRIMARY	P3	PRIMARY CARE PROVIDER	01200	MANAGED CARE COORDINATION SERVICE NOT PROVIDED/ORDERED/REFERRED BY PRIMARY PHYSICIAN
85	ENTITY NOT PRIMARY	P3	PRIMARY CARE PROVIDER	01201	MANAGED CARE COORDINATION SERVICE NOT PROVIDED/ORDERED/REFERRED BY PRIMARY PHYSICIAN/ATTACHMENT
85	ENTITY NOT PRIMARY	P3	PRIMARY CARE PROVIDER	01202	MANAGED CARE COORDINATION SERVICE NOT PROVIDED/ORDERED/REFERRED BY PRIMARY CLINIC
85	ENTITY NOT PRIMARY	P3	PRIMARY CARE PROVIDER	01240	RESTRICTED RECIPIENT INPATIENT SERVICE NOT PROVIDED/ORDERED/REFERRED BY PRIMARY PROVIDER

NYS Medicaid: Edit Mapping for 277 in the Order of Claim Status Code

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85	ENTITY NOT PRIMARY	P3	PRIMARY CARE PROVIDER	01245	RESTRICTED RECIPIENT INPATIENT SERVICE NOT PROVIDED/ORDERED/REFERRED BY PRIMARY PROVIDER/PEND FOR REVIEW
85	ENTITY NOT PRIMARY	DN	REFERRING PROVIDER	01300	MANAGE CARE COORDINATION PROGRAM INPATIENT SERVICE NOT PROVIDED/ORDERED/REFERRED BY PRIMARY PROVIDER
85	ENTITY NOT PRIMARY	MR	MEDICAL INSURANCE CARRIER	02004	RECIPIENT HAS MEDICARE PART D
86	DIAGNOSIS AND PATIENT GENDER MISMATCH	N/A		00156	PRIMARY/PRINCIPAL DIAGNOSIS INVALID FOR SEX OF RECIPIENT
86	DIAGNOSIS AND PATIENT GENDER MISMATCH	N/A		00160	SECONDARY DIAGNOSIS INVALID FOR SEX OF RECIPIENT
88	ENTITY NOT ELIGIBLE FOR BENEFITS FOR SUBMITTED DAT	QC	PATIENT	00162	RECIPIENT INELIGIBLE ON SERVICE DATE
88	ENTITY NOT ELIGIBLE FOR BENEFITS FOR SUBMITTED DATE	QC	PATIENT	00694	DATE OF SERVICE PRIOR TO PCP BEGIN DATE
88	ENTITY NOT ELIGIBLE FOR BENEFITS FOR SUBMITTED DATES OF SERVICE	QC	PATIENT	00833	RECIPIENT INELIGIBLE FOR PART OF THE SERVICE PERIOD ON DRG CLAIM
88	ENTITY NOT ELIGIBLE FOR BENEFITS FOR SUBMITTED DATE	QC	PATIENT	00834	RECIPIENT INELIGIBLE FOR PART OF THE SERVICE PERIOD

NYS Medicaid: Edit Mapping for 277 in the Order of Claim Status Code

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88	ENTITY NOT ELIGIBLE FOR BENEFITS FOR SUBMITTED DAT	QC	PATIENT	01254	CAPITATION CLAIM MUST COVER ENROLLMENT PERIOD
88	ENTITY NOT ELIGIBLE FOR BENEFITS FOR SUBMITTED DATE	QC	PATIENT	01339	RECIPIENT NOT AUTHORIZED FOR CMCM/MSC/IRA ON SERVICE DATE
88	ENTITY NOT ELIGIBLE FOR BENEFITS FOR SUBMITTED DATES OF SERVICE	IL	INSURED OR SUBSCRIBER	02082	RECIPIENT EXCEPTION MUST = 72 TO BILL THIS RATE
88	ENTITY NOT ELIGIBLE FOR BENEFITS FOR SUBMITTED DATES OF SERVICE	IL	INSURED OR SUBSCRIBER	02083	RECIPIENT EXCEPTION MUST = 73 TO BILL THIS RATE
88	ENTITY NOT ELIGIBLE FOR BENEFITS FOR SUBMITTED DATES OF SERVICE	IL	INSURED OR SUBSCRIBER	02084	RECIPIENT EXCEPTION MUST = 74 TO BILL THIS RATE
88	ENTITY NOT ELIGIBLE FOR BENEFITS FOR SUBMITTED DATES OF SERVICE	IL	INSURED OR SUBSCRIBER	02089	RECIPIENT EXCEPTION MUST = 23 TO BILL THIS RATE
91	ENTITY NOT ELIGIBLE/NOT APPROVED FOR DATES OF SERVICE	1P	PROVIDER	00137	PROVIDER INACTIVE OR TERMINATED
91	ENTITY NOT ELIGIBLE/NOT APPROVED FOR DATES OF SERVICE	QV	GROUP PRACTICE	00139	GROUP/SERVICE PROVIDER NOT ELIGIBLE ON DATE OF SERVICE
91	ENTITY NOT ELIGIBLE/NOT APPROVED FOR DATES OF SERVICE	QV	GROUP PRACTICE	00141	GROUP PROVIDER INELIGIBLE ON DATE OF SERVICE / PROVIDER ID IS ACTIVE DURING THE ENROLLMENT PERIOD
91	ENTITY NOT ELIGIBLE/NOT APPROVED FOR DATES OF SERVICE	1P	PROVIDER	00249	PROVIDER ID FOR PA SERVICE NOT EQUAL FILE

NYS Medicaid: Edit Mapping for 277 in the Order of Claim Status Code

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91	ENTITY NOT ELIGIBLE/NOT APPROVED FOR DATES OF SERVICE	QC	PATIENT	00250	RECIPIENT ID NUMBER UNEQUAL TO PRIOR APPROVAL FILE
91	ENTITY NOT ELIGIBLE/NOT APPROVED FOR DATES OF SERVICE	1P	PROVIDER	00753	ONLY UPSTATE CONTRACTOR ALLOWED TO BILL FOR SERVICE
91	ENTITY NOT ELIGIBLE/NOT APPROVED FOR DATES OF SERVICE	DK	ORDERING PHYSICIAN	00939	ORDERING/REFERRING PROVIDER EXCLUDED PRIOR TO SERVICE/ORDER DATE
91	ENTITY NOT ELIGIBLE/NOT APPROVED FOR DATES OF SERVICE	DK	ORDERING PHYSICIAN	00940	PRESCRIBING PROVIDER EXCLUDED PRIOR TO SERVICE/ORDER DATE
91	ENTITY NOT ELIGIBLE/NOT APPROVED FOR DATES OF SERVICE	SJ	SERVICE PROVIDER	00941	SERVICE PROVIDER EXCLUDED PRIOR TO SERV/ORDER DATE
91	ENTITY NOT ELIGIBLE/NOT APPROVED FOR DATES OF SERVICE	DK	ORDERING PHYSICIAN	00942	ORDERING/REFERRING PROVIDER DECEASED ON SERVICE/ORDER DATE
91	ENTITY NOT ELIGIBLE/NOT APPROVED FOR DATES OF SERVICE	DK	ORDERING PHYSICIAN	00943	PRESCRIBING PROVIDER DECEASED ON ORDER DATE
91	ENTITY NOT ELIGIBLE/NOT APPROVED FOR DATES OF SERVICE	SJ	SERVICE PROVIDER	00944	SERVICE PROVIDER DECEASED ON SERVICE/ORDER DATE
91	ENTITY NOT ELIGIBLE/NOT APPROVED FOR DATES OF SERVICE	DJ	CONSULTING PHYSICIAN	01242	ORDERING / REFERRING PROVIDER NOT IN ACTIVE STATUS ON DATE OF SERVICE

NYS Medicaid: Edit Mapping for 277 in the Order of Claim Status Code

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91	ENTITY NOT ELIGIBLE/NOT APPROVED FOR DATES OF SERVICE	DK	ORDERING PHYSICIAN	01243	PRESCRIBING PROVIDER NOT IN ACTIVE STATUS ON DATE OF SERVICE
91	ENTITY NOT ELIGIBLE/NOT APPROVED FOR DATES OF SERVICE	SJ	SERVICE PROVIDER	01244	SERVICE PROVIDER NOT IN ACTIVE STATUS ON DATE OF SERVICE
91	ENTITY NOT ELIGIBLE/NOT APPROVED FOR DATES OF SERVICE	N/A		02003	PROVIDER NOT CERTIFIED FOR THIS PROCEDURE
91	ENTITY NOT ELIGIBLE/NOT APPROVED FOR DATES OF SERVICE.	N/A		02088	CLINIC PROVIDER NOT ALLOWED LMSW/LCSW SERVICES
91	ENTITY NOT ELIGIBLE/NOT APPROVED FOR DATES OF SERVICE.	1S	OUTPATIENT SURGICENTER	02092	AMBULATORY SURGERY PROCEDURE CODE NOT ON ALL SERVICE DATES
91	ENTITY NOT ELIGIBLE/NOT APPROVED FOR DATES OF SERVICE.	N/A		02094	NO NYC SERVICES - AMBULETTE
93	ENTITY IS NOT SELECTED PRIMARY CARE PROVIDER	1P	PROVIDER	00696	PROVIDER ON CLAIM NOT RECIPIENT PREPAID CAPITATION PROVIDER
94	ENTITY NOT REFERRED BY SELECTED PRIMARY CARE PROVIDER,	QC	PATIENT	00699	RECIPIENT COVERAGE INDICATES CAPITATION CLAIMS AND PREPAID CAPITATION PLAN REFER SERVICE ONLY
96	NO AGREEMENT WITH ENTITY	N/A		01630	M / I PROCESSOR CONTROL NUMBER OR NO TSN FOUND FOR PROVIDER ID
97	PATIENT ELIGIBILITY NOT FOUND WITH ENTITY	QK	MANAGED CARE	00693	RECIPIENT NOT ON PCP FILE

NYS Medicaid: Edit Mapping for 277 in the Order of Claim Status Code

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97	PATIENT ELIGIBILITY NOT FOUND WITH ENTITY	N/A		01171	PREPAID CAPITATION RECIPIENT-SERVICE INAPPROPRIATE FOR ENROLLEE
97	PATIENT ELIGIBILITY NOT FOUND WITH ENTITY	N/A		01172	PREPAID CAPITATION RECIPIENT - SERVICE COVERED WITHIN PLAN (DENY)
97	PATIENT ELIGIBILITY NOT FOUND WITH ENTITY	N/A		01174	PEND FOR STATE REVIEW - PCP PLAN CODE NOT ON CONTRACT FILE
101	CLAIM WAS PROCESSED AS ADJUSTMENT TO PREVIOUS CLAIM	N/A		00726	PATIENT PARTICIPATION AMOUNT ON STATE SUBMITTED ADJUSTMENT MISSING
109	ENTITY NOT ELIGIBLE	QC	PATIENT	00140	RECIPIENT ID NUMBER NOT ON FILE
109	ENTITY NOT ELIGIBLE	QC	PATIENT	00291	RECIPIENT INELIGIBLE (COVERAGE CODE IS EQUAL TO 02)
109	ENTITY NOT ELIGIBLE	CK	PHARMACIST	00520	PHARMACIST ID CATEGORY OF SERVICE INVALID FOR PROCEDURE CODE
109	ENTITY NOT ELIGIBLE	DK	ORDERING PHYSICIAN	00538	ORDERING/REFERRING PROVIDER PROFESSION CODE INVALID
109	ENTITY NOT ELIGIBLE	DK	ORDERING PHYSICIAN	00568	PRESCRIBING PROVIDER PROFESSION CODE INVALID FOR ISSUING PRESCRIPTION

