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EDIT MAPPING FOR 277 ORDERED BY EDIT NUMBER

LAST MODIFIED: DECEMBER 16, 2013

NYS Medicaid: Edit Mapping for 277 Ordered by Edit Number

EDIT NUMBER	EDIT DESCRIPTION	HEALTH CARE CLAIM STATUS CODE	STATUS CODE DESCRIPTION	ENTITY IDENTIFIER CODE	ENTITY ID DESCRIPTION
00001	RECIPIENT SEX INVALID, MUST INDICATE M OR F	157	ENTITY'S GENDER	QC	PATIENT
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)		
00016	BILLING DATE INVALID	467	ENTITY SIGNATURE DATE	85	BILLING PROVIDER
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		
00021	PATIENT STATUS CODE INVALID	234	PATIENT DISCHARGE STATUS		
00025	SPECIAL CONSIDERATION INDICATOR INVALID	21	MISSING OR INVALID INFORMATION		
00026	DATE OF BIRTH INVALID	158	ENTITY'S DATE OF BIRTH	QC	PATIENT
00030	GROUP ID NUMBER NON-NUMERIC	132	ENTITY'S MEDICAID PROVIDER ID	QV	GROUP PRACTICE
00036	AMOUNT CHARGED IS MISSING OR INVALID	178	SUBMITTED CHARGES		
00039	PRIMARY DIAGNOSIS CODE BLANK	254	PRIMARY DIAGNOSIS CODE		
00047	EMERGENCY CODE INVALID MUST INDICATE Y OR N	471	WERE SERVICES RELATED TO AN EMERGENCY?		
00049	ACCIDENT CODE NON-NUMERIC CHECK MANUAL FOR CODES	719	NUBC OCCURRENCE CODE(S)		
00050	PRIOR APPROVAL NUMBER NON-NUMERIC	252	AUTHORIZATION/CERTIFICATION NUMBER		
00056	OTHER INSURANCE PAID INFORMATION INCONSISTENT	171	OTHER INSURANCE COVERAGE INFORMATION (HEALTH, LIABILITY, AUTO, ETC.)		
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
00065	ABORTION / STERILIZATION CODE INVALID	460	NUBC CONDITION CODE(S)		
00068	SERVICE DATE NOT WITHIN 90 DAYS OF RECEIPT DATE	187	DATE(S) OF SERVICE		

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00070	PROCEDURE CODE INVALID	454	PROCEDURE CODE FOR SERVICES RENDERED		
00071	PLACE OF SERVICE CODE INVALID	249	PLACE OF SERVICE		
00074	RECIPIENT ID NUMBER INVALID	153	ENTITY'S ID NUMBER	QC	PATIENT
00076	PROVIDER ID NUMBER INVALID	132	ENTITY'S MEDICAID PROVIDER ID	1P	PROVIDER
00078	REFERRING PROVIDER ID NUMBER INVALID	153	ENTITY'S ID NUMBER	DN	REFERRING PROVIDER
00094	NUMBER OF UNITS NOT GREATER THAN ZERO	476	MISSING OR INVALID UNITS OF SERVICE		
00098	LOCATOR CODE INVALID	153	ENTITY'S ID NUMBER	77	SERVICE LOCATION
00102	SERVICE DATE PRIOR TO BIRTH DATE	158	ENTITY'S DATE OF BIRTH	QC	PATIENT
00103	ADJUSTMENT/VOID FIELDS ARE INCOMPLETE	21	MISSING OR INVALID INFORMATION		
00110	MEDICARE DATA INCONSISTENT	182	ALLOWABLE/PAID FROM PRIMARY COVERAGE	IN	INSURER
00123	AMOUNT CHARGED IS LESS THAN MEDICARE APPROVED AMOUNT	178	SUBMITTED CHARGES		
00125	PROV CATEG OF SVCE NOT ON FILE	145	ENTITY'S SPECIALTY/TAXONOMY CODE	1P	PROVIDER
00126	MANUAL REVIEW CODE 6 MANUAL PRICE EXCLUDES DME EQUIPMENT SERVICE AREA CD C & E	178	SUBMITTED CHARGES		
00127	MEDICARE PAID AMOUNT REPORTED LESS THAN REASONABLE	182	ALLOWABLE/PAID FROM PRIMARY COVERAGE	IN	INSURER
00129	RATE CODE NOT ON RATE FILE	726	NUBC VALUE CODE AMOUNT(S)		
00131	THIRD PARTY INDICATED/OTHER INSURANCE AMT NOT SUBMITTED	85	ENTITY NOT PRIMARY	MR	MEDICAL INSURANCE CARRIER
00132	PROVIDER ID NO NOT ON FILE	132	ENTITY'S MEDICAID PROVIDER ID	1P	PROVIDER

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EDIT NUMBER	EDIT DESCRIPTION	HEALTH CARE CLAIM STATUS CODE	STATUS CODE DESCRIPTION	ENTITY IDENTIFIER CODE	ENTITY ID DESCRIPTION
00135	PROVIDER SPECIALTY INVALID FOR PROCEDURE	145	ENTITY'S SPECIALTY/TAXONOMY CODE	1P	PROVIDER
00136	GROUP ID NUMBER NOT ON NYS MASTER FILE	132	ENTITY'S MEDICAID PROVIDER ID	QV	GROUP PRACTICE
00137	PROVIDER INACTIVE OR TERMINATED	91	ENTITY NOT ELIGIBLE/NOT APPROVED FOR DATES OF SERVICE	1P	PROVIDER
00139	GROUP/SERVICE PROVIDER NOT ELIGIBLE ON DATE OF SERVICE	91	ENTITY NOT ELIGIBLE/NOT APPROVED FOR DATES OF SERVICE	QV	GROUP PRACTICE
00140	RECIPIENT ID NUMBER NOT ON FILE	109	ENTITY NOT ELIGIBLE	QC	PATIENT
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	QV	GROUP PRACTICE
00142	RECIPIENT BIRTH DATE NOT EQUAL FILE	158	ENTITY'S DATE OF BIRTH	QC	PATIENT
00144	RECIPIENT SEX NOT EQUAL FILE	157	ENTITY'S GENDER	QC	PATIENT
00146	PRIMARY/PRINCIPAL DIAGNOSIS NOT ON FILE	254	PRIMARY DIAGNOSIS CODE		
00147	GROUP ID NUMBER NOT ON NYS MASTER FILE AS A GROUP ID	132	ENTITY'S MEDICAID PROVIDER ID	QV	GROUP PRACTICE
00148	SECONDARY DIAGNOSIS NOT ON FILE	255	DIAGNOSIS CODE		
00152	RECIPIENT FILE INDICATES MEDICARE/NO MEDICARE PRESENT	85	ENTITY NOT PRIMARY	MR	MEDICAL INSURANCE CARRIER
00154	RECIPIENT AGE IS GREATER THAN MAXIMUM PRIMARY DIAGNOSIS	255	DIAGNOSIS CODE		
00155	RECIPIENT AGE LESS THAN MINIMUM PRIMARY DIAGNOSIS	255	DIAGNOSIS CODE		
00156	PRIMARY/PRINCIPAL DIAGNOSIS INVALID FOR SEX OF RECIPIENT	86	DIAGNOSIS AND PATIENT GENDER MISMATCH		
00160	SECONDARY DIAGNOSIS INVALID FOR SEX OF RECIPIENT	86	DIAGNOSIS AND PATIENT GENDER MISMATCH		

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00162	RECIPIENT INELIGIBLE ON SERVICE DATE	88	ENTITY NOT ELIGIBLE FOR BENEFITS FOR SUBMITTED DAT	QC	PATIENT
00164	PROVIDER NOT MEMBER OF GROUP	132	ENTITY'S MEDICAID PROVIDER ID	QV	GROUP PRACTICE
00165	RECIPIENT AGE GREATER THAN MAXIMUM FOR PROCEDURE (PEND)	475	PROCEDURE CODE NOT VALID FOR PATIENT AGE		
00166	PROVIDER INELIGIBLE SERVICE ON DATE PERFORMED	1	FOR MORE DETAILED INFORMATION, SEE REMITTANCE ADVICE		
00167	RECIPIENT AGE LESS THAN MINIMUM FOR PROCEDURE (PEND)	475	PROCEDURE CODE NOT VALID FOR PATIENT AGE		
00170	PROCEDURE CODE NOT ON FILE	454	PROCEDURE CODE FOR SERVICES RENDERED		
00172	PROC REQUIRES MANUAL PRICING	306	DETAILED DESCRIPTION OF SERVICE		
00175	SERVICE PROVIDER ID NUMBER NOT ON NYS MASTER FILE	153	ENTITY'S ID NUMBER	SJ	SERVICE PROVIDER
00178	PROCEDURE INVALID FOR RECIPIENT SEX (PEND)	474	PROCEDURE CODE AND PATIENT GENDER MISMATCH		
00180	UNITS GREATER THAN MAXIMUM	476	MISSING OR INVALID UNITS OF SERVICE		
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		
00198	LOCATION OF SERVICE INVALID FOR PROVIDER	153	ENTITY'S ID NUMBER	77	SERVICE LOCATION
00199	MODIFIER REQUIRES MANUAL PRICE	453	PROCEDURE CODE MODIFIER(S) FOR SERVICE(S) RENDERED		
00204	PROCEDURE CODE INACTIVE ON SERVICE DATE	486	PRINCIPLE PROCEDURE DATE		
00218	PROVIDER NOT APPROVED FOR SERVICE	454	PROCEDURE CODE FOR SERVICES RENDERED		

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EDIT NUMBER	EDIT DESCRIPTION	HEALTH CARE CLAIM STATUS CODE	STATUS CODE DESCRIPTION	ENTITY IDENTIFIER CODE	ENTITY ID DESCRIPTION
00223	PROCEDURE CODE INCONSISTENT WITH FAMILY PLANNING CODE	454	PROCEDURE CODE FOR SERVICES RENDERED		
00224	PROCEDURE INDICATES HYSTERECTOMY - CHECK FORMS	468	PATIENT SIGNATURE SOURCE		
00225	PROCEDURE INCONSISTENT WITH STERILIZATION CODE	454	PROCEDURE CODE FOR SERVICES RENDERED		
00226	PROCEDURE INDICATES STERILIZATION/STERILIZATION CODE NOT PRESENT	490	ENTITY SIGNATURE DATE		
00227	PRIMARY DIAGNOSIS INDICATES ABORTION / ABORT CODE INVALID	254	PRIMARY DIAGNOSIS CODE		
00228	SECONDARY DIAGNOSIS INDICATES ABORTION/ABORTION CODE INVALID	255	DIAGNOSIS CODE		
00230	PROCEDURE INDICATES ABORTION/VALID ABORTION CODE NOT PRESENT	454	PROCEDURE CODE FOR SERVICES RENDERED		
00231	ELECTIVE ABORTION NOT PAYABLE	84	SERVICE NOT AUTHORIZED		
00233	PROCEDURE INDICATES STERILIZATION/CHECK FORMS	294	SUPPORTING DOCUMENTATION	468	PATIENT SIGNATURE SOURCE
00234	STERILIZATION CODE INDICATES STERILIZATION/CHECK FORMS	294	SUPPORTING DOCUMENTATION	468	PATIENT SIGNATURE SOURCE
00235	STERILIZATION PERFORMED/RECIPIENT UNDER 21	475	PROCEDURE CODE NOT VALID FOR PATIENT AGE		
00236	PROVIDER SPECIALTY INVALID FOR PROCEDURE	145	ENTITY'S SPECIALTY/TAXONOMY CODE	1P	PROVIDER
00239	NO FAULT OR WORKMANS COMP INDICATED/NOT COVERED BY MEDICAID	116	CLAIM SUBMITTED TO INCORRECT PAYER		
00240	OVER TWO YEAR OLD CLAIM HELD FOR FUTURE ADJUDICATION	38	AWAITING NEXT PERIODIC ADJUDICATION CYCLE		

