

NYSDOH / EMEDNY CONTRACTOR

WWW.EMEDNYHIPAASUPPORT.COM

EDIT MAPPING FOR 277 ORDERED BY CLAIM STATUS CODE

LAST MODIFIED: DECEMBER 16, 2013

NYS Medicaid: Edit Mapping for 277 Ordered by Claim Status Code

HEALTH CARE CLAIM STATUS CODE	STATUS CODE DESCRIPTION	ENTITY IDENTIFIER CODE	ENTITY ID DESCRIPTION	EDIT NUMBER	EDIT DESCRIPTION
0	CANNOT PROVIDE FURTHER STATUS ELECTRONICALLY			01998	SYSTEM UNAVAILABLE/HOST UNAVAILABLE
1	FOR MORE DETAILED INFORMATION, SEE REMITTANCE ADVICE			00166	PROVIDER INELIGIBLE SERVICE ON DATE PERFORMED
1	FOR MORE DETAILED INFORMATION, SEE REMITTANCE ADVICE			00503	CLAIM OVER 90 DAYS/PRIOR APPROVAL REQUIRED
18	ENTITY RECEIVED CLAIM/ENCOUNTER, BUT RETURNED INVALID STATUS	40	RECEIVER	01479	MULTIPLE RATE CODES SUBMITTED
18	ENTITY RECEIVED CLAIM/ENCOUNTER, BUT RETURNED INVALID STATUS	40	RECEIVER	01604	OVERRIDE DENIED, UT NOT AT LIMIT
18	ENTITY RECEIVED CLAIM/ENCOUNTER, BUT RETURNED INVALID STATUS	40	RECEIVER	01611	MISSING OR INVALID PROCESSOR CONTROL NUMBER
18	ENTITY RECEIVED CLAIM/ENCOUNTER, BUT RETURNED INVALID STATUS	40	RECEIVER	01612	MISSING OR INVALID ELIGIBILITY OVERRIDE CODE
18	ENTITY RECEIVED CLAIM/ENCOUNTER, BUT RETURNED INVALID STATUS	40	RECEIVER	01615	MISSING OR INVALID PATIENT PAID AMOUNT
18	ENTITY RECEIVED CLAIM/ENCOUNTER, BUT RETURNED INVALID STATUS	40	RECEIVER	01623	ECCA NOT ALLOWED
18	ENTITY RECEIVED CLAIM/ENCOUNTER, BUT RETURNED INVALID STATUS	40	RECEIVER	01629	INVALID PIN
18	ENTITY RECEIVED CLAIM/ENCOUNTER, BUT RETURNED INVALID STATUS	40	RECEIVER	01643	INVALID DUR CONFLICT CODE
18	ENTITY RECEIVED CLAIM/ENCOUNTER, BUT RETURNED INVALID STATUS	40	RECEIVER	01644	INVALID DUR OUTCOME CODE

NYS Medicaid: Edit Mapping for 277 Ordered by Claim Status Code

HEALTH CARE CLAIM STATUS CODE	STATUS CODE DESCRIPTION	ENTITY IDENTIFIER CODE	ENTITY ID DESCRIPTION	EDIT NUMBER	EDIT DESCRIPTION
18	ENTITY RECEIVED CLAIM/ENCOUNTER, BUT RETURNED INVALID STATUS	40	RECEIVER	01646	ONLINE ADJUSTMENTS / RE-BILL NOT ALLOWED FOR DVS ITEMS
18	ENTITY RECEIVED CLAIM/ENCOUNTER, BUT RETURNED INVALID STATUS	40	RECEIVER	01648	PROCESSOR CONTROL NUMBER NEEDED FOR RE-BILL / REVERSAL
21	MISSING OR INVALID INFORMATION			00025	SPECIAL CONSIDERATION INDICATOR INVALID
21	MISSING OR INVALID INFORMATION			00103	ADJUSTMENT/VOID FIELDS ARE INCOMPLETE
21	MISSING OR INVALID INFORMATION			02116	MISSING PRESCRIPTION ORIGIN CODE
21	MISSING OR INVALID INFORMATION			02117	INVALID PRESCRIPTION ORIGIN CODE
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			00725	HISTORY RECORD NOT FOUND FOR ADJUSTMENT OR VOID
38	AWAITING NEXT PERIODIC ADJUDICATION CYCLE			00240	OVER TWO YEAR OLD CLAIM HELD FOR FUTURE ADJUDICATION
41	SPECIAL HANDLING REQUIRED AT PAYER SITE			00706	STOP-LOSS REQUIRES MANUAL PRICING
42	AWAITING RELATED CHARGES			00795	COST OUTLIER CLAIM REQUIRES MANUAL PRICING
46	INTERNAL REVIEW/AUDIT			00397	AMOUNT IS 10% OR LS AMT ON PROCEDURE FILE
46	INTERNAL REVIEW/AUDIT			00572	ITEM REQUIRES MANUAL REVIEW
46	INTERNAL REVIEW/AUDIT			00778	CAPITAL ADD ON RATE NOT FOUND FOR PROVIDER

NYS Medicaid: Edit Mapping for 277 Ordered by Claim Status Code

HEALTH CARE CLAIM STATUS CODE	STATUS CODE DESCRIPTION	ENTITY IDENTIFIER CODE	ENTITY ID DESCRIPTION	EDIT NUMBER	EDIT DESCRIPTION
46	INTERNAL REVIEW/AUDIT			00867	PHARMACY SERVICE INCLUDED IN OUT-OF-STATE FACILITY RATE
46	INTERNAL REVIEW/AUDIT			00868	DENTAL SERVICE INCLUDED IN OUT OF STATE FACILITY RATE
46	INTERNAL REVIEW/AUDIT			01141	PROVIDER EXCEPTION IND REQUIRES PEND (DOH)
46	INTERNAL REVIEW/AUDIT			01142	PROVIDER EXCEPTION REQUIRES PEND - OHIP
46	INTERNAL REVIEW/AUDIT			01316	PHARMACY SERVICE INCLUDED IN FACILITY RATE
46	INTERNAL REVIEW/AUDIT			01493	PHARMACY SERVICE INCLUDED IN IN-STATE FACILITY RATE (DENY)
46	INTERNAL REVIEW/AUDIT			01995	SPECIAL INPUT EDIT (DOH)
46	INTERNAL REVIEW/AUDIT			01996	SPECIAL INPUT EDIT (PCG)
46	INTERNAL REVIEW/AUDIT			01997	SPECIAL INPUT EDIT (IPRO)
46	INTERNAL REVIEW/AUDIT			01999	CLAIM HAS BEEN SPECIAL INPUT BY NYS FA
46	INTERNAL REVIEW/AUDIT			02014	CLAIM UNDER REVIEW BY THE OFFICE OF THE STATE COMPTROLLER
46	INTERNAL REVIEW/AUDIT			02152	PEND RESOLUTION - STATE REVIEWER DENIED - MANUAL REVIEW
46	INTERNAL REVIEW/AUDIT			02167	PROFESSIONAL SERVICE INCLUDED IN MEDICAID RATE
47	INTERNAL REVIEW/AUDIT - PARTIAL PAYMENT MADE			00854	SUSPEND MASS ADJUSTMENT/VOID
54	DUPLICATE OF A PREVIOUSLY PROCESSED CLAIM/LINE			00605	CLAIM PREVIOUSLY PAID USING ANOTHER PROVIDER NUMBER

NYS Medicaid: Edit Mapping for 277 Ordered by 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			00705	DUPLICATE CLAIM IN HISTORY
54	DUPLICATE OF A PREVIOUSLY PROCESSED CLAIM/LINE			00707	EXACT DUP CATCH ALL PROCEDURE
54	DUPLICATE OF A PREVIOUSLY PROCESSED CLAIM/LINE			00708	CONFLICTING PAC RATE CODE IN HISTORY
54	DUPLICATE OF A PREVIOUSLY PROCESSED CLAIM/LINE			00715	PROCEDURE CONFLICTS WITH PRIOR SERVICE
54	DUPLICATE OF A PREVIOUSLY PROCESSED CLAIM/LINE			00717	PROCEDURE CONFLICTS WITH PRIOR SERVICE
54	DUPLICATE OF A PREVIOUSLY PROCESSED CLAIM/LINE			00718	PROCEDURE COMBINATION REQUIRES REVIEW/PRICING
54	DUPLICATE OF A PREVIOUSLY PROCESSED CLAIM/LINE			00727	NEAR DUPLICATE CLAIM IN HISTORY
54	DUPLICATE OF A PREVIOUSLY PROCESSED CLAIM/LINE			00755	THIS REFILL ALREADY PAID
54	DUPLICATE OF A PREVIOUSLY PROCESSED CLAIM/LINE			00759	DUPLICATE INPATIENT/CLINIC, EMERGENCY, REFERRED AMB OR LAB CLAIM
54	DUPLICATE OF A PREVIOUSLY PROCESSED CLAIM/LINE			00760	SUSPECT DUPLICATE, COVERED BY INPATIENT CLAIM
54	DUPLICATE OF A PREVIOUSLY PROCESSED CLAIM/LINE			00761	DUPLICATE DAY TREATMENT CLINIC / PART-TIME CLINIC CLAIM
54	DUPLICATE OF A PREVIOUSLY PROCESSED CLAIM/LINE			00762	SUSPECT DUPLICATE, COVERED BY PART-TIME CLINIC CLAIM
54	DUPLICATE OF A PREVIOUSLY PROCESSED CLAIM/LINE			00763	DUPLICATE CLINIC (0160) / CLINIC (0164)
54	DUPLICATE OF A PREVIOUSLY PROCESSED CLAIM/LINE			00764	SUSPECT DUPLICATE, COVERED BY CLINIC (COS 0160)

NYS Medicaid: Edit Mapping for 277 Ordered by 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			00765	SUSPECT DUPLICATE PHARMACY, COVERED BY INPATIENT CLAIM
54	DUPLICATE OF A PREVIOUSLY PROCESSED CLAIM/LINE			00766	DUPLICATE DENTAL / CLINIC CLAIM (0164)
54	DUPLICATE OF A PREVIOUSLY PROCESSED CLAIM/LINE			01129	PART A DEDUCTIBLE PREVIOUSLY PAID FOR THIS SPELL OF ILLNESS
54	DUPLICATE OF A PREVIOUSLY PROCESSED CLAIM/LINE			01168	SERVICE WAS PREVIOUSLY PAID AT 100%
54	DUPLICATE OF A PREVIOUSLY PROCESSED CLAIM/LINE			01175	PREPAID CAPITATION RECIPIENT - MULTIPLE COVERAGE
54	DUPLICATE OF A PREVIOUSLY PROCESSED CLAIM/LINE			01178	DUPLICATE PRINCIPAL PAS CLAIM ON HISTORY FILE
54	DUPLICATE OF A PREVIOUSLY PROCESSED CLAIM/LINE			01231	INAPPROPRIATE RATE BILLED/CONFLICTING CLAIM PREVIOUSLY PAID
54	DUPLICATE OF A PREVIOUSLY PROCESSED CLAIM/LINE			01256	BILLED FOR MORE THAN ONE STOP LOSS CLAIM IN A YEAR
54	DUPLICATE OF A PREVIOUSLY PROCESSED CLAIM/LINE			01345	ORIGINAL DUPLICATE CLAIM IN HISTORY
54	DUPLICATE OF A PREVIOUSLY PROCESSED CLAIM/LINE			02062	TRANSPORTATION SERVICE PERFORMED DURING INPATIENT STAY
54	DUPLICATE OF A PREVIOUSLY PROCESSED CLAIM/LINE			02063	TRANSPORTATION SERVICE PAID DURING THIS INPATIENT ADMISSION PERIOD
54	DUPLICATE OF A PREVIOUSLY PROCESSED CLAIM/LINE			02064	PAYMENT ALREADY RECEIVED FOR THIS SERVICE UNDER NURSING HOME CLAIM TYPE
54	DUPLICATE OF A PREVIOUSLY PROCESSED CLAIM/LINE			02065	PAYMENT ALREADY RECEIVED FOR THIS SERVICE UNDER CLINIC CLAIM TYPE

