



## Claims Preprocessing Edits Claims Resolution Document

Pre-processor rejections		Error descriptions	U277 details				Claims resolution instructions		
A		B	C				D	E	F
CPPS error code	General description	Description reported on the • U277 - STC12 • Rejected Claims Report	Primary status U277 elements		Secondary status U277 elements		837P Loop/data element	HCFA 1500 fields	Error resolutions
			STC01-1	STC01-2	STC10-1	STC10-2			
P0001a	Procedure Code Validation	P0001a Procedure code ___ on service line ___ is invalid. Please correct and resubmit.	A3	21	A3	454	2400.SV101-2	24D	The procedure code submitted on the claim was invalid. The provider must resubmit the claim with a valid procedure code.
P0001b	Procedure Code Validation	P0001b Procedure code ___ on service line ___ is invalid for date of service provided. Please correct and resubmit.	A3	21	A3	454	2400.SV101-2 and date billed in 2400.DTP03 when DTP01 = 472 (Service Line Date) if DTP02 = RD8 (Range of Dates) use first 8 bytes must fall between the procedure code effective and termination dates	24D	The procedure code submitted on the claim was not effective for the service line date on the claim. The provider must resubmit the claim with a valid procedure code that is within the effective and termination date of the procedure code.
P0002a	Modifier Code Validation	P0002a Modifier code ___ on service line ___ is invalid. Please correct and resubmit.	A3	21	A3	453	2400.SV101-3, SV101-4, SV101-5, or SV101-6	24D	The procedure code modifier submitted on the claim was invalid. The provider must resubmit the claim with a valid procedure code modifier.
P0002b	Modifier Code Validation	P0002b Modifier code ___ on service line ___ is invalid for date of service provided. Please correct and resubmit.	A3	21	A3	453	2400.SV101-3, SV101-4, SV101-5, or SV101-6 and date billed in 2400.DTP03 when DTP01 = 472 (Service Line Date) if DTP02 = RD8 (Range of Dates) use first 8 bytes must fall between the modifier code effective and termination dates.	24D	The procedure code modifier submitted on the claim was not effective for the service line date on the claim. The provider must resubmit the claim with a valid procedure code modifier that is within the effective and termination date of the procedure code modifier.
P0003	Procedure/Modifier Code Validation	P0003 Modifier ___ on service line ___ is not valid when billed with procedure code ___; valid modifiers for this procedure are ___. Please correct and resubmit.	A3	21	A3	453	2400.SV101-2 and SV101-3, SV101-4, SV101-5 or SV101-6	24D	The procedure code modifier submitted on the claim can not be billed with the procedure code. The provider must resubmit the claim with a procedure code modifier that is valid with the procedure code submitted on the claim.
P0004a	Diagnosis Code Validation	P0004a Diagnosis code ___ is missing or invalid. Please correct and resubmit.	A3	21	A3	255	2300. HI01-2 when HI01-1 = BK and 2300. HI02-2 – HI08-2 when HI02-1 – HI08-1 = BF	21.1, 21.2, 21.3, or 21.4	The diagnosis code submitted on the claim was invalid. The provider must resubmit the claim with a valid diagnosis code.

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			STC01-1	STC01-2	STC10-1	STC10-2			
P0004b	Diagnosis Code Validation	P0004b Diagnosis code ___ is missing or invalid ___ for date of service provided. Please correct and resubmit.	A3	21	A3	255	2300. HI01-2 when HI01-1 = BK and 2300. HI02-2 – HI08-2 when HI02-1 – HI08-1 = BF and use earliest date billed in 2400.DTP03 when DTP01 = 472 (Service Line Date) if DTP02 = RD8 (Range of Dates) use first 8 bytes must fall between the diagnosis code effective and termination dates.	21.1, 21.2, 21.3, or 21.4	The diagnosis code submitted on the claim was not effective for the service line date on the claim. The provider must resubmit the claim with a valid diagnosis code that is within the effective and termination date of the diagnosis code.
P0005	Service Line Charges Validation	P0005 Charges ___ on service line ___ exceeds \$99,999.99. Please correct and resubmit.	A3	21	A3	178	2400.SV102	24F	The service line charge exceeds \$99,999.99. The provider must resubmit the claim and split the charges into two service lines.
P0006a	Billing Provider Tax ID Validation	P0006a Billing provider tax ID ___ you submitted is not on file. Please correct and resubmit a valid billing provider tax ID.	A3	21	A3	128	2010AA.NM109 when 2010AA.NM108 equals 24 or 34 or 2010AA.REF02 when 2010AA.REF01 equal EI or SY	25	The billing provider tax ID number submitted on the claim is invalid. The provider must resubmit the claim using a valid Tax ID number.
P006b	Billing Provider Tax ID Validation	P0006b Billing provider tax ID not submitted. Please correct and resubmit.	A3	21	A3	128	2010AA.NM109 when 2010AA.NM108 equals 24 or 34 or 2010AA.REF02 when 2010AA.REF01 equal EI or SY	25	The billing provider tax ID was not submitted on the claim. The provider must resubmit the claim using a valid Tax ID number.
P0007a	Billing Provider Number must be 10 digits	P0007a The billing provider ID ___ you submitted is not a 10-digit number. Please correct and resubmit with your 10-digit billing provider ID.	A3	21	A3	153	2010AA.REF02 when REF01 = G2	25	The billing provider ID submitted on the claim was not the valid format. The provider must resubmit the claim with a valid provider ID. This edit is applicable only to AmeriHealth PPO and CMM.