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EDIT NUMBER	EDIT DESCRIPTION	HEALTH CARE CLAIM STATUS CODE	STATUS CODE DESCRIPTION	ENTITY IDENTIFIER CODE	ENTITY ID DESCRIPTION
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		
00249	PROVIDER ID FOR PA SERVICE NOT EQUAL FILE	91	ENTITY NOT ELIGIBLE/NOT APPROVED FOR DATES OF SERVICE	1P	PROVIDER
00250	RECIPIENT ID NUMBER UNEQUAL TO PRIOR APPROVAL FILE	91	ENTITY NOT ELIGIBLE/NOT APPROVED FOR DATES OF SERVICE	QC	PATIENT
00254	SERVICE CODE NOT EQUAL TO PA	84	SERVICE NOT AUTHORIZED		
00263	SERVICING PROVIDER ID OR LICENSE NO AND PROFESSION CODE ARE REQUIRED	143	ENTITY'S STATE LICENSE NUMBER	SJ	SERVICE PROVIDER
00264	UNLISTED SERVICES PROCEDURE CODE WITH MEDICARE INVOLVEMENT	306	DETAILED DESCRIPTION OF SERVICE		
00265	ABORTION CODE INVALID FOR RECIPIENT SEX	474	PROCEDURE CODE AND PATIENT GENDER MISMATCH		
00266	RECIPIENT AGE GREATER THAN MAXIMUM FOR PROCEDURE	475	PROCEDURE CODE NOT VALID FOR PATIENT AGE		
00267	VEHICLE LICENSE PLATE / DRIVER'S LICENSE NUMBER REQUIRED	560	ENTITIES ADDITIONAL/SECONDARY IDENTIFIER	30	SERVICE SUPPLIER
00268	RECIPIENT AGE LESS THAN MINIMUM FOR PROCEDURE	475	PROCEDURE CODE NOT VALID FOR PATIENT AGE		
00284	PROCEDURE INVALID FOR PLACE OF SERVICE (DENY)	249	PLACE OF SERVICE		
00286	CHILD CARE RECIPIENT BILL AGENCY	585	DENIED CHARGE OR NON-COVERED CHARGE		
00289	PROCEDURE INVALID FOR SEX OF RECIPIENT	474	PROCEDURE CODE AND PATIENT GENDER MISMATCH		
00291	RECIPIENT INELIGIBLE (COVERAGE CODE IS EQUAL TO 02)	109	ENTITY NOT ELIGIBLE	QC	PATIENT

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EDIT NUMBER	EDIT DESCRIPTION	HEALTH CARE CLAIM STATUS CODE	STATUS CODE DESCRIPTION	ENTITY IDENTIFIER CODE	ENTITY ID DESCRIPTION
00295	GROUP IDENTIFICATION NUMBER IN PROVIDER IDENTIFICATION NUMBER FIELD	132	ENTITY'S MEDICAID PROVIDER ID	1T	PHYSICIAN, CLINIC OR GROUP PRACTICE
00296	RENTAL INDICATED - NO PA NUMBER ON CLAIM	453	PROCEDURE CODE MODIFIER(S) FOR SERVICE(S) RENDERED		
00397	AMOUNT IS 10% OR LS AMT ON PROCEDURE FILE	46	INTERNAL REVIEW/AUDIT		
00434	BIRTH WEIGHT NOT REASONABLE	273	WEIGHT	QC	PATIENT
00503	CLAIM OVER 90 DAYS/PRIOR APPROVAL REQUIRED	1	FOR MORE DETAILED INFORMATION, SEE REMITTANCE ADVICE		
00507	RATE CODE INVALID FOR OUTPATIENT CLINIC CLAIM	726	NUBC VALUE CODE AMOUNT(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)		
00519	ORDERING/REFERRING/PR ESCRIBING PROVIDER LICENSE NUMBER INVALID	143	ENTITY'S STATE LICENSE NUMBER	DK	ORDERING PHYSICIAN
00520	PHARMACIST ID CATEGORY OF SERVICE INVALID FOR PROCEDURE CODE	109	ENTITY NOT ELIGIBLE	CK	PHARMACIST
00525	PRESCRIBER LICENSE NUMBER IS MISSING	143	ENTITY'S STATE LICENSE NUMBER	DK	ORDERING PHYSICIAN
00526	PRESCRIPTION / ORDER NUMBER IS MISSING	219	PRESCRIPTION NUMBER		
00528	MISSING OR INVALID QUANTITY DISPENSED	216	DRUG INFORMATION		
00530	NEW / REFILL NUMBER INVALID	216	DRUG INFORMATION		
00531	AUTHORIZED REFILLS NUMBER INVALID	674	AUTHORIZATION EXCEEDED		
00532	DISPENSE AS WRITTEN CODE INVALID	382	DID PROVIDER AUTHORIZE GENERIC OR BRAND NAME DISPENSING?		
00534	DATE ORDERED INVALID	214	ORIGINAL DATE OF PRESCRIPTION/ORDERS/R EFERRAL		

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EDIT NUMBER	EDIT DESCRIPTION	HEALTH CARE CLAIM STATUS CODE	STATUS CODE DESCRIPTION	ENTITY IDENTIFIER CODE	ENTITY ID DESCRIPTION
00536	FILL DATE GREATER THAN 60 DAYS FROM PRESCRIPTION ORDER DATE	214	ORIGINAL DATE OF PRESCRIPTION/ORDERS/REFERRAL		
00538	ORDERING/REFERRING PROVIDER PROFESSION CODE INVALID	109	ENTITY NOT ELIGIBLE	DK	ORDERING PHYSICIAN
00539	REFILL EXCEEDS MAXIMUM NUMBER AUTHORIZED	674	AUTHORIZATION EXCEEDED		
00540	NUMBER OF DAYS SUPPLY INVALID	216	DRUG INFORMATION		
00544	NDC CODE NON-NUMERIC	218	NDC NUMBER		
00547	RECIPIENT INELIGIBLE (COVERAGE CODE IS EQUAL TO 07)	250	TYPE OF SERVICE		
00548	FILL DATE PRECEDES ORDER DATE	214	ORIGINAL DATE OF PRESCRIPTION/ORDERS/REFERRAL		
00549	REFILL DATE GREATER THAN 180 DAYS FROM ORDER DATE	214	ORIGINAL DATE OF PRESCRIPTION/ORDERS/REFERRAL		
00550	MAXIMUM QUANTITY EXCEEDED	216	DRUG INFORMATION		
00551	ITEM NOT ELIGIBLE FOR PAYMENT ON FILL DATE	216	DRUG INFORMATION		
00552	CLAIM REQUIRES PRIOR APPROVAL	84	SERVICE NOT AUTHORIZED		
00553	DRUG INVALID FOR RECIPIENT SEX	157	ENTITY'S GENDER	QC	PATIENT
00556	REFILL NUMBER EXCEEDS MAXIMUM	674	AUTHORIZATION EXCEEDED		
00558	RECIPIENT AGE GREATER THAN ALLOWED	475	PROCEDURE CODE NOT VALID FOR PATIENT AGE		
00559	RECIPIENT AGE LESS THAN ALLOWED	475	PROCEDURE CODE NOT VALID FOR PATIENT AGE		
00561	DRUGS/SUPPLY CODE NOT ON FILE	218	NDC NUMBER		
00562	DRUG PRICE NOT AVAILABLE ON FILL DATE	218	NDC NUMBER		
00563	DAYS SUPPLY LESS THAN MINIMUM	216	DRUG INFORMATION		

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00568	PRESCRIBING PROVIDER PROFESSION CODE INVALID FOR ISSUING PRESCRIPTION	109	ENTITY NOT ELIGIBLE	DK	ORDERING PHYSICIAN
00570	NO PRICE ON DRUG FILE	218	NDC NUMBER		
00572	ITEM REQUIRES MANUAL REVIEW	46	INTERNAL REVIEW/AUDIT		
00598	CATEGORY OF SERVICE INVALID FOR NDC CODE	145	ENTITY'S SPECIALTY/TAXONOMY CODE	1P	PROVIDER
00600	ADMISSION DATE INVALID	189	FACILITY ADMISSION DATE		
00602	ADMISSION HOUR INVALID	230	HOSPITAL ADMISSION HOUR		
00603	ADMISSION TYPE CODE INVALID	231	HOSPITAL ADMISSION TYPE		
00604	ADMITTING DIAGNOSIS CODE MISSING	232	ADMITTING DIAGNOSIS		
00605	CLAIM PREVIOUSLY PAID USING ANOTHER PROVIDER NUMBER	54	DUPLICATE OF A PREVIOUSLY PROCESSED CLAIM/LINE		
00610	PRINCIPAL DIAGNOSIS CODE MISSING	254	PRIMARY DIAGNOSIS CODE		
00613	PRINCIPLE PROCEDURE DATE INVALID	486	PRINCIPLE PROCEDURE DATE		
00626	DISCHARGE HOUR INVALID	233	HOSPITAL DISCHARGE HOUR		
00652	DISCHARGE DATE PRIOR TO ADMISSION DATE	190	FACILITY DISCHARGE DATE		
00653	STATEMENT FROM DATE PRIOR TO ADMISSION DATE	187	DATE(S) OF SERVICE		
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		
00658	STATEMENT THRU DATE IS MORE THAN 90 DAYS OF DATE RECEIVED	188	STATEMENT FROM-THROUGH DATES		

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EDIT NUMBER	EDIT DESCRIPTION	HEALTH CARE CLAIM STATUS CODE	STATUS CODE DESCRIPTION	ENTITY IDENTIFIER CODE	ENTITY ID DESCRIPTION
00660	STAY DENIED EFFECTIVE DATE PRIOR TO ADMISSION DATE	189	FACILITY ADMISSION DATE		
00663	PATIENT CONTROL NUMBER MISSING	478	CLAIM SUBMITTER'S IDENTIFIER (PATIENT ACCOUNT NUMBER IS MISSING)		
00664	ATTENDING PHYSICIAN LICENSE NUMBER MISSING	143	ENTITY'S STATE LICENSE NUMBER	71	ATTENDING PHYSICIAN
00672	FAMILY PLANNING INDICATOR INVALID FOR BILLING PROVIDER	460	NUBC CONDITION CODE(S)		
00674	INVALID ADJUST CODE FOR STATE TSN	585	DENIED CHARGE OR NON-COVERED CHARGE		
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	QA	PHARMACY
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	1T	PHYSICIAN, CLINIC OR GROUP PRACTICE
00689	RECIPIENT NO LONGER PREPAID CAPITATION PLAN ENROLLEE	27	POLICY CANCELED	QC	PATIENT

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00690	ANESTHESIA UNITS GREATER THAN MAX	251	TOTAL ANESTHESIA MINUTES		
00691	RECIPIENT COVERAGE CODE INVALID FOR CAPITATION CLAIMS	109	ENTITY NOT ELIGIBLE	QC	PATIENT
00692	DATE OF SERVICE MUST BE 1ST OF MONTH	187	DATE(S) OF SERVICE		
00693	RECIPIENT NOT ON PCP FILE	97	PATIENT ELIGIBILITY NOT FOUND WITH ENTITY	QK	MANAGED CARE
00694	DATE OF SERVICE PRIOR TO PCP BEGIN DATE	88	ENTITY NOT ELIGIBLE FOR BENEFITS FOR SUBMITTED DATE	QC	PATIENT
00695	NON-PAY RECIPIENT BILLED	585	DENIED CHARGE OR NON-COVERED CHARGE		
00696	PROVIDER ON CLAIM NOT RECIPIENT PREPAID CAPITATION PROVIDER	93	ENTITY IS NOT SELECTED PRIMARY CARE PROVIDER	1P	PROVIDER
00697	PCP GUARANTEED COVERAGE PERIOD EXPIRED	197	EFFECTIVE COVERAGE DATE(S)		
00699	RECIPIENT COVERAGE INDICATES CAPITATION CLAIMS AND PREPAID CAPITATION PLAN REFER SERVICE ONLY	94	ENTITY NOT REFERRED BY SELECTED PRIMARY CARE PROVIDER,	QC	PATIENT
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		
00703	INAPPROPRIATE SECOND SERVICE – SAME DAY	259	FREQUENCY OF SERVICE		
00705	DUPLICATE CLAIM IN HISTORY	54	DUPLICATE OF A PREVIOUSLY PROCESSED CLAIM/LINE		
00706	STOP-LOSS REQUIRES MANUAL PRICING	41	SPECIAL HANDLING REQUIRED AT PAYER SITE		
00707	EXACT DUP CATCH ALL PROCEDURE	54	DUPLICATE OF A PREVIOUSLY PROCESSED CLAIM/LINE		