NYS Medicaid: Edit Mapping for 277 Ordered by 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			02112	CROSSOVER IS A DUPLICATE OF A CLAIM IN HISTORY
54	DUPLICATE OF A PREVIOUSLY PROCESSED CLAIM/LINE			02113	DUPLICATE OF EXISTING CROSSOVER IN HISTORY
54	DUPLICATE OF A PREVIOUSLY PROCESSED CLAIM/LINE			02155	SERVICE CONFLICTS WITH PRIOR SERVICE; PAY AND REVERSE THE HISTORY CLAIM.
54	DUPLICATE OF A PREVIOUSLY PROCESSED CLAIM/LINE			02224	INPATIENT/NURSING HOME DUPLICATE
56	AWAITING ELIGIBILITY DETERMINATION			02221	SPENDDOWN CLIENT ALC CLAIM – PP CODE 07 NOT FOUND
65	CLAIM/LINE HAS BEEN PAID			01329	SICKROOM SUPPLY INCLUDED IN FACILITY RATE
65	CLAIM/LINE HAS BEEN PAID			02080	APG CLAIM BASE RATE CHANGE TABLE LIMITS REACHED
65	CLAIM/LINE HAS BEEN PAID			02081	ALL APG LINES PAID ZERO
84	SERVICE NOT AUTHORIZED			00186	REQ PA FOR PROCEDURE NOT FOUND
84	SERVICE NOT AUTHORIZED			00190	PROVIDER EXCEPTION CODE 02 REQUIRES MANUAL PRICING (0-0-S PROVIDER)
84	SERVICE NOT AUTHORIZED			00231	ELECTIVE ABORTION NOT PAYABLE
84	SERVICE NOT AUTHORIZED			00254	SERVICE CODE NOT EQUAL TO PA
84	SERVICE NOT AUTHORIZED			00552	CLAIM REQUIRES PRIOR APPROVAL
84	SERVICE NOT AUTHORIZED			00728	PA REQUIRED – STAY GT 15 DAYS OR LEVEL OF CARE CHANGED
84	SERVICE NOT AUTHORIZED			00746	NO SERVICE AUTHORIZATION RECORD ON FILE

NYS Medicaid: Edit Mapping for 277 Ordered by Claim Status Code

HEALTH CARE CLAIM STATUS CODE	STATUS CODE DESCRIPTION	ENTITY IDENTIFIER CODE	ENTITY ID DESCRIPTION	EDIT NUMBER	EDIT DESCRIPTION
84	SERVICE NOT AUTHORIZED			01154	NO UT SERVICE AUTHORIZATION RECORD ON FILE
84	SERVICE NOT AUTHORIZED			01155	UTILIZATION THRESHOLD SERVICE AUTHORIZATION EXHAUSTED
84	SERVICE NOT AUTHORIZED			01207	CARE AT HOME RATE DOES NOT MATCH RECIPIENTS PROGRAM
84	SERVICE NOT AUTHORIZED			01647	DVS ERROR
84	SERVICE NOT AUTHORIZED			02008	RECIP EXCP CODE MUST = 84 TO BILL THIS RATE CODE
84	SERVICE NOT AUTHORIZED			02009	RECIP EXCP CODE MUST = 84 OR 85 TO BILL THIS RATE CODE
84	SERVICE NOT AUTHORIZED			02010	RECIP EXCP CODE MUST = 86 TO BILL THIS RATE CODE
84	SERVICE NOT AUTHORIZED			02099	BREAST CANCER SURGERIES NOT REIMBURSED FOR FACILITY
84	SERVICE NOT AUTHORIZED			02134	PROCEDURE NOT SUBSTANTIATED BY PREVIOUS SERVICE - DENY
84	SERVICE NOT AUTHORIZED			02135	PROCEDURE NOT SUBSTANTIATED BY PREVIOUS SERVICE - PEND
84	SERVICE NOT AUTHORIZED			02136	PROCEDURE NOT SUBSTANTIATED BY PREVIOUS SERVICE - PAY
84	SERVICE NOT AUTHORIZED			02153	PROS RATE CODE INVALID FOR LTHHCP, TBI AND NHTD PROGRAMS
84	SERVICE NOT AUTHORIZED	80	HOSPITAL	02103	SERIOUS ADVERSE EVENT IS NOT REIMBURSED FOR THE ENTIRE STAY

NYS Medicaid: Edit Mapping for 277 Ordered by Claim Status Code

HEALTH CARE CLAIM STATUS CODE	STATUS CODE DESCRIPTION	ENTITY IDENTIFIER CODE	ENTITY ID DESCRIPTION	EDIT NUMBER	EDIT DESCRIPTION
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	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
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	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	DN	REFERRING PROVIDER	01300	MANAGE CARE COORDINATION PROGRAM INPATIENT SERVICE NOT PROVIDED/ORDERED/REFERRED BY PRIMARY PROVIDER

NYS Medicaid: Edit Mapping for 277 Ordered by Claim Status Code

HEALTH CARE CLAIM STATUS CODE	STATUS CODE DESCRIPTION	ENTITY IDENTIFIER CODE	ENTITY ID DESCRIPTION	EDIT NUMBER	EDIT DESCRIPTION
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	MR	MEDICAL INSURANCE CARRIER	02004	RECIPIENT HAS MEDICARE PART D
85	ENTITY NOT PRIMARY	MR	MEDICAL INSURANCE CARRIER	02137	MEDICARE COVERS 100% - NO PATIENT RESPONSIBILITY REMAINING FOR MEDICAID
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
85	ENTITY NOT PRIMARY	P3	PRIMARY CARE PROVIDER	01200	MANAGED CARE COORDINATION SERVICE NOT PROVIDED/ORDERED/REFERRED BY PRIMARY PHYSICIAN

NYS Medicaid: Edit Mapping for 277 Ordered by Claim Status Code

HEALTH CARE CLAIM STATUS CODE	STATUS CODE DESCRIPTION	ENTITY IDENTIFIER CODE	ENTITY ID DESCRIPTION	EDIT NUMBER	EDIT DESCRIPTION
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
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	PR	PAYER	00808	PATIENT HAS ALREADY MET MEDICARE DEDUCTIBLE - REVIEW MEDICARE DATA
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	QN	DENTIST	01139	RESTRICTED RECIPIENT SERVICE NOT PROVIDED/ORDERED/REFERRED BY PRIMARY DENTIST

NYS Medicaid: Edit Mapping for 277 Ordered by Claim Status Code

HEALTH CARE CLAIM STATUS CODE	STATUS CODE DESCRIPTION	ENTITY IDENTIFIER CODE	ENTITY ID DESCRIPTION	EDIT NUMBER	EDIT DESCRIPTION
85	ENTITY NOT PRIMARY	QN	DENTIST	01150	RESTRICTED RECIPIENT SERVICE NOT PROVIDED/ORDERED/REFERRED BY PRIMARY DENTIST/ATTACHMENT
85	ENTITY NOT PRIMARY	QS	PODIATRIST	01138	RESTRICTED RECIPIENT SERVICE NOT PROVIDED/ORDERED/REFERRED BY PRIMARY PODIATRIST
85	ENTITY NOT PRIMARY	QS	PODIATRIST	01149	RESTRICTED RECIPIENT SERVICE NOT PROVIDED/ORDERED/REFERRED BY PRIMARY PODIATRIST/ATTACHMENT
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	X5	DURABLE MEDICAL EQUIPMENT SUPPLIER	01151	RESTRICTED RECIPIENT SERVICE NOT PROVIDED/ORDERED/REFERRED BY PRIMARY DME PROVIDER/ATTACHMENT
86	DIAGNOSIS AND PATIENT GENDER MISMATCH			00156	PRIMARY/PRINCIPAL DIAGNOSIS INVALID FOR SEX OF RECIPIENT
86	DIAGNOSIS AND PATIENT GENDER MISMATCH			00160	SECONDARY DIAGNOSIS INVALID FOR SEX OF RECIPIENT
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

NYS Medicaid: Edit Mapping for 277 Ordered by Claim Status Code

HEALTH CARE CLAIM STATUS CODE	STATUS CODE DESCRIPTION	ENTITY IDENTIFIER CODE	ENTITY ID DESCRIPTION	EDIT NUMBER	EDIT DESCRIPTION
88	ENTITY NOT ELIGIBLE FOR BENEFITS FOR SUBMITTED DATES OF SERVICE	IL	INSURED OR SUBSCRIBER	02089	RECIPIENT EXCEPTION MUST = 23 TO BILL THIS RATE
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
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 BENEFOITS FOR SUBMITTED DATES OF SERVICE	QC	PATIENT	02118	RATE INVALID FOR CLIENT NOT IN MANAGED CARE PLAN
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	1P	PROVIDER	00249	PROVIDER ID FOR PA SERVICE NOT EQUAL 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.	1S	OUTPATIENT SURGICENTER	02092	AMBULATORY SURGERY PROCEDURE CODE NOT ON ALL SERVICE DATES

NYS Medicaid: Edit Mapping for 277 Ordered by Claim Status Code

HEALTH CARE CLAIM STATUS CODE	STATUS CODE DESCRIPTION	ENTITY IDENTIFIER CODE	ENTITY ID DESCRIPTION	EDIT NUMBER	EDIT DESCRIPTION
91	ENTITY NOT ELIGIBLE/NOT APPROVED FOR DATES OF SERVICE	71	ATTENDING PHYSICIAN	02003	PROVIDER NOT CERTIFIED FOR THIS PROCEDURE
91	ENTITY NOT ELIGIBLE/NOT APPROVED FOR DATES OF SERVICE.	71	ATTENDING PHYSICIAN	02088	CLINIC PROVIDER NOT ALLOWED LMSW/LCSW SERVICES
91	ENTITY NOT ELIGIBLE/NOT APPROVED FOR DATES OF SERVICE.	85	BILLING PROVIDER	02094	NO NYC SERVICES - AMBULETTE
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
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	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	DK	ORDERING PHYSICIAN	01243	PRESCRIBING PROVIDER NOT IN ACTIVE STATUS ON DATE OF SERVICE
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	QV	GROUP PRACTICE	00139	GROUP/SERVICE PROVIDER NOT ELIGIBLE ON DATE OF SERVICE

NYS Medicaid: Edit Mapping for 277 Ordered by Claim Status Code

HEALTH CARE CLAIM STATUS CODE	STATUS CODE DESCRIPTION	ENTITY IDENTIFIER CODE	ENTITY ID DESCRIPTION	EDIT NUMBER	EDIT DESCRIPTION
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	SJ	SERVICE PROVIDER	00941	SERVICE PROVIDER EXCLUDED PRIOR TO SERV/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	SJ	SERVICE PROVIDER	01244	SERVICE PROVIDER NOT IN ACTIVE STATUS ON DATE OF SERVICE
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	40	RECEIVER	01630	M / I PROCESSOR CONTROL NUMBER OR NO TSN FOUND FOR PROVIDER ID
97	PATIENT ELIGIBILITY NOT FOUND WITH ENTITY	IN	INSURER	01314	RECIPIENT INELIGIBLE (COVERAGE CODE IS EQUAL TO 18 (FAMILY PLANNING))
97	PATIENT ELIGIBILITY NOT FOUND WITH ENTITY	PR	PAYER	01171	PREPAID CAPITATION RECIPIENT-SERVICE INAPPROPRIATE FOR ENROLLEE
97	PATIENT ELIGIBILITY NOT FOUND WITH ENTITY	PR	PAYER	01172	PREPAID CAPITATION RECIPIENT - SERVICE COVERED WITHIN PLAN (DENY)
97	PATIENT ELIGIBILITY NOT FOUND WITH ENTITY	PR	PAYER	01174	PEND FOR STATE REVIEW - PCP PLAN CODE NOT ON CONTRACT FILE

NYS Medicaid: Edit Mapping for 277 Ordered by Claim Status Code

HEALTH CARE CLAIM STATUS CODE	STATUS CODE DESCRIPTION	ENTITY IDENTIFIER CODE	ENTITY ID DESCRIPTION	EDIT NUMBER	EDIT DESCRIPTION
97	PATIENT ELIGIBILITY NOT FOUND WITH ENTITY	QK	MANAGED CARE	00693	RECIPIENT NOT ON PCP FILE
101	CLAIM WAS PROCESSED AS ADJUSTMENT TO PREVIOUS CLAIM			00726	PATIENT PARTICIPATION AMOUNT ON STATE SUBMITTED ADJUSTMENT MISSING
104	PROCESSED ACCORDING TO PLAN PROVISIONS (PLAN REFERS TO PROVISIONS THAT EXIST BETWEEN THE HEALTH PLAN AND THE CONSUMER OR PATIENT)			02114	ZERO PAYMENT ON MEDICARE CROSSOVER CLAIM
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
109	ENTITY NOT ELIGIBLE	1P	PROVIDER	01304	PROVIDER NOT ALLOWED TO BILL FOR PORTABLE XRAY SERVICES
109	ENTITY NOT ELIGIBLE	1P	PROVIDER	01340	CLAIM PROVIDER NOT EQUAL RESTRICTION RECIPIENT FILE PROVIDER
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
109	ENTITY NOT ELIGIBLE.	1Y	RETAIL PHARMACY	02126	SPECIALTY PHARMACY PROVIDER BILLING FOR NON-COVERED SPECIALTY DRUGS
109	ENTITY NOT ELIGIBLE	CK	PHARMACIST	00520	PHARMACIST ID CATEGORY OF SERVICE INVALID FOR PROCEDURE CODE