NYS Medicaid: Edit Mapping for 277 in the Order of Claim Status Code

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109	ENTITY NOT ELIGIBLE	QC	PATIENT	00691	RECIPIENT COVERAGE CODE INVALID FOR CAPITATION CLAIMS
109	ENTITY NOT ELIGIBLE	QC	PATIENT	00709	RECIPIENT INELIGIBLE (COVERAGE CODE IS EQUAL TO 08)
109	ENTITY NOT ELIGIBLE	DK	ORDERING PHYSICIAN	00858	ORDERING/REFERRING PROVIDER TYPE INVALID FOR SERVICE
109	ENTITY NOT ELIGIBLE	QC	PATIENT	00866	MEDICAID COVERAGE CODE 10; RECIPIENT INELIGIBLE FOR THIS SERVICE
109	ENTITY NOT ELIGIBLE	QC	PATIENT	00970	RECIPIENT NOT AUTHORIZED ON PRINCIPAL PROVIDER SYSTEM
109	ENTITY NOT ELIGIBLE	QC	PATIENT	00971	RECIPIENT NOT AUTHORIZED FOR LONG TERM CARE FOR PART OF THE SERVICE PERIOD
109	ENTITY NOT ELIGIBLE	QC	PATIENT	00972	RECIPIENT NOT AUTHORIZED FOR LONG TERM CARE FOR SERVICE PERIOD
109	ENTITY NOT ELIGIBLE	1P	PROVIDER	00974	CLAIM PROVIDER ID NOT EQUAL TO PATIENT PARTICIPATION FILE PROVIDER FOR PART OF THE SERVICE PERIOD
109	ENTITY NOT ELIGIBLE	1P	PROVIDER	00975	CLAIM PROVIDER ID NOT EQUAL PATIENT PARTICIPATION FILE PROVIDER FOR ANY OF THE SERVICE PERIOD

NYS Medicaid: Edit Mapping for 277 in the Order of Claim Status Code

HEALTH CARE CLAIM STATUS CODE	STATUS CODE DESCRIPTION	ENTITY IDENTIFIER CODE	ENTITY ID DESCRIPTION	EDIT NUMBER	EDIT DESCRIPTION
109	ENTITY NOT ELIGIBLE	DK	ORDERING PHYSICIAN	01098	RECIPIENT LESS THAN 21/PRESCRIBER NOT PHC
109	ENTITY NOT ELIGIBLE	QC	PATIENT	01121	MEDICAID COVERAGE CODE 15 - RECIPIENT INELIGIBLE FOR THIS SERVICE
109	ENTITY NOT ELIGIBLE	QC	PATIENT	01122	MEDICAID COVERAGE CODE 14 - RECIPIENT INELIGIBLE FOR THIS SERVICE
109	ENTITY NOT ELIGIBLE	QC	PATIENT	01123	MEDICAID COVERAGE CODE 13 - RECIPIENT INELIGIBLE FOR THIS SERVICE
109	ENTITY NOT ELIGIBLE	DK	ORDERING PHYSICIAN	01127	NURSE PRACTITIONER/MIDWIFE NOT QUALIFIED TO PRESCRIBE LEGEND DRUGS
109	ENTITY NOT ELIGIBLE	QC	PATIENT	01158	ENHANCED FEE PROCEDURE CODE USED FOR NON-QUALIFIED RECIPIENT OR PROVIDER
109	ENTITY NOT ELIGIBLE	QC	PATIENT	01164	RECIP NOT QMB - SVCS NOT REIMBURSABLE FOR COS
109	ENTITY NOT ELIGIBLE	QL	CHIROPRACTOR	01165	CHIROPRACTIC ORDER/REFERRAL INVALID FOR SERVICE
109	ENTITY NOT ELIGIBLE	QL	CHIROPRACTOR	01166	CHIROPRACTIC ORDER/REFERRAL INVALID - RECIPIENT NOT QUALIFIED MEDICARE BENEFICIARY

NYS Medicaid: Edit Mapping for 277 in the Order of Claim Status Code

HEALTH CARE CLAIM STATUS CODE	STATUS CODE DESCRIPTION	ENTITY IDENTIFIER CODE	ENTITY ID DESCRIPTION	EDIT NUMBER	EDIT DESCRIPTION
109	ENTITY NOT ELIGIBLE	QL	CHIROPRACTOR	01167	CHIROPRACTIC ORDER/REFERRAL INVALID - MEDICARE APPROVED AMOUNT NOT GREATER THAN ZERO
109	ENTITY NOT ELIGIBLE	DN	REFERRING PROVIDER	01183	REFERRAL INVALID FOR SERVICE
109	ENTITY NOT ELIGIBLE	QC	PATIENT	01206	RECIPIENT NOT IN CARE AT HOME PROGRAM-INVALID RATE CODE BILLED
109	ENTITY NOT ELIGIBLE	GY	TREATMENT FACILITY	01220	DAY TREATMENT RATE INVALID FOR PRINCIPLE PROVIDER CODE
109	ENTITY NOT ELIGIBLE	QC	PATIENT	01257	GME NOT BILLABLE AS A SEPARATE CLAIM
109	ENTITY NOT ELIGIBLE	QC	PATIENT	01264	NOT A NYC RECIPIENT
109	ENTITY NOT ELIGIBLE	QC	PATIENT	01278	NOT A TRAUMATIC BRAIN INJURY RECIPIENT: TRAUMATIC BRAIN INJURY SERVICES NOT REIMBURSABLE
109	ENTITY NOT ELIGIBLE	QC	PATIENT	01293	PROVIDER/GROUP REIMBURSED FOR MEDICARE ONLY
109	ENTITY NOT ELIGIBLE	QC	PATIENT	01294	RECIPIENT NOT QMB (QUALIFIED MEDICARE BENEFICIARY), SERVICES NOT REIMBURSABLE
109	ENTITY NOT ELIGIBLE	QC	PATIENT	01295	RECIPIENT NOT MEDICARE, SERVICES NOT REIMBURSABLE

NYS Medicaid: Edit Mapping for 277 in the Order of Claim Status Code

HEALTH CARE CLAIM STATUS CODE	STATUS CODE DESCRIPTION	ENTITY IDENTIFIER CODE	ENTITY ID DESCRIPTION	EDIT NUMBER	EDIT DESCRIPTION
109	ENTITY NOT ELIGIBLE	QC	PATIENT	01303	PORTABLE X-RAY PROCEDURE CODE/MEDICARE APPROVED AMOUNT > 0 OR QMB RECIPIENT
109	ENTITY NOT ELIGIBLE	1P	PROVIDER	01304	PROVIDER NOT ALLOWED TO BILL FOR PORTABLE XRAY SERVICES
109	ENTITY NOT ELIGIBLE	QC	PATIENT	01305	RECIPIENT NOT ELIGIBLE FOR TRANSPLANT PROCEDURE CODE
109	ENTITY NOT ELIGIBLE	QC	PATIENT	01315	FQHC RATE,RECIPIENT NOT ENROLLED IN MANAGED CARE PLAN
109	ENTITY NOT ELIGIBLE	QC	PATIENT	01319	RECIPIENT EXCEPTION INVALID FOR HOME AND COMMUNITY BASED SERVICES WAIVER PROGRAM
109	ENTITY NOT ELIGIBLE	QC	PATIENT	01336	RECIPIENT DATA INCONSISTENT FOR RATE CODE
109	ENTITY NOT ELIGIBLE	QC	PATIENT	01337	INFORMATION INCONSISTENT FOR FHP PROGRAM
109	ENTITY NOT ELIGIBLE	QC	PATIENT	01338	RECIPIENT NOT ON RESTRICTED RECIPIENT FILE
109	ENTITY NOT ELIGIBLE	1P	PROVIDER	01340	CLAIM PROVIDER NOT EQUAL RESTRICTION RECIPIENT FILE PROVIDER
109	ENTITY NOT ELIGIBLE	QC	PATIENT	01341	RATE CODE INAPPROPRIATE FOR RECIPIENT AID CATEGORY

NYS Medicaid: Edit Mapping for 277 in the Order of Claim Status Code

HEALTH CARE CLAIM STATUS CODE	STATUS CODE DESCRIPTION	ENTITY IDENTIFIER CODE	ENTITY ID DESCRIPTION	EDIT NUMBER	EDIT DESCRIPTION
109	ENTITY NOT ELIGIBLE	QC	PATIENT	01350	MEDICAID COVERAGE CODE = 19-RECIPIENT INELIGIBLE FOR THIS SERVICE
109	ENTITY NOT ELIGIBLE	QC	PATIENT	01351	MEDICAID COVERAGE CODE = 24-RECIPIENT INELIGIBLE FOR THIS SERVICE
109	ENTITY NOT ELIGIBLE	QC	PATIENT	01352	MEDICAID COVERAGE CODE = 21-RECIPIENT INELIGIBLE FOR THIS SERVICE
109	ENTITY NOT ELIGIBLE	QC	PATIENT	01353	MEDICAID COVERAGE CODE = 22-RECIPIENT INELIGIBLE FOR THIS SERVICE
109	ENTITY NOT ELIGIBLE	QC	PATIENT	01354	MEDICAID COVERAGE CODE = 23-RECIPIENT INELIGIBLE FOR THIS SERVICE
109	ENTITY NOT ELIGIBLE	QC	PATIENT	01496	NO COVERAGE: PENDING FAMILY HEALTH PLUS
109	ENTITY NOT ELIGIBLE	OD	DOCTOR OF OPTOMETRY	01498	OPTOMETRIST INDICATED NOT QUALIFIED TO PRESCRIBE
109	ENTITY NOT ELIGIBLE	QC	PATIENT	01499	RECIPIENT INELIGIBLE, EXCESS INCOME/SPENDDOWN
109	ENTITY NOT ELIGIBLE	QC	PATIENT	01602	NO COVERAGE; EXCESS INCOME SPENDDOWN

NYS Medicaid: Edit Mapping for 277 in the Order of Claim Status Code

HEALTH CARE CLAIM STATUS CODE	STATUS CODE DESCRIPTION	ENTITY IDENTIFIER CODE	ENTITY ID DESCRIPTION	EDIT NUMBER	EDIT DESCRIPTION
109	ENTITY NOT ELIGIBLE	QC	PATIENT	02005	NURSING HOME TRANSITION AND DIVERSION MEDICAID WAIVER (NHTD) PROGRAM RATE CODE REQUIRES RECIPIENT WITH EXCEPTION CODE 60
109	ENTITY NOT ELIGIBLE	QC	PATIENT	02011	INVALID RATE CODE BILLED FOR RECIP EXCP CODE 84
109	ENTITY NOT ELIGIBLE	QC	PATIENT	02012	INVALID RATE CODE BILLED FOR RECIP EXCP CODE 85
109	ENTITY NOT ELIGIBLE	QC	PATIENT	02013	INVALID RATE CODE BILLED FOR RECIP EXCP CODE 86
109	ENTITY NOT ELIGIBLE	QC	PATIENT	02127	RATE CODE INVALID - RECIPIENT EXCEPTION NOT EQUAL 30
109	ENTITY NOT ELIGIBLE	QC	PATIENT	02128	RATE CODE INVALID - RECIPIENT EXCEPTION EQUAL TO 30
109	ENTITY NOT ELIGIBLE	1T	PHYSICIAN, CLINIC OR GROUP PRACTICE	02068	PROVIDER RATE FOUND WITHOUT MATCHING ZIP/LOCATOR CODE
109	ENTITY NOT ELIGIBLE	1Y	RETAIL PHARMACY	02086	NON-SPECIALTY PHARMACY PROVIDER BILLING FOR SPECIALTY DRUGS

NYS Medicaid: Edit Mapping for 277 in the Order of Claim Status Code

HEALTH CARE CLAIM STATUS CODE	STATUS CODE DESCRIPTION	ENTITY IDENTIFIER CODE	ENTITY ID DESCRIPTION	EDIT NUMBER	EDIT DESCRIPTION
109	ENTITY NOT ELIGIBLE	1Y	RETAIL PHARMACY	02126	SPECIALTY PHARMACY PROVIDER BILLING FOR NON-COVERED SPECIALTY DRUGS
109	ENTITY NOT ELIGIBLE	FA	FACILITY	02100	DME SUPPLY ITEM INCLUDED IN FACILITY RATE
109	ENTITY NOT ELIGIBLE	FA	FACILITY	02101	DENTAL SERVICE INCLUDED IN FACILITY RATE
109	ENTITY NOT ELIGIBLE	QC	PATIENT	02102	NFP RATE CODE INAPPROPRIATE FOR CLIENT
116	CLAIM SUBMITTED TO INCORRECT PAYER	N/A		00239	NO FAULT OR WORKMANS COMP INDICATED/NOT COVERED BY MEDICAID
121	SERVICE LINE NUMBER GREATER THAN MAXIMUM ALLOWABLE FOR PAYER	N/A		00710	PROCEDURE/FOR MULARY CODE EXCEEDS SERVICE LIMITS
121	SERVICE LINE NUMBER GREATER THAN MAXIMUM ALLOWABLE FOR PAYER	N/A		00712	PROC EXCEEDS SERVICE LIMITS
132	ENTITY'S MEDICAID PROVIDER ID	QV	GROUP PRACTICE	00030	GROUP ID NUMBER NON-NUMERIC
132	ENTITY'S MEDICAID PROVIDER ID	1P	PROVIDER	00076	PROVIDER ID NUMBER INVALID
132	ENTITY'S MEDICAID PROVIDER ID	1P	PROVIDER	00132	PROVIDER ID NO NOT ON FILE
132	ENTITY'S MEDICAID PROVIDER ID	QV	GROUP PRACTICE	00136	GROUP ID NUMBER NOT ON NYS MASTER FILE
132	ENTITY'S MEDICAID PROVIDER ID	QV	GROUP PRACTICE	00147	GROUP ID NUMBER NOT ON NYS MASTER FILE AS A GROUP ID
132	ENTITY'S MEDICAID PROVIDER ID	QV	GROUP PRACTICE	00164	PROVIDER NOT MEMBER OF GROUP