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00708	CONFLICTING PAC RATE CODE IN HISTORY	54	DUPLICATE OF A PREVIOUSLY PROCESSED CLAIM/LINE		
00709	RECIPIENT INELIGIBLE (COVERAGE CODE IS EQUAL TO 08)	109	ENTITY NOT ELIGIBLE	QC	PATIENT
00710	PROCEDURE/FORMULARY CODE EXCEEDS SERVICE LIMITS	121	SERVICE LINE NUMBER GREATER THAN MAXIMUM ALLOWABLE FOR PAYER		
00712	PROC EXCEEDS SERVICE LIMITS	121	SERVICE LINE NUMBER GREATER THAN MAXIMUM ALLOWABLE FOR PAYER		
00713	CLIENT HAS MEDICARE PART B AND MEDICAID OTHER IS BLANK	171	OTHER INSURANCE COVERAGE INFORMATION (HEALTH, LIABILITY, AUTO, ETC.)		
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		
00719	PROVIDER ID AND ORD/REF/PRES ID ARE IDENTICAL	153	ENTITY'S ID NUMBER	DK	ORDERING PHYSICIAN
00725	HISTORY RECORD NOT FOUND FOR ADJUSTMENT OR VOID	35	CLAIM/ENCOUNTER NOT FOUND		
00726	PATIENT PARTICIPATION AMOUNT ON STATE SUBMITTED ADJUSTMENT MISSING	101	CLAIM WAS PROCESSED AS ADJUSTMENT TO PREVIOUS CLAIM		
00727	NEAR DUPLICATE CLAIM IN HISTORY	54	DUPLICATE OF A PREVIOUSLY PROCESSED CLAIM/LINE		
00728	PA REQUIRED – STAY GT 15 DAYS OR LEVEL OF CARE CHANGED	84	SERVICE NOT AUTHORIZED		
00736	DIAGNOSIS CODE BLANK A FULL ICD-9 CM CODE REQUIRED	255	DIAGNOSIS CODE		

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00738	ICD-9-CM DIAGNOSIS CODE ON PHYSICIAN CLAIM NOT ON FILE	255	DIAGNOSIS CODE		
00743	DOS FOR WEEKLY RATE NOT ON A SUNDAY	187	DATE(S) OF SERVICE		
00744	DIAGNOSIS CODE NOT VALID FOR AIDS RATE CODE	255	DIAGNOSIS CODE		
00746	NO SERVICE AUTHORIZATION RECORD ON FILE	84	SERVICE NOT AUTHORIZED		
00747	CLAIM TYPE NOT FOR PRIOR APPROVAL RECORD CLASS	252	AUTHORIZATION/CERTIFICATION NUMBER		
00748	SERVICE AUTHORIZATION RECORD EXHAUSTED	483	MAXIMUM COVERAGE AMOUNT MET OR EXCEEDED FOR BENEFIT PERIOD		
00749	SERVICE AUTHORIZATION EXCEPTION CODE MISUSED; ACCESS EMEVS	642	SERVICE AUTHORIZATION EXCEPTION CODE		
00753	ONLY UPSTATE CONTRACTOR ALLOWED TO BILL FOR SERVICE	91	ENTITY NOT ELIGIBLE/NOT APPROVED FOR DATES OF SERVICE	1P	PROVIDER
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		

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00764	SUSPECT DUPLICATE, COVERED BY CLINIC (COS 0160)	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		
00774	GROUPE 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)		
00778	CAPITAL ADD ON RATE NOT FOUND FOR PROVIDER	46	INTERNAL REVIEW/AUDIT		
00780	INVALID RATE CODE FOR INPATIENT CLAIM	726	NUBC VALUE CODE AMOUNT(S)		
00782	FOR ACUTE DRG CLAIMS THE DISCHARGE DATE MUST BE AFTER END DATE	190	FACILITY DISCHARGE DATE		
00784	SUBSEQUENT DRG BILLS MUST BE AFTER THE THRESHOLD DATE	187	DATE(S) OF SERVICE		
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	188	STATEMENT FROM-THROUGH DATES		
00787	FROM, ADMIT, AND END DATE MUST BE EQUAL ON ADMIT DRG CLAIM	187	DATE(S) OF SERVICE		
00788	DISCHARGED STATUS NOT ALLOWED FOR ADMIT DRG CLAIMS	234	PATIENT DISCHARGE STATUS		
00789	STATEMENT FROM DATE NOT EQUAL ADMIT DATE FOR DRG CLAIM	187	DATE(S) OF SERVICE		

NYS Medicaid: Edit Mapping for 277 Ordered by Edit Number

EDIT NUMBER	EDIT DESCRIPTION	HEALTH CARE CLAIM STATUS CODE	STATUS CODE DESCRIPTION	ENTITY IDENTIFIER CODE	ENTITY ID DESCRIPTION
00790	DAYS LESS THAN THRESHOLD AND STILL A PATIENT OR DIED	456	COVERED DAY(S)		
00791	DRG EQUALS 470 (GROUPER WAS UNABLE TO DETERMINE A VALID DRG)	256	DRG CODE(S)		
00792	ADMIT DATE EQUALS FROM DATE ON OUTLIER CLAIM	189	HOSPITAL ADMISSION DATE		
00793	PART-A DAYS WITH MEDICAID DAYS NOT ALLOWED ON DRG CLAIM	456	COVERED DAY(S)		
00794	OUTLIER PAYMENT NOT ALLOWED FOR TRANSFERS	234	PATIENT DISCHARGE STATUS		
00795	COST OUTLIER CLAIM REQUIRES MANUAL PRICING	42	AWAITING RELATED CHARGES		
00800	PATIENT STILL IN HOSPITAL DISCHARGE DT OR HOUR PRESENT	234	PATIENT DISCHARGE STATUS		
00801	PATIENT DISCHARGED/DISCHARGE DATE AND HOUR MISSING	190	FACILITY DISCHARGE DATE		
00803	PATIENT BORN IN HOSPITAL/YEAR OF BIRTH DIFFERS FROM ADMIT YEAR	158	ENTITY'S DATE OF BIRTH	QC	PATIENT
00805	MEDICARE CO-INS / LTR DAYS PRESENT-TOTAL MDCR DAYS BLANK	456	COVERED DAY(S)		
00806	CO-INSURANCE AND LTR DAYS GREATER THAN PART-A DAYS	456	COVERED DAY(S)		
00808	PATIENT HAS ALREADY MET MEDICARE DEDUCTIBLE - REVIEW MEDICARE DATA	85	ENTITY NOT PRIMARY	PR	PAYER
00809	MEDICARE DEDUCTIBLE BILLED GREATER THAN ALLOWED AMOUNT	483	MAXIMUM COVERAGE AMOUNT MET OR EXCEEDED FOR BENEFIT PERIOD		
00810	NUMBER OF DAYS BILLED GREATER THAN DAYS IN BILLING PERIOD	456	COVERED DAY(S)		

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EDIT NUMBER	EDIT DESCRIPTION	HEALTH CARE CLAIM STATUS CODE	STATUS CODE DESCRIPTION	ENTITY IDENTIFIER CODE	ENTITY ID DESCRIPTION
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)		
00822	PATIENT NEWBORN - CONFLICTING ACCIDENT CODE ON FORM	719	NUBC OCCURRENCE CODE(S)		
00823	TRICARE 1 INDICATED - OTHER INSURANCE FIELD NOT BLANK	171	OTHER INSURANCE COVERAGE INFORMATION (HEALTH, LIABILITY, AUTO, ETC.)		
00827	PATIENT STILL IN HOSPITAL TRICARE CODE CONFLICTS	234	PATIENT DISCHARGE STATUS		
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)		
00833	RECIPIENT INELIGIBLE FOR PART OF THE SERVICE PERIOD ON DRG CLAIM	88	ENTITY NOT ELIGIBLE FOR BENEFITS FOR SUBMITTED DATES OF SERVICE	QC	PATIENT
00834	RECIPIENT INELIGIBLE FOR PART OF THE SERVICE PERIOD	88	ENTITY NOT ELIGIBLE FOR BENEFITS FOR SUBMITTED DATE	QC	PATIENT
00835	NON COVERED DAYS GREATER THAN BILLING PERIOD	457	NONCOVERED DAY(S)		
00843	CALCULATED PAYMENT AMOUNT LT 0	400	CLAIM IS OUT OF BALANCE		
00844	TYPE ALTERNATE CARE DATE PRIOR TO ADMIT DATE OR GREATER THAN END DATE SERVICE	187	DATE(S) OF SERVICE		
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)		

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EDIT NUMBER	EDIT DESCRIPTION	HEALTH CARE CLAIM STATUS CODE	STATUS CODE DESCRIPTION	ENTITY IDENTIFIER CODE	ENTITY ID DESCRIPTION
00850	MEDICARE-A CO-INSURANCE AMT PRESENT/CO-INS DAYS MISSING	458	COINSURANCE DAY(S)		
00854	SUSPEND MASS ADJUSTMENT/VOID	47	INTERNAL REVIEW/AUDIT - PARTIAL PAYMENT MADE		
00856	INAPPROPRIATE AGE FOR PSYCHIATRIC PATIENT	475	PROCEDURE CODE NOT VALID FOR PATIENT AGE		
00858	ORDERING/REFERRING PROVIDER TYPE INVALID FOR SERVICE	109	ENTITY NOT ELIGIBLE	DK	ORDERING PHYSICIAN
00866	MEDICAID COVERAGE CODE 10; RECIPIENT INELIGIBLE FOR THIS SERVICE	109	ENTITY NOT ELIGIBLE	QC	PATIENT
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		
00891	PART-B RESPONSIBILITY PRESENT AND PART-A DAYS NOT PRESENT	456	COVERED DAY(S)		
00896	PATIENT PARTICIPATION NOT EQUAL OR GREATER THAN SURPLUS	596	NON-COVERED CHARGE AMOUNT		
00897	PRESCRIBING PROVIDER ID NOT ON MMIS PROVIDER FILE/PRESCRIBER TYPE BLANK	132	ENTITY'S MEDICAID PROVIDER ID	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	DK	ORDERING PHYSICIAN
00901	CLAIM TYPE UNKNOWN	145	ENTITY'S SPECIALTY/TAXONOMY CODE	1P	PROVIDER
00903	ORDERING OR REFERRING PROVIDER ID OR LICENSE NUMBER NOT ON CLAIM	153	ENTITY'S ID NUMBER	DN	REFERRING PROVIDER

NYS Medicaid: Edit Mapping for 277 Ordered by Edit Number

EDIT NUMBER	EDIT DESCRIPTION	HEALTH CARE CLAIM STATUS CODE	STATUS CODE DESCRIPTION	ENTITY IDENTIFIER CODE	ENTITY ID DESCRIPTION
00915	SERVICE PROVIDER PROFESSION CODE INVALID	143	ENTITY'S STATE LICENSE NUMBER	SJ	SERVICE PROVIDER
00916	REFERRING PROVIDER PROFESSION CODE NON-NUMERIC	143	ENTITY'S STATE LICENSE NUMBER	DN	REFERRING PROVIDER
00917	ORAL CAVITY CODE INVALID	242	TOOTH NUMBERS, SURFACES, AND/OR QUADRANTS INVOLVED		
00918	TOOTH SURFACE CODE INVALID	240	TOOTH SURFACE(S) INVOLVED		
00919	INVALID COMBINATION OF TOOTH SURFACE CODES	240	TOOTH SURFACE(S) INVOLVED		
00927	MODIFIER INVALID FOR SUBMITTED PROCEDURE CODE	453	PROCEDURE CODE MODIFIER(S) FOR SERVICE(S) RENDERED		
00929	NO FEE ON FILE/STATE REVIEW	306	DETAILED DESCRIPTION OF SERVICE		
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		
00933	PERMANENT TOOTH NOT SPECIFIED	244	TOOTH NUMBER OR LETTER		
00934	DECIDIOUS TOOTH NOT SPECIFIED	244	TOOTH NUMBER OR LETTER		
00935	IMPROPER NO OF SURFACES INDICATED	240	TOOTH SURFACE(S) INVOLVED		
00936	CLINIC SPECIALTY CODE NOT ON NEW YORK STATE MASTER FILE	145	ENTITY'S SPECIALTY/TAXONOMY CODE	G3	CLINIC
00938	PRESCRIBING PROVIDER PROFESSION CODE BLANK/PRESCRIBING PROVIDER ID NOT NUMERIC	153	ENTITY'S ID NUMBER	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

