

Edits for Capitation Premium Billing

When a claim for Managed Care capitation premium billing hits a system edit, a value of "H1" will be sent in the 820 Remittance Advice at ADX02 in Loop ID-2320B. Below is the list of edits that can potentially be applied to these claims. Up to 27 edit codes will be listed per claim in the 820-Supplemental file. Use the hyperlink below to access our Edit/errors Knowledge Base for explanations and suggested fixes for these edits.

Click [here](#) for information about system edits...

Edit Number	LONG DESCRIPTION
00001	RECIPIENT SEX INVALID, MUST INDICATE M OR F
00016	BILLING DATE INVALID
00018	DATE OF SERVICE/FILL DATE INVALID
00020	SERVICE/FILL DATE LATER THAN RECEIPT DATE
00025	SPECIAL CONSIDERATION INDICATOR INVALID
00026	DATE OF BIRTH INVALID
00036	AMOUNT CHARGED IS MISSING OR INVALID
00068	SERVICE DATE NOT WITHIN 90 DAYS OF RECEIPT DATE
00073	SERVICE DATE OVER 90 DAYS/SEE ATTACHMENT
00074	RECIPIENT ID NUMBER INVALID
00076	PROVIDER ID NUMBER INVALID
00078	REFERRING PROVIDER ID NUMBER INVALID
00094	NUMBER OF UNITS NOT GREATER THAN ZERO
00098	LOCATOR CODE INVALID
00102	SERVICE DATE PRIOR TO BIRTH DATE
00103	ADJUSTMENT/VOID FIELDS ARE INCOMPLETE
00127	MEDICARE PAID AMOUNT REPORTED LESS THAN REASONABLE
00129	RATE CODE NOT ON RATE FILE
00132	PROVIDER ID NO NOT ON FILE
00137	PROVIDER INACTIVE OR TERMINATED
00140	RECIPIENT ID NUMBER NOT ON FILE
00142	RECIPIENT BIRTH DATE NOT EQUAL FILE
00144	RECIPIENT SEX NOT EQUAL FILE
00162	RECIPIENT INELIGIBLE ON SERVICE DATE
00166	PROVIDER INELIGIBLE SERVICE ON DATE PERFORMED
00240	OVER TWO YEAR OLD CLAIM HELD FOR FUTURE ADJUDICATION
00261	OTHER INSURANCE PAID, NO INSURANCE ON FILE

Edit Number	LONG DESCRIPTION
00262	MEDICARE PAID, NO MEDICARE ON FILE
00291	RECIPIENT INELIGIBLE (COVERAGE CODE IS EQUAL TO 02)
00400	ENCOUNTER CONTROL NUMBER MISSING
00401	BENEFICIARY ID MISSING
00414	SERVICE/ADMIT DATE PRIOR TO 1/1/96
00423	MMIS PLAN ID MISSING
00424	MMIS PLAN ID NOT ON FILE
00425	MMIS PLAN ID NOT HMO PROVIDER
00547	RECIPIENT INELIGIBLE (COVERAGE CODE IS EQUAL TO 07)
00689	RECIPIENT NO LONGER PREPAID CAPITATION PLAN ENROLLEE
00691	RECIPIENT COVERAGE CODE INVALID FOR CAPITATION CLAIMS
00692	DATE OF SERVICE MUST BE 1ST OF MONTH
00693	RECIPIENT NOT ON PCP FILE
00694	DATE OF SERVICE PRIOR TO PCP BEGIN DATE
00695	NON-PAY RECIPIENT BILLED
00696	PROVIDER ON CLAIM NOT RECIPIENT PREPAID CAPITATION PROVIDER
00697	PCP GUARANTEED COVERAGE PERIOD EXPIRED
00702	SERVICE DATE NOT WITHIN PA APPROVED DATE RANGE
00705	DUPLICATE CLAIM IN HISTORY
00706	STOP-LOSS REQUIRES MANUAL PRICING
00715	PROCEDURE CONFLICTS WITH PRIOR SERVICE
00717	PROCEDURE CONFLICTS WITH PRIOR SERVICE
00718	PROCEDURE COMBINATION REQUIRES REVIEW/PRICING
00727	NEAR DUPLICATE CLAIM IN HISTORY
00747	CLAIM TYPE NOT FOR PRIOR APPROVAL RECORD CLASS
00756	DUPLICATE INSTITUTIONAL/PROFESSIONAL CLAIM
00854	SUSPEND MASS ADJUSTMENT/VOID
00901	CLAIM TYPE UNKNOWN
01047	DATE OF SERVICE SIX YEARS PRIOR TO DATE RECEIVED
01141	PROVIDER EXCEPTION IND REQUIRES PEND (DOH)
01180	ABORTION CODE INVALID FOR RECIPIENTS AGE
01193	RATE CODE INVALID FOR CLIENT AGE < 21 OR > 64
01194	RATE CODE INVALID FOR CLIENT AGE LESS THAN 65
01197	SERVICE CONFLICT IN COMBO PRIOR SERVICE/CLAIM; PAY/RECORD FOR NOW
01242	ORDER/REFERRING PROVIDER NOT IN ACTIVE STATUS ON DATE OF SERVICE