NYS Medicaid: Edit Mapping for 277 in the Order of Claim Status Code

HEALTH CARE CLAIM STATUS CODE	STATUS CODE DESCRIPTION	ENTITY IDENTIFIER CODE	ENTITY ID DESCRIPTION	EDIT NUMBER	EDIT DESCRIPTION
132	ENTITY'S MEDICAID PROVIDER ID	1T	PHYSICIAN, CLINIC OR GROUP PRACTICE	00295	GROUP IDENTIFICATION NUMBER IN PROVIDER IDENTIFICATION NUMBER FIELD
132	ENTITY'S MEDICAID PROVIDER ID	DK	ORDERING PHYSICIAN	00897	PRESCRIBING PROVIDER ID NOT ON MMIS PROVIDER FILE/PRESCRIBER TYPE BLANK
142	ENTITY'S LICENSE/CERTIFICATION NUMBER	1P	PROVIDER	01342	P.T.CLINIC RATE BILLED/PROVIDER P.T. CLINIC NUMBER MISSING
143	ENTITY'S STATE LICENSE NUMBER	SJ	SERVICE PROVIDER	00263	SERVICING PROVIDER ID OR LICENSE NO AND PROFESSION CODE ARE REQUIRED
143	ENTITY'S STATE LICENSE NUMBER	DK	ORDERING PHYSICIAN	00519	ORDERING/REFERRING/PRESCRIBING PROVIDER LICENSE NUMBER INVALID
143	ENTITY'S STATE LICENSE NUMBER	DK	ORDERING PHYSICIAN	00525	PRESCRIBER LICENSE NUMBER IS MISSING
143	ENTITY'S STATE LICENSE NUMBER	71	ATTENDING PHYSICIAN	00664	ATTENDING PHYSICIAN LICENSE NUMBER MISSING
143	ENTITY'S STATE LICENSE NUMBER	SJ	SERVICE PROVIDER	00915	SERVICE PROVIDER PROFESSION CODE INVALID
143	ENTITY'S STATE LICENSE NUMBER	DN	REFERRING PROVIDER	00916	REFERRING PROVIDER PROFESSION CODE NON-NUMERIC
143	ENTITY'S STATE LICENSE NUMBER	DN	REFERRING PROVIDER	01236	ORDER/REFERRING LICENSE NOT ON NYS LICENSE FILE

NYS Medicaid: Edit Mapping for 277 in the Order of Claim Status Code

HEALTH CARE CLAIM STATUS CODE	STATUS CODE DESCRIPTION	ENTITY IDENTIFIER CODE	ENTITY ID DESCRIPTION	EDIT NUMBER	EDIT DESCRIPTION
143	ENTITY'S STATE LICENSE NUMBER	DK	ORDERING PHYSICIAN	01237	PRESCRIBER LICENSE NOT ON NYS LICENSE FILE
143	ENTITY'S STATE LICENSE NUMBER	SJ	SERVICE PROVIDER	01238	SERVICE LICENSE NOT ON NYS LICENSE FILE
145	ENTITY'S SPECIALTY/TAXONOMY CODE	1P	PROVIDER	00125	PROV CATEG OF SVCE NOT ON FILE
145	ENTITY'S SPECIALTY/TAXONOMY CODE	1P	PROVIDER	00236	PROVIDER SPECIALTY INVALID FOR PROCEDURE
145	ENTITY'S SPECIALTY/TAXONOMY CODE	1P	PROVIDER	00598	CATEGORY OF SERVICE INVALID FOR NDC CODE
145	ENTITY'S SPECIALTY/TAXONOMY CODE	DK	ORDERING PHYSICIAN	00898	PRESCRIBING PROVIDER CATEGORY OF SERVICE INVALID FOR PHARMACY
145	ENTITY'S SPECIALTY/TAXONOMY CODE	DK	ORDERING PHYSICIAN	00899	ORDERING/REFERRING PROVIDER CATEGORY OF SVC INVALID FOR DME
145	ENTITY'S SPECIALTY/TAXONOMY CODE	1P	PROVIDER	00901	CLAIM TYPE UNKNOWN
145	ENTITY'S SPECIALTY/TAXONOMY CODE	G3	CLINIC	00936	CLINIC SPECIALTY CODE NOT ON NEW YORK STATE MASTER FILE
145	ENTITY'S SPECIALTY/TAXONOMY CODE	1Z	HOME HEALTH CARE	01034	SPECIALTY CODE INVALID FOR LONG TERM HHC
145	ENTITY'S SPECIALTY/TAXONOMY CODE.	85	BILLING PROVIDER	02110	SERVICING PROVIDER PROFESSION CODE IS NOT ALLOWED FOR CLINIC
153	ENTITY'S ID NUMBER	SJ	SERVICE PROVIDER	00061	SERVICE PROVIDER ID NUMBER MISSING

NYS Medicaid: Edit Mapping for 277 in the Order of Claim Status Code

HEALTH CARE CLAIM STATUS CODE	STATUS CODE DESCRIPTION	ENTITY IDENTIFIER CODE	ENTITY ID DESCRIPTION	EDIT NUMBER	EDIT DESCRIPTION
153	ENTITY'S ID NUMBER	SJ	SERVICE PROVIDER	00062	SERVICE PROVIDER ID NUMBER INVALID
153	ENTITY'S ID NUMBER	QC	PATIENT	00074	RECIPIENT ID NUMBER INVALID
153	ENTITY'S ID NUMBER	DN	REFERRING PROVIDER	00078	REFERRING PROVIDER ID NUMBER INVALID
153	ENTITY'S ID NUMBER	77	SERVICE LOCATION	00098	LOCATOR CODE INVALID
153	ENTITY'S ID NUMBER	SJ	SERVICE PROVIDER	00175	SERVICE PROVIDER ID NUMBER NOT ON NYS MASTER FILE
153	ENTITY'S ID NUMBER	77	SERVICE LOCATION	00198	LOCATION OF SERVICE INVALID FOR PROVIDER
153	ENTITY'S ID NUMBER	DK	ORDERING PHYSICIAN	00719	PROVIDER ID AND ORD/REF/PRES ID ARE IDENTICAL
153	ENTITY'S ID NUMBER	DK	ORDERING PHYSICIAN	00938	PRESCRIBING PROVIDER PROFESSION CODE BLANK/PRESCRIBING PROVIDER ID NOT NUMERIC
153	ENTITY'S ID NUMBER	DN	REFERRING PROVIDER	01008	REFERRING PROVIDER PROFESSION CODE INVALID
153	ENTITY'S ID NUMBER	DN	REFERRING PROVIDER	01009	REFERRAL DATA INCONSISTENT
153	ENTITY'S ID NUMBER	TT	TRANSFER TO	01035	STATUS DISCHARGED DESTINATION PROVIDER BLANK
153	ENTITY'S ID NUMBER	DN	REFERRING PROVIDER	01173	PREPAID CAPITATION RECIPIENT-REFERRAL OR SPECIALIST ID INVALID
153	ENTITY'S ID NUMBER	DN	REFERRING PROVIDER	01221	REFERRING ID BLANK - OMH REHABILITATION

NYS Medicaid: Edit Mapping for 277 in the Order of Claim Status Code

HEALTH CARE CLAIM STATUS CODE	STATUS CODE DESCRIPTION	ENTITY IDENTIFIER CODE	ENTITY ID DESCRIPTION	EDIT NUMBER	EDIT DESCRIPTION
153	ENTITY'S ID NUMBER	SJ	SERVICE PROVIDER	01357	PROVIDER ID AND SERVICE ID IDENTICAL
153	ENTITY'S ID NUMBER	QC	PATIENT	01616	EXPIRED CARD
153	ENTITY'S ID NUMBER	QC	PATIENT	01618	NON-CURRENT CARD
153	ENTITY'S ID NUMBER	QC	PATIENT	01619	INVALID ACCESS NUMBER
153	ENTITY'S ID NUMBER	QC	PATIENT	01620	INVALID SEQUENCE NUMBER
153	ENTITY'S ID NUMBER	QC	PATIENT	01622	SSN ACCESS NOT ALLOWED
157	ENTITY'S GENDER	QC	PATIENT	00001	RECIPIENT SEX INVALID, MUST INDICATE M OR F
157	ENTITY'S GENDER	QC	PATIENT	00144	RECIPIENT SEX NOT EQUAL FILE
157	ENTITY'S GENDER	QC	PATIENT	00553	DRUG INVALID FOR RECIPIENT SEX
158	ENTITY'S DATE OF BIRTH	QC	PATIENT	00026	DATE OF BIRTH INVALID
158	ENTITY'S DATE OF BIRTH	QC	PATIENT	00102	SERVICE DATE PRIOR TO BIRTH DATE
158	ENTITY'S DATE OF BIRTH	QC	PATIENT	00142	RECIPIENT BIRTH DATE NOT EQUAL FILE
158	ENTITY'S DATE OF BIRTH	QC	PATIENT	00803	PATIENT BORN IN HOSPITAL/YEAR OF BIRTH DIFFERS FROM ADMIT YEAR
158	ENTITY'S DATE OF BIRTH	QC	PATIENT	01318	INAPPROPRIATE DATE OF BIRTH FOR NEWBORN
158	ENTITY'S DATE OF BIRTH	N/A		02095	FAMILY EDUCATION AND TRAINING OVER 18 YRS OLD
171	OTHER INSURANCE COVERAGE INFORMATION (HEALTH, LIABILITY, AUTO, ETC.)	N/A		00056	OTHER INSURANCE PAID INFORMATION INCONSISTENT
171	OTHER INSURANCE COVERAGE INFORMATION (HEALTH, LIABILITY, AUTO, ETC.)	N/A		00713	CLIENT HAS MEDICARE PART B AND MEDICAID OTHER IS BLANK

NYS Medicaid: Edit Mapping for 277 in the Order of Claim Status Code

HEALTH CARE CLAIM STATUS CODE	STATUS CODE DESCRIPTION	ENTITY IDENTIFIER CODE	ENTITY ID DESCRIPTION	EDIT NUMBER	EDIT DESCRIPTION
171	OTHER INSURANCE COVERAGE INFORMATION (HEALTH, LIABILITY, AUTO, ETC.)	N/A		00823	TRICARE 1 INDICATED - OTHER INSURANCE FIELD NOT BLANK
171	OTHER INSURANCE COVERAGE INFORMATION (HEALTH, LIABILITY, AUTO, ETC.)	N/A		01027	MEDICAID COVERAGE CODE 09 MEDICARE APPROVED AMOUNT MISSING
171	OTHER INSURANCE COVERAGE INFORMATION (HEALTH, LIABILITY, AUTO, ETC.)	N/A		01045	BOX M=1/MEDICARE PYMT NOT BLANK
171	OTHER INSURANCE COVERAGE INFORMATION (HEALTH, LIABILITY, AUTO, ETC.)	N/A		01066	BOX M=3/MEDICARE PYMT NOT ZERO
171	OTHER INSURANCE COVERAGE INFORMATION (HEALTH, LIABILITY, AUTO, ETC.)	N/A		01068	MEDICARE PAYMENT SOURCE CODE BOX M/BLANK
171	OTHER INSURANCE COVERAGE INFORMATION (HEALTH, LIABILITY, AUTO, ETC.)	N/A		01069	MEDICARE PAYMENT SOURCE CODE BOX M/NOT 1,2 OR 3
171	OTHER INSURANCE COVERAGE INFORMATION (HEALTH, LIABILITY, AUTO, ETC.)	N/A		01070	OTHR INSURANCE PAYMENT SOURCE CODE BOX O/BLANK
171	OTHER INSURANCE COVERAGE INFORMATION (HEALTH, LIABILITY, AUTO, ETC.)	N/A		01071	OTHR INSURANCE PAYMENT SOURCE CODE BOX O/NOT 1,2 OR 3
171	OTHER INSURANCE COVERAGE INFORMATION (HEALTH, LIABILITY, AUTO, ETC.)	N/A		01083	BOX O=1/OTHER INSURANCE PAID AMOUNT NOT BLANK
171	OTHER INSURANCE COVERAGE INFORMATION (HEALTH, LIABILITY, AUTO, ETC.)	N/A		01085	BOX O=3/OTHER INSURANCE PAID AMOUNT ZERO