NYS Medicaid: Edit Mapping for 277 Ordered by 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	00538	ORDERING/REFERRING PROVIDER PROFESSION CODE INVALID
109	ENTITY NOT ELIGIBLE	DK	ORDERING PHYSICIAN	00568	PRESCRIBING PROVIDER PROFESSION CODE INVALID FOR ISSUING PRESCRIPTION
109	ENTITY NOT ELIGIBLE	DK	ORDERING PHYSICIAN	00858	ORDERING/REFERRING PROVIDER TYPE INVALID FOR SERVICE
109	ENTITY NOT ELIGIBLE	DK	ORDERING PHYSICIAN	01098	RECIPIENT LESS THAN 21/PRESCRIBER NOT PHC
109	ENTITY NOT ELIGIBLE	DK	ORDERING PHYSICIAN	01127	NURSE PRACTITIONER/MIDWIFE NOT QUALIFIED TO PRESCRIBE LEGEND DRUGS
109	ENTITY NOT ELIGIBLE	DN	REFERRING PROVIDER	01183	REFERRAL INVALID FOR SERVICE
109	ENTITY NOT ELIGIBLE	DN	REFERRING PROVIDER	01498	PRESCRIBING/REFERRING PROVIDER INDICATED NOT QUALIFIED TO PRESCRIBE
109	ENTITY NOT ELIGIBLE.	DQ	SUPERVISING PHYSICIAN	01239	SUPERVISING PROVIDER OF THE SUBMITTED ORDERER/PRESCRIBER WAS EXCLUDED PRIOR TO SERVICE DATE.
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	GY	TREATMENT FACILITY	01220	DAY TREATMENT RATE INVALID FOR PRINCIPLE PROVIDER CODE
109	ENTITY NOT ELIGIBLE	IL	INSURED OR SUBSCRIBER	01259	INVALID RATE FOR CLIENT NOT PCP ENROLLEE
109	ENTITY NOT ELIGIBLE	QC	PATIENT	00140	RECIPIENT ID NUMBER NOT ON FILE

NYS Medicaid: Edit Mapping for 277 Ordered by 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	00291	RECIPIENT INELIGIBLE (COVERAGE CODE IS EQUAL TO 02)
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	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	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	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

NYS Medicaid: Edit Mapping for 277 Ordered by 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	01206	RECIPIENT NOT IN CARE AT HOME PROGRAM-INVALID RATE CODE BILLED
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
109	ENTITY NOT ELIGIBLE	QC	PATIENT	01303	PORTABLE X-RAY PROCEDURE CODE/MEDICARE APPROVED AMOUNT > 0 OR QMB RECIPIENT
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

NYS Medicaid: Edit Mapping for 277 Ordered by 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	01338	RECIPIENT NOT ON RESTRICTED RECIPIENT FILE
109	ENTITY NOT ELIGIBLE	QC	PATIENT	01341	RATE CODE INAPPROPRIATE FOR RECIPIENT AID CATEGORY
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	QC	PATIENT	01499	RECIPIENT INELIGIBLE, EXCESS INCOME/SPENDDOWN
109	ENTITY NOT ELIGIBLE	QC	PATIENT	01602	NO COVERAGE; EXCESS INCOME SPENDDOWN
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

NYS Medicaid: Edit Mapping for 277 Ordered by 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	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	02102	NFP RATE CODE INAPPROPRIATE FOR CLIENT
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	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
109	ENTITY NOT ELIGIBLE	QL	CHIROPRACTOR	01167	CHIROPRACTIC ORDER/REFERRAL INVALID - MEDICARE APPROVED AMOUNT NOT GREATER THAN ZERO
116	CLAIM SUBMITTED TO INCORRECT PAYER			00239	NO FAULT OR WORKMANS COMP INDICATED/NOT COVERED BY MEDICAID
121	SERVICE LINE NUMBER GREATER THAN MAXIMUM ALLOWABLE FOR PAYER			00710	PROCEDURE/FORMULARY CODE EXCEEDS SERVICE LIMITS
121	SERVICE LINE NUMBER GREATER THAN MAXIMUM ALLOWABLE FOR PAYER			00712	PROC EXCEEDS SERVICE LIMITS
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

NYS Medicaid: Edit Mapping for 277 Ordered by 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
132	ENTITY'S MEDICAID PROVIDER ID	QV	GROUP PRACTICE	00030	GROUP ID NUMBER NON-NUMERIC
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
137	PLAN NETWORK ID. NOTE: THIS CODE REQUIRES USE OF AN ENTITY CODE.	85	BILLING PROVIDER	02207	GROUP MEMBER ONLY PROVIDER WITHOUT GROUP PROVIDER ON CLAIM
137	PLAN NETWORK ID. NOTE: THIS CODE REQUIRES USE OF AN ENTITY CODE.	85	BILLING PROVIDER	02208	BILLING PROVIDER ON THE IN-PROCESS CLAIM IS AN ORDERING/PRESCRIBING /REFERRING/ATTENDING ONLY PROVIDER
138	ENTITY'S SITE ID	85	BILLING PROVIDER	02130	OBS CLAIM PROVIDER SERVICE LOCATION IS NOT ACCREDITED
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	71	ATTENDING PHYSICIAN	00664	ATTENDING PHYSICIAN LICENSE NUMBER MISSING
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

NYS Medicaid: Edit Mapping for 277 Ordered by 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	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
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	SJ	SERVICE PROVIDER	00915	SERVICE PROVIDER PROFESSION CODE INVALID
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	00135	PROVIDER SPECIALTY INVALID FOR PROCEDURE
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	1P	PROVIDER	00901	CLAIM TYPE UNKNOWN
145	ENTITY'S SPECIALTY/TAXONOMY CODE	1Z	HOME HEALTH CARE	01034	SPECIALTY CODE INVALID FOR LONG TERM HHC
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

NYS Medicaid: Edit Mapping for 277 Ordered by Claim Status Code

HEALTH CARE CLAIM STATUS CODE	STATUS CODE DESCRIPTION	ENTITY IDENTIFIER CODE	ENTITY ID DESCRIPTION	EDIT NUMBER	EDIT DESCRIPTION
145	ENTITY'S SPECIALTY/TAXONOMY CODE	G3	CLINIC	00936	CLINIC SPECIALTY CODE NOT ON NEW YORK STATE MASTER FILE
153	ENTITY'S ID NUMBER	77	SERVICE LOCATION	00098	LOCATOR CODE INVALID
153	ENTITY'S ID NUMBER	77	SERVICE LOCATION	00198	LOCATION OF SERVICE INVALID FOR PROVIDER
153	ENTITY'S ID NUMBER	77	SERVICE LOCATION	02154	INVALID LOCATOR CODE FOR RECIPIENT COUNTY
153	ENTITY'S ID NUMBER	CK	PHARMACIST	02138	PHARMACIST NOT AFFILIATED TO PHARMACY
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	00078	REFERRING PROVIDER ID NUMBER INVALID
153	ENTITY'S ID NUMBER	DN	REFERRING PROVIDER	00903	ORDERING OR REFERRING PROVIDER ID OR LICENSE NUMBER NOT ON CLAIM
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	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
153	ENTITY'S ID NUMBER	QC	PATIENT	00074	RECIPIENT ID NUMBER INVALID
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

NYS Medicaid: Edit Mapping for 277 Ordered by 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	QC	PATIENT	01620	INVALID SEQUENCE NUMBER
153	ENTITY'S ID NUMBER	QC	PATIENT	01622	SSN ACCESS NOT ALLOWED
153	ENTITY'S ID NUMBER	SJ	SERVICE PROVIDER	00061	SERVICE PROVIDER ID NUMBER MISSING
153	ENTITY'S ID NUMBER	SJ	SERVICE PROVIDER	00062	SERVICE PROVIDER ID NUMBER INVALID
153	ENTITY'S ID NUMBER	SJ	SERVICE PROVIDER	00175	SERVICE PROVIDER ID NUMBER NOT ON NYS MASTER FILE
153	ENTITY'S ID NUMBER	SJ	SERVICE PROVIDER	01357	PROVIDER ID AND SERVICE ID IDENTICAL
153	ENTITY'S ID NUMBER	TT	TRANSFER TO	01035	STATUS DISCHARGED DESTINATION PROVIDER BLANK
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	IL	INSURED OR SUBSCRIBER	02095	FAMILY EDUCATION AND TRAINING OVER 18 YRS OLD
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
162	ENTITY'S HEALTH INSURANCE CLAIM NUMBER (HICN)	IN	INSURER	02111	MEDICARE INTERNAL CONTROL NUMBER MISSING
171	OTHER INSURANCE COVERAGE INFORMATION (HEALTH, LIABILITY, AUTO, ETC.)			00056	OTHER INSURANCE PAID INFORMATION INCONSISTENT

NYS Medicaid: Edit Mapping for 277 Ordered by 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.)			00713	CLIENT HAS MEDICARE PART B AND MEDICAID OTHER IS BLANK
171	OTHER INSURANCE COVERAGE INFORMATION (HEALTH, LIABILITY, AUTO, ETC.)			00823	TRICARE 1 INDICATED - OTHER INSURANCE FIELD NOT BLANK
171	OTHER INSURANCE COVERAGE INFORMATION (HEALTH, LIABILITY, AUTO, ETC.)			01027	MEDICAID COVERAGE CODE 09 MEDICARE APPROVED AMOUNT MISSING
171	OTHER INSURANCE COVERAGE INFORMATION (HEALTH, LIABILITY, AUTO, ETC.)			01045	BOX M=1/MEDICARE PYMT NOT BLANK
171	OTHER INSURANCE COVERAGE INFORMATION (HEALTH, LIABILITY, AUTO, ETC.)			01066	BOX M=3/MEDICARE PYMT NOT ZERO
171	OTHER INSURANCE COVERAGE INFORMATION (HEALTH, LIABILITY, AUTO, ETC.)			01068	MEDICARE PAYMENT SOURCE CODE BOX M/BLANK
171	OTHER INSURANCE COVERAGE INFORMATION (HEALTH, LIABILITY, AUTO, ETC.)			01069	MEDICARE PAYMENT SOURCE CODE BOX M/NOT 1,2 OR 3
171	OTHER INSURANCE COVERAGE INFORMATION (HEALTH, LIABILITY, AUTO, ETC.)			01070	OTHR INSURANCE PAYMENT SOURCE CODE BOX O/BLANK
171	OTHER INSURANCE COVERAGE INFORMATION (HEALTH, LIABILITY, AUTO, ETC.)			01071	OTHR INSURANCE PAYMENT SOURCE CODE BOX O/NOT 1,2 OR 3
171	OTHER INSURANCE COVERAGE INFORMATION (HEALTH, LIABILITY, AUTO, ETC.)			01083	BOX O=1/OTHER INSURANCE PAID AMOUNT NOT BLANK
171	OTHER INSURANCE COVERAGE INFORMATION (HEALTH, LIABILITY, AUTO, ETC.)			01085	BOX O=3/OTHER INSURANCE PAID AMOUNT ZERO