Edit Number	LONG DESCRIPTION
01244	SERVICE PROVIDER NOT IN ACTIVE STATUS ON DATE OF SERVICE
01254	CAPITATION CLAIM MUST COVER ENROLLMENT PERIOD
01256	BILLED FOR MORE THAN ONE STOP LOSS CLAIM IN A YEAR
01260	PREPAID CAPITATION PLAN RECIPIENT - RATE CODE REQUIRES DATE OF SERVICE WITHIN 2 DAYS OF DATE OF BIRTH
01269	STOP LOSS CLAIM NOT RECEIVED WITHIN 6 MONTHS OF YEAR END
01283	UPPER DOLLAR LIMIT EXCEEDED
01288	CLAIM FOR SAME SERVICE PREVIOUSLY REVIEWED AND DENIED
01292	DATE OF SERVICE TWO YEARS PRIOR TO DATE RECEIVED
01314	RECIPIENT INELIGIBLE (COVERAGE CODE IS EQUAL TO 18 (FAMILY PLANNING))
01318	INAPPROPRIATE DATE OF BIRTH FOR NEWBORN
01330	RECIPIENT AGE LT 21, BILLED MLTC RATE CODE INVALID
01331	RECIPIENT AGE LT 55, BILLED MLTC RATE CODE INVALID
01332	RECIPIENT AGE NOT 21-64, BILLED MLTC RATE CODE INVALID
01333	RECIPIENT AGE LT 65, BILLED MLTC RATE CODE INVALID
01334	RECIPIENT HAS NO MEDICARE ON FILE, BILLED MLTC RATE CODE INVALID
01335	RECIPIENT HAS MEDICARE ON FILE, BILLED MLTC RATE CODE INVALID
01336	RECIPIENT DATA INCONSISTENT FOR RATE CODE
01337	INFORMATION INCONSISTENT FOR FHP PROGRAM
01341	RATE CODE INAPPROPRIATE FOR RECIPIENT AID CATEGORY
01352	MEDICAID COVERAGE CODE = 21-RECIPIENT INELIGIBLE FOR THIS SERVICE
01353	MEDICAID COVERAGE CODE = 22-RECIPIENT INELIGIBLE FOR THIS SERVICE
01354	MEDICAID COVERAGE CODE = 23-RECIPIENT INELIGIBLE FOR THIS SERVICE
01479	MULTIPLE RATE CODES SUBMITTED
01480	NO SPECIALTY CODE DERIVED USING RATE AND PROVIDER
01481	NO COS DERIVED USING RATE, PROVIDER AND OR PLC OF SRV
01496	NO COVERAGE: PENDING FAMILY HEALTH PLUS
01497	FAMILY HEALTH PLUS CLAIM NOT COVERED
01608	ERROR OVERFLOW
01630	INVALID TSN
01737	VALUE CODE AMOUNT INVALID FOR SUBMITTED VALUE CODE

Edit Number	LONG DESCRIPTION
01738	OCCURRENCE SPAN DATE (BEGIN/END) INVALID FOR SUBMITTED OCCURRENCE SPAN CODE
01739	OCCURRENCE DATE INVALID FOR SUBMITTED OCCURRENCE CODE
01995	SPECIAL INPUT EDIT (OSC)
01996	SPECIAL INPUT EDIT (PCG)
01997	SPECIAL INPUT EDIT (IPRO)
01999	CLAIM HAS BEEN SPECIAL INPUT BY NYS FA