NYS Medicaid: Edit Mapping for 277 in the Order of Claim Status Code

HEALTH CARE CLAIM STATUS CODE	STATUS CODE DESCRIPTION	ENTITY IDENTIFIER CODE	ENTITY ID DESCRIPTION	EDIT NUMBER	EDIT DESCRIPTION
171	OTHER INSURANCE COVERAGE INFORMATION (HEALTH, LIABILITY, AUTO, ETC.)	N/A		01087	BOX M=2/MEDICARE APPROVE AMOUNT ZERO OR BLANK
171	OTHER INSURANCE COVERAGE INFORMATION (HEALTH, LIABILITY, AUTO, ETC.)	N/A		01131	PAYMENT NOT ALLOWED UNTIL MEDICARE INSURANCE IS MAXIMIZED
171	OTHER INSURANCE COVERAGE INFORMATION (HEALTH, LIABILITY, AUTO, ETC.)	N/A		01605	OTHER PAYOR AMOUNT MUST BE GREATER THAN ZERO
171	OTHER INSURANCE COVERAGE INFORMATION (HEALTH, LIABILITY, AUTO, ETC.)	N/A		01606	OTHER PAYOR AMOUNT MUST BE EQUAL TO ZERO
171	OTHER INSURANCE COVERAGE INFORMATION (HEALTH, LIABILITY, AUTO, ETC.)	N/A		01631	CLIENT HAS OTHER INSURANCE
178	SUBMITTED CHARGES	N/A		00036	AMOUNT CHARGED IS MISSING OR INVALID
178	SUBMITTED CHARGES	N/A		00123	AMOUNT CHARGED IS LESS THAN MEDICARE APPROVED AMOUNT
178	SUBMITTED CHARGES	N/A		00126	MANUAL REVIEW CODE 6 MANUAL PRICE EXCLUDES DME EQUIPMENT SERVICE AREA CD C & E
178	SUBMITTED CHARGES	N/A		02006	PROCEDURE MANUAL REVIEW CODE 6 REQUIRES MANUAL PRICING – INCLUDES DME EQUIPMENT SERVICE C & E
182	ALLOWABLE/PAID FROM PRIMARY COVERAGE	N/A		00110	MEDICARE DATA INCONSISTENT

NYS Medicaid: Edit Mapping for 277 in the Order of Claim Status Code

HEALTH CARE CLAIM STATUS CODE	STATUS CODE DESCRIPTION	ENTITY IDENTIFIER CODE	ENTITY ID DESCRIPTION	EDIT NUMBER	EDIT DESCRIPTION
182	ALLOWABLE/PAID FROM PRIMARY COVERAGE	N/A		00127	MEDICARE PAID AMOUNT REPORTED LESS THAN REASONABLE
187	DATE(S) OF SERVICE	N/A		00018	DATE OF SERVICE/FILL DATE INVALID
187	DATE(S) OF SERVICE	N/A		00020	SERVICE/FILL DATE LATER THAN RECEIPT DATE
187	DATE(S) OF SERVICE	N/A		00068	SERVICE DATE NOT WITHIN 90 DAYS OF RECEIPT DATE
187	DATE(S) OF SERVICE	N/A		00073	SERVICE DATE OVER 90 DAYS/SEE ATTACHMENT
187	DATE(S) OF SERVICE	N/A		00653	STATEMENT FROM DATE PRIOR TO ADMISSION DATE
187	DATE(S) OF SERVICE	N/A		00692	DATE OF SERVICE MUST BE 1ST OF MONTH
187	DATE(S) OF SERVICE	N/A		00743	DOS FOR WEEKLY RATE NOT ON A SUNDAY
187	DATE(S) OF SERVICE	N/A		00784	SUBSEQUENT DRG BILLS MUST BE AFTER THE THRESHOLD DATE
187	DATE(S) OF SERVICE	N/A		00787	FROM, ADMIT, AND END DATE MUST BE EQUAL ON ADMIT DRG CLAIM
187	DATE(S) OF SERVICE	N/A		00789	STATEMENT FROM DATE NOT EQUAL ADMIT DATE FOR DRG CLAIM

NYS Medicaid: Edit Mapping for 277 in the Order of Claim Status Code

HEALTH CARE CLAIM STATUS CODE	STATUS CODE DESCRIPTION	ENTITY IDENTIFIER CODE	ENTITY ID DESCRIPTION	EDIT NUMBER	EDIT DESCRIPTION
187	DATE(S) OF SERVICE	N/A		00844	TYPE ALTERNATE CARE DATE PRIOR TO ADMIT DATE OR GREATER THAN END DATE SERVICE
187	DATE(S) OF SERVICE	N/A		01004	THRU SERVICE DATE INVALID
187	DATE(S) OF SERVICE	N/A		01005	THRU SERVICE DATE AFTER RECEIPT DATE
187	DATE(S) OF SERVICE	N/A		01007	THRU SERVICE DATE GT 90 DAYS OF RECEIPT
187	DATE(S) OF SERVICE	N/A		01018	THRU SERVICE DT GT 90 DAYS OF RECEIPT/REVIEW ATTACHMENT
187	DATE(S) OF SERVICE	N/A		01047	DATE OF SERVICE SIX YEARS PRIOR TO DATE RECEIVED
187	DATE(S) OF SERVICE	N/A		01225	DATE OF SERVICE MUST BE 2ND OF MONTH - OMH
187	DATE(S) OF SERVICE	N/A		01226	SECOND HALF SEMI-MONTHLY DATE OF SERVICE (DAY) NOT EQUAL 02 OMR
187	DATE(S) OF SERVICE	N/A		01258	SERVICE/END SERVICE/DISCHARGE DATES MUST BE EQUAL ON A GRADUATE MEDICAL EXPENSE CLAIM
187	DATE(S) OF SERVICE	N/A		01260	PREPAID CAPITATION PLAN RECIPIENT - RATE CODE REQUIRES DATE OF SERVICE WITHIN 2 DAYS OF DATE OF BIRTH

NYS Medicaid: Edit Mapping for 277 in the Order of Claim Status Code

HEALTH CARE CLAIM STATUS CODE	STATUS CODE DESCRIPTION	ENTITY IDENTIFIER CODE	ENTITY ID DESCRIPTION	EDIT NUMBER	EDIT DESCRIPTION
187	DATE(S) OF SERVICE	N/A		01268	DOS FOR MMTP TOKEN CLAIM NOT A SUNDAY
187	DATE(S) OF SERVICE	N/A		01287	DATE OF SERVICE FOR TRAUMATIC BRAIN INJURY RATE NOT FIRST OF MONTH
187	DATE(S) OF SERVICE	N/A		01292	DATE OF SERVICE TWO YEARS PRIOR TO DATE RECEIVED
187	DATE(S) OF SERVICE	N/A		02007	OMH PROS RATE MUST BE BILLED ON LAST DAY OF MONTH
187	DATE(S) OF SERVICE.	N/A		02093	DATE OF SERVICE FOR NHTD WAIVER MONTHLY SERVICE RATE NOT FIRST OF MONTH
187	DATE(S) OF SERVICE.	N/A		02097	GROUP OR INDIVIDUAL DAY HAB BILLED ON WEEKEND
188	STATEMENT FROM-THROUGH DATES	N/A		00658	STATEMENT THRU DATE IS MORE THAN 90 DAYS OF DATE RECEIVED
188	STATEMENT FROM-THROUGH DATES	N/A		00785	ALTERNATE LEVEL OF CARE (ALC) CLAIMS REQUIRE AN ALC DATE
188	STATEMENT FROM-THROUGH DATES	N/A		00786	SERVICE FROM DATE PRIOR TO ALC DATE FOR ALC CLAIMS
188	STATEMENT FROM-THROUGH DATES	N/A		01006	THRU SERVICE DATE PRIOR TO FROM SERVICE DATE
188	STATEMENT FROM-THROUGH DATES	N/A		01044	DATES OF SERVICE CANNOT SPAN ACROSS MONTHS

NYS Medicaid: Edit Mapping for 277 in the Order of Claim Status Code

HEALTH CARE CLAIM STATUS CODE	STATUS CODE DESCRIPTION	ENTITY IDENTIFIER CODE	ENTITY ID DESCRIPTION	EDIT NUMBER	EDIT DESCRIPTION
189	FACILITY ADMISSION DATE	N/A		00600	ADMISSION DATE INVALID
189	FACILITY ADMISSION DATE	N/A		00660	STAY DENIED EFFECTIVE DATE PRIOR TO ADMISSION DATE
189	HOSPITAL ADMISSION DATE	N/A		00792	ADMIT DATE EQUALS FROM DATE ON OUTLIER CLAIM
190	FACILITY DISCHARGE DATE	N/A		00652	DISCHARGE DATE PRIOR TO ADMISSION DATE
190	FACILITY DISCHARGE DATE	N/A		00655	DISCHARGE DATE IS DIFFERENT FROM STATEMENT THRU DATE
190	FACILITY DISCHARGE DATE	N/A		00657	STAY DENY EFFECTIVE DATE NOT PRIOR TO STATEMENT THROUGH DATE
190	FACILITY DISCHARGE DATE	N/A		00782	FOR ACUTE DRG CLAIMS THE DISCHARGE DATE MUST BE AFTER END DATE
190	FACILITY DISCHARGE DATE	N/A		00801	PATIENT DISCHARGED/DISCHARGE DATE AND HOUR MISSING
197	EFFECTIVE COVERAGE DATE(S)	N/A		00697	PCP GUARANTEED COVERAGE PERIOD EXPIRED
197	EFFECTIVE COVERAGE DATE(S)	N/A		01301	PORTABLE XRAY CLAIM SUBMITTED WITH DOS AFTER CUTOFF DATE
214	ORIGINAL DATE OF PRESCRIPTION/ORDERS/REFERRAL	N/A		00534	DATE ORDERED INVALID
214	ORIGINAL DATE OF PRESCRIPTION/ORDERS/REFERRAL	N/A		00536	FILL DATE GREATER THAN 60 DAYS FROM PRESCRIPTION ORDER DATE

NYS Medicaid: Edit Mapping for 277 in the Order of Claim Status Code

HEALTH CARE CLAIM STATUS CODE	STATUS CODE DESCRIPTION	ENTITY IDENTIFIER CODE	ENTITY ID DESCRIPTION	EDIT NUMBER	EDIT DESCRIPTION
214	ORIGINAL DATE OF PRESCRIPTION/ORDERS/REFERRAL	N/A		00548	FILL DATE PRECEDES ORDER DATE
214	ORIGINAL DATE OF PRESCRIPTION/ORDERS/REFERRAL	N/A		00549	REFILL DATE GREATER THAN 180 DAYS FROM ORDER DATE
216	DRUG INFORMATION	N/A		00551	ITEM NOT ELIGIBLE FOR PAYMENT ON FILL DATE
216	DRUG INFORMATION.	N/A		01600	DISCONTINUED NDC NUMBER
216	DRUG INFORMATION	N/A		01634	DRUG TO DRUG INTERACTION
216	DRUG INFORMATION	N/A		01641	THERAPEUTIC DUPLICATION
216	DRUG INFORMATION	N/A		02120	POLYPHARMACY CONFLICTS W/ PREV SVC
216	DRUG INFORMATION	N/A		02121	POLYPHARMACY CONFLICTS W/ PREV SVC
216	DRUG INFORMATION	N/A		02122	POLYPHARMACY CONFLICTS W/ PREV SVC
216	DRUG INFORMATION	N/A		02123	DRUG/GPI/GSN CONFLICTS W/ PREV SVC
216	DRUG INFORMATION	N/A		02124	DRUG QUANTITY CONFLICTS W/ PREV SVC
216	DRUG INFORMATION	N/A		02125	SERVICE CONFLICT IN COMBO PRIOR SERVICE/CLAIM; PAY/RECORD FOR NOW
218	NDC NUMBER	N/A		02066	DRUG CODE MISSING
218	NDC NUMBER	N/A		02119	BRAND REQUIRED FOR THIS GENERIC SEQUENCE NUMBER