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CPPS error code	General description	Description reported on the • U277 - STC12 • Rejected Claims Report	Primary status U277 elements		Secondary status U277 elements		837P Loop/data element	HCFA 1500 fields	Error resolutions
			STC01-1	STC01-2	STC10-1	STC10-2			
P0007b	Billing Provider Number not valid format	P0007b The billing provider ID ___ you submitted is not valid. Please correct and resubmit a valid billing provider ID.	A3	21	A3	153	2010AA.REF02 when REF01 = G2	33b	The billing provider ID submitted on the claim was not the valid format. The provider must resubmit the claim with a valid provider ID. This edit is applicable only to AmeriHealth PPO and CMM.
P0008a	Billing Provider Number Validation	P0008a Billing provider NPI _____ you submitted is not valid. Either the number submitted is not on file or the 3-digit office location suffix is incorrect. Please correct and resubmit.	A3	21	A3	562	2010AA.NM109 when 2010AA.NM108 equal XX	33a	The billing provider NPI submitted on the claim was not valid. The provider must resubmit the claim with a valid 10-digit corporate ID number for AmeriHealth HMO and Ancillary Facility claims or the PBS number for AmeriHealth PPO and AmeriHealth CMM.
P0008b	Billing Provider Number Validation	P0008b Billing provider ID _____ you submitted is not valid. Either the number submitted is not on file or the 3-digit office location suffix is incorrect. Please correct and resubmit.	A3	21	A3	153	2010AA.REF02 when REF01 = G2	33b	The billing provider ID submitted on the claim was not valid. The provider must resubmit claim with a valid 10-digit corporate ID number for AmeriHealth HMO and Ancillary Facility claims or the PBS number for AmeriHealth PPO and AmeriHealth CMM. We will also accept the 10-digit corporate ID on AmeriHealth PPO and AmeriHealth CMM claims.
P0008c	Billing Provider Number Validation	P0008c No Billing Provider ID submitted. Please correct and resubmit.	A3	21	A3	153	N/A	33b	The billing provider ID was not submitted on the claim. The provider must resubmit the claim with a valid 10 digit corporate ID number for AmeriHealth HMO and Ancillary Facility claims or the PBS number for AmeriHealth PPO and AmeriHealth CMM. We will also accept the 10 digit corporate ID on AmeriHealth PPO and AmeriHealth CMM claims.



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CPPS error code	General description	Description reported on the • U277 - STC12 • Rejected Claims Report	Primary status U277 elements		Secondary status U277 elements		837P Loop/data element	HCFA 1500 fields	Error resolutions
			STC01-1	STC01-2	STC10-1	STC10-2			
P0009	Rendering Provider Number Required	P0009 Rendering provider ID is required at Claim or Line level. Please correct and resubmit.	A3	21	A3	153	2310B.NM109 when NM108 = XX or 2420A.NM109 when NM108 = XX segment must exist	24J	The rendering provider ID was not submitted on the claim. The provider must resubmit with claim with a valid 10-digit corporate ID number for AmeriHealth HMO and Ancillary Facility claims or the PBS number for AmeriHealth PPO and AmeriHealth CMM. We will also accept the 10-digit corporate ID on AmeriHealth PPO and AmeriHealth CMM claims.
P0010a	Rendering Provider Number must be 10 digits	P0010a Rendering provider ID _____ you submitted is not a 10-digit number. Please correct and resubmit with your 10-digit rendering provider ID.	A3	21	A3	153	2310B.REF02 or 2420A.REF02 when REF01 = G2	24J	The rendering provider ID submitted on the claim was not equal to 10 digits. The provider must resubmit with claim with a valid 10-digit corporate ID number for AmeriHealth HMO and Ancillary Facility claims or the PBS number for AmeriHealth PPO and AmeriHealth CMM. We will also accept the 10-digit corporate ID on AmeriHealth PPO and AmeriHealth CMM claims.
P0010b	Rendering Provider Number not valid format	P0010b Rendering provider ID _____ not submitted in valid format. Please correct and resubmit a valid rendering provider ID.	A3	21	A3	153	2310B.REF02 or 2420A.REF02 when REF01 = G2	24J	The rendering provider submitted on the claim was not the valid format. The provider must resubmit the claim with a valid provider ID. This edit is applicable only to AmeriHealth PPO and CMM.
P0011a	Rendering Provider Number Validation	P0011a Rendering provider NPI _____ you submitted is not on file. Please correct and resubmit a valid rendering provider ID.	A3	21	A3	153	2310B.NM109 when NM108 = XX or 2420A.NM109 when NM108 = XX	24J	The rendering provider ID submitted on the claim was not valid. The provider must resubmit the claim with a valid 10-digit corporate ID number AmeriHealth HMO and Ancillary Facility claims or the PBS number for AmeriHealth PPO and AmeriHealth CMM. We will also accept the 10-digit corporate ID on AmeriHealth PPO and AmeriHealth CMM claims.