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EDIT NUMBER	EDIT DESCRIPTION	HEALTH CARE CLAIM STATUS CODE	STATUS CODE DESCRIPTION	ENTITY IDENTIFIER CODE	ENTITY ID DESCRIPTION
00941	SERVICE PROVIDER EXCLUDED PRIOR TO SERV/ORDER DATE	91	ENTITY NOT ELIGIBLE/NOT APPROVED FOR DATES OF SERVICE	SJ	SERVICE PROVIDER
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
00944	SERVICE PROVIDER DECEASED ON SERVICE/ORDER DATE	91	ENTITY NOT ELIGIBLE/NOT APPROVED FOR DATES OF SERVICE	SJ	SERVICE PROVIDER
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
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
01002	RECIPIENT COVERED BY MEDICARE PART-B; RE-BILL WITH PART-B RATE	726	NUBC VALUE CODE AMOUNT(S)		
01004	THRU SERVICE DATE INVALID	187	DATE(S) OF SERVICE		
01005	THRU SERVICE DATE AFTER RECEIPT DATE	187	DATE(S) OF SERVICE		
01006	THRU SERVICE DATE PRIOR TO FROM SERVICE DATE	188	STATEMENT FROM-THROUGH DATES		
01007	THRU SERVICE DATE GT 90 DAYS OF RECEIPT	187	DATE(S) OF SERVICE		

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EDIT NUMBER	EDIT DESCRIPTION	HEALTH CARE CLAIM STATUS CODE	STATUS CODE DESCRIPTION	ENTITY IDENTIFIER CODE	ENTITY ID DESCRIPTION
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
01011	TOTAL DAYS NOT NUMERIC	258	DAYS/UNITS FOR PROCEDURE/REVENUE CODE		
01022	THERAPEUTIC LEAVE DAYS NOT SEPARATE	456	COVERED DAY(S)	7C	PLACE OF OCCURRENCE
01023	HOSPITAL LEAVE DAYS NOT SEPARATE LINE	456	COVERED DAY(S)	80	HOSPITAL
01027	MEDICAID COVERAGE CODE 09 MEDICARE APPROVED AMOUNT MISSING	171	OTHER INSURANCE COVERAGE INFORMATION (HEALTH, LIABILITY, AUTO, ETC.)		
01028	RATE CODE INVALID FOR CMCM/MSC CATEGORY OF SERVICE	726	NUBC VALUE CODE AMOUNT(S)		
01029	REQUIRED PA FOR RATE CODE NOT FOUND	252	AUTHORIZATION/CERTIFICATION NUMBER		
01034	SPECIALTY CODE INVALID FOR LONG TERM HHC	145	ENTITY'S SPECIALTY/TAXONOMY CODE	1Z	HOME HEALTH CARE
01035	STATUS DISCHARGED DESTINATION PROVIDER BLANK	153	ENTITY'S ID NUMBER	TT	TRANSFER TO
01036	STATUS SHOWS ADMISSION OR DISCHARGE/PRIM DIAG BLANK	254	PRIMARY DIAGNOSIS CODE		
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)		
01040	MEDICARE CO-INSURANCE DAYS INCORRECT	458	COINSURANCE DAY(S)		
01041	ERROR IN NON-COVERED DAYS	457	NONCOVERED DAY(S)		

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EDIT NUMBER	EDIT DESCRIPTION	HEALTH CARE CLAIM STATUS CODE	STATUS CODE DESCRIPTION	ENTITY IDENTIFIER CODE	ENTITY ID DESCRIPTION
01042	SUBMITTED UNITS NOT CONSISTENT WITH DATES OF SERVICE	258	DAYS/UNITS FOR PROCEDURE/REVENUE CODE.		
01044	DATES OF SERVICE CANNOT SPAN ACROSS MONTHS	188	STATEMENT FROM-THROUGH DATES		
01045	BOX M=1/MEDICARE PYMT NOT BLANK	171	OTHER INSURANCE COVERAGE INFORMATION (HEALTH, LIABILITY, AUTO, ETC.)		
01046	SUBMITTED UNITS NOT EVENLY DIVISIBLE ACROSS DATES OF SERVICE	258	DAYS/UNITS FOR PROCEDURE/REVENUE CODE.		
01047	DATE OF SERVICE SIX YEARS PRIOR TO DATE RECEIVED	187	DATE(S) OF SERVICE		
01066	BOX M=3/MEDICARE PYMT NOT ZERO	171	OTHER INSURANCE COVERAGE INFORMATION (HEALTH, LIABILITY, AUTO, ETC.)		
01067	BED RETENTION DAYS OVER LIMIT FOR PATIENT STATUS	456	COVERED DAY(S)		
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.)		
01073	PROCEDURE CODE FOR BLOCK BILL INVALID	454	PROCEDURE CODE FOR SERVICES RENDERED		
01077	CATEGORY OF SERVICE DOES NOT ALLOW EMERGENCY	250	TYPE OF SERVICE		

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EDIT NUMBER	EDIT DESCRIPTION	HEALTH CARE CLAIM STATUS CODE	STATUS CODE DESCRIPTION	ENTITY IDENTIFIER CODE	ENTITY ID DESCRIPTION
01079	CATEGORY OF SERVICE REQUIRES MEDICARE	250	TYPE OF SERVICE		
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	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.)		
01098	RECIPIENT LESS THAN 21/PRESCRIBER NOT PHC	109	ENTITY NOT ELIGIBLE	DK	ORDERING PHYSICIAN
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		
01116	PRIOR APPROVAL REQUIRED FOR AMBULATORY SURGERY	252	ENTITY'S AUTHORIZATION/CERTIFICATION NUMBER.	IN	INSURER
01119	INVALID OFFICE ACCOUNT NUMBER FOR ICM CLAIM	478	CLAIM SUBMITTER'S IDENTIFIER (PATIENT ACCOUNT NUMBER IS MISSING		
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

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EDIT NUMBER	EDIT DESCRIPTION	HEALTH CARE CLAIM STATUS CODE	STATUS CODE DESCRIPTION	ENTITY IDENTIFIER CODE	ENTITY ID DESCRIPTION
01127	NURSE PRACTITIONER/MIDWIFE NOT QUALIFIED TO PRESCRIBE LEGEND DRUGS	109	ENTITY NOT ELIGIBLE	DK	ORDERING PHYSICIAN
01129	PART A DEDUCTIBLE PREVIOUSLY PAID FOR THIS SPELL OF ILLNESS	54	DUPLICATE OF A PREVIOUSLY PROCESSED CLAIM/LINE		
01131	PAYMENT NOT ALLOWED UNTIL MEDICARE INSURANCE IS MAXIMIZED	171	OTHER INSURANCE COVERAGE INFORMATION (HEALTH, LIABILITY, AUTO, ETC.)		
01136	RATE CODE INVALID FOR CLINIC PAC/PAS	726	NUBC VALUE CODE AMOUNT(S)		
01137	SCHOOL SUPPORTIVE HEALTH SERVICE SPECIALTY CODE REQUIRES SSHS RATE CODE	726	NUBC VALUE CODE AMOUNT(S)		
01138	RESTRICTED RECIPIENT SERVICE NOT PROVIDED/ORDERED/REFERRED BY PRIMARY PODIATRIST	85	ENTITY NOT PRIMARY	QS	PODIATRIST
01139	RESTRICTED RECIPIENT SERVICE NOT PROVIDED/ORDERED/REFERRED BY PRIMARY DENTIST	85	ENTITY NOT PRIMARY	QN	DENTIST
01140	RESTRICTED RECIPIENT SERVICE NOT PROVIDED/ORDERED/REFERRED BY PRIMARY DME PROVIDER	85	ENTITY NOT PRIMARY	X5	DURABLE MEDICAL EQUIPMENT SUPPLIER
01141	PROVIDER EXCEPTION IND REQUIRES PEND (DOH)	46	INTERNAL REVIEW/AUDIT		
01142	PROVIDER EXCEPTION REQUIRES PEND - OHIP	46	INTERNAL REVIEW/AUDIT		
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)		

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EDIT NUMBER	EDIT DESCRIPTION	HEALTH CARE CLAIM STATUS CODE	STATUS CODE DESCRIPTION	ENTITY IDENTIFIER CODE	ENTITY ID DESCRIPTION
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)		
01149	RESTRICTED RECIPIENT SERVICE NOT PROVIDED/ORDERED/REFERRED BY PRIMARY PODIATRIST/ATTACHMENT	85	ENTITY NOT PRIMARY	QS	PODIATRIST
01150	RESTRICTED RECIPIENT SERVICE NOT PROVIDED/ORDERED/REFERRED BY PRIMARY DENTIST/ATTACHMENT	85	ENTITY NOT PRIMARY	QN	DENTIST
01151	RESTRICTED RECIPIENT SERVICE NOT PROVIDED/ORDERED/REFERRED BY PRIMARY DME PROVIDER/ATTACHMENT	85	ENTITY NOT PRIMARY	X5	DURABLE MEDICAL EQUIPMENT SUPPLIER
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
01154	NO UT SERVICE AUTHORIZATION RECORD ON FILE	84	SERVICE NOT AUTHORIZED		
01155	UTILIZATION THRESHOLD SERVICE AUTHORIZATION EXHAUSTED	84	SERVICE NOT AUTHORIZED		

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EDIT NUMBER	EDIT DESCRIPTION	HEALTH CARE CLAIM STATUS CODE	STATUS CODE DESCRIPTION	ENTITY IDENTIFIER CODE	ENTITY ID DESCRIPTION
01157	RESTRICTED RECIPIENT/MANAGED CARE COORDINATION PROGRAM SERVICE NOT PROVIDED/ORDERED/REFERRED BY PRIMARY PROVIDER/ATTACHMENT	85	ENTITY NOT PRIMARY	P3	PRIMARY CARE PROVIDER
01158	ENHANCED FEE PROCEDURE CODE USED FOR NON-QUALIFIED RECIPIENT OR PROVIDER	109	ENTITY NOT ELIGIBLE	QC	PATIENT
01160	INAPPROPRIATE PROCEDURE CODE FOR HIV DIAGNOSIS	454	PROCEDURE CODE FOR SERVICES RENDERED		
01161	TYPE OF BILL INVALID FOR OMH SPECIALTY CODE	249	PLACE OF SERVICE		
01162	INVALID OMH SPEC/RATE CODE	726	NUBC VALUE CODE AMOUNT(S)		
01163	TECHNICAL COMPONENT NOT APPROPRIATE FOR PRACTITIONER CLAIM	453	PROCEDURE CODE MODIFIER(S) FOR SERVICE(S) RENDERED		
01164	RECIP NOT QMB - SVCS NOT REIMBURSABLE FOR COS	109	ENTITY NOT ELIGIBLE	QC	PATIENT
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	109	ENTITY NOT ELIGIBLE	QL	CHIROPRACTOR
01168	SERVICE WAS PREVIOUSLY PAID AT 100%	54	DUPLICATE OF A PREVIOUSLY PROCESSED CLAIM/LINE		
01169	PROCEDURE REQUIRES APPROPRIATE COMPONENT MODIFIER	453	PROCEDURE CODE MODIFIER(S) FOR SERVICE(S) RENDERED		

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EDIT NUMBER	EDIT DESCRIPTION	HEALTH CARE CLAIM STATUS CODE	STATUS CODE DESCRIPTION	ENTITY IDENTIFIER CODE	ENTITY ID DESCRIPTION
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
01173	PREPAID CAPITATION RECIPIENT-REFERRAL OR SPECIALIST ID INVALID	153	ENTITY'S ID NUMBER	DN	REFERRING PROVIDER
01174	PEND FOR STATE REVIEW - PCP PLAN CODE NOT ON CONTRACT FILE	97	PATIENT ELIGIBILITY NOT FOUND WITH ENTITY	PR	PAYER
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		
01180	ABORTION CODE INVALID FOR RECIPIENTS AGE	475	PROCEDURE CODE NOT VALID FOR PATIENT AGE		
01182	RATE CODE NOT BILLABLE	726	NUBC VALUE CODE AMOUNT(S)		
01183	REFERRAL INVALID FOR SERVICE	109	ENTITY NOT ELIGIBLE	DN	REFERRING PROVIDER
01191	OUTPATIENT PSYCHIATRIC RATE BILLED FOR RECIPIENT IN A RESIDENTIAL HEALTH CARE FACILITY	585	DENIED CHARGE OR NON-COVERED CHARGE		
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		
01198	MANAGED CARE COORDINATION PROGRAM SERVICE NOT PROVIDED/ORDERED/REFERRED BY PRIMARY PHARMACY	85	ENTITY NOT PRIMARY	CK	PHARMACIST