NYS Medicaid: Edit Mapping for 277 in the Order of Claim Status Code

HEALTH CARE CLAIM STATUS CODE	STATUS CODE DESCRIPTION	ENTITY IDENTIFIER CODE	ENTITY ID DESCRIPTION	EDIT NUMBER	EDIT DESCRIPTION
219	PRESCRIPTION NUMBER	N/A		00526	PRESCRIPTION / ORDER NUMBER IS MISSING
219	PRESCRIPTION NUMBER	N/A		02060	PRESCRIPTION SERIAL NUMBER REPORTED AS MISSING/STOLEN
219	PRESCRIPTION NUMBER	N/A		02061	PRESCRIPTION SERIAL NUMBER CANNOT BE ADJUSTED
219	PRESCRIPTION NUMBER	N/A		02129	NO ORIGINAL PRESCRIPTION FOR REFILL
220	DRUG PRODUCT ID NUMBER	N/A		00544	NDC CODE NON-NUMERIC
220	DRUG PRODUCT ID NUMBER	N/A		00561	DRUGS/SUPPLY CODE NOT ON FILE
220	DRUG PRODUCT ID NUMBER	N/A		00562	DRUG PRICE NOT AVAILABLE ON FILL DATE
220	DRUG PRODUCT ID NUMBER	N/A		00570	NO PRICE ON DRUG FILE
220	DRUG PRODUCT ID NUMBER	N/A		01609	MISSING OR INVALID ALTERNATIVE PRODUCT TYPE
220	DRUG PRODUCT ID NUMBER	N/A		01610	MISSING OR INVALID ALTERNATIVE PRODUCT CODE
220	DRUG PRODUCT ID NUMBER	N/A		02078	DRUG SUBMITTED NOT REBATEABLE
221	DRUG DAYS SUPPLY AND DOSAGE	N/A		00528	MISSING OR INVALID QUANTITY DISPENSED
221	DRUG DAYS SUPPLY AND DOSAGE	N/A		00530	NEW / REFILL NUMBER INVALID
221	DRUG DAYS SUPPLY AND DOSAGE	N/A		00540	NUMBER OF DAYS SUPPLY INVALID
221	DRUG DAYS SUPPLY AND DOSAGE	N/A		00550	MAXIMUM QUANTITY EXCEEDED

NYS Medicaid: Edit Mapping for 277 in the Order of Claim Status Code

HEALTH CARE CLAIM STATUS CODE	STATUS CODE DESCRIPTION	ENTITY IDENTIFIER CODE	ENTITY ID DESCRIPTION	EDIT NUMBER	EDIT DESCRIPTION
221	DRUG DAYS SUPPLY AND DOSAGE	N/A		00563	DAYS SUPPLY LESS THAN MINIMUM
230	HOSPITAL ADMISSION HOUR	N/A		00602	ADMISSION HOUR INVALID
231	HOSPITAL ADMISSION TYPE	N/A		00603	ADMISSION TYPE CODE INVALID
232	ADMITTING DIAGNOSIS	N/A		00604	ADMITTING DIAGNOSIS CODE MISSING
233	HOSPITAL DISCHARGE HOUR	N/A		00626	DISCHARGE HOUR INVALID
234	PATIENT DISCHARGE STATUS	N/A		00021	PATIENT STATUS CODE INVALID
234	PATIENT DISCHARGE STATUS	N/A		00788	DISCHARGED STATUS NOT ALLOWED FOR ADMIT DRG CLAIMS
234	PATIENT DISCHARGE STATUS	N/A		00794	OUTLIER PAYMENT NOT ALLOWED FOR TRANSFERS
234	PATIENT DISCHARGE STATUS	N/A		00800	PATIENT STILL IN HOSPITAL DISCHARGE DT OR HOUR PRESENT
234	PATIENT DISCHARGE STATUS	N/A		00827	PATIENT STILL IN HOSPITAL TRICARE CODE CONFLICTS
239	DENTAL INFORMATION	N/A		01311	IMPROPER TOOTH/SEALANT CODE COMBINATION
240	TOOTH SURFACE(S) INVOLVED	N/A		00918	TOOTH SURFACE CODE INVALID
240	TOOTH SURFACE(S) INVOLVED	N/A		00919	INVALID COMBINATION OF TOOTH SURFACE CODES
240	TOOTH SURFACE(S) INVOLVED	N/A		00935	IMPROPER NO OF SURFACES INDICATED
242	TOOTH NUMBERS, SURFACES, AND/OR QUADRANTS INVOLVED	N/A		00917	ORAL CAVITY CODE INVALID

NYS Medicaid: Edit Mapping for 277 in the Order of Claim Status Code

HEALTH CARE CLAIM STATUS CODE	STATUS CODE DESCRIPTION	ENTITY IDENTIFIER CODE	ENTITY ID DESCRIPTION	EDIT NUMBER	EDIT DESCRIPTION
242	TOOTH NUMBERS, SURFACES, AND/OR QUADRANTS INVOLVED	N/A		00931	REQUIRED TOOTH FOR PROCEDURE INVALID
242	TOOTH NUMBERS, SURFACES, AND/OR QUADRANTS INVOLVED	N/A		00932	REQUIRED QUADRANT FOR PROCEDURE INVALID
242	TOOTH NUMBERS, SURFACES, AND/OR QUADRANTS INVOLVED	N/A		01309	INVALID QUADRANT FOR BILLED PROCEDURE
242	TOOTH NUMBERS, SURFACES, AND/OR QUADRANTS INVOLVED	N/A		01312	IMPROPER TOOTH/SURFACE IDENTIFIED FOR PROCEDURE INDICATED
244	TOOTH NUMBER OR LETTER	N/A		00933	PERMANENT TOOTH NOT SPECIFIED
244	TOOTH NUMBER OR LETTER	N/A		00934	DECIDIOUS TOOTH NOT SPECIFIED
244	TOOTH NUMBER OR LETTER	N/A		01313	IMPROPER TOOTH FOR PROCEDURE INDICATED
249	PLACE OF SERVICE	N/A		00071	PLACE OF SERVICE CODE INVALID
249	PLACE OF SERVICE	N/A		00284	PROCEDURE INVALID FOR PLACE OF SERVICE (DENY)
249	PLACE OF SERVICE	N/A		01161	PLACE OF SERVICE INVALID FOR OMH SPECIALTY CODE
249	PLACE OF SERVICE	N/A		01302	PORTABLE XRAY CLAIM SUBMITTED WITH DOS AFTER CUTOFF DATE
250	TYPE OF SERVICE	N/A		00547	RECIPIENT INELIGIBLE (COVERAGE CODE IS EQUAL TO 07)

NYS Medicaid: Edit Mapping for 277 in the Order of Claim Status Code

HEALTH CARE CLAIM STATUS CODE	STATUS CODE DESCRIPTION	ENTITY IDENTIFIER CODE	ENTITY ID DESCRIPTION	EDIT NUMBER	EDIT DESCRIPTION
250	TYPE OF SERVICE	N/A		01077	CATEGORY OF SERVICE DOES NOT ALLOW EMERGENCY
250	TYPE OF SERVICE	N/A		01079	CATEGORY OF SERVICE REQUIRES MEDICARE
251	TOTAL ANESTHESIA MINUTES	N/A		00690	ANESTHESIA UNITS GREATER THAN MAX
252	AUTHORIZATION/CERTIFICATION NUMBER	N/A		00050	PRIOR APPROVAL NUMBER NON-NUMERIC
252	AUTHORIZATION/CERTIFICATION NUMBER	N/A		00244	PRIOR APPROVAL NOT ON OR REMOVED FROM FILE
252	AUTHORIZATION/CERTIFICATION NUMBER	N/A		00245	PRIOR APPROVAL INDICATED NOT APPROVED BY NYS
252	AUTHORIZATION/CERTIFICATION NUMBER	N/A		00747	CLAIM TYPE NOT FOR PRIOR APPROVAL RECORD CLASS
252	AUTHORIZATION/CERTIFICATION NUMBER	N/A		01029	REQUIRED PA FOR RATE CODE NOT FOUND
254	PRIMARY DIAGNOSIS CODE	N/A		00039	PRIMARY DIAGNOSIS CODE BLANK
254	PRIMARY DIAGNOSIS CODE	N/A		00146	PRIMARY/PRINCIPAL DIAGNOSIS NOT ON FILE
254	PRIMARY DIAGNOSIS CODE	N/A		00227	PRIMARY DIAGNOSIS INDICATES ABORTION / ABORT CODE INVALID
254	PRIMARY DIAGNOSIS CODE	N/A		00610	PRINCIPAL DIAGNOSIS CODE MISSING

NYS Medicaid: Edit Mapping for 277 in the Order of Claim Status Code

HEALTH CARE CLAIM STATUS CODE	STATUS CODE DESCRIPTION	ENTITY IDENTIFIER CODE	ENTITY ID DESCRIPTION	EDIT NUMBER	EDIT DESCRIPTION
254	PRIMARY DIAGNOSIS CODE	N/A		01036	STATUS SHOWS ADMISSION OR DISCHARGE/PRIM DIAG BLANK
254	PRIMARY DIAGNOSIS CODE	85	BILLING PROVIDER	02106	DIAGNOSIS CANNOT BE BILLED AS PRIMARY
255	DIAGNOSIS CODE	N/A		00148	SECONDARY DIAGNOSIS NOT ON FILE
255	DIAGNOSIS CODE	N/A		00154	RECIPIENT AGE IS GREATER THAN MAXIMUM PRIMARY DIAGNOSIS
255	DIAGNOSIS CODE	N/A		00155	RECIPIENT AGE LESS THAN MINIMUM PRIMARY DIAGNOSIS
255	DIAGNOSIS CODE	N/A		00228	SECONDARY DIAGNOSIS INDICATES ABORTION/ABORTION CODE INVALID
255	DIAGNOSIS CODE	N/A		00736	DIAGNOSIS CODE BLANK A FULL ICD-9 CM CODE REQUIRED
255	DIAGNOSIS CODE	N/A		00738	ICD-9-CM DIAGNOSIS CODE ON PHYSICIAN CLAIM NOT ON FILE
255	DIAGNOSIS CODE	N/A		00744	DIAGNOSIS CODE NOT VALID FOR AIDS RATE CODE
255	DIAGNOSIS CODE	N/A		01209	DESIGNATED MENTAL ILLNESS DIAGNOSIS REQUIRED
255	DIAGNOSIS CODE	N/A		01224	INVALID DIAGNOSIS CODE FOR OMR HOME AND COMMUNITY BASED SERVICES WAIVER CLAIM

NYS Medicaid: Edit Mapping for 277 in the Order of Claim Status Code

HEALTH CARE CLAIM STATUS CODE	STATUS CODE DESCRIPTION	ENTITY IDENTIFIER CODE	ENTITY ID DESCRIPTION	EDIT NUMBER	EDIT DESCRIPTION
255	DIAGNOSIS CODE.	N/A		02087	INVALID DIAGNOSIS/PROCEDURE COMBINATION
256	DRG CODE(S)	N/A		00774	GROUPE ABEND/INTERNAL RECYCLE
256	DRG CODE(S)	N/A		00775	DRG EQUALS 469 (PRIMARY DIAGNOSIS INVALID AS DISCHARGE DIAGNOSIS)
256	DRG CODE(S)	N/A		00776	SIW VALUES FOR THE DRG INDICATED NOT FOUND
256	DRG CODE(S)	N/A		00777	HOSPITAL LOCATION FOR THE DRG NOT FOUND ON CPG TABLE
256	DRG CODE(S)	N/A		00791	DRG EQUALS 470 (GROUPE WAS UNABLE TO DETERMINE A VALID DRG)
258	DAYS/UNITS FOR PROCEDURE/REVENUE CODE	N/A		01011	TOTAL DAYS NOT NUMERIC
259	FREQUENCY OF SERVICE	N/A		00703	INAPPROPRIATE SECOND SERVICE - SAME DAY
286	OTHER PAYER'S EXPLANATION OF BENEFITS/PAYMENT INFORMATION	N/A		01107	MEDICAID COVERAGE CODE 09, TITLE XIX DAYS PRESENT
286	OTHER PAYER'S EXPLANATION OF BENEFITS/PAYMENT INFORMATION	N/A		01109	MEDICAID COVERAGE CODE 09, BOX M NOT EQUAL 2
286	OTHER PAYER'S EXPLANATION OF BENEFITS/PAYMENT INFORMATION	N/A		01719	MEDICARE DEDUCTIBLE GT YEARLY AMOUNT
286	OTHER PAYER'S EXPLANATION OF BENEFITS/PAYMENT INFORMATION	N/A		02015	MEDICARE COINSURANCE > 0 AND MEDICARE PAYMENT = 0