NYS Medicaid: Edit Mapping for 277 Ordered by 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.)			01087	BOX M=2/MEDICARE APPROVE AMOUNT ZERO OR BLANK
171	OTHER INSURANCE COVERAGE INFORMATION (HEALTH, LIABILITY, AUTO, ETC.)			01131	PAYMENT NOT ALLOWED UNTIL MEDICARE INSURANCE IS MAXIMIZED
171	OTHER INSURANCE COVERAGE INFORMATION (HEALTH, LIABILITY, AUTO, ETC.)			01605	OTHER PAYOR AMOUNT MUST BE GREATER THAN ZERO
171	OTHER INSURANCE COVERAGE INFORMATION (HEALTH, LIABILITY, AUTO, ETC.)			01606	OTHER PAYOR AMOUNT MUST BE EQUAL TO ZERO
171	OTHER INSURANCE COVERAGE INFORMATION (HEALTH, LIABILITY, AUTO, ETC.)			01631	CLIENT HAS OTHER INSURANCE
178	SUBMITTED CHARGES			00036	AMOUNT CHARGED IS MISSING OR INVALID
178	SUBMITTED CHARGES			00123	AMOUNT CHARGED IS LESS THAN MEDICARE APPROVED AMOUNT
178	SUBMITTED CHARGES			00126	MANUAL REVIEW CODE 6 MANUAL PRICE EXCLUDES DME EQUIPMENT SERVICE AREA CD C & E
178	SUBMITTED CHARGES			02006	PROCEDURE MANUAL REVIEW CODE 6 REQUIRES MANUAL PRICING -INCLUDES DME EQUIPMENT SERVICE C - E
182	ALLOWABLE/PAID FROM PRIMARY COVERAGE	IN	INSURER	00110	MEDICARE DATA INCONSISTENT
182	ALLOWABLE/PAID FROM PRIMARY COVERAGE	IN	INSURER	00127	MEDICARE PAID AMOUNT REPORTED LESS THAN REASONABLE
182	ALLOWABLE/PAID FROM PRIMARY COVERAGE	IN	INSURER	02144	MEDICARE/MCO PAYER AMOUNTS NOT REASONABLE

NYS Medicaid: Edit Mapping for 277 Ordered by 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			00018	DATE OF SERVICE/FILL DATE INVALID
187	DATE(S) OF SERVICE			00020	SERVICE/FILL DATE LATER THAN RECEIPT DATE
187	DATE(S) OF SERVICE			00068	SERVICE DATE NOT WITHIN 90 DAYS OF RECEIPT DATE
187	DATE(S) OF SERVICE			00653	STATEMENT FROM DATE PRIOR TO ADMISSION DATE
187	DATE(S) OF SERVICE			00692	DATE OF SERVICE MUST BE 1ST OF MONTH
187	DATE(S) OF SERVICE			00743	DOS FOR WEEKLY RATE NOT ON A SUNDAY
187	DATE(S) OF SERVICE			00784	SUBSEQUENT DRG BILLS MUST BE AFTER THE THRESHOLD DATE
187	DATE(S) OF SERVICE			00787	FROM, ADMIT, AND END DATE MUST BE EQUAL ON ADMIT DRG CLAIM
187	DATE(S) OF SERVICE			00789	STATEMENT FROM DATE NOT EQUAL ADMIT DATE FOR DRG CLAIM
187	DATE(S) OF SERVICE			00844	TYPE ALTERNATE CARE DATE PRIOR TO ADMIT DATE OR GREATER THAN END DATE SERVICE
187	DATE(S) OF SERVICE			01004	THRU SERVICE DATE INVALID
187	DATE(S) OF SERVICE			01005	THRU SERVICE DATE AFTER RECEIPT DATE
187	DATE(S) OF SERVICE			01007	THRU SERVICE DATE GT 90 DAYS OF RECEIPT
187	DATE(S) OF SERVICE			01047	DATE OF SERVICE SIX YEARS PRIOR TO DATE RECEIVED
187	DATE(S) OF SERVICE			01225	DATE OF SERVICE MUST BE 2ND OF MONTH - OMH
187	DATE(S) OF SERVICE			01226	SECOND HALF SEMI-MONTHLY DATE OF SERVICE (DAY) NOT EQUAL 02 OMR

NYS Medicaid: Edit Mapping for 277 Ordered by 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			01258	SERVICE/END SERVICE/DISCHARGE DATES MUST BE EQUAL ON A GRADUATE MEDICAL EXPENSE CLAIM
187	DATE(S) OF SERVICE			01260	PREPAID CAPITATION PLAN RECIPIENT - RATE CODE REQUIRES DATE OF SERVICE WITHIN 2 DAYS OF DATE OF BIRTH
187	DATE(S) OF SERVICE			01268	DOS FOR MMTP TOKEN CLAIM NOT A SUNDAY
187	DATE(S) OF SERVICE			01287	DATE OF SERVICE FOR TRAUMATIC BRAIN INJURY RATE NOT FIRST OF MONTH
187	DATE(S) OF SERVICE			01292	DATE OF SERVICE TWO YEARS PRIOR TO DATE RECEIVED
187	DATE(S) OF SERVICE			01724	LI DOS OUTSIDE FROM/THRU DATES
187	DATE(S) OF SERVICE			02007	OMH PROS RATE MUST BE BILLED ON LAST DAY OF MONTH
187	DATE(S) OF SERVICE.			02093	DATE OF SERVICE FOR NHTD WAIVER MONTHLY SERVICE RATE NOT FIRST OF MONTH
187	DATE(S) OF SERVICE.			02097	GROUP OR INDIVIDUAL DAY HAB BILLED ON WEEKEND
187	DATE(S) OF SERVICE			02148	DOS FOR WEEKLY RATE NOT ON A MONDAY
188	STATEMENT FROM-THROUGH DATES			00658	STATMENT THRU DATE IS MORE THAN 90 DAYS OF DATE RECEIVED
188	STATEMENT FROM-THROUGH DATES			00785	ALTERNATE LEVEL OF CARE (ALC) CLAIMS REQUIRE AN ALC DATE
188	STATEMENT FROM-THROUGH DATES			00786	SERVICE FROM DATE PRIOR TO ALC DATE FOR ALC CLAIMS

NYS Medicaid: Edit Mapping for 277 Ordered by Claim Status Code

HEALTH CARE CLAIM STATUS CODE	STATUS CODE DESCRIPTION	ENTITY IDENTIFIER CODE	ENTITY ID DESCRIPTION	EDIT NUMBER	EDIT DESCRIPTION
188	STATEMENT FROM-THROUGH DATES			01006	THRU SERVICE DATE PRIOR TO FROM SERVICE DATE
188	STATEMENT FROM-THROUGH DATES			01044	DATES OF SERVICE CANNOT SPAN ACROSS MONTHS
188	STATEMENT FROM-THROUGH DATES			02173	LOW BIRTH WEIGHT "KICK" RATE CLAIM NOT RECEIVED WITHIN ONE YEAR
189	FACILITY ADMISSION DATE			00600	ADMISSION DATE INVALID
189	FACILITY ADMISSION DATE			00660	STAY DENIED EFFECTIVE DATE PRIOR TO ADMISSION DATE
189	HOSPITAL ADMISSION DATE			00792	ADMIT DATE EQUALS FROM DATE ON OUTLIER CLAIM
190	FACILITY DISCHARGE DATE			00652	DISCHARGE DATE PRIOR TO ADMISSION DATE
190	FACILITY DISCHARGE DATE			00655	DISCHARGE DATE IS DIFFERENT FROM STATEMENT THRU DATE
190	FACILITY DISCHARGE DATE			00657	STAY DENY EFFECTIVE DATE NOT PRIOR TO STATEMENT THROUGH DATE
190	FACILITY DISCHARGE DATE			00782	FOR ACUTE DRG CLAIMS THE DISCHARGE DATE MUST BE AFTER END DATE
190	FACILITY DISCHARGE DATE			00801	PATIENT DISCHARGED/DISCHARGE DATE AND HOUR MISSING
197	EFFECTIVE COVERAGE DATE(S)			00697	PCP GUARANTEED COVERAGE PERIOD EXPIRED
197	EFFECTIVE COVERAGE DATE(S)			01301	PORTABLE XRAY CLAIM SUBMITTED WITH DOS AFTER CUTOFF DATE
214	ORIGINAL DATE OF PRESCRIPTION/ORDERS/ REFERRAL			00534	DATE ORDERED INVALID

NYS Medicaid: Edit Mapping for 277 Ordered by 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			00536	FILL DATE GREATER THAN 60 DAYS FROM PRESCRIPTION ORDER DATE
214	ORIGINAL DATE OF PRESCRIPTION/ORDERS/ REFERRAL			00548	FILL DATE PRECEDES ORDER DATE
214	ORIGINAL DATE OF PRESCRIPTION/ORDERS/ REFERRAL			00549	REFILL DATE GREATER THAN 180 DAYS FROM ORDER DATE
216	DRUG INFORMATION			00528	MISSING OR INVALID QUANTITY DISPENSED
216	DRUG INFORMATION			00530	NEW / REFILL NUMBER INVALID
216	DRUG INFORMATION			00540	NUMBER OF DAYS SUPPLY INVALID
216	DRUG INFORMATION			00550	MAXIMUM QUANTITY EXCEEDED
216	DRUG INFORMATION			00551	ITEM NOT ELIGIBLE FOR PAYMENT ON FILL DATE
216	DRUG INFORMATION			00563	DAYS SUPPLY LESS THAN MINIMUM
216	DRUG INFORMATION.			01600	DISCONTINUED NDC NUMBER
216	DRUG INFORMATION			01634	DRUG TO DRUG INTERACTION
216	DRUG INFORMATION			01641	THERAPEUTIC DUPLICATION
216	DRUG INFORMATION			01642	EARLY FILL OVERUSE
218	NDC NUMBER			00544	NDC CODE NON-NUMERIC
218	NDC NUMBER			00561	DRUGS/SUPPLY CODE NOT ON FILE
218	NDC NUMBER			00562	DRUG PRICE NOT AVAILABLE ON FILL DATE
218	NDC NUMBER			00570	NO PRICE ON DRUG FILE
218	NDC NUMBER			01609	MISSING OR INVALID ALTERNATIVE PRODUCT TYPE
218	NDC NUMBER			01610	MISSING OR INVALID ALTERNATIVE PRODUCT CODE

NYS Medicaid: Edit Mapping for 277 Ordered by Claim Status Code

HEALTH CARE CLAIM STATUS CODE	STATUS CODE DESCRIPTION	ENTITY IDENTIFIER CODE	ENTITY ID DESCRIPTION	EDIT NUMBER	EDIT DESCRIPTION
218	NDC NUMBER			01613	MISSING OR INVALID COMPOUND CODE
218	NDC NUMBER			02066	DRUG CODE MISSING
218	NDC NUMBER			02078	DRUG SUBMITTED NOT REBATEABLE
218	NDC NUMBER			02145	MUST HAVE MORE THAN ONE NDC FOR A COMPOUND CLAIM
218	NDC NUMBER			02146	NDC INVALID FOR D.O COMPOUND CLAIM
218	NDC NUMBER			02147	ALL INGREDIENTS OF COMPOUND ARE NOT PAYABLE
219	PRESCRIPTION NUMBER			00526	PRESCRIPTION / ORDER NUMBER IS MISSING
219	PRESCRIPTION NUMBER			02002	PRESCRIPTION SERIAL NUMBER MISSING
219	PRESCRIPTION NUMBER			02060	PRESCRIPTION SERIAL NUMBER REPORTED AS MISSING/STOLEN
219	PRESCRIPTION NUMBER			02061	PRESCRIPTION SERIAL NUMBER CANNOT BE ADJUSTED
219	PRESCRIPTION NUMBER			02129	NO ORIGINAL PRESCRIPTION FOR REFILL
230	HOSPITAL ADMISSION HOUR			00602	ADMISSION HOUR INVALID
231	HOSPITAL ADMISSION TYPE			00603	ADMISSION TYPE CODE INVALID
232	ADMITTING DIAGNOSIS			00604	ADMITTING DIAGNOSIS CODE MISSING
233	HOSPITAL DISCHARGE HOUR			00626	DISCHARGE HOUR INVALID
234	PATIENT DISCHARGE STATUS			00021	PATIENT STATUS CODE INVALID
234	PATIENT DISCHARGE STATUS			00788	DISCHARGED STATUS NOT ALLOWED FOR ADMIT DRG CLAIMS
234	PATIENT DISCHARGE STATUS			00794	OUTLIER PAYMENT NOT ALLOWED FOR TRANSFERS