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EDIT NUMBER	EDIT DESCRIPTION	HEALTH CARE CLAIM STATUS CODE	STATUS CODE DESCRIPTION	ENTITY IDENTIFIER CODE	ENTITY ID DESCRIPTION
01199	MANAGED CARE COORDINATION PROGRAM SERVICE NOT PROVIDED/ORDERED/REFERRED BY PRIMARY PHARMACY/ATTACHMENT	85	ENTITY NOT PRIMARY	CK	PHARMACIST
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
01205	PROCEDURE CODE ONLY VALID FOR CARE AT HOME RECIPIENT	454	PROCEDURE CODE FOR SERVICES RENDERED		
01206	RECIPIENT NOT IN CARE AT HOME PROGRAM-INVALID RATE CODE BILLED	109	ENTITY NOT ELIGIBLE	QC	PATIENT
01207	CARE AT HOME RATE DOES NOT MATCH RECIPIENTS PROGRAM	84	SERVICE NOT AUTHORIZED		
01208	ASSISTED LIVING PROGRAM RECIPIENT/SERVICE INCLUDED IN PER DIEM	585	DENIED CHARGE OR NON-COVERED CHARGE		
01209	DESIGNATED MENTAL ILLNESS DIAGNOSIS REQUIRED	255	DIAGNOSIS CODE		
01210	RECIPIENT AGE INVALID FOR EARLY INTERVENTION CLAIM	475	PROCEDURE CODE NOT VALID FOR PATIENT AGE		

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EDIT NUMBER	EDIT DESCRIPTION	HEALTH CARE CLAIM STATUS CODE	STATUS CODE DESCRIPTION	ENTITY IDENTIFIER CODE	ENTITY ID DESCRIPTION
01213	CLAIM MUST BE SUBMITTED ELECTRONICALLY USING HIPAA COMPLIANT ANSI X12 837 CLAIM SUBMISSION FORMAT	481	CLAIM/SUBMISSION FORMAT IS INVALID.		
01220	DAY TREATMENT RATE INVALID FOR PRINCIPLE PROVIDER CODE	109	ENTITY NOT ELIGIBLE	GY	TREATMENT FACILITY
01221	REFERRING ID BLANK - OMH REHABILITATION	153	ENTITY'S ID NUMBER	DN	REFERRING PROVIDER
01224	INVALID DIAGNOSIS CODE FOR OMR HOME AND COMMUNITY BASED SERVICES WAIVER CLAIM	255	DIAGNOSIS CODE		
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	187	DATE(S) OF SERVICE		
01229	RATE CODE INVALID FOR RECIPIENT EXCEPTION CODE	726	NUBC VALUE CODE AMOUNT(S)		
01231	INAPPROPRIATE RATE BILLED/CONFLICTING CLAIM PREVIOUSLY PAID	54	DUPLICATE OF A PREVIOUSLY PROCESSED CLAIM/LINE		
01236	ORDER/REFERRING LICENSE NOT ON NYS LICENSE FILE	143	ENTITY'S STATE LICENSE NUMBER	DN	REFERRING PROVIDER
01237	PRESCRIBER LICENSE NOT ON NYS LICENSE FILE	143	ENTITY'S STATE LICENSE NUMBER	DK	ORDERING PHYSICIAN
01238	SERVICE LICENSE NOT ON NYS LICENSE FILE	143	ENTITY'S STATE LICENSE NUMBER	SJ	SERVICE PROVIDER
01239	SUPERVISING PROVIDER OF THE SUBMITTED ORDERER/PRESCRIBER WAS EXCLUDED PRIOR TO SERVICE DATE.	109	ENTITY NOT ELIGIBLE.	DQ	SUPERVISING PHYSICIAN
01240	RESTRICTED RECIPIENT INPATIENT SERVICE NOT PROVIDED/ORDERED/REFERRED BY PRIMARY PROVIDER	85	ENTITY NOT PRIMARY	P3	PRIMARY CARE PROVIDER

NYS Medicaid: Edit Mapping for 277 Ordered by Edit Number

EDIT NUMBER	EDIT DESCRIPTION	HEALTH CARE CLAIM STATUS CODE	STATUS CODE DESCRIPTION	ENTITY IDENTIFIER CODE	ENTITY ID DESCRIPTION
01242	ORDERING / REFERRING PROVIDER NOT IN ACTIVE STATUS ON DATE OF SERVICE	91	ENTITY NOT ELIGIBLE/NOT APPROVED FOR DATES OF SERVICE	DJ	CONSULTING PHYSICIAN
01243	PRESCRIBING PROVIDER NOT IN ACTIVE STATUS ON DATE OF SERVICE	91	ENTITY NOT ELIGIBLE/NOT APPROVED FOR DATES OF SERVICE	DK	ORDERING PHYSICIAN
01244	SERVICE PROVIDER NOT IN ACTIVE STATUS ON DATE OF SERVICE	91	ENTITY NOT ELIGIBLE/NOT APPROVED FOR DATES OF SERVICE	SJ	SERVICE PROVIDER
01245	RESTRICTED RECIPIENT INPATIENT SERVICE NOT PROVIDED/ORDERED/REFERRED BY PRIMARY PROVIDER/PEND FOR REVIEW	85	ENTITY NOT PRIMARY	P3	PRIMARY CARE PROVIDER
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	252	ENTITY'S AUTHORIZATION/CERTIFICATION NUMBER.	IN	INSURER
01250	EXCEEDED MAX OF 75 THERAPEUTIC LEAVE DAYS IN A 12 - MONTH PERIOD	456	COVERED DAY(S)		
01252	GROUP OPERATING CPD NOT FOUND FOR PROVIDER	726	NUBC VALUE CODE AMOUNT(S)		
01254	CAPITATION CLAIM MUST COVER ENROLLMENT PERIOD	88	ENTITY NOT ELIGIBLE FOR BENEFITS FOR SUBMITTED DAT	QC	PATIENT
01256	BILLED FOR MORE THAN ONE STOP LOSS CLAIM IN A YEAR	54	DUPLICATE OF A PREVIOUSLY PROCESSED CLAIM/LINE		
01257	GME NOT BILLABLE AS A SEPARATE CLAIM	109	ENTITY NOT ELIGIBLE	QC	PATIENT
01258	SERVICE/END SERVICE/DISCHARGE DATES MUST BE EQUAL ON A GRADUATE MEDICAL EXPENSE CLAIM	187	DATE(S) OF SERVICE		
01259	INVALID RATE FOR CLIENT NOT PCP ENROLLEE	109	ENTITY NOT ELIGIBLE	IL	INSURED OR SUBSCRIBER

NYS Medicaid: Edit Mapping for 277 Ordered by Edit Number

EDIT NUMBER	EDIT DESCRIPTION	HEALTH CARE CLAIM STATUS CODE	STATUS CODE DESCRIPTION	ENTITY IDENTIFIER CODE	ENTITY ID DESCRIPTION
01260	PREPAID CAPITATION PLAN RECIPIENT - RATE CODE REQUIRES DATE OF SERVICE WITHIN 2 DAYS OF DATE OF BIRTH	187	DATE(S) OF SERVICE		
01261	GRADUATE MEDICAL EXPENSE NO REIMBURSABLE FOR MEDICARE DEDUCTIBLE/COINSURANCE CLAIM	456	COVERED DAY(S)		
01264	NOT A NYC RECIPIENT	109	ENTITY NOT ELIGIBLE	QC	PATIENT
01266	RECIPIENT AGE INVALID FOR METHADONE MAINTENANCE TREATMENT PROGRAM	475	PROCEDURE CODE NOT VALID FOR PATIENT AGE		
01268	DOS FOR MMTP TOKEN CLAIM NOT A SUNDAY	187	DATE(S) OF SERVICE		
01272	CLAIM CONFLICTS WITH PREVIOUSLY STATE VOIDED CLAIM	585	DENIED CHARGE OR NON-COVERED CHARGE		
01278	NOT A TRAUMATIC BRAIN INJURY RECIPIENT: TRAUMATIC BRAIN INJURY SERVICES NOT REIMBURSABLE	109	ENTITY NOT ELIGIBLE	QC	PATIENT
01283	UPPER DOLLAR LIMIT EXCEEDED	585	DENIED CHARGE OR NON-COVERED CHARGE		
01287	DATE OF SERVICE FOR TRAUMATIC BRAIN INJURY RATE NOT FIRST OF MONTH	187	DATE(S) OF SERVICE		
01288	CLAIM FOR SAME SERVICE PREVIOUSLY REVIEWED AND DENIED	585	DENIED CHARGE OR NON-COVERED CHARGE		
01292	DATE OF SERVICE TWO YEARS PRIOR TO DATE RECEIVED	187	DATE(S) OF SERVICE		
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

NYS Medicaid: Edit Mapping for 277 Ordered by Edit Number

EDIT NUMBER	EDIT DESCRIPTION	HEALTH CARE CLAIM STATUS CODE	STATUS CODE DESCRIPTION	ENTITY IDENTIFIER CODE	ENTITY ID DESCRIPTION
01295	RECIPIENT NOT MEDICARE, SERVICES NOT REIMBURSABLE	109	ENTITY NOT ELIGIBLE	QC	PATIENT
01300	MANAGE CARE COORDINATION PROGRAM INPATIENT SERVICE NOT PROVIDED/ORDERED/REFERRED BY PRIMARY PROVIDER	85	ENTITY NOT PRIMARY	DN	REFERRING PROVIDER
01301	PORTABLE XRAY CLAIM SUBMITTED WITH DOS AFTER CUTOFF DATE	197	EFFECTIVE COVERAGE DATE(S)		
01302	PORTABLE XRAY CLAIM SUBMITTED WITH DOS AFTER CUTOFF DATE	249	PLACE OF SERVICE		
01303	PORTABLE X-RAY PROCEDURE CODE/MEDICARE APPROVED AMOUNT > 0 OR QMB RECIPIENT	109	ENTITY NOT ELIGIBLE	QC	PATIENT
01304	PROVIDER NOT ALLOWED TO BILL FOR PORTABLE XRAY SERVICES	109	ENTITY NOT ELIGIBLE	1P	PROVIDER
01305	RECIPIENT NOT ELIGIBLE FOR TRANSPLANT PROCEDURE CODE	109	ENTITY NOT ELIGIBLE	QC	PATIENT
01306	INVALID RATE CODE FOR HEMODIALYSIS CROSSOVER	726	NUBC VALUE CODE AMOUNT(S)		
01309	INVALID QUADRANT FOR BILLED PROCEDURE	242	TOOTH NUMBERS, SURFACES, AND/OR QUADRANTS INVOLVED		
01310	REQUIRED ARCH CODE/MISSING INVALID	245	DENTAL QUADRANT/ARCH.		
01311	IMPROPER TOOTH/SEALANT CODE COMBINATION	239	DENTAL INFORMATION		
01312	IMPROPER TOOTH/SURFACE IDENTIFIED FOR PROCEDURE INDICATED	242	TOOTH NUMBERS, SURFACES, AND/OR QUADRANTS INVOLVED		
01313	IMPROPER TOOTH FOR PROCEDURE INDICATED	244	TOOTH NUMBER OR LETTER		

NYS Medicaid: Edit Mapping for 277 Ordered by Edit Number

EDIT NUMBER	EDIT DESCRIPTION	HEALTH CARE CLAIM STATUS CODE	STATUS CODE DESCRIPTION	ENTITY IDENTIFIER CODE	ENTITY ID DESCRIPTION
01314	RECIPIENT INELIGIBLE (COVERAGE CODE IS EQUAL TO 18 (FAMILY PLANNING))	97	PATIENT ELIGIBILITY NOT FOUND WITH ENTITY	IN	INSURER
01315	FQHC RATE,RECIPIENT NOT ENROLLED IN MANAGED CARE PLAN	109	ENTITY NOT ELIGIBLE	QC	PATIENT
01316	PHARMACY SERVICE INCLUDED IN FACILITY RATE	46	INTERNAL REVIEW/AUDIT		
01318	INAPPROPRIATE DATE OF BIRTH FOR NEWBORN	158	ENTITY'S DATE OF BIRTH	QC	PATIENT
01319	RECIPIENT EXCEPTION INVALID FOR HOME AND COMMUNITY BASED SERVICES WAIVER PROGRAM	109	ENTITY NOT ELIGIBLE	QC	PATIENT
01328	NURSE UNITS EXCEED 24 HOURS	476	MISSING OR INVALID UNITS OF SERVICE		
01329	SICKROOM SUPPLY INCLUDED IN FACILITY RATE	65	CLAIM/LINE HAS BEEN PAID.		
01330	RECIPIENT AGE LT 21, BILLED MLTC RATE CODE INVALID	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)		
01336	RECIPIENT DATA INCONSISTENT FOR RATE CODE	109	ENTITY NOT ELIGIBLE	QC	PATIENT