NYS Medicaid: Edit Mapping for 277 in the Order of Claim Status Code

HEALTH CARE CLAIM STATUS CODE	STATUS CODE DESCRIPTION	ENTITY IDENTIFIER CODE	ENTITY ID DESCRIPTION	EDIT NUMBER	EDIT DESCRIPTION
286	OTHER PAYER'S EXPLANATION OF BENEFITS/PAYMENT INFORMATION	N/A		02098	MEDICARE/OTHER INSURANCE AMOUNTS INVALID
294	SUPPORTING DOCUMENTATION	N/A		00224	PROCEDURE INDICATES HYSTERECTOMY - CHECK FORMS
294	SUPPORTING DOCUMENTATION	N/A		00233	PROCEDURE INDICATES STERILIZATION/CHECK FORMS
294	SUPPORTING DOCUMENTATION	N/A		00234	STERILIZATION CODE INDICATES STERILIZATION/CHECK FORMS
306	DETAILED DESCRIPTION OF SERVICE	N/A		00172	PROC REQUIRES MANUAL PRICING
306	DETAILED DESCRIPTION OF SERVICE	N/A		00264	UNLISTED SERVICES PROCEDURE CODE WITH MEDICARE INVOLVEMENT
306	DETAILED DESCRIPTION OF SERVICE	N/A		00929	NO FEE ON FILE/STATE REVIEW
382	DID PROVIDER AUTHORIZE GENERIC OR BRAND NAME DISPENSING?	N/A		00532	DISPENSE AS WRITTEN CODE INVALID
400	CLAIM IS OUT OF BALANCE	N/A		00843	CALCULATED PAYMENT AMOUNT LT 0
400	CLAIM IS OUT OF BALANCE	N/A		02001	CLAIM PAYER PD AMT NOT EQUAL TO SUM OF LINE PAYER PD AMT
400	CLAIM IS OUT OF BALANCE	N/A		02073	OTHER INSURANCE/MEDICARE DATA NOT BALANCE
403	ENTITY REFERRAL NOTES/ORDERS/PRESCRIPTION	N/A		02116	MISSING PRESCRIPTION ORIGIN CODE
403	ENTITY REFERRAL NOTES/ORDERS/PRESCRIPTION	N/A		02117	INVALID PRESCRIPTION ORIGIN CODE

NYS Medicaid: Edit Mapping for 277 in the Order of Claim Status Code

HEALTH CARE CLAIM STATUS CODE	STATUS CODE DESCRIPTION	ENTITY IDENTIFIER CODE	ENTITY ID DESCRIPTION	EDIT NUMBER	EDIT DESCRIPTION
441	ENTITY PROFESSIONAL QUALIFICATION FOR SERVICE(S)	SJ	SERVICE PROVIDER	02090	PROVIDER NOT CERTIFIED ASTHMA EDUCATOR
441	ENTITY PROFESSIONAL QUALIFICATION FOR SERVICE(S)	SJ	SERVICE PROVIDER	02091	PROVIDER NOT CERTIFIED DIABETES EDUCATOR
446	DOCUMENTATION FROM PRIOR CLAIM(S) RELATED TO SERVICE	N/A		02077	MORE LINES ON ADJUSTMENT THAN ORIGINAL
453	PROCEDURE CODE MODIFIER(S) FOR SERVICE(S) RENDERED	N/A		00199	MODIFIER REQUIRES MANUAL PRICE
453	PROCEDURE CODE MODIFIER(S) FOR SERVICE(S) RENDERED	N/A		00296	RENTAL INDICATED - NO PA NUMBER ON CLAIM
453	PROCEDURE CODE MODIFIER(S) FOR SERVICE(S) RENDERED	N/A		00927	MODIFIER INVALID FOR SUBMITTED PROCEDURE CODE
453	PROCEDURE CODE MODIFIER(S) FOR SERVICE(S) RENDERED	N/A		01163	TECHNICAL COMPONENT NOT APPROPRIATE FOR PRACTITIONER CLAIM
453	PROCEDURE CODE MODIFIER(S) FOR SERVICE(S) RENDERED	N/A		01169	PROCEDURE REQUIRES APPROPRIATE COMPONENT MODIFIER
453	PROCEDURE CODE MODIFIER(S) FOR SERVICE(S) RENDERED	N/A		01344	PROCEDURE CODE MODIFIER MISSING
454	PROCEDURE CODE FOR SERVICES RENDERED	N/A		00070	PROCEDURE CODE INVALID
454	PROCEDURE CODE FOR SERVICES RENDERED	N/A		00135	PROVIDER SPECIALTY INVALID FOR PROCEDURE
454	PROCEDURE CODE FOR SERVICES RENDERED	N/A		00170	PROCEDURE CODE NOT ON FILE
454	PROCEDURE CODE FOR SERVICES RENDERED	N/A		00218	PROVIDER NOT APPROVED FOR SERVICE

NYS Medicaid: Edit Mapping for 277 in the Order of Claim Status Code

HEALTH CARE CLAIM STATUS CODE	STATUS CODE DESCRIPTION	ENTITY IDENTIFIER CODE	ENTITY ID DESCRIPTION	EDIT NUMBER	EDIT DESCRIPTION
454	PROCEDURE CODE FOR SERVICES RENDERED	N/A		00223	PROCEDURE CODE INCONSISTENT WITH FAMILY PLANNING CODE
454	PROCEDURE CODE FOR SERVICES RENDERED	N/A		00225	PROCEDURE INCONSISTENT WITH STERILIZATION CODE
454	PROCEDURE CODE FOR SERVICES RENDERED	N/A		00230	PROCEDURE INDICATES ABORTION/VALID ABORTION CODE NOT PRESENT
454	PROCEDURE CODE FOR SERVICES RENDERED	N/A		01073	PROCEDURE CODE FOR BLOCK BILL INVALID
454	PROCEDURE CODE FOR SERVICES RENDERED	N/A		01160	INAPPROPRIATE PROCEDURE CODE FOR HIV DIAGNOSIS
454	PROCEDURE CODE FOR SERVICES RENDERED	N/A		01205	PROCEDURE CODE ONLY VALID FOR CARE AT HOME RECIPIENT
454	PROCEDURE CODE FOR SERVICES RENDERED	N/A		02085	AFTER HOUR PROCEDURE REQUIRES SECOND SERVICE LINE ON CLAIM
455	REVENUE CODE FOR SERVICES RENDERED	N/A		01705	REVENUE CODE NOT ON DB
456	COVERED DAY(S)	N/A		00790	DAYS LESS THAN THRESHOLD AND STILL A PATIENT OR DIED
456	COVERED DAY(S)	N/A		00793	PART-A DAYS WITH MEDICAID DAYS NOT ALLOWED ON DRG CLAIM
456	COVERED DAY(S)	N/A		00805	MEDICARE CO-INS / LTR DAYS PRESENT-TOTAL MDCR DAYS BLANK

NYS Medicaid: Edit Mapping for 277 in the Order of Claim Status Code

HEALTH CARE CLAIM STATUS CODE	STATUS CODE DESCRIPTION	ENTITY IDENTIFIER CODE	ENTITY ID DESCRIPTION	EDIT NUMBER	EDIT DESCRIPTION
456	COVERED DAY(S)	N/A		00806	CO-INSURANCE AND LTR DAYS GREATER THAN PART-A DAYS
456	COVERED DAY(S)	N/A		00810	NUMBER OF DAYS BILLED GREATER THAN DAYS IN BILLING PERIOD
456	COVERED DAY(S)	N/A		00847	BILLING FOR DEDUCTIBLE BUT NO MEDICARE DAYS PRESENT
456	COVERED DAY(S)	N/A		00848	THIRD PARTY DAYS NOT EQUAL TO BILLING PERIOD
456	COVERED DAY(S)	N/A		00891	PART-B RESPONSIBILITY PRESENT AND PART-A DAYS NOT PRESENT
456	COVERED DAY(S)	7C	PLACE OF OCCURRENCE	01022	THERAPEUTIC LEAVE DAYS NOT SEPARATE
456	COVERED DAY(S)	80	HOSPITAL	01023	HOSPITAL LEAVE DAYS NOT SEPARATE LINE
456	COVERED DAY(S)	N/A		01037	MEDICAID (TITLE XIX) DAYS CONFLICT
456	COVERED DAY(S)	N/A		01038	TOTAL DAYS ON CLAIM GREATER THAN BILLING PERIOD
456	COVERED DAY(S)	N/A		01039	MEDICAID (TITLE XIX) DAYS TOTAL INCORRECT
456	COVERED DAY(S)	N/A		01067	BED RETENTION DAYS OVER LIMIT FOR PATIENT STATUS
456	COVERED DAY(S)	N/A		01250	EXCEEDED MAX OF 75 THERAPEUTIC LEAVE DAYS IN A 12 - MONTH PERIOD

NYS Medicaid: Edit Mapping for 277 in the Order of Claim Status Code

HEALTH CARE CLAIM STATUS CODE	STATUS CODE DESCRIPTION	ENTITY IDENTIFIER CODE	ENTITY ID DESCRIPTION	EDIT NUMBER	EDIT DESCRIPTION
456	COVERED DAY(S)	N/A		01261	GRADUATE MEDICAL EXPENSE NO REIMBURSABLE FOR MEDICARE DEDUCTIBLE/COINSURANCE CLAIM
457	NONCOVERED DAY(S)	N/A		00835	NON COVERED DAYS GREATER THAN BILLING PERIOD
457	NONCOVERED DAY(S)	N/A		01041	ERROR IN NON-COVERED DAYS
458	COINSURANCE DAY(S)	N/A		00850	MEDICARE-A CO-INSURANCE AMT PRESENT/CO-INS DAYS MISSING
458	COINSURANCE DAY(S)	N/A		01040	MEDICARE CO-INSURANCE DAYS INCORRECT
460	NUBC CONDITION CODE(S)	N/A		00003	FAMILY PLANNING INDICATOR NOT Y OR N
460	NUBC CONDITION CODE(S)	N/A		00011	POSSIBLE DISABILITY CODE INVALID - INDICATE Y OR N
460	NUBC CONDITION CODE(S)	N/A		00065	ABORTION / STERILIZATION CODE INVALID
460	NUBC CONDITION CODE(S)	N/A		00510	INVALID CTHP REFERRAL CODE BY PRACTITIONER
460	NUBC CONDITION CODE(S)	N/A		00511	INVALID CHAP REFERRAL CODE BY CLINIC
460	NUBC CONDITION CODE(S)	N/A		00672	FAMILY PLANNING INDICATOR INVALID FOR BILLING PROVIDER

NYS Medicaid: Edit Mapping for 277 in the Order of Claim Status Code

HEALTH CARE CLAIM STATUS CODE	STATUS CODE DESCRIPTION	ENTITY IDENTIFIER CODE	ENTITY ID DESCRIPTION	EDIT NUMBER	EDIT DESCRIPTION
460	NUBC CONDITION CODE(S)	N/A		00819	PATIENT NEWBORN - PHC CODE ON INVOICE CONFLICTS
460	NUBC CONDITION CODE(S)	N/A		00820	PATIENT NEWBORN - CONFLICTING ABORTION / STERILIZATION CODE ON FORM
460	NUBC CONDITION CODE(S)	N/A		00829	PATIENT NEWBORN - POSSIBLE DISABILITY CODE CONFLICTS
460	NUBC CONDITION CODE(S)	N/A		00830	PATIENT NEWBORN - CONFLICTING FAMILY PLANNING CODE ON FORM
461	NUBC OCCURRENCE CODE(S) AND DATE(S)	N/A		00049	ACCIDENT CODE NON-NUMERIC CHECK MANUAL FOR CODES
461	NUBC OCCURRENCE CODE(S) AND DATE(S)	N/A		00822	PATIENT NEWBORN - CONFLICTING ACCIDENT CODE ON FORM
462	NUBC OCCURRENCE SPAN CODE(S) AND DATE(S)	N/A		01738	OCCURRENCE SPAN DATE (BEGIN / END) INVALID FOR SUBMITTED OCCURRENCE
462	NUBC OCCURRENCE SPAN CODE(S) AND DATE(S)	N/A		01739	OCCURRENCE DATE INVALID FOR SUBMITTED OCCURRENCE CODE
463	NUBC VALUE CODE(S) AND/OR AMOUNT(S)	N/A		00129	RATE CODE NOT ON RATE FILE
463	NUBC VALUE CODE(S) AND/OR AMOUNT(S)	N/A		00507	RATE CODE INVALID FOR OUTPATIENT CLINIC CLAIM