NYS Medicaid: Edit Mapping for 277 Ordered by Claim Status Code

HEALTH CARE CLAIM STATUS CODE	STATUS CODE DESCRIPTION	ENTITY IDENTIFIER CODE	ENTITY ID DESCRIPTION	EDIT NUMBER	EDIT DESCRIPTION
234	PATIENT DISCHARGE STATUS			00800	PATIENT STILL IN HOSPITAL DISCHARGE DT OR HOUR PRESENT
234	PATIENT DISCHARGE STATUS			00827	PATIENT STILL IN HOSPITAL TRICARE CODE CONFLICTS
239	DENTAL INFORMATION			01311	IMPROPER TOOTH/SEALANT CODE COMBINATION
240	TOOTH SURFACE(S) INVOLVED			00918	TOOTH SURFACE CODE INVALID
240	TOOTH SURFACE(S) INVOLVED			00919	INVALID COMBINATION OF TOOTH SURFACE CODES
240	TOOTH SURFACE(S) INVOLVED			00935	IMPROPER NO OF SURFACES INDICATED
242	TOOTH NUMBERS, SURFACES, AND/OR QUADRANTS INVOLVED			00917	ORAL CAVITY CODE INVALID
242	TOOTH NUMBERS, SURFACES, AND/OR QUADRANTS INVOLVED			00931	REQUIRED TOOTH FOR PROCEDURE INVALID
242	TOOTH NUMBERS, SURFACES, AND/OR QUADRANTS INVOLVED			00932	REQUIRED QUADRANT FOR PROCEDURE INVALID
242	TOOTH NUMBERS, SURFACES, AND/OR QUADRANTS INVOLVED			01309	INVALID QUADRANT FOR BILLED PROCEDURE
242	TOOTH NUMBERS, SURFACES, AND/OR QUADRANTS INVOLVED			01312	IMPROPER TOOTH/SURFACE IDENTIFIED FOR PROCEDURE INDICATED
244	TOOTH NUMBER OR LETTER			00933	PERMANENT TOOTH NOT SPECIFIED
244	TOOTH NUMBER OR LETTER			00934	DECIDIOUS TOOTH NOT SPECIFIED
244	TOOTH NUMBER OR LETTER			01313	IMPROPER TOOTH FOR PROCEDURE INDICATED
245	DENTAL QUADRANT/ARCH.			01310	REQUIRED ARCH CODE/MISSING INVALID
249	PLACE OF SERVICE			00071	PLACE OF SERVICE CODE INVALID

NYS Medicaid: Edit Mapping for 277 Ordered by Claim Status Code

HEALTH CARE CLAIM STATUS CODE	STATUS CODE DESCRIPTION	ENTITY IDENTIFIER CODE	ENTITY ID DESCRIPTION	EDIT NUMBER	EDIT DESCRIPTION
249	PLACE OF SERVICE			00284	PROCEDURE INVALID FOR PLACE OF SERVICE (DENY)
249	PLACE OF SERVICE			01161	TYPE OF BILL INVALID FOR OMH SPECIALTY CODE
249	PLACE OF SERVICE			01302	PORTABLE XRAY CLAIM SUBMITTED WITH DOS AFTER CUTOFF DATE
249	PLACE OF SERVICE			02131	PROVIDER SERVICE LOCATION IS NOT ACCREDITED FOR THE HISTORY OBS CLAIM
250	TYPE OF SERVICE			00547	RECIPIENT INELIGIBLE (COVERAGE CODE IS EQUAL TO 07)
250	TYPE OF SERVICE			01077	CATEGORY OF SERVICE DOES NOT ALLOW EMERGENCY
250	TYPE OF SERVICE			01079	CATEGORY OF SERVICE REQUIRES MEDICARE
251	TOTAL ANESTHESIA MINUTES			00690	ANESTHESIA UNITS GREATER THAN MAX
251	TOTAL ANESTHESIA MINUTES	N/A		02143	SUBMITTED MINUTES GREATER THAN MAXIMUM MINUTES
252	AUTHORIZATION/CERTIFICATION NUMBER			00050	PRIOR APPROVAL NUMBER NON-NUMERIC
252	AUTHORIZATION/CERTIFICATION NUMBER			00244	PRIOR APPROVAL NOT ON OR REMOVED FROM FILE
252	AUTHORIZATION/CERTIFICATION NUMBER			00245	PRIOR APPROVAL INDICATED NOT APPROVED BY NYS
252	AUTHORIZATION/CERTIFICATION NUMBER			00747	CLAIM TYPE NOT FOR PRIOR APPROVAL RECORD CLASS
252	AUTHORIZATION/CERTIFICATION NUMBER			01029	REQUIRED PA FOR RATE CODE NOT FOUND
252	ENTITY'S AUTHORIZATION/CERTIFICATION NUMBER.	IN	INSURER	01116	PRIOR APPROVAL REQUIRED FOR AMBULATORY SURGERY

NYS Medicaid: Edit Mapping for 277 Ordered by Claim Status Code

HEALTH CARE CLAIM STATUS CODE	STATUS CODE DESCRIPTION	ENTITY IDENTIFIER CODE	ENTITY ID DESCRIPTION	EDIT NUMBER	EDIT DESCRIPTION
252	ENTITY'S AUTHORIZATION/CERTIFICATION NUMBER.	IN	INSURER	01247	THERAPEUTIC DAYS GT 4 FOR RTF CLAIM, NO PA PRESENT
252	ENTITY'S AUTHORIZATION/CERTIFICATION NUMBER.	IN	INSURER	01249	CONSECUTIVE THERAPEUTIC DAYS GT 4 FOR RTF CLAIM, NO PA PRESENT
254	PRIMARY DIAGNOSIS CODE			00039	PRIMARY DIAGNOSIS CODE BLANK
254	PRIMARY DIAGNOSIS CODE			00146	PRIMARY/PRINCIPAL DIAGNOSIS NOT ON FILE
254	PRIMARY DIAGNOSIS CODE			00227	PRIMARY DIAGNOSIS INDICATES ABORTION / ABORT CODE INVALID
254	PRIMARY DIAGNOSIS CODE			00610	PRINCIPAL DIAGNOSIS CODE MISSING
254	PRIMARY DIAGNOSIS CODE			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			00148	SECONDARY DIAGNOSIS NOT ON FILE
255	DIAGNOSIS CODE			00154	RECIPIENT AGE IS GREATER THAN MAXIMUM PRIMARY DIAGNOSIS
255	DIAGNOSIS CODE			00155	RECIPIENT AGE LESS THAN MINIMUM PRIMARY DIAGNOSIS
255	DIAGNOSIS CODE			00228	SECONDARY DIAGNOSIS INDICATES ABORTION/ABORTION CODE INVALID
255	DIAGNOSIS CODE			00736	DIAGNOSIS CODE BLANK A FULL ICD-9 CM CODE REQUIRED
255	DIAGNOSIS CODE			00738	ICD-9-CM DIAGNOSIS CODE ON PHYSICIAN CLAIM NOT ON FILE
255	DIAGNOSIS CODE			00744	DIAGNOSIS CODE NOT VALID FOR AIDS RATE CODE

NYS Medicaid: Edit Mapping for 277 Ordered by Claim Status Code

HEALTH CARE CLAIM STATUS CODE	STATUS CODE DESCRIPTION	ENTITY IDENTIFIER CODE	ENTITY ID DESCRIPTION	EDIT NUMBER	EDIT DESCRIPTION
255	DIAGNOSIS CODE			01209	DESIGNATED MENTAL ILLNESS DIAGNOSIS REQUIRED
255	DIAGNOSIS CODE			01224	INVALID DIAGNOSIS CODE FOR OMR HOME AND COMMUNITY BASED SERVICES WAIVER CLAIM
255	DIAGNOSIS CODE.			02087	INVALID DIAGNOSIS/PROCEDURE COMBINATION
255	DIAGNOSIS CODE			02177	INVALID DIAGNOSIS FOR FAMILY PLANNING PROCEDURE
255	DIAGNOSIS CODE			02230	A MIX OF ICD-9 AND ICD-10 SUBMITTED ON SAME CLAIM
255	DIAGNOSIS CODE.	QC	PATIENT	02202	BIRTH WEIGHT UNDER 1500G WITH INVALID DIAGNOSIS CODES
255	DIAGNOSIS CODE	QC	PATIENT	02203	BIRTH WEIGHT UNDER 2500G WITH INVALID DIAGNOSIS CODES
255	DIAGNOSIS CODE	QC	PATIENT	02204	BIRTH WEIGHT LESS THAN 2500G WITH INVALID DIAGNOSIS CATEGORY D007
256	DRG CODE(S)			00774	GROUPER ABEND/INTERNAL RECYCLE
256	DRG CODE(S)			00775	DRG EQUALS 469 (PRIMARY DIAGNOSIS INVALID AS DISCHARGE DIAGNOSIS)
256	DRG CODE(S)			00776	SIW VALUES FOR THE DRG INDICATED NOT FOUND
256	DRG CODE(S)			00777	HOSPITAL LOCATION FOR THE DRG NOT FOUND ON CPG TABLE
256	DRG CODE(S)			00791	DRG EQUALS 470 (GROUPER WAS UNABLE TO DETERMINE A VALID DRG)

NYS Medicaid: Edit Mapping for 277 Ordered by Claim Status Code

HEALTH CARE CLAIM STATUS CODE	STATUS CODE DESCRIPTION	ENTITY IDENTIFIER CODE	ENTITY ID DESCRIPTION	EDIT NUMBER	EDIT DESCRIPTION
256	DRG CODE(S)			02133	RATE CODE INVALID FOR DRG CODE
258	DAYS/UNITS FOR PROCEDURE/REVENUE CODE			01011	TOTAL DAYS NOT NUMERIC
258	DAYS/UNITS FOR PROCEDURE/REVENUE CODE.			01042	SUBMITTED UNITS NOT CONSISTENT WITH DATES OF SERVICE
258	DAYS/UNITS FOR PROCEDURE/REVENUE CODE.			01046	SUBMITTED UNITS NOT EVENLY DIVISIBLE ACROSS DATES OF SERVICE
258	DAYS/UNITS FOR PROCEDURE/REVENUE CODE.			01711	REVENUE CODE NOT VALID FOR SERVICE DATES
258	DAYS/UNITS FOR PROCEDURE/REVENUE CODE.			02220	UNITS GREATER THAN MAXIMUM
259	FREQUENCY OF SERVICE			00703	INAPPROPRIATE SECOND SERVICE – SAME DAY
273	WEIGHT	QC	PATIENT	00434	BIRTH WEIGHT NOT REASONABLE
273	WEIGHT	QC	PATIENT	02172	LOW BIRTH WEIGHT “KICK” RATE CLAIM WITH MISSING OR INVALID BIRTH WEIGHT
286	OTHER PAYER'S EXPLANATION OF BENEFITS/PAYMENT INFORMATION			01107	MEDICAID COVERAGE CODE 09, TITLE XIX DAYS PRESENT
286	OTHER PAYER'S EXPLANATION OF BENEFITS/PAYMENT INFORMATION			01109	MEDICAID COVERAGE CODE 09, BOX M NOT EQUAL 2
286	OTHER PAYER'S EXPLANATION OF BENEFITS/PAYMENT INFORMATION			01719	MEDICARE DEDUCTIBLE GT YEARLY AMOUNT
286	OTHER PAYER'S EXPLANATION OF BENEFITS/PAYMENT INFORMATION			02015	MEDICARE COINSURANCE > 0 AND MEDICARE PAYMENT = 0

NYS Medicaid: Edit Mapping for 277 Ordered by 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			02098	MEDICARE/OTHER INSURANCE AMOUNTS INVALID
286	OTHER PAYER'S EXPLANATION OF BENEFITS/PAYMENT INFORMATION			02195	DENY PER PRIOR PAYER'S DENIAL
294	SUPPORTING DOCUMENTATION	468	PATIENT SIGNATURE SOURCE	00233	PROCEDURE INDICATES STERILIZATION/CHECK FORMS
294	SUPPORTING DOCUMENTATION	468	PATIENT SIGNATURE SOURCE	00234	STERILIZATION CODE INDICATES STERILIZATION/CHECK FORMS
306	DETAILED DESCRIPTION OF SERVICE			00172	PROC REQUIRES MANUAL PRICING
306	DETAILED DESCRIPTION OF SERVICE			00264	UNLISTED SERVICES PROCEDURE CODE WITH MEDICARE INVOLVEMENT
306	DETAILED DESCRIPTION OF SERVICE			00929	NO FEE ON FILE/STATE REVIEW
382	DID PROVIDER AUTHORIZE GENERIC OR BRAND NAME DISPENSING?			00532	DISPENSE AS WRITTEN CODE INVALID
382	DID PROVIDER AUTHORIZE GENERIC OR BRAND NAME DISPENSING?			02119	BRAND REQUIRED INSTEAD OF GENERIC EQUIVALENT
394	DATE(S) OF MOST RECENT HOSPITALIZATION RELATED TO SERVICE			02139	PSYCHIATRIC RE-ADMISSION CLAIM
400	CLAIM IS OUT OF BALANCE			00843	CALCULATED PAYMENT AMOUNT LT 0
400	CLAIM IS OUT OF BALANCE			02001	CLAIM PAYER PD AMT NOT EQUAL TO SUM OF LINE PAYER PD AMT
400	CLAIM IS OUT OF BALANCE			02073	OTHER INSURANCE/MEDICARE DATA NOT BALANCE