NYS Medicaid: Edit Mapping for 277 Ordered by Edit Number

EDIT NUMBER	EDIT DESCRIPTION	HEALTH CARE CLAIM STATUS CODE	STATUS CODE DESCRIPTION	ENTITY IDENTIFIER CODE	ENTITY ID DESCRIPTION
01337	INFORMATION INCONSISTENT FOR FHP PROGRAM	109	ENTITY NOT ELIGIBLE	QC	PATIENT
01338	RECIPIENT NOT ON RESTRICTED RECIPIENT FILE	109	ENTITY NOT ELIGIBLE	QC	PATIENT
01339	RECIPIENT NOT AUTHORIZED FOR CMCM/MSC/IRA ON SERVICE DATE	88	ENTITY NOT ELIGIBLE FOR BENEFITS FOR SUBMITTED DATE	QC	PATIENT
01340	CLAIM PROVIDER NOT EQUAL RESTRICTION RECIPIENT FILE PROVIDER	109	ENTITY NOT ELIGIBLE	1P	PROVIDER
01341	RATE CODE INAPPROPRIATE FOR RECIPIENT AID CATEGORY	109	ENTITY NOT ELIGIBLE	QC	PATIENT
01342	P.T.CLINIC RATE BILLED/PROVIDER P.T. CLINIC NUMBER MISSING	142	ENTITY'S LICENSE/CERTIFICATION NUMBER	1P	PROVIDER
01344	PROCEDURE CODE MODIFIER MISSING	453	PROCEDURE CODE MODIFIER(S) FOR SERVICE(S) RENDERED		
01345	ORIGINAL DUPLICATE CLAIM IN HISTORY	54	DUPLICATE OF A PREVIOUSLY PROCESSED CLAIM/LINE		
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

NYS Medicaid: Edit Mapping for 277 Ordered by Edit Number

EDIT NUMBER	EDIT DESCRIPTION	HEALTH CARE CLAIM STATUS CODE	STATUS CODE DESCRIPTION	ENTITY IDENTIFIER CODE	ENTITY ID DESCRIPTION
01357	PROVIDER ID AND SERVICE ID IDENTICAL	153	ENTITY'S ID NUMBER	SJ	SERVICE PROVIDER
01479	MULTIPLE RATE CODES SUBMITTED	18	ENTITY RECEIVED CLAIM/ENCOUNTER, BUT RETURNED INVALID STATUS	40	RECEIVER
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)		
01493	PHARMACY SERVICE INCLUDED IN IN-STATE FACILITY RATE (DENY)	46	INTERNAL REVIEW/AUDIT		
01496	NO COVERAGE: PENDING FAMILY HEALTH PLUS	109	ENTITY NOT ELIGIBLE	QC	PATIENT
01497	FAMILY HEALTH PLUS CLAIM NOT COVERED	585	DENIED CHARGE OR NON-COVERED CHARGE		
01498	PRESCRIBING/REFERRING PROVIDER INDICATED NOT QUALIFIED TO PRESCRIBE	109	ENTITY NOT ELIGIBLE	DN	REFERRING PROVIDER
01499	RECIPIENT INELIGIBLE, EXCESS INCOME/SPENDDOWN	109	ENTITY NOT ELIGIBLE	QC	PATIENT
01600	DISCONTINUED NDC NUMBER	216	DRUG INFORMATION.		
01602	NO COVERAGE; EXCESS INCOME SPENDDOWN	109	ENTITY NOT ELIGIBLE	QC	PATIENT
01604	OVERRIDE DENIED, UT NOT AT LIMIT	18	ENTITY RECEIVED CLAIM/ENCOUNTER, BUT RETURNED INVALID STATUS	40	RECEIVER
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.)		

NYS Medicaid: Edit Mapping for 277 Ordered by Edit Number

EDIT NUMBER	EDIT DESCRIPTION	HEALTH CARE CLAIM STATUS CODE	STATUS CODE DESCRIPTION	ENTITY IDENTIFIER CODE	ENTITY ID DESCRIPTION
01608	ERROR OVERFLOW	585	DENIED CHARGE OR NON-COVERED CHARGE		
01609	MISSING OR INVALID ALTERNATIVE PRODUCT TYPE	218	NDC NUMBER		
01610	MISSING OR INVALID ALTERNATIVE PRODUCT CODE	218	NDC NUMBER		
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
01613	MISSING OR INVALID COMPOUND CODE	218	NDC NUMBER		
01614	CLAIM HAS NOT BEEN PAID OR CAPTURED	585	DENIED CHARGE OR NON-COVERED CHARGE		
01615	MISSING OR INVALID PATIENT PAID AMOUNT	18	ENTITY RECEIVED CLAIM/ENCOUNTER, BUT RETURNED INVALID STATUS	40	RECEIVER
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	153	ENTITY'S ID NUMBER	QC	PATIENT
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
01630	M / I PROCESSOR CONTROL NUMBER OR NO TSN FOUND FOR PROVIDER ID	96	NO AGREEMENT WITH ENTITY	40	RECEIVER

NYS Medicaid: Edit Mapping for 277 Ordered by Edit Number

EDIT NUMBER	EDIT DESCRIPTION	HEALTH CARE CLAIM STATUS CODE	STATUS CODE DESCRIPTION	ENTITY IDENTIFIER CODE	ENTITY ID DESCRIPTION
01631	CLIENT HAS OTHER INSURANCE	171	OTHER INSURANCE COVERAGE INFORMATION (HEALTH, LIABILITY, AUTO, ETC.)		
01634	DRUG TO DRUG INTERACTION	216	DRUG INFORMATION		
01641	THERAPEUTIC DUPLICATION	216	DRUG INFORMATION		
01642	EARLY FILL OVERUSE	216	DRUG INFORMATION		
01643	INVALID DUR CONFLICT CODE	18	ENTITY RECEIVED CLAIM/ENCOUNTER, BUT RETURNED INVALID STATUS	40	RECEIVER
01644	INVALID DUR OUTCOME CODE	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
01647	DVS ERROR	84	SERVICE NOT AUTHORIZED		
01648	PROCESSOR CONTROL NUMBER NEEDED FOR RE-BILL / REVERSAL	18	ENTITY RECEIVED CLAIM/ENCOUNTER, BUT RETURNED INVALID STATUS	40	RECEIVER
01705	REVENUE CODE NOT ON DB	455	REVENUE CODE FOR SERVICES RENDERED		
01711	REVENUE CODE NOT VALID FOR SERVICE DATES	258	DAYS/UNITS FOR PROCEDURE/REVENUE CODE.		
01719	MEDICARE DEDUCTIBLE GT YEARLY AMOUNT	286	OTHER PAYER'S EXPLANATION OF BENEFITS/PAYMENT INFORMATION		
01724	LI DOS OUTSIDE FROM/THRU DATES	187	DATE(S) OF SERVICE		
01737	VALUE CODE AMOUNT INVALID FOR SUBMITTED VALUE CODE	726	NUBC VALUE CODE AMOUNT(S)		

NYS Medicaid: Edit Mapping for 277 Ordered by Edit Number

EDIT NUMBER	EDIT DESCRIPTION	HEALTH CARE CLAIM STATUS CODE	STATUS CODE DESCRIPTION	ENTITY IDENTIFIER CODE	ENTITY ID DESCRIPTION
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)		
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		
01998	SYSTEM UNAVAILABLE/HOST UNAVAILABLE	0	CANNOT PROVIDE FURTHER STATUS ELECTRONICALLY		
01999	CLAIM HAS BEEN SPECIAL INPUT BY NYS FA	46	ENTITY'S ORIGINAL SIGNATURE		
02001	CLAIM PAYER PD AMT NOT EQUAL TO SUM OF LINE PAYER PD AMT	400	CLAIM IS OUT OF BALANCE		
02002	PRESCRIPTION SERIAL NUMBER MISSING	219	PRESCRIPTION NUMBER		
02003	PROVIDER NOT CERTIFIED FOR THIS PROCEDURE	91	ENTITY NOT ELIGIBLE/NOT APPROVED FOR DATES OF SERVICE	71	ATTENDING PHYSICIAN
02004	RECIPIENT HAS MEDICARE PART D	85	ENTITY NOT PRIMARY	MR	MEDICAL INSURANCE CARRIER
02005	NURSING HOME TRANSITION AND DIVERSION MEDICAID WAIVER (NHTD) PROGRAM RATE CODE REQUIRES RECIPIENT WITH EXCEPTION CODE 60	109	ENTITY NOT ELIGIBLE	QC	PATIENT
02006	PROCEDURE MANUAL REVIEW CODE 6 REQUIRES MANUAL PRICING – INCLUDES DME EQUIPMENT SERVICE C - E	178	SUBMITTED CHARGES		
02007	OMH PROS RATE MUST BE BILLED ON LAST DAY OF MONTH	187	DATE(S) OF SERVICE		
02008	RECIP EXCP CODE MUST = 84 TO BILL THIS RATE CODE	84	SERVICE NOT AUTHORIZED		

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EDIT NUMBER	EDIT DESCRIPTION	HEALTH CARE CLAIM STATUS CODE	STATUS CODE DESCRIPTION	ENTITY IDENTIFIER CODE	ENTITY ID DESCRIPTION
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		
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
02014	CLAIM UNDER REVIEW BY THE OFFICE OF THE STATE COMPTROLLER	46	INTERNAL REVIEW/AUDIT		
02015	MEDICARE COINSURANCE > 0 AND MEDICARE PAYMENT = 0	286	OTHER PAYER'S EXPLANATION OF BENEFITS/PAYMENT INFORMATION		
02016	MEDICARE MANAGED CARE (MCO) QUALIFIER 16 CONFLICTS WITH MEDICARE PART A OR PART B QUALIFIERS	479	OTHER CARRIER PAYER ID IS MISSING OR INVALID		
02020	MISSING BILLING NPI	562	ENTITY'S NATIONAL PROVIDER IDENTIFIER (NPI)	85	BILLING PROVIDER
02021	MISSING GROUP NPI	562	ENTITY'S NATIONAL PROVIDER IDENTIFIER (NPI)	1T	PHYSICIAN, CLINIC OR GROUP PRACTICE
02022	MISSING REFERRING NPI	562	ENTITY'S NATIONAL PROVIDER IDENTIFIER (NPI)	DN	REFERRING PROVIDER
02023	MISSING ATTENDING NPI	562	ENTITY'S NATIONAL PROVIDER IDENTIFIER (NPI)	71	ATTENDING PHYSICIAN
02024	MISSING OPERATING NPI	562	ENTITY'S NATIONAL PROVIDER IDENTIFIER (NPI)	72	OPERATING PHYSICIAN
02025	MISSING RENDERING NPI	562	ENTITY'S NATIONAL PROVIDER IDENTIFIER (NPI)	82	RENDERING PROVIDER