NYS Medicaid: Edit Mapping for 277 in the Order of Claim Status Code

HEALTH CARE CLAIM STATUS CODE	STATUS CODE DESCRIPTION	ENTITY IDENTIFIER CODE	ENTITY ID DESCRIPTION	EDIT NUMBER	EDIT DESCRIPTION
463	NUBC VALUE CODE(S) AND/OR AMOUNT(S)	N/A		00780	INVALID RATE CODE FOR INPATIENT CLAIM
463	NUBC VALUE CODE(S) AND/OR AMOUNT(S)	N/A		01002	RECIPIENT COVERED BY MEDICARE PART-B; RE-BILL WITH PART-B RATE
463	NUBC VALUE CODE(S) AND/OR AMOUNT(S)	N/A		01028	RATE CODE INVALID FOR CMCM/MSC CATEGORY OF SERVICE
463	NUBC VALUE CODE(S) AND/OR AMOUNT(S)	N/A		01046	SUBMITTED UNITS NOT EVENLY DIVISIBLE ACROSS DATES OF SERVICE
463	NUBC VALUE CODE(S) AND/OR AMOUNT(S)	N/A		01136	RATE CODE INVALID FOR CLINIC PAC/PAS
463	NUBC VALUE CODE(S) AND/OR AMOUNT(S)	N/A		01137	SCHOOL SUPPORTIVE HEALTH SERVICE SPECIALTY CODE REQUIRES SSHS RATE CODE
463	NUBC VALUE CODE(S) AND/OR AMOUNT(S)	N/A		01143	DIAGNOSIS DOES NOT INDICATE ALCOHOL REHAB. BILL DRG FOR DETOX.
463	NUBC VALUE CODE(S) AND/OR AMOUNT(S)	N/A		01144	DIAGNOSIS DOES NOT INDICATE DRUG REHAB. BILL DRG FOR DETOX.
463	NUBC VALUE CODE(S) AND/OR AMOUNT(S)	N/A		01145	PRINCIPAL DIAGNOSIS INCONSISTENT WITH PSYCH EXEMPT UNIT CLAIM
463	NUBC VALUE CODE(S) AND/OR AMOUNT(S)	N/A		01146	DX INDICATES ALCOHOL REHAB. BILL EXEMPT UNIT RATE

NYS Medicaid: Edit Mapping for 277 in the Order of Claim Status Code

HEALTH CARE CLAIM STATUS CODE	STATUS CODE DESCRIPTION	ENTITY IDENTIFIER CODE	ENTITY ID DESCRIPTION	EDIT NUMBER	EDIT DESCRIPTION
463	NUBC VALUE CODE(S) AND/OR AMOUNT(S)	N/A		01147	DX INDICATES DRUG REHAB. BILL EXEMPT UNIT RATE
463	NUBC VALUE CODE(S) AND/OR AMOUNT(S)	N/A		01148	PRIN DX IND PSYCH BILL UNIT RT
463	NUBC VALUE CODE(S) AND/OR AMOUNT(S)	N/A		01162	INVALID OMH SPEC/RATE CODE
463	NUBC VALUE CODE(S) AND/OR AMOUNT(S)	N/A		01182	RATE CODE NOT BILLABLE
463	NUBC VALUE CODE(S) AND/OR AMOUNT(S)	N/A		01229	RATE CODE INVALID FOR RECIPIENT EXCEPTION CODE
463	NUBC VALUE CODE(S) AND/OR AMOUNT(S)	N/A		01252	GROUP OPERATING CPD NOT FOUND FOR PROVIDER
463	NUBC VALUE CODE(S) AND/OR AMOUNT(S)	N/A		01306	INVALID RATE CODE FOR HEMODIALYSIS CROSSOVER
463	NUBC VALUE CODE(S) AND/OR AMOUNT(S)	N/A		01330	RECIPIENT AGE LT 21, BILLED MLTC RATE CODE INVALID
463	NUBC VALUE CODE(S) AND/OR AMOUNT(S)	N/A		01331	RECIPIENT AGE LT 55, BILLED MLTC RATE CODE INVALID
463	NUBC VALUE CODE(S) AND/OR AMOUNT(S)	N/A		01332	RECIPIENT AGE NOT 21-64, BILLED MLTC RATE CODE INVALID
463	NUBC VALUE CODE(S) AND/OR AMOUNT(S)	N/A		01333	RECIPIENT AGE LT 65, BILLED MLTC RATE CODE INVALID
463	NUBC VALUE CODE(S) AND/OR AMOUNT(S)	N/A		01334	RECIPIENT HAS NO MEDICARE ON FILE, BILLED MLTC RATE CODE INVALID

NYS Medicaid: Edit Mapping for 277 in the Order of Claim Status Code

HEALTH CARE CLAIM STATUS CODE	STATUS CODE DESCRIPTION	ENTITY IDENTIFIER CODE	ENTITY ID DESCRIPTION	EDIT NUMBER	EDIT DESCRIPTION
463	NUBC VALUE CODE(S) AND/OR AMOUNT(S)	N/A		01335	RECIPIENT HAS MEDICARE ON FILE, BILLED MLTC RATE CODE INVALID
463	NUBC VALUE CODE(S) AND/OR AMOUNT(S)	1P	PROVIDER	01343	PROVIDER P.T. CLINIC/P.T. CLINIC RATE NOT BILLED
463	NUBC VALUE CODE(S) AND/OR AMOUNT(S)	N/A		01480	NO SPECIALTY CODE DERIVED USING RATE AND PROVIDER
463	NUBC VALUE CODE(S) AND/OR AMOUNT(S)	N/A		01481	NO COS DERIVED USING RATE, PROVIDER AND OR PLC OF SRV
463	NUBC VALUE CODE(S) AND/OR AMOUNT(S)	N/A		01482	DIFFERENCE IN CLAIM TYPE AND / OR COS BETWEEN LINES
463	NUBC VALUE CODE(S) AND/OR AMOUNT(S)	N/A		01711	REVENUE CODE NOT VALID FOR SERVICE DATES
463	NUBC VALUE CODE(S) AND/OR AMOUNT(S)	N/A		01737	VALUE CODE AMOUNT INVALID FOR SUBMITTED VALUE CODE
467	ENTITY SIGNATURE DATE	N/A		00016	BILLING DATE INVALID
471	WERE SERVICES RELATED TO AN EMERGENCY?	N/A		00047	EMERGENCY CODE INVALID MUST INDICATE Y OR N
474	PROCEDURE CODE AND PATIENT GENDER MISMATCH	N/A		00178	PROCEDURE INVALID FOR RECIPIENT SEX (PEND)
474	PROCEDURE CODE AND PATIENT GENDER MISMATCH	N/A		00265	ABORTION CODE INVALID FOR RECIPIENT SEX
474	PROCEDURE CODE AND PATIENT GENDER MISMATCH	N/A		00289	PROCEDURE INVALID FOR SEX OF RECIPIENT
475	PROCEDURE CODE NOT VALID FOR PATIENT AGE	N/A		00165	RECIPIENT AGE GREATER THAN MAXIMUM FOR PROCEDURE (PEND)

NYS Medicaid: Edit Mapping for 277 in the Order of Claim Status Code

HEALTH CARE CLAIM STATUS CODE	STATUS CODE DESCRIPTION	ENTITY IDENTIFIER CODE	ENTITY ID DESCRIPTION	EDIT NUMBER	EDIT DESCRIPTION
475	PROCEDURE CODE NOT VALID FOR PATIENT AGE	N/A		00167	RECIPIENT AGE LESS THAN MINIMUM FOR PROCEDURE (PEND)
475	PROCEDURE CODE NOT VALID FOR PATIENT AGE	N/A		00235	STERILIZATION PERFORMED/RECIPIENT UNDER 21
475	PROCEDURE CODE NOT VALID FOR PATIENT AGE	N/A		00266	RECIPIENT AGE GREATER THAN MAXIMUM FOR PROCEDURE
475	PROCEDURE CODE NOT VALID FOR PATIENT AGE	N/A		00268	RECIPIENT AGE LESS THAN MINIMUM FOR PROCEDURE
475	PROCEDURE CODE NOT VALID FOR PATIENT AGE	N/A		00558	RECIPIENT AGE GREATER THAN ALLOWED
475	PROCEDURE CODE NOT VALID FOR PATIENT AGE	N/A		00559	RECIPIENT AGE LESS THAN ALLOWED
475	PROCEDURE CODE NOT VALID FOR PATIENT AGE	N/A		00856	INAPPROPRIATE AGE FOR PSYCHIATRIC PATIENT
475	PROCEDURE CODE NOT VALID FOR PATIENT AGE	N/A		01180	ABORTION CODE INVALID FOR RECIPIENTS AGE
475	PROCEDURE CODE NOT VALID FOR PATIENT AGE	N/A		01210	RECIPIENT AGE INVALID FOR EARLY INTERVENTION CLAIM
475	PROCEDURE CODE NOT VALID FOR PATIENT AGE	N/A		01266	RECIPIENT AGE INVALID FOR METHADONE MAINTENANCE TREATMENT PROGRAM
476	MISSING OR INVALID UNITS OF SERVICE	N/A		00094	NUMBER OF UNITS NOT GREATER THAN ZERO
476	MISSING OR INVALID UNITS OF SERVICE	N/A		00180	UNITS GREATER THAN MAXIMUM
476	MISSING OR INVALID UNITS OF SERVICE	N/A		01328	NURSE UNITS EXCEED 24 HOURS

NYS Medicaid: Edit Mapping for 277 in the Order of Claim Status Code

HEALTH CARE CLAIM STATUS CODE	STATUS CODE DESCRIPTION	ENTITY IDENTIFIER CODE	ENTITY ID DESCRIPTION	EDIT NUMBER	EDIT DESCRIPTION
476	MISSING OR INVALID UNITS OF SERVICE	N/A		02074	UNITS GREATER THAN MAXIMUM
476	MISSING OR INVALID UNITS OF SERVICE	N/A		02096	PARTIAL UNIT BILLING NOT ALLOWED
478	CLAIM SUBMITTER'S IDENTIFIER (PATIENT ACCOUNT NUMBER IS MISSING	N/A		00663	ADMIT NUMBER MISSING
478	CLAIM SUBMITTER'S IDENTIFIER (PATIENT ACCOUNT NUMBER IS MISSING	N/A		01119	INVALID OFFICE ACCOUNT NUMBER FOR ICM CLAIM
479	OTHER CARRIER PAYER ID IS MISSING OR INVALID	N/A		02016	MEDICARE MANAGED CARE (MCO) QUALIFIER 16 CONFLICTS WITH MEDICARE PART A OR PART B QUALIFIERS
483	MAXIMUM COVERAGE AMOUNT MET OR EXCEEDED FOR BENEFIT PERIOD	N/A		00700	PA UNITS OR PAYMENT AMOUNT EXCEEDED
483	MAXIMUM COVERAGE AMOUNT MET OR EXCEEDED FOR BENEFIT PERIOD	N/A		00702	SERVICE DATE NOT WITHIN PA APPROVED DATE RANGE
483	MAXIMUM COVERAGE AMOUNT MET OR EXCEEDED FOR BENEFIT PERIOD	N/A		00748	SERVICE AUTHORIZATION RECORD EXHAUSTED
483	MAXIMUM COVERAGE AMOUNT MET OR EXCEEDED FOR BENEFIT PERIOD	N/A		00809	MEDICARE DEDUCTIBLE BILLED GREATER THAN ALLOWED AMOUNT
486	PRINCIPLE PROCEDURE DATE	N/A		00204	PROCEDURE CODE INACTIVE ON SERVICE DATE
486	PRINCIPLE PROCEDURE DATE	N/A		00613	PRINCIPLE PROCEDURE DATE INVALID
488	DIAGNOSIS CODE(S) FOR THE SERVICES RENDERED.	N/A		02109	INVALID DIAGNOSIS/DRUG CODE COMBINATION