NYS Medicaid: Edit Mapping for 277 Ordered by 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)	71	ATTENDING PHYSICIAN	02110	SERVICING PROVIDER PROFESSION CODE IS NOT ALLOWED FOR CLINIC
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	SERVICE LINE NUMBER GREATER THAN MAXIMUM ALLOWABLE FOR PAYER.			02077	MORE LINES ON ADJUSTMENT THAN ORIGINAL
450	AWAITING SPEND DOWN DETERMINATION			02222	SPEND DOWN DATA INCONSISTENT
453	PROCEDURE CODE MODIFIER(S) FOR SERVICE(S) RENDERED			00199	MODIFIER REQUIRES MANUAL PRICE
453	PROCEDURE CODE MODIFIER(S) FOR SERVICE(S) RENDERED			00296	RENTAL INDICATED - NO PA NUMBER ON CLAIM
453	PROCEDURE CODE MODIFIER(S) FOR SERVICE(S) RENDERED			00927	MODIFIER INVALID FOR SUBMITTED PROCEDURE CODE
453	PROCEDURE CODE MODIFIER(S) FOR SERVICE(S) RENDERED			01163	TECHNICAL COMPONENT NOT APPROPRIATE FOR PRACTITIONER CLAIM
453	PROCEDURE CODE MODIFIER(S) FOR SERVICE(S) RENDERED			01169	PROCEDURE REQUIRES APPROPRIATE COMPONENT MODIFIER
453	PROCEDURE CODE MODIFIER(S) FOR SERVICE(S) RENDERED			01344	PROCEDURE CODE MODIFIER MISSING
453	PROCEDURE CODE MODIFIER(S) FOR SERVICE(S) RENDERED			02142	MODIFIERS 'GC', 'QK' AND 'AD' CANNOT BE SUBMITTED TOGETHER ON THE SAME LINE
453	PROCEDURE CODE MODIFIER(S) FOR SERVICE(S) RENDERED			02180	PT/OT/ST MODIFIER MISSING
453	PROCEDURE CODE MODIFIER(S) FOR SERVICE(S) RENDERED			02181	GP, GN, GO CAN'T BE SAME LINE

NYS Medicaid: Edit Mapping for 277 Ordered by 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			00070	PROCEDURE CODE INVALID
454	PROCEDURE CODE FOR SERVICES RENDERED			00170	PROCEDURE CODE NOT ON FILE
454	PROCEDURE CODE FOR SERVICES RENDERED			00218	PROVIDER NOT APPROVED FOR SERVICE
454	PROCEDURE CODE FOR SERVICES RENDERED			00223	PROCEDURE CODE INCONSISTENT WITH FAMILY PLANNING CODE
454	PROCEDURE CODE FOR SERVICES RENDERED			00225	PROCEDURE INCONSISTENT WITH STERILIZATION CODE
454	PROCEDURE CODE FOR SERVICES RENDERED			00230	PROCEDURE INDICATES ABORTION/VALID ABORTION CODE NOT PRESENT
454	PROCEDURE CODE FOR SERVICES RENDERED			01073	PROCEDURE CODE FOR BLOCK BILL INVALID
454	PROCEDURE CODE FOR SERVICES RENDERED			01160	INAPPROPRIATE PROCEDURE CODE FOR HIV DIAGNOSIS
454	PROCEDURE CODE FOR SERVICES RENDERED			01205	PROCEDURE CODE ONLY VALID FOR CARE AT HOME RECIPIENT
454	PROCEDURE CODE FOR SERVICES RENDERED			02085	AFTER HOUR PROCEDURE REQUIRES SECOND SERVICE LINE ON CLAIM
454	PROCEDURE CODE FOR SERVICES RENDERED			02108	SMOKING CESSATION COUNSELING (SCC) PROCEDURE INVALID
455	REVENUE CODE FOR SERVICES RENDERED			01705	REVENUE CODE NOT ON DB
456	COVERED DAY(S)			00790	DAYS LESS THAN THRESHOLD AND STILL A PATIENT OR DIED
456	COVERED DAY(S)			00793	PART-A DAYS WITH MEDICAID DAYS NOT ALLOWED ON DRG CLAIM
456	COVERED DAY(S)			00805	MEDICARE CO-INS / LTR DAYS PRESENT-TOTAL MDCR DAYS BLANK

NYS Medicaid: Edit Mapping for 277 Ordered by 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)			00806	CO-INSURANCE AND LTR DAYS GREATER THAN PART-A DAYS
456	COVERED DAY(S)			00810	NUMBER OF DAYS BILLED GREATER THAN DAYS IN BILLING PERIOD
456	COVERED DAY(S)			00847	BILLING FOR DEDUCTIBLE BUT NO MEDICARE DAYS PRESENT
456	COVERED DAY(S)			00848	THIRD PARTY DAYS NOT EQUAL TO BILLING PERIOD
456	COVERED DAY(S)			00891	PART-B RESPONSIBILITY PRESENT AND PART-A DAYS NOT PRESENT
456	COVERED DAY(S)			01037	MEDICAID (TITLE XIX) DAYS CONFLICT
456	COVERED DAY(S)			01038	TOTAL DAYS ON CLAIM GREATER THAN BILLING PERIOD
456	COVERED DAY(S)			01039	MEDICAID (TITLE XIX) DAYS TOTAL INCORRECT
456	COVERED DAY(S)			01067	BED RETENTION DAYS OVER LIMIT FOR PATIENT STATUS
456	COVERED DAY(S)			01250	EXCEEDED MAX OF 75 THERAPEUTIC LEAVE DAYS IN A 12 - MONTH PERIOD
456	COVERED DAY(S)			01261	GRADUATE MEDICAL EXPENSE NO REIMBURSABLE FOR MEDICARE DEDUCTIBLE/COINSURANCE CLAIM
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
457	NONCOVERED DAY(S)			00835	NON COVERED DAYS GREATER THAN BILLING PERIOD

NYS Medicaid: Edit Mapping for 277 Ordered by Claim Status Code

HEALTH CARE CLAIM STATUS CODE	STATUS CODE DESCRIPTION	ENTITY IDENTIFIER CODE	ENTITY ID DESCRIPTION	EDIT NUMBER	EDIT DESCRIPTION
457	NONCOVERED DAY(S)			01041	ERROR IN NON-COVERED DAYS
458	COINSURANCE DAY(S)			00850	MEDICARE-A CO-INSURANCE AMT PRESENT/CO-INS DAYS MISSING
458	COINSURANCE DAY(S)			01040	MEDICARE CO-INSURANCE DAYS INCORRECT
460	NUBC CONDITION CODE(S)			00003	FAMILY PLANNING INDICATOR NOT Y OR N
460	NUBC CONDITION CODE(S)			00011	POSSIBLE DISABILITY CODE INVALID - INDICATE Y OR N
460	NUBC CONDITION CODE(S)			00065	ABORTION / STERILIZATION CODE INVALID
460	NUBC CONDITION CODE(S)			00510	INVALID CTHP REFERRAL CODE BY PRACTITIONER
460	NUBC CONDITION CODE(S)			00511	INVALID CHAP REFERRAL CODE BY CLINIC
460	NUBC CONDITION CODE(S)			00672	FAMILY PLANNING INDICATOR INVALID FOR BILLING PROVIDER
460	NUBC CONDITION CODE(S)			00819	PATIENT NEWBORN - PHC CODE ON INVOICE CONFLICTS
460	NUBC CONDITION CODE(S)			00820	PATIENT NEWBORN - CONFLICTING ABORTION / STERILIZATION CODE ON FORM
460	NUBC CONDITION CODE(S)			00829	PATIENT NEWBORN - POSSIBLE DISABILITY CODE CONFLICTS
460	NUBC CONDITION CODE(S)			00830	PATIENT NEWBORN - CONFLICTING FAMILY PLANNING CODE ON FORM
460	NUBC CONDITION CODE(S)			02178	INVALID DIAGNOSIS/ABORTION CODE COMBINATION

NYS Medicaid: Edit Mapping for 277 Ordered by 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)			02229	SUBMITTED ICD PROCEDURE CODE IS OBSTETRIC DELIVERY AND CONDITION CODE '82' OR '83' NOT SUBMITTED
467	ENTITY SIGNATURE DATE	85	BILLING PROVIDER	00016	BILLING DATE INVALID
468	PATIENT SIGNATURE SOURCE			00224	PROCEDURE INDICATES HYSTERECTOMY - CHECK FORMS
471	WERE SERVICES RELATED TO AN EMERGENCY?			00047	EMERGENCY CODE INVALID MUST INDICATE Y OR N
474	PROCEDURE CODE AND PATIENT GENDER MISMATCH			00178	PROCEDURE INVALID FOR RECIPIENT SEX (PEND)
474	PROCEDURE CODE AND PATIENT GENDER MISMATCH			00265	ABORTION CODE INVALID FOR RECIPIENT SEX
474	PROCEDURE CODE AND PATIENT GENDER MISMATCH			00289	PROCEDURE INVALID FOR SEX OF RECIPIENT
475	PROCEDURE CODE NOT VALID FOR PATIENT AGE			00165	RECIPIENT AGE GREATER THAN MAXIMUM FOR PROCEDURE (PEND)
475	PROCEDURE CODE NOT VALID FOR PATIENT AGE			00167	RECIPIENT AGE LESS THAN MINIMUM FOR PROCEDURE (PEND)
475	PROCEDURE CODE NOT VALID FOR PATIENT AGE			00235	STERILIZATION PERFORMED/RECIPIENT UNDER 21
475	PROCEDURE CODE NOT VALID FOR PATIENT AGE			00266	RECIPIENT AGE GREATER THAN MAXIMUM FOR PROCEDURE
475	PROCEDURE CODE NOT VALID FOR PATIENT AGE			00268	RECIPIENT AGE LESS THAN MINIMUM FOR PROCEDURE
475	PROCEDURE CODE NOT VALID FOR PATIENT AGE			00558	RECIPIENT AGE GREATER THAN ALLOWED
475	PROCEDURE CODE NOT VALID FOR PATIENT AGE			00559	RECIPIENT AGE LESS THAN ALLOWED

NYS Medicaid: Edit Mapping for 277 Ordered by 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			00856	INAPPROPRIATE AGE FOR PSYCHIATRIC PATIENT
475	PROCEDURE CODE NOT VALID FOR PATIENT AGE			01180	ABORTION CODE INVALID FOR RECIPIENTS AGE
475	PROCEDURE CODE NOT VALID FOR PATIENT AGE			01193	RATE CODE INVALID FOR CLIENT AGE < 18 OR > 64
475	PROCEDURE CODE NOT VALID FOR PATIENT AGE			01194	RATE CODE INVALID FOR CLIENT AGE LESS THAN 65
475	PROCEDURE CODE NOT VALID FOR PATIENT AGE			01210	RECIPIENT AGE INVALID FOR EARLY INTERVENTION CLAIM
475	PROCEDURE CODE NOT VALID FOR PATIENT AGE			01266	RECIPIENT AGE INVALID FOR METHADONE MAINTENANCE TREATMENT PROGRAM
475	PROCEDURE CODE NOT VALID FOR PATIENT AGE	IL		02140	CERTIFIED HOME HEALTH AGENCY VACCINE CLIENT NOT WITHIN AGE LIMITATIONS
475	PROCEDURE CODE NOT VALID FOR PATIENT AGE	QC	PATIENT	02150	PATIENT AGE DOES NOT MATCH WITH THE HOME HEALTH RATE
476	MISSING OR INVALID UNITS OF SERVICE			00094	NUMBER OF UNITS NOT GREATER THAN ZERO
476	MISSING OR INVALID UNITS OF SERVICE			00180	UNITS GREATER THAN MAXIMUM
476	MISSING OR INVALID UNITS OF SERVICE			01328	NURSE UNITS EXCEED 24 HOURS
476	MISSING OR INVALID UNITS OF SERVICE			02074	UNITS GREATER THAN MAXIMUM
476	MISSING OR INVALID UNITS OF SERVICE			02096	PARTIAL UNIT BILLING NOT ALLOWED
478	CLAIM SUBMITTER'S IDENTIFIER (PATIENT ACCOUNT NUMBER IS MISSING			00663	PATIENT CONTROL NUMBER MISSING
478	CLAIM SUBMITTER'S IDENTIFIER (PATIENT ACCOUNT NUMBER IS MISSING			01119	INVALID OFFICE ACCOUNT NUMBER FOR ICM CLAIM