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EDIT NUMBER	EDIT DESCRIPTION	HEALTH CARE CLAIM STATUS CODE	STATUS CODE DESCRIPTION	ENTITY IDENTIFIER CODE	ENTITY ID DESCRIPTION
02026	MISSING SUPERVISING NPI	562	ENTITY'S NATIONAL PROVIDER IDENTIFIER (NPI)	DQ	SUPERVISING PHYSICIAN
02027	MISSING OTHER NPI	562	ENTITY'S NATIONAL PROVIDER IDENTIFIER (NPI)	73	OTHER PHYSICIAN
02028	MISSING ASSISTANT SURGEON NPI	562	ENTITY'S NATIONAL PROVIDER IDENTIFIER (NPI)	DD	ASSISTANT SURGEON
02029	MISSING PRESCRIBING NPI	562	ENTITY'S NATIONAL PROVIDER IDENTIFIER (NPI)	1P	PROVIDER
02030	INVALID BILLING NPI	562	ENTITY'S NATIONAL PROVIDER IDENTIFIER (NPI)	85	BILLING PROVIDER
02031	INVALID GROUP NPI	562	ENTITY'S NATIONAL PROVIDER IDENTIFIER (NPI)	QV	GROUP PRACTICE
02032	INVALID REFERRING NPI	562	ENTITY'S NATIONAL PROVIDER IDENTIFIER (NPI)	DN	REFERRING PROVIDER
02033	INVALID ATTENDING NPI	562	ENTITY'S NATIONAL PROVIDER IDENTIFIER (NPI)	71	ATTENDING PHYSICIAN
02034	INVALID OPERATING NPI	562	ENTITY'S NATIONAL PROVIDER IDENTIFIER (NPI)	72	OPERATING PHYSICIAN
02035	INVALID RENDERING NPI	562	ENTITY'S NATIONAL PROVIDER IDENTIFIER (NPI)	82	RENDERING PROVIDER
02036	INVALID SUPERVISING NPI	562	ENTITY'S NATIONAL PROVIDER IDENTIFIER (NPI)	DQ	SUPERVISING PHYSICIAN
02037	INVALID OTHER NPI	562	ENTITY'S NATIONAL PROVIDER IDENTIFIER (NPI)	73	OTHER PHYSICIAN
02038	INVALID ASSISTANT SURGEON NPI	562	ENTITY'S NATIONAL PROVIDER IDENTIFIER (NPI)	DD	ASSISTANT SURGEON
02039	INVALID PRESCRIBING NPI	562	ENTITY'S NATIONAL PROVIDER IDENTIFIER (NPI)	CK	PHARMACIST

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EDIT NUMBER	EDIT DESCRIPTION	HEALTH CARE CLAIM STATUS CODE	STATUS CODE DESCRIPTION	ENTITY IDENTIFIER CODE	ENTITY ID DESCRIPTION
02040	BILLING MMIS PROVIDER ID CAN NOT BE DERIVED	562	ENTITY'S NATIONAL PROVIDER IDENTIFIER (NPI)	85	BILLING PROVIDER
02041	GROUP MMIS PROVIDER ID CAN NOT BE DERIVED	562	ENTITY'S NATIONAL PROVIDER IDENTIFIER (NPI)	1T	PHYSICIAN, CLINIC OR GROUP PRACTICE
02042	REFERRING MMIS PROVIDER ID CAN NOT BE DERIVED	562	ENTITY'S NATIONAL PROVIDER IDENTIFIER (NPI)	DN	REFERRING PROVIDER
02043	ATTENDING MMIS PROVIDER ID CAN NOT BE DERIVED	562	ENTITY'S NATIONAL PROVIDER IDENTIFIER (NPI)	71	ATTENDING PHYSICIAN
02044	OPERATING MMIS PROVIDER ID CAN NOT BE DERIVED	562	ENTITY'S NATIONAL PROVIDER IDENTIFIER (NPI)	72	OPERATING PHYSICIAN
02045	RENDERING MMIS PROVIDER ID CAN NOT BE DERIVED	562	ENTITY'S NATIONAL PROVIDER IDENTIFIER (NPI)	82	RENDERING PROVIDER
02046	SUPERVISING MMIS PROVIDER ID CAN NOT BE DERIVED	562	ENTITY'S NATIONAL PROVIDER IDENTIFIER (NPI)	DQ	SUPERVISING PHYSICIAN
02047	OTHER MMIS PROVIDER ID CAN NOT BE DERIVED	562	ENTITY'S NATIONAL PROVIDER IDENTIFIER (NPI)	73	OTHER PHYSICIAN
02048	ASSISTANT SURGEON MMIS PROVIDER ID CAN NOT BE DERIVED	562	ENTITY'S NATIONAL PROVIDER IDENTIFIER (NPI)	DD	ASSISTANT SURGEON
02049	PRESCRIBING MMIS PROVIDER ID CAN NOT BE DERIVED	562	ENTITY'S NATIONAL PROVIDER IDENTIFIER (NPI)	1P	PROVIDER
02050	INVALID NPI AND MMIS BILLING PROVIDER ID COMBINATION	562	ENTITY'S NATIONAL PROVIDER IDENTIFIER (NPI)	85	BILLING PROVIDER
02051	INVALID NPI AND MMIS GROUP PROVIDER COMBINATION	562	ENTITY'S NATIONAL PROVIDER IDENTIFIER (NPI)	1T	PHYSICIAN, CLINIC OR GROUP PRACTICE
02052	INVALID NPI AND MMIS REFERRING PROVIDER ID COMBINATION	562	ENTITY'S NATIONAL PROVIDER IDENTIFIER (NPI)	DN	REFERRING PROVIDER
02053	INVALID NPI AND MMIS ATTENDING PROVIDER ID COMBINATION	562	ENTITY'S NATIONAL PROVIDER IDENTIFIER (NPI)	71	ATTENDING PHYSICIAN

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EDIT NUMBER	EDIT DESCRIPTION	HEALTH CARE CLAIM STATUS CODE	STATUS CODE DESCRIPTION	ENTITY IDENTIFIER CODE	ENTITY ID DESCRIPTION
02054	INVALID NPI AND MMIS OPERATING PROVIDER ID COMBINATION	562	ENTITY'S NATIONAL PROVIDER IDENTIFIER (NPI)	72	OPERATING PHYSICIAN
02055	INVALID NPI AND MMIS RENDERING PROVIDER ID COMBINATION	562	ENTITY'S NATIONAL PROVIDER IDENTIFIER (NPI)	82	RENDERING PROVIDER
02056	INVALID NPI AND MMIS SUPERVISING PROVIDER ID COMBINATION	562	ENTITY'S NATIONAL PROVIDER IDENTIFIER (NPI)	DQ	SUPERVISING PHYSICIAN
02057	INVALID NPI AND MMIS OTHER PROVIDER ID COMBINATION	562	ENTITY'S NATIONAL PROVIDER IDENTIFIER (NPI)	73	OTHER PHYSICIAN
02058	INVALID NPI AND MMIS ASSISTANT SURGEON PROVIDER ID COMBINATION	562	ENTITY'S NATIONAL PROVIDER IDENTIFIER (NPI)	DD	ASSISTANT SURGEON
02059	MEDICAID DAYS INVALID ON CLAIMS WITH MEDICARE HMO DAYS, REBILL SEPARATELY	585	DENIED CHARGE OR NON-COVERED CHARGE		
02060	PRESCRIPTION SERIAL NUMBER REPORTED AS MISSING/STOLEN	219	PRESCRIPTION NUMBER		
02061	PRESCRIPTION SERIAL NUMBER CANNOT BE ADJUSTED	219	PRESCRIPTION NUMBER		
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	54	DUPLICATE OF A PREVIOUSLY PROCESSED CLAIM/LINE		
02066	DRUG CODE MISSING	218	NDC NUMBER		
02067	ATTENDING PROVIDER NOT LINKED TO BILLING PROVIDER	677	ENTITY NOT AFFILIATED	71	ATTENDING PHYSICIAN

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EDIT NUMBER	EDIT DESCRIPTION	HEALTH CARE CLAIM STATUS CODE	STATUS CODE DESCRIPTION	ENTITY IDENTIFIER CODE	ENTITY ID DESCRIPTION
02068	PROVIDER RATE FOUND WITHOUT MATCHING ZIP/LOCATOR CODE	109	ENTITY NOT ELIGIBLE	1T	PHYSICIAN, CLINIC OR GROUP PRACTICE
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	562	ENTITY'S NATIONAL PROVIDER IDENTIFIER (NPI)	DK	ORDERING PHYSICIAN
02073	OTHER INSURANCE/MEDICARE DATA NOT BALANCE	400	CLAIM IS OUT OF BALANCE		
02074	UNITS GREATER THAN MAXIMUM	476	MISSING OR INVALID UNITS OF SERVICE		
02075	NPI NOT ALLOWED FOR THIS CATEGORY OF SERVICE	562	ENTITY'S NATIONAL PROVIDER IDENTIFIER (NPI)	85	BILLING PROVIDER
02077	MORE LINES ON ADJUSTMENT THAN ORIGINAL	446	SERVICE LINE NUMBER GREATER THAN MAXIMUM ALLOWABLE FOR PAYER.		
02078	DRUG SUBMITTED NOT REBATEABLE	218	NDC NUMBER		
02079	MISSING OR INVALID POA CODE	688	PRESENT ON ADMISSION IND FOR REPORTED DIAG CODE(S)		
02080	APG CLAIM BASE RATE CHANGE TABLE LIMITS REACHED	65	CLAIM/LINE HAS BEEN PAID		
02081	ALL APG LINES PAID ZERO	65	CLAIM/LINE HAS BEEN PAID		
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

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02084	RECIPIENT EXCEPTION MUST = 74 TO BILL THIS RATE	88	ENTITY NOT ELIGIBLE FOR BENEFITS FOR SUBMITTED DATES OF SERVICE	IL	INSURED OR SUBSCRIBER
02085	AFTER HOUR PROCEDURE REQUIRES SECOND SERVICE LINE ON CLAIM	454	PROCEDURE CODE FOR SERVICES RENDERED		
02086	NON-SPECIALTY PHARMACY PROVIDER BILLING FOR SPECIALTY DRUGS	109	ENTITY NOT ELIGIBLE	1Y	RETAIL PHARMACY
02087	INVALID DIAGNOSIS/PROCEDURE COMBINATION	255	DIAGNOSIS CODE.		
02088	CLINIC PROVIDER NOT ALLOWED LMSW/LCSW SERVICES	91	ENTITY NOT ELIGIBLE/NOT APPROVED FOR DATES OF SERVICE.	71	ATTENDING PHYSICIAN
02089	RECIPIENT EXCEPTION MUST = 23 TO BILL THIS RATE	88	ENTITY NOT ELIGIBLE FOR BENEFITS FOR SUBMITTED DATES OF SERVICE	IL	INSURED OR SUBSCRIBER
02090	PROVIDER NOT CERTIFIED ASTHMA EDUCATOR	441	ENTITY PROFESSIONAL QUALIFICATION FOR SERVICE(S)	SJ	SERVICE PROVIDER
02091	PROVIDER NOT CERTIFIED DIABETES EDUCATOR	441	ENTITY PROFESSIONAL QUALIFICATION FOR SERVICE(S)	SJ	SERVICE PROVIDER
02092	AMBULATORY SURGERY PROCEDURE CODE NOT ON ALL SERVICE DATES	91	ENTITY NOT ELIGIBLE/NOT APPROVED FOR DATES OF SERVICE.	1S	OUTPATIENT SURGICENTER
02093	DATE OF SERVICE FOR NHTD WAIVER MONTHLY SERVICE RATE NOT FIRST OF MONTH	187	DATE(S) OF SERVICE.		
02094	NO NYC SERVICES - AMBULETTE	91	ENTITY NOT ELIGIBLE/NOT APPROVED FOR DATES OF SERVICE.	85	BILLING PROVIDER
02095	FAMILY EDUCATION AND TRAINING OVER 18 YRS OLD	158	ENTITY'S DATE OF BIRTH	IL	INSURED OR SUBSCRIBER
02096	PARTIAL UNIT BILLING NOT ALLOWED	476	MISSING OR INVALID UNITS OF SERVICE		
02097	GROUP OR INDIVIDUAL DAY HAB BILLED ON WEEKEND	187	DATE(S) OF SERVICE.		