NYS Medicaid: Edit Mapping for 277 in the Order of Claim Status Code

HEALTH CARE CLAIM STATUS CODE	STATUS CODE DESCRIPTION	ENTITY IDENTIFIER CODE	ENTITY ID DESCRIPTION	EDIT NUMBER	EDIT DESCRIPTION
490	ENTITY SIGNATURE DATE	N/A		00226	PROCEDURE INDICATES STERILIZATION/S TERILIZATION CODE NOT PRESENT
499	NO RATE ON FILE WITH THE PAYOR FOR THE ENTITY	71	ATTENDING PHYSICIAN	02067	ATTENDING PROVIDER NOT LINKED TO BILLING PROVIDER
560	ENTITIES ADDITIONAL/SECONDARY IDENTIFIER	30	SERVICE SUPPLIER	00267	VEHICLE LICENSE PLATE / DRIVER'S LICENSE NUMBER REQUIRED
562	ENTITY'S NATIONAL PROVIDER IDENTIFIER (NPI)	85	BILLING PROVIDER	02020	MISSING BILLING NPI
562	ENTITY'S NATIONAL PROVIDER IDENTIFIER (NPI)	IT	PHYSICIAN, CLINIC OR GROUP PRACTICE	02021	MISSING GROUP NPI
562	ENTITY'S NATIONAL PROVIDER IDENTIFIER (NPI)	DN	REFERRING PROVIDER	02022	MISSING REFERRING NPI
562	ENTITY'S NATIONAL PROVIDER IDENTIFIER (NPI)	71	ATTENDING PHYSICIAN	02023	MISSING ATTENDING NPI
562	ENTITY'S NATIONAL PROVIDER IDENTIFIER (NPI)	72	OPERATING PHYSICIAN	02024	MISSING OPERATING NPI
562	ENTITY'S NATIONAL PROVIDER IDENTIFIER (NPI)	82	RENDERING PROVIDER	02025	MISSING RENDERING NPI
562	ENTITY'S NATIONAL PROVIDER IDENTIFIER (NPI)	DQ	SUPERVISING PHYSICIAN	02026	MISSING SUPERVISING NPI
562	ENTITY'S NATIONAL PROVIDER IDENTIFIER (NPI)	73	OTHER PHYSICIAN	02027	MISSING OTHER NPI
562	ENTITY'S NATIONAL PROVIDER IDENTIFIER (NPI)	DD	ASSISTANT SURGEON	02028	MISSING ASSISTANT SURGEON NPI
562	ENTITY'S NATIONAL PROVIDER IDENTIFIER (NPI)	1P	PROVIDER	02029	MISSING PRESCRIBING NPI
562	ENTITY'S NATIONAL PROVIDER IDENTIFIER (NPI)	85	BILLING PROVIDER	02030	INVALID BILLING NPI
562	ENTITY'S NATIONAL PROVIDER IDENTIFIER (NPI)	1T	PHYSICIAN, CLINIC OR GROUP PRACTICE	02031	INVALID GROUP NPI
562	ENTITY'S NATIONAL PROVIDER IDENTIFIER (NPI)	DN	REFERRING PROVIDER	02032	INVALID REFERRING NPI
562	ENTITY'S NATIONAL PROVIDER IDENTIFIER (NPI)	71	ATTENDING PHYSICIAN	02033	INVALID ATTENDING NPI
562	ENTITY'S NATIONAL PROVIDER IDENTIFIER (NPI)	72	OPERATING PHYSICIAN	02034	INVALID OPERATING NPI
562	ENTITY'S NATIONAL PROVIDER IDENTIFIER (NPI)	82	RENDERING PROVIDER	02035	INVALID RENDERING NPI

NYS Medicaid: Edit Mapping for 277 in the Order of Claim Status Code

HEALTH CARE CLAIM STATUS CODE	STATUS CODE DESCRIPTION	ENTITY IDENTIFIER CODE	ENTITY ID DESCRIPTION	EDIT NUMBER	EDIT DESCRIPTION
562	ENTITY'S NATIONAL PROVIDER IDENTIFIER (NPI)	DQ	SUPERVISING PHYSICIAN	02036	INVALID SUPERVISING NPI
562	ENTITY'S NATIONAL PROVIDER IDENTIFIER (NPI)	73	OTHER PHYSICIAN	02037	INVALID OTHER NPI
562	ENTITY'S NATIONAL PROVIDER IDENTIFIER (NPI)	DD	ASSISTANT SURGEON	02038	INVALID ASSISTANT SURGEON NPI
562	ENTITY'S NATIONAL PROVIDER IDENTIFIER (NPI)	1P	PROVIDER	02039	INVALID PRESCRIBING NPI
562	ENTITY'S NATIONAL PROVIDER IDENTIFIER (NPI)	85	BILLING PROVIDER	02040	BILLING MMIS PROVIDER ID CAN NOT BE DERIVED
562	ENTITY'S NATIONAL PROVIDER IDENTIFIER (NPI)	1T	PHYSICIAN, CLINIC OR GROUP PRACTICE	02041	GROUP MMIS PROVIDER ID CAN NOT BE DERIVED
562	ENTITY'S NATIONAL PROVIDER IDENTIFIER (NPI)	DN	REFERRING PROVIDER	02042	REFERRING MMIS PROVIDER ID CAN NOT BE DERIVED
562	ENTITY'S NATIONAL PROVIDER IDENTIFIER (NPI)	71	ATTENDING PHYSICIAN	02043	ATTENDING MMIS PROVIDER ID CAN NOT BE DERIVED
562	ENTITY'S NATIONAL PROVIDER IDENTIFIER (NPI)	72	OPERATING PHYSICIAN	02044	OPERATING MMIS PROVIDER ID CAN NOT BE DERIVED
562	ENTITY'S NATIONAL PROVIDER IDENTIFIER (NPI)	82	RENDERING PROVIDER	02045	RENDERING MMIS PROVIDER ID CAN NOT BE DERIVED
562	ENTITY'S NATIONAL PROVIDER IDENTIFIER (NPI)	DQ	SUPERVISING PHYSICIAN	02046	SUPERVISING MMIS PROVIDER ID CAN NOT BE DERIVED
562	ENTITY'S NATIONAL PROVIDER IDENTIFIER (NPI)	73	OTHER PHYSICIAN	02047	OTHER MMIS PROVIDER ID CAN NOT BE DERIVED
562	ENTITY'S NATIONAL PROVIDER IDENTIFIER (NPI)	DD	ASSISTANT SURGEON	02048	ASSISTANT SURGEON MMIS PROVIDER ID CAN NOT BE DERIVED
562	ENTITY'S NATIONAL PROVIDER IDENTIFIER (NPI)	1P	PROVIDER	02049	PRESCRIBING MMIS PROVIDER ID CAN NOT BE DERIVED
562	ENTITY'S NATIONAL PROVIDER IDENTIFIER (NPI)	85	BILLING PROVIDER	02050	INVALID NPI AND MMIS BILLING PROVIDER ID COMBINATION

NYS Medicaid: Edit Mapping for 277 in the Order of Claim Status Code

HEALTH CARE CLAIM STATUS CODE	STATUS CODE DESCRIPTION	ENTITY IDENTIFIER CODE	ENTITY ID DESCRIPTION	EDIT NUMBER	EDIT DESCRIPTION
562	ENTITY'S NATIONAL PROVIDER IDENTIFIER (NPI)	1T	PHYSICIAN, CLINIC OR GROUP PRACTICE	02051	INVALID NPI AND MMIS GROUP PROVIDER COMBINATION
562	ENTITY'S NATIONAL PROVIDER IDENTIFIER (NPI)	DN	REFERRING PROVIDER	02052	INVALID NPI AND MMIS REFERRING PROVIDER ID COMBINATION
562	ENTITY'S NATIONAL PROVIDER IDENTIFIER (NPI)	71	ATTENDING PHYSICIAN	02053	INVALID NPI AND MMIS ATTENDING PROVIDER ID COMBINATION
562	ENTITY'S NATIONAL PROVIDER IDENTIFIER (NPI)	72	OPERATING PHYSICIAN	02054	INVALID NPI AND MMIS OPERATING PROVIDER ID COMBINATION
562	ENTITY'S NATIONAL PROVIDER IDENTIFIER (NPI)	82	RENDERING PROVIDER	02055	INVALID NPI AND MMIS RENDERING PROVIDER ID COMBINATION
562	ENTITY'S NATIONAL PROVIDER IDENTIFIER (NPI)	DQ	SUPERVISING PHYSICIAN	02056	INVALID NPI AND MMIS SUPERVISING PROVIDER ID COMBINATION
562	ENTITY'S NATIONAL PROVIDER IDENTIFIER (NPI)	73	OTHER PHYSICIAN	02057	INVALID NPI AND MMIS OTHER PROVIDER ID COMBINATION
562	ENTITY'S NATIONAL PROVIDER IDENTIFIER (NPI)	DD	ASSISTANT SURGEON	02058	INVALID NPI AND MMIS ASSISTANT SURGEON PROVIDER ID COMBINATION
562	ENTITY'S NATIONAL PROVIDER IDENTIFIER (NPI)	DK	ORDERING PHYSICIAN	02069	MISSING ORDERING NPI (NATIONAL PROVIDER IDENTIFICATION) NUMBER
562	ENTITY'S NATIONAL PROVIDER IDENTIFIER (NPI)	DK	ORDERING PHYSICIAN	02070	ORDERING NPI INVALID CHECK DIGIT
562	ENTITY'S NATIONAL PROVIDER IDENTIFIER (NPI)	DK	ORDERING PHYSICIAN	02071	ORDERING MMIS ID CAN NOT BE DERIVED FROM NPI

NYS Medicaid: Edit Mapping for 277 in the Order of Claim Status Code

HEALTH CARE CLAIM STATUS CODE	STATUS CODE DESCRIPTION	ENTITY IDENTIFIER CODE	ENTITY ID DESCRIPTION	EDIT NUMBER	EDIT DESCRIPTION
562	ENTITY'S NATIONAL PROVIDER IDENTIFIER (NPI)	DK	ORDERING PHYSICIAN	02072	INVALID NPI AND MMIS ORDERING PROVIDER ID COMBINATION
585	DENIED CHARGE OR NON-COVERED CHARGE	N/A		00286	CHILD CARE RECIPIENT BILL AGENCY
585	DENIED CHARGE OR NON-COVERED CHARGE	N/A		00674	INVALID ADJUST CODE FOR STATE TSN
585	DENIED CHARGE OR NON-COVERED CHARGE	N/A		00695	NON-PAY RECIPIENT BILLED
585	DENIED CHARGE OR NON-COVERED CHARGE	N/A		01191	OUTPATIENT PSYCHIATRIC RATE BILLED FOR RECIPIENT IN A RESIDENTIAL HEALTH CARE FACILITY
585	DENIED CHARGE OR NON-COVERED CHARGE	N/A		01208	ASSISTED LIVING PROGRAM RECIPIENT/SERVICE INCLUDED IN PER DIEM
585	DENIED CHARGE OR NON-COVERED CHARGE	N/A		01272	CLAIM CONFLICTS WITH PREVIOUSLY STATE VOIDED CLAIM
585	DENIED CHARGE OR NON-COVERED CHARGE	N/A		01283	UPPER DOLLAR LIMIT EXCEEDED
585	DENIED CHARGE OR NON-COVERED CHARGE	N/A		01288	CLAIM FOR SAME SERVICE PREVIOUSLY REVIEWED AND DENIED
585	DENIED CHARGE OR NON-COVERED CHARGE	N/A		01497	FAMILY HEALTH PLUS CLAIM NOT COVERED
585	DENIED CHARGE OR NON-COVERED CHARGE	N/A		01608	ERROR OVERFLOW
585	DENIED CHARGE OR NON-COVERED CHARGE	N/A		01614	CLAIM HAS NOT BEEN PAID OR CAPTURED

NYS Medicaid: Edit Mapping for 277 in the Order of Claim Status Code

HEALTH CARE CLAIM STATUS CODE	STATUS CODE DESCRIPTION	ENTITY IDENTIFIER CODE	ENTITY ID DESCRIPTION	EDIT NUMBER	EDIT DESCRIPTION
585	DENIED CHARGE OR NON-COVERED CHARGE	N/A		02059	MEDICAID DAYS INVALID ON CLAIMS WITH MEDICARE HMO DAYS, REBILL SEPARATELY
596	NON-COVERED CHARGE AMOUNT	N/A		00896	PATIENT PARTICIPATION NOT EQUAL OR GREATER THAN SURPLUS
642	SERVICE AUTHORIZATION EXCEPTION CODE	N/A		00749	SERVICE AUTHORIZATION EXCEPTION CODE MISUSED; ACCESS EMEVS
674	AUTHORIZATION EXCEEDED	N/A		00531	AUTHORIZED REFILLS NUMBER INVALID
674	AUTHORIZATION EXCEEDED	N/A		00539	REFILL EXCEEDS MAXIMUM NUMBER AUTHORIZED
674	AUTHORIZATION EXCEEDED	N/A		00556	REFILL NUMBER EXCEEDS MAXIMUM MAX
688	PRESENT ON ADMISSION IND FOR REPORTED DIAG CODE(S)	N/A		02079	MISSING OR INVALID POA CODE