NYS Medicaid: Edit Mapping for 277 Ordered by Claim Status Code

HEALTH CARE CLAIM STATUS CODE	STATUS CODE DESCRIPTION	ENTITY IDENTIFIER CODE	ENTITY ID DESCRIPTION	EDIT NUMBER	EDIT DESCRIPTION
479	OTHER CARRIER PAYER ID IS MISSING OR INVALID			02016	MEDICARE MANAGED CARE (MCO) QUALIFIER 16 CONFLICTS WITH MEDICARE PART A OR PART B QUALIFIERS
481	CLAIM/SUBMISSION FORMAT IS INVALID.			01213	CLAIM MUST BE SUBMITTED ELECTRONICALLY USING HIPAA COMPLIANT ANSI X12 837 CLAIM SUBMISSION FORMAT
483	MAXIMUM COVERAGE AMOUNT MET OR EXCEEDED FOR BENEFIT PERIOD			00700	PA UNITS OR PAYMENT AMOUNT EXCEEDED
483	MAXIMUM COVERAGE AMOUNT MET OR EXCEEDED FOR BENEFIT PERIOD			00702	SERVICE DATE NOT WITHIN PA APPROVED DATE RANGE
483	MAXIMUM COVERAGE AMOUNT MET OR EXCEEDED FOR BENEFIT PERIOD			00748	SERVICE AUTHORIZATION RECORD EXHAUSTED
483	MAXIMUM COVERAGE AMOUNT MET OR EXCEEDED FOR BENEFIT PERIOD			00809	MEDICARE DEDUCTIBLE BILLED GREATER THAN ALLOWED AMOUNT
486	PRINCIPLE PROCEDURE DATE			00204	PROCEDURE CODE INACTIVE ON SERVICE DATE
486	PRINCIPLE PROCEDURE DATE			00613	PRINCIPLE PROCEDURE DATE INVALID
488	DIAGNOSIS CODE(S) FOR THE SERVICES RENDERED.			02109	INVALID DIAGNOSIS/DRUG CODE COMBINATION
490	ENTITY SIGNATURE DATE			00226	PROCEDURE INDICATES STERILIZATION/STERILIZATION CODE NOT PRESENT
498	MAXIMUM LEAVE DAYS EXHAUSTED			02182	HOSPITAL LEAVE DAYS HAVE BEEN EXCEEDED FOR THIS CLIENT FOR REIMBURSEMENT PERIOD

NYS Medicaid: Edit Mapping for 277 Ordered by Claim Status Code

HEALTH CARE CLAIM STATUS CODE	STATUS CODE DESCRIPTION	ENTITY IDENTIFIER CODE	ENTITY ID DESCRIPTION	EDIT NUMBER	EDIT DESCRIPTION
498	MAXIMUM LEAVE DAYS EXHAUSTED			02183	THERAPEUTIC LEAVE DAYS HAVE BEEN EXCEEDED FOR THIS CLIENT FOR REIMBURSEMENT PERIOD
499	NO RATE ON FILE WITH THE PAYER FOR THIS SERVICE FOR THIS ENTITY	QC	PATIENT	02212	HEALTH HOME RATE CODE - CLIENT DOES NOT HAVE HEALTH HOME PAYMENT WEIGHT ON TABLE
535	CLAIM FREQUENCY CODE			02151	BILL TYPE DIGIT 3 NOT VALID FOR HOME HEALTH PPS CLAIM
560	ENTITIES ADDITIONAL/SECONDARY IDENTIFIER	30	SERVICE SUPPLIER	00267	VEHICLE LICENSE PLATE / DRIVER'S LICENSE NUMBER REQUIRED
562	ENTITY'S NATIONAL PROVIDER IDENTIFIER (NPI)	1P	PROVIDER	02029	MISSING PRESCRIBING NPI
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)	1P	PROVIDER	02218	PRESCRIBING MMIS PROVIDER ID CAN NOT BE DERIVED
562	ENTITY'S NATIONAL PROVIDER IDENTIFIER (NPI)	1T	PHYSICIAN, CLINIC OR GROUP PRACTICE	02021	MISSING GROUP NPI
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)	1T	PHYSICIAN, CLINIC OR GROUP PRACTICE	02051	INVALID NPI AND MMIS GROUP PROVIDER COMBINATION
562	ENTITY'S NATIONAL PROVIDER IDENTIFIER (NPI)	71	ATTENDING PHYSICIAN	02023	MISSING ATTENDING NPI
562	ENTITY'S NATIONAL PROVIDER IDENTIFIER (NPI)	71	ATTENDING PHYSICIAN	02033	INVALID ATTENDING NPI
562	ENTITY'S NATIONAL PROVIDER IDENTIFIER (NPI)	71	ATTENDING PHYSICIAN	02043	ATTENDING MMIS PROVIDER ID CAN NOT BE DERIVED

NYS Medicaid: Edit Mapping for 277 Ordered by 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)	71	ATTENDING PHYSICIAN	02053	INVALID NPI AND MMIS ATTENDING PROVIDER ID COMBINATION
562	ENTITY'S NATIONAL PROVIDER IDENTIFIER (NPI)	71	ATTENDING PHYSICIAN	02217	ATTENDING MMIS PROVIDER ID CAN NOT BE DERIVED
562	ENTITY'S NATIONAL PROVIDER IDENTIFIER (NPI)	72	OPERATING PHYSICIAN	02024	MISSING OPERATING NPI
562	ENTITY'S NATIONAL PROVIDER IDENTIFIER (NPI)	72	OPERATING PHYSICIAN	02034	INVALID OPERATING NPI
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)	72	OPERATING PHYSICIAN	02054	INVALID NPI AND MMIS OPERATING PROVIDER ID COMBINATION
562	ENTITY'S NATIONAL PROVIDER IDENTIFIER (NPI)	73	OTHER PHYSICIAN	02027	MISSING OTHER NPI
562	ENTITY'S NATIONAL PROVIDER IDENTIFIER (NPI)	73	OTHER PHYSICIAN	02037	INVALID OTHER NPI
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)	73	OTHER PHYSICIAN	02057	INVALID NPI AND MMIS OTHER PROVIDER ID COMBINATION
562	ENTITY'S NATIONAL PROVIDER IDENTIFIER (NPI)	82	RENDERING PROVIDER	02025	MISSING RENDERING NPI
562	ENTITY'S NATIONAL PROVIDER IDENTIFIER (NPI)	82	RENDERING PROVIDER	02035	INVALID RENDERING NPI
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)	82	RENDERING PROVIDER	02055	INVALID NPI AND MMIS RENDERING PROVIDER ID COMBINATION

NYS Medicaid: Edit Mapping for 277 Ordered by 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)	85	BILLING PROVIDER	02020	MISSING BILLING NPI
562	ENTITY'S NATIONAL PROVIDER IDENTIFIER (NPI)	85	BILLING PROVIDER	02030	INVALID BILLING 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)	85	BILLING PROVIDER	02050	INVALID NPI AND MMIS BILLING PROVIDER ID COMBINATION
562	ENTITY'S NATIONAL PROVIDER IDENTIFIER (NPI)	85	BILLING PROVIDER	02075	NPI NOT ALLOWED FOR THIS CATEGORY OF SERVICE
562	ENTITY'S NATIONAL PROVIDER IDENTIFIER (NPI)	CK	PHARMACIST	02039	INVALID PRESCRIBING NPI
562	ENTITY'S NATIONAL PROVIDER IDENTIFIER (NPI)	DD	ASSISTANT SURGEON	02028	MISSING ASSISTANT SURGEON NPI
562	ENTITY'S NATIONAL PROVIDER IDENTIFIER (NPI)	DD	ASSISTANT SURGEON	02038	INVALID ASSISTANT SURGEON NPI
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)	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
562	ENTITY'S NATIONAL PROVIDER IDENTIFIER (NPI)	DK	ORDERING PHYSICIAN	02072	INVALID NPI AND MMIS ORDERING PROVIDER ID COMBINATION

NYS Medicaid: Edit Mapping for 277 Ordered by 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	02219	ORDERING MMIS PROVIDER ID CAN NOT BE DERIVED
562	ENTITY'S NATIONAL PROVIDER IDENTIFIER (NPI)	DN	REFERRING PROVIDER	02022	MISSING REFERRING NPI
562	ENTITY'S NATIONAL PROVIDER IDENTIFIER (NPI)	DN	REFERRING PROVIDER	02032	INVALID REFERRING NPI
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)	DN	REFERRING PROVIDER	02052	INVALID NPI AND MMIS REFERRING PROVIDER ID COMBINATION
562	ENTITY'S NATIONAL PROVIDER IDENTIFIER (NPI)	DN	REFERRING PROVIDER	02216	REFERRING MMIS PROVIDER ID CAN NOT BE DERIVED
562	ENTITY'S NATIONAL PROVIDER IDENTIFIER (NPI)	DQ	SUPERVISING PHYSICIAN	02026	MISSING SUPERVISING NPI
562	ENTITY'S NATIONAL PROVIDER IDENTIFIER (NPI)	DQ	SUPERVISING PHYSICIAN	02036	INVALID SUPERVISING NPI
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)	DQ	SUPERVISING PHYSICIAN	02056	INVALID NPI AND MMIS SUPERVISING PROVIDER ID COMBINATION
562	ENTITY'S NATIONAL PROVIDER IDENTIFIER (NPI)	QV	GROUP PRACTICE	02031	INVALID GROUP NPI
585	DENIED CHARGE OR NON-COVERED CHARGE			00286	CHILD CARE RECIPIENT BILL AGENCY
585	DENIED CHARGE OR NON-COVERED CHARGE			00674	INVALID ADJUST CODE FOR STATE TSN
585	DENIED CHARGE OR NON-COVERED CHARGE			00695	NON-PAY RECIPIENT BILLED
585	DENIED CHARGE OR NON-COVERED CHARGE			01191	OUTPATIENT PSYCHIATRIC RATE BILLED FOR RECIPIENT IN A RESIDENTIAL HEALTH CARE FACILITY

NYS Medicaid: Edit Mapping for 277 Ordered by 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			01208	ASSISTED LIVING PROGRAM RECIPIENT/SERVICE INCLUDED IN PER DIEM
585	DENIED CHARGE OR NON-COVERED CHARGE			01272	CLAIM CONFLICTS WITH PREVIOUSLY STATE VOIDED CLAIM
585	DENIED CHARGE OR NON-COVERED CHARGE			01283	UPPER DOLLAR LIMIT EXCEEDED
585	DENIED CHARGE OR NON-COVERED CHARGE			01288	CLAIM FOR SAME SERVICE PREVIOUSLY REVIEWED AND DENIED
585	DENIED CHARGE OR NON-COVERED CHARGE			01497	FAMILY HEALTH PLUS CLAIM NOT COVERED
585	DENIED CHARGE OR NON-COVERED CHARGE			01608	ERROR OVERFLOW
585	DENIED CHARGE OR NON-COVERED CHARGE			01614	CLAIM HAS NOT BEEN PAID OR CAPTURED
585	DENIED CHARGE OR NON-COVERED CHARGE			02059	MEDICAID DAYS INVALID ON CLAIMS WITH MEDICARE HMO DAYS, REBILL SEPARATELY
585	DENIED CHARGE OR NON-COVERED CHARGE			02205	PREPAID CAPITATION RECIPIENT – LTHHCP NON-MEDICAL SERVICE INAPPROPRIATE FOR ENROLLEE
596	NON-COVERED CHARGE AMOUNT			00896	PATIENT PARTICIPATION NOT EQUAL OR GREATER THAN SURPLUS
642	SERVICE AUTHORIZATION EXCEPTION CODE			00749	SERVICE AUTHORIZATION EXCEPTION CODE MISUSED; ACCESS EMEVS
674	AUTHORIZATION EXCEEDED			00531	AUTHORIZED REFILLS NUMBER INVALID
674	AUTHORIZATION EXCEEDED			00539	REFILL EXCEEDS MAXIMUM NUMBER AUTHORIZED
674	AUTHORIZATION EXCEEDED			00556	REFILL NUMBER EXCEEDS MAXIMUM