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02098	MEDICARE/OTHER INSURANCE AMOUNTS INVALID	286	OTHER PAYER'S EXPLANATION OF BENEFITS/PAYMENT INFORMATION		
02099	BREAST CANCER SURGERIES NOT REIMBURSED FOR FACILITY	84	SERVICE NOT AUTHORIZED		
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	FA	FACILITY
02102	NFP RATE CODE INAPPROPRIATE FOR CLIENT	109	ENTITY NOT ELIGIBLE	QC	PATIENT
02103	SERIOUS ADVERSE EVENT IS NOT REIMBURSED FOR THE ENTIRE STAY	84	SERVICE NOT AUTHORIZED	80	HOSPITAL
02104	RATE CODE IMPLIES SERIOUS ADVERSE EVENT DURING A STAY	84	SERVICE NOT AUTHORIZED	80	HOSPITAL
02105	PROVIDER IS NOT VALID FOR BARIATRIC SURGERY FOR OBESITY	25	ENTITY NOT APPROVED.	85	BILLING PROVIDER
02106	DIAGNOSIS CANNOT BE BILLED AS PRIMARY	254	PRIMARY DIAGNOSIS CODE	85	BILLING PROVIDER
02107	SERIOUS ADVERSE EVENT RATE CODE NOT ALLOWED ON ORIGINAL CLAIM	84	SERVICE NOT AUTHORIZED	80	HOSPITAL
02108	SMOKING CESSATION COUNSELING (SCC) PROCEDURE INVALID	454	PROCEDURE CODE FOR SERVICES RENDERED		
02109	INVALID DIAGNOSIS/DRUG CODE COMBINATION	488	DIAGNOSIS CODE(S) FOR THE SERVICES RENDERED.		
02110	SERVICING PROVIDER PROFESSION CODE IS NOT ALLOWED FOR CLINIC	441	ENTITY PROFESSIONAL QUALIFICATION FOR SERVICE(S)	71	ATTENDING PHYSICIAN
02111	MEDICARE INTERNAL CONTROL NUMBER MISSING	162	ENTITY'S HEALTH INSURANCE CLAIM NUMBER (HICN)	IN	INSURER
02112	CROSSOVER IS A DUPLICATE OF A CLAIM IN HISTORY	54	DUPLICATE OF A PREVIOUSLY PROCESSED CLAIM/LINE		

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EDIT NUMBER	EDIT DESCRIPTION	HEALTH CARE CLAIM STATUS CODE	STATUS CODE DESCRIPTION	ENTITY IDENTIFIER CODE	ENTITY ID DESCRIPTION
02113	DUPLICATE OF EXISTING CROSSOVER IN HISTORY	54	DUPLICATE OF A PREVIOUSLY PROCESSED CLAIM/LINE		
02114	ZERO PAYMENT ON MEDICARE CROSSOVER CLAIM	104	PROCESSED ACCORDING TO PLAN PROVISIONS (PLAN REFERS TO PROVISIONS THAT EXIST BETWEEN THE HEALTH PLAN AND THE CONSUMER OR PATIENT)		
02115	MEDICARE CROSSOVER CLAIM IS 3 YEARS OLD	718	CLAIM/SERVICE NOT SUBMITTED WITHIN THE REQUIRED TIMEFRAME (TIMELY FILING).		
02116	MISSING PRESCRIPTION ORIGIN CODE	21	MISSING OR INVALID INFORMATION		
02117	INVALID PRESCRIPTION ORIGIN CODE	21	MISSING OR INVALID INFORMATION		
02118	RATE INVALID FOR CLIENT NOT IN MANAGED CARE PLAN	88	ENTITY NOT ELIGIBLE FOR BENEFITS FOR SUBMITTED DATES OF SERVICE	QC	PATIENT
02119	BRAND REQUIRED INSTEAD OF GENERIC EQUIVALENT	382	DID PROVIDER AUTHORIZE GENERIC OR BRAND NAME DISPENSING?		
02126	SPECIALTY PHARMACY PROVIDER BILLING FOR NON-COVERED SPECIALTY DRUGS	109	ENTITY NOT ELIGIBLE.	1Y	RETAIL PHARMACY
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.	QC	PATIENT
02129	NO ORIGINAL PRESCRIPTION FOR REFILL	219	PRESCRIPTION NUMBER		
02130	OBS CLAIM PROVIDER SERVICE LOCATION IS NOT ACCREDITED	138	ENTITY'S SITE ID	85	BILLING PROVIDER
02131	PROVIDER SERVICE LOCATION IS NOT ACCREDITED FOR THE HISTORY OBS CLAIM	249	PLACE OF SERVICE		

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EDIT NUMBER	EDIT DESCRIPTION	HEALTH CARE CLAIM STATUS CODE	STATUS CODE DESCRIPTION	ENTITY IDENTIFIER CODE	ENTITY ID DESCRIPTION
02132	RECIPIENT AGE LT 18, BILLED MLTC RATE CODE INVALID	726	NUBC VALUE CODE AMOUNT(S)		
02133	RATE CODE INVALID FOR DRG CODE	256	DRG CODE(S)		
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		
02137	MEDICARE COVERS 100% - NO PATIENT RESPONSIBILITY REMAINING FOR MEDICAID	85	ENTITY NOT PRIMARY	MR	MEDICAL INSURANCE CARRIER
02138	PHARMACIST NOT AFFILIATED TO PHARMACY	153	ENTITY'S ID NUMBER	CK	PHARMACIST
02139	PSYCHIATRIC RE-ADMISSION CLAIM	394	DATE(S) OF MOST RECENT HOSPITALIZATION RELATED TO SERVICE		
02140	CERTIFIED HOME HEALTH AGENCY VACCINE CLIENT NOT WITHIN AGE LIMITATIONS	475	PROCEDURE CODE NOT VALID FOR PATIENT AGE	IL	
02141	RATE CODE INVALID FOR DETOX DRG CLAIM	726	NUBC VALUE CODE AMOUNT(S)		
02142	MODIFIERS 'GC', 'QK' AND 'AD' CANNOT BE SUBMITTED TOGETHER ON THE SAME LINE	453	PROCEDURE CODE MODIFIER(S) FOR SERVICE(S) RENDERED		
02143	SUBMITTED MINUTES GREATER THAN MAXIMUM MINUTES	251	TOTAL ANESTHESIA MINUTES	N/A	
02144	MEDICARE/MCO PAYER AMOUNTS NOT REASONABLE	182	ALLOWABLE/PAID FROM PRIMARY COVERAGE	IN	INSURER
02145	MUST HAVE MORE THAN ONE NDC FOR A COMPOUND CLAIM	218	NDC NUMBER		
02146	NDC INVALID FOR D.0 COMPOUND CLAIM	218	NDC NUMBER		

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EDIT NUMBER	EDIT DESCRIPTION	HEALTH CARE CLAIM STATUS CODE	STATUS CODE DESCRIPTION	ENTITY IDENTIFIER CODE	ENTITY ID DESCRIPTION
02147	ALL INGREDIENTS OF COMPOUND ARE NOT PAYABLE	218	NDC NUMBER		
02148	DOS FOR WEEKLY RATE NOT ON A MONDAY	187	DATE(S) OF SERVICE		
02150	PATIENT AGE DOES NOT MATCH WITH THE HOME HEALTH RATE	475	PROCEDURE CODE NOT VALID FOR PATIENT AGE	QC	PATIENT
02151	BILL TYPE DIGIT 3 NOT VALID FOR HOME HEALTH PPS CLAIM	535	CLAIM FREQUENCY CODE		
02152	PEND RESOLUTION - STATE REVIEWER DENIED - MANUAL REVIEW	46	INTERNAL REVIEW/AUDIT		
02153	PROS RATE CODE INVALID FOR LTHHCP, TBI AND NHTD PROGRAMS	84	SERVICE NOT AUTHORIZED		
02154	INVALID LOCATOR CODE FOR RECIPIENT COUNTY	153	ENTITY'S ID NUMBER	77	SERVICE LOCATION
02155	SERVICE CONFLICTS WITH PRIOR SERVICE; PAY AND REVERSE THE HISTORY CLAIM.	54	DUPLICATE OF A PREVIOUSLY PROCESSED CLAIM/LINE.		
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).		

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EDIT NUMBER	EDIT DESCRIPTION	HEALTH CARE CLAIM STATUS CODE	STATUS CODE DESCRIPTION	ENTITY IDENTIFIER CODE	ENTITY ID DESCRIPTION
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	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).		
02167	PROFESSIONAL SERVICE INCLUDED IN MEDICAID RATE	46	INTERNAL REVIEW/AUDIT		
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.		
02172	LOW BIRTH WEIGHT "KICK" RATE CLAIM WITH MISSING OR INVALID BIRTH WEIGHT	273	WEIGHT	QC	PATIENT
02173	LOW BIRTH WEIGHT "KICK" RATE CLAIM NOT RECEIVED WITHIN ONE YEAR	188	STATEMENT FROM-THROUGH DATES		
02176	NO RATE CODE ON DIRECT CROSS OVER	726	NUBC VALUE CODE AMOUNT(S)		
02177	INVALID DIAGNOSIS FOR FAMILY PLANNING PROCEDURE	255	DIAGNOSIS CODE		
02178	INVALID DIAGNOSIS/ABORTION CODE COMBINATION	460	NUBC CONDITION CODE(S)		
02180	PT/OT/ST MODIFIER MISSING	453	PROCEDURE CODE MODIFIER(S) FOR SERVICE(S) RENDERED		

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02181	GP, GN, GO CAN'T BE SAME LINE	453	PROCEDURE CODE MODIFIER(S) FOR SERVICE(S) RENDERED		
02182	HOSPITAL LEAVE DAYS HAVE BEEN EXCEEDED FOR THIS CLIENT FOR REIMBURSEMENT PERIOD	498	MAXIMUM LEAVE DAYS EXHAUSTED		
02183	THERAPEUTIC LEAVE DAYS HAVE BEEN EXCEEDED FOR THIS CLIENT FOR REIMBURSEMENT PERIOD	498	MAXIMUM LEAVE DAYS EXHAUSTED		
02184	CLIENT IS NONRESIDENT - THERAPEUTIC AND HOSPITAL LEAVE DAYS ARE NOT ALLOWED	721	NUBC OCCURRENCE SPAN CODE(S)		
02185	UNRELATED E&M CODE DURING POSTOP PERIOD	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	735	THIS SERVICE/CLAIM IS INCLUDED IN THE ALLOWANCE FOR ANOTHER SERVICE OR CLAIM.		
02195	DENIED PER PRIOR PAYER'S ADJUDICATION	286	OTHER PAYER'S EXPLANATION OF BENEFITS/PAYMENT INFORMATION.		

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02196	ASSESSMENT DATE MISSING FOR HH EPS RATE CODE	720	NUBC OCCURRENCE CODE DATE(S)		
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	255	DIAGNOSIS CODE	QC	PATIENT
02205	PREPAID CAPITATION RECIPIENT – LTHHCP NON-MEDICAL SERVICE INAPPROPRIATE FOR ENROLLEE	585	DENIED CHARGE OR NON-COVERED CHARGE		
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	137	PLAN NETWORK ID. NOTE: THIS CODE REQUIRES USE OF AN ENTITY CODE.	85	BILLING PROVIDER
02212	HEALTH HOME RATE CODE - CLIENT DOES NOT HAVE HEALTH HOME PAYMENT WEIGHT ON TABLE	499	NO RATE ON FILE WITH THE PAYER FOR THIS SERVICE FOR THIS ENTITY	QC	PATIENT
02216	REFERRING MMIS PROVIDER ID CAN NOT BE DERIVED	562	ENTITY'S NATIONAL PROVIDER IDENTIFIER (NPI).	DN	REFERRING PROVIDER
02217	ATTENDING MMIS PROVIDER ID CAN NOT BE DERIVED	562	ENTITY'S NATIONAL PROVIDER IDENTIFIER (NPI).	71	ATTENDING PROVIDER
02218	PRESCRIBING MMIS PROVIDER ID CAN NOT BE DERIVED	562	ENTITY'S NATIONAL PROVIDER IDENTIFIER (NPI).	1P	PROVIDER
02219	ORDERING MMIS PROVIDER ID CAN NOT BE DERIVED	562	ENTITY'S NATIONAL PROVIDER IDENTIFIER (NPI).	DK	ORDERING PHYSICIAN

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02220	UNITS GREATER THAN MAXIMUM	258	DAYS/UNITS FOR PROCEDURE/REVENUE CODE.		
02221	SPENDDOWN CLIENT ALC CLAIM – PP CODE 07 NOT FOUND	56	AWAITING ELIGIBILITY DETERMINATION		
02222	SPEND DOWN DATA INCONSISTENT	450	AWAITING SPEND DOWN DETERMINATION		
02223	DELAY REASON CODE 15 (NATURAL DISASTER) INVALID	718	CLAIM/SERVICE NOT SUBMITTED WITHIN THE REQUIRED TIMEFRAME (TIMELY FILING)		
02224	INPATIENT/NURSING HOME DUPLICATE	54	DUPLICATE OF A PREVIOUSLY PROCESSED CLAIM/LINE		
02229	SUBMITTED ICD PROCEDURE CODE IS OBSTETRIC DELIVERY AND CONDITION CODE '82' OR '83' NOT SUBMITTED	460	NUBC CONDITION CODE(S)		
02230	A MIX OF ICD-9 AND ICD-10 SUBMITTED ON SAME CLAIM	255	DIAGNOSIS CODE		
02231	INPATIENT CLAIM CONTAINS ALC DAYS - NEED TO SPLIT BILL	721	NUBC OCCURRENCE SPAN CODE(S)		