NYS Medicaid: Edit Mapping for 277 Ordered by Claim Status Code

HEALTH CARE CLAIM STATUS CODE	STATUS CODE DESCRIPTION	ENTITY IDENTIFIER CODE	ENTITY ID DESCRIPTION	EDIT NUMBER	EDIT DESCRIPTION
677	ENTITY NOT AFFILIATED	71	ATTENDING PHYSICIAN	02067	ATTENDING PROVIDER NOT LINKED TO BILLING PROVIDER
688	PRESENT ON ADMISSION IND FOR REPORTED DIAG CODE(S)			02079	MISSING OR INVALID POA CODE
718	CLAIM/SERVICE NOT SUBMITTED WITHIN THE REQUIRED TIMEFRAME (TIMELY FILING).			02115	MEDICARE CROSSOVER CLAIM IS 3 YEARS OLD
718	CLAIM/SERVICE NOT SUBMITTED WITHIN THE REQUIRED TIMEFRAME (TIMELY FILING).			02157	DELAY REASON CODE 1 (PROOF OF ELIGIBILITY UNKNOWN) INVALID
718	CLAIM/SERVICE NOT SUBMITTED WITHIN THE REQUIRED TIMEFRAME (TIMELY FILING).			02158	DELAY REASON CODE 2 (LITIGATION) INVALID
718	CLAIM/SERVICE NOT SUBMITTED WITHIN THE REQUIRED TIMEFRAME (TIMELY FILING).			02159	DELAY REASON CODE 3 (AUTHORIZED DELAYS) INVALID
718	CLAIM/SERVICE NOT SUBMITTED WITHIN THE REQUIRED TIMEFRAME (TIMELY FILING).			02160	DELAY REASON CODE 4 (DELAY IN CERTIFYING PROVIDER) INVALID
718	CLAIM/SERVICE NOT SUBMITTED WITHIN THE REQUIRED TIMEFRAME (TIMELY FILING).			02161	DELAY REASON CODE 5 (DELAY IN SUPPLYING BILLING FORMS) INVALID
718	CLAIM/SERVICE NOT SUBMITTED WITHIN THE REQUIRED TIMEFRAME (TIMELY FILING).			02162	DELAY REASON CODE 7 (THIRD PARTY PROCESSING DELAY) INVALID
718	CLAIM/SERVICE NOT SUBMITTED WITHIN THE REQUIRED TIMEFRAME (TIMELY FILING).			02163	DELAY REASON CODE 8 (DELAY IN ELIGIBILITY DETERMINATION) INVALID
718	CLAIM/SERVICE NOT SUBMITTED WITHIN THE REQUIRED TIMEFRAME (TIMELY FILING).			02164	DELAY REASON CODE 9 (ORIGINAL CLAIM DENIED UNRELATED TO TIMELINESS EDITS) INVALID
718	CLAIM/SERVICE NOT SUBMITTED WITHIN THE REQUIRED TIMEFRAME (TIMELY FILING).			02165	DELAY REASON CODE 10 (ADMINISTRATIVE DELAY IN THE PRIOR APPROVAL PROCESS) INVALID

NYS Medicaid: Edit Mapping for 277 Ordered by Claim Status Code

HEALTH CARE CLAIM STATUS CODE	STATUS CODE DESCRIPTION	ENTITY IDENTIFIER CODE	ENTITY ID DESCRIPTION	EDIT NUMBER	EDIT DESCRIPTION
718	CLAIM/SERVICE NOT SUBMITTED WITHIN THE REQUIRED TIMEFRAME (TIMELY FILING).			02166	DELAY REASON CODE 11 (OTHER DELAY) INVALID
718	CLAIM/SERVICE NOT SUBMITTED WITHIN THE REQUIRED TIMEFRAME (TIMELY FILING).			02223	DELAY REASON CODE 15 (NATURAL DISASTER) INVALID
719	NUBC OCCURRENCE CODE(S)			00049	ACCIDENT CODE NON-NUMERIC CHECK MANUAL FOR CODES
719	NUBC OCCURRENCE CODE(S)			00822	PATIENT NEWBORN - CONFLICTING ACCIDENT CODE ON FORM
720	NUBC OCCURRENCE CODE DATE(S)			02196	ASSESSMENT DATE MISSING FOR HH EPS RATE CODE
721	NUBC OCCURRENCE SPAN CODE(S)			01738	OCCURRENCE SPAN DATE (BEGIN / END) INVALID FOR SUBMITTED OCCURRENCE
721	NUBC OCCURRENCE SPAN CODE(S)			01739	OCCURRENCE DATE INVALID FOR SUBMITTED OCCURRENCE CODE
721	NUBC OCCURRENCE SPAN CODE(S)			02184	CLIENT IS NONRESIDENT - THERAPEUTIC AND HOSPITAL LEAVE DAYS ARE NOT ALLOWED
721	NUBC OCCURRENCE SPAN CODE(S)			02231	INPATIENT CLAIM CONTAINS ALC DAYS - NEED TO SPLIT BILL
726	NUBC VALUE CODE AMOUNT(S)			00129	RATE CODE NOT ON RATE FILE
726	NUBC VALUE CODE AMOUNT(S)			00507	RATE CODE INVALID FOR OUTPATIENT CLINIC CLAIM
726	NUBC VALUE CODE AMOUNT(S)			00780	INVALID RATE CODE FOR INPATIENT CLAIM
726	NUBC VALUE CODE AMOUNT(S)			01002	RECIPIENT COVERED BY MEDICARE PART-B; RE-BILL WITH PART-B RATE
726	NUBC VALUE CODE AMOUNT(S)			01028	RATE CODE INVALID FOR CMCM/MSC CATEGORY OF SERVICE

NYS Medicaid: Edit Mapping for 277 Ordered by Claim Status Code

HEALTH CARE CLAIM STATUS CODE	STATUS CODE DESCRIPTION	ENTITY IDENTIFIER CODE	ENTITY ID DESCRIPTION	EDIT NUMBER	EDIT DESCRIPTION
726	NUBC VALUE CODE AMOUNT(S)			01136	RATE CODE INVALID FOR CLINIC PAC/PAS
726	NUBC VALUE CODE AMOUNT(S)			01137	SCHOOL SUPPORTIVE HEALTH SERVICE SPECIALTY CODE REQUIRES SSSH RATE CODE
726	NUBC VALUE CODE AMOUNT(S)			01143	DIAGNOSIS DOES NOT INDICATE ALCOHOL REHAB. BILL DRG FOR DETOX.
726	NUBC VALUE CODE AMOUNT(S)			01144	DIAGNOSIS DOES NOT INDICATE DRUG REHAB. BILL DRG FOR DETOX.
726	NUBC VALUE CODE AMOUNT(S)			01145	PRINCIPAL DIAGNOSIS INCONSISTENT WITH PSYCH EXEMPT UNIT CLAIM
726	NUBC VALUE CODE AMOUNT(S)			01146	DX INDICATES ALCOHOL REHAB. BILL EXEMPT UNIT RATE
726	NUBC VALUE CODE AMOUNT(S)			01147	DX INDICATES DRUG REHAB. BILL EXEMPT UNIT RATE
726	NUBC VALUE CODE AMOUNT(S)			01148	PRIN DX IND PSYCH BILL UNIT RT
726	NUBC VALUE CODE AMOUNT(S)			01162	INVALID OMH SPEC/RATE CODE
726	NUBC VALUE CODE AMOUNT(S)			01182	RATE CODE NOT BILLABLE
726	NUBC VALUE CODE AMOUNT(S)			01229	RATE CODE INVALID FOR RECIPIENT EXCEPTION CODE
726	NUBC VALUE CODE AMOUNT(S)			01252	GROUP OPERATING CPD NOT FOUND FOR PROVIDER
726	NUBC VALUE CODE AMOUNT(S)			01306	INVALID RATE CODE FOR HEMODIALYSIS CROSSOVER
726	NUBC VALUE CODE AMOUNT(S)			01330	RECIPIENT AGE LT 21, BILLED MLTC RATE CODE INVALID

NYS Medicaid: Edit Mapping for 277 Ordered by Claim Status Code

HEALTH CARE CLAIM STATUS CODE	STATUS CODE DESCRIPTION	ENTITY IDENTIFIER CODE	ENTITY ID DESCRIPTION	EDIT NUMBER	EDIT DESCRIPTION
726	NUBC VALUE CODE AMOUNT(S)			01331	RECIPIENT AGE LT 55, BILLED MLTC RATE CODE INVALID
726	NUBC VALUE CODE AMOUNT(S)			01332	RECIPIENT AGE NOT 21-64, BILLED MLTC RATE CODE INVALID
726	NUBC VALUE CODE AMOUNT(S)			01333	RECIPIENT AGE LT 65, BILLED MLTC RATE CODE INVALID
726	NUBC VALUE CODE AMOUNT(S)			01334	RECIPIENT HAS NO MEDICARE ON FILE, BILLED MLTC RATE CODE INVALID
726	NUBC VALUE CODE AMOUNT(S)			01335	RECIPIENT HAS MEDICARE ON FILE, BILLED MLTC RATE CODE INVALID
726	NUBC VALUE CODE AMOUNT(S)			01480	NO SPECIALTY CODE DERIVED USING RATE AND PROVIDER
726	NUBC VALUE CODE AMOUNT(S)			01481	NO COS DERIVED USING RATE, PROVIDER AND OR PLC OF SRV
726	NUBC VALUE CODE AMOUNT(S)			01482	DIFFERENCE IN CLAIM TYPE AND / OR COS BETWEEN LINES
726	NUBC VALUE CODE AMOUNT(S)			01737	VALUE CODE AMOUNT INVALID FOR SUBMITTED VALUE CODE
726	NUBC VALUE CODE AMOUNT(S)			02132	RECIPIENT AGE LT 18, BILLED MLTC RATE CODE INVALID
726	NUBC VALUE CODE AMOUNT(S)			02141	RATE CODE INVALID FOR DETOX DRG CLAIM
726	NUBC VALUE CODE AMOUNT(S)			02176	NO RATE CODE ON DIRECT CROSS OVER
735	THIS SERVICE/CLAIM IS INCLUDED IN THE ALLOWANCE FOR ANOTHER SERVICE OR CLAIM.			02169	SERVICE CONFLICTS WITH PRIOR SERVICE, PAY AND ADJUST THE HISTORY CLAIM
735	THIS SERVICE/CLAIM IS INCLUDED IN THE ALLOWANCE FOR ANOTHER SERVICE OR CLAIM.			02185	UNRELATED E&M CODE DURING POSTOP PERIOD

NYS Medicaid: Edit Mapping for 277 Ordered by Claim Status Code

HEALTH CARE CLAIM STATUS CODE	STATUS CODE DESCRIPTION	ENTITY IDENTIFIER CODE	ENTITY ID DESCRIPTION	EDIT NUMBER	EDIT DESCRIPTION
735	THIS SERVICE/CLAIM IS INCLUDED IN THE ALLOWANCE FOR ANOTHER SERVICE OR CLAIM.			02186	E&M NOT PAYABLE DURING GLOBAL DAYS PERIOD
735	THIS SERVICE/CLAIM IS INCLUDED IN THE ALLOWANCE FOR ANOTHER SERVICE OR CLAIM.			02187	PROCEDURE NOT PAYABLE DURING POSTOP PERIOD
735	THIS SERVICE/CLAIM IS INCLUDED IN THE ALLOWANCE FOR ANOTHER SERVICE OR CLAIM.			02188	E&M CODE ON SAME DAY OF SURGERY
735	THIS SERVICE/CLAIM IS INCLUDED IN THE ALLOWANCE FOR ANOTHER SERVICE OR CLAIM.			02189	E&M CODE NOT PAYABLE ON DAY OF SURGERY
735	THIS SERVICE/CLAIM IS INCLUDED IN THE ALLOWANCE FOR ANOTHER SERVICE OR CLAIM.			02190	ADDITIONAL PROCEDURE DURING POSTOP PERIOD
735	THIS SERVICE/CLAIM IS INCLUDED IN THE ALLOWANCE FOR ANOTHER SERVICE OR CLAIM.			02191	E&M NOT PAYABLE DURING GLOBAL DAYS PERIOD