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CPCS error code	General description	Description reported on the • U277 - STC12 • Rejected Claims Report	Primary status U277 elements		Secondary status U277 elements		837P Loop/data element	HCFA 1500 fields	Error resolutions
			STC01-1	STC01-2	STC10-1	STC10-2			
P0011b	Rendering Provider Number Validation	P0011b Rendering provider ID _____ you submitted is not on file. Please correct and resubmit a valid rendering provider ID.	A3	21	A3	153	2310B.REF02 or 2420A.REF02 when REF01 = G2	24J	The rendering provider ID submitted on the claim was not valid. The provider must resubmit the claim with a valid 10-digit corporate ID number AmeriHealth HMO and Ancillary Facility claims or the PBS number for AmeriHealth PPO and AmeriHealth CMM. We will also accept the 10-digit corporate ID on AmeriHealth PPO and AmeriHealth CMM claims.
P0012a	Billing Provider Number/Tax ID Validation	P0012a Billing Provider Number _____ - Tax ID _____ combination is NOT valid. Please correct and resubmit.	A3	21	A3	128	Billing Provider NPI - 2010AA.NM109 when NM108 =XX or 2010AA.REF02 when REF01 =G2  Tax ID - 2010AA.REF02 when 2010AA.REF01 equal EI or SY or 2010AA.NM109 when 2010AA.NM108 equal 24 or 34	33 for the Billing and 25 for the Tax ID	The billing provider ID does not match the billing provider tax ID submitted on the claim. The provider must resubmit the claim using a billing provider ID that matches the tax ID.
P0012b	Submitted Tax ID does not match Tax ID for selected Corp ID (Billing provider only)	P0012b Billing Provider Tax ID _____ does not match Tax ID for selected Corp ID _____. Please correct and resubmit.	A3	21	A3	128	Billing Provider NPI - 2010AA.NM109 when NM108 =XX or 2010AA.REF02 when REF01 =G2  Tax ID - 2010AA.REF02 when 2010AA.REF01 equal EI or SY or 2010AA.NM109 when 2010AA.NM108 equal 24 or 34	33 for the Billing and 25 for the Tax ID	The billing provider ID does not match the billing provider tax ID submitted on the claim. The provider must resubmit the claim using a billing provider ID that matches the tax ID.
P0013	Billing Provider Number/Rendering Provider Number Combo Validation	P0013 Billing Provider Number _____ Rendering Provider Number _____ on service line _____ is NOT valid. Please correct and resubmit.	A3	21	A3	153	Billing Provider - 2010AA.NM109 when NM108 =XX or 2010AA.REF02 when REF01 =G2  Tax ID - 2010AA.REF02 when 2010AA.REF01 equal EI or SY or 2010AA.NM109 when 2010AA.NM108 equal 24 or 34	33 for the Billing and 24J for the Rendering	The rendering provider ID does not match the billing provider ID submitted on the claim. The provider must resubmit the claim using an individual provider number that matches the billing provider number.



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			STC01-1	STC01-2	STC10-1	STC10-2			
P0014a	Invalid Alpha Prefix	P0014a:EE00 The first three characters in the member ID number submitted were invalid. Please submit the ID number as it appears on the patient's ID card, without spaces, hyphens, dashes, or other special characters.	R1	21	XO	97	2010BA.NM109 or 2010CA.NM109	1A	The plan prefix submitted with the member ID was invalid. Either the plan-prefix was an invalid prefix or the plan prefix was valid but not processed by AmeriHealth and the claim should be forwarded to Highmark for processing. The provider should resubmit the claim with the appropriate member ID or forward the claim to Highmark for processing.
P0014b	Universal Subscriber Identification Number Not Found	P0014b:EE01 The Universal identification number submitted was not valid. Please submit the full 13-character ID as it appears on the patient's card, without spaces, hyphens, dashes, or other special characters.	R1	21	XO	97	2010BA.NM109 or 2010CA.NM109	1A	The member ID submitted on the claim was not valid. The provider must resubmit the claim with a valid member ID as it appears on the patient's ID card.
P0014c	Invalid Contract for NAIC	P0014c:EE02 Based on the member ID number submitted, the patient does not subscribe to a product under the company you submitted the claim to. Please resubmit with a valid member ID for the company specified.	E0	116	N/A	N/A	2010BA.NM109 or 2010CA.NM109 and 2010BB.NM109	1A	The member ID submitted on the claim was not valid based on the NAIC code submitted. Please resubmit the claim with the appropriate NAIC code based on the member's coverage.  <ul style="list-style-type: none"> <li>• 95044 – AmeriHealth HMO</li> <li>• 60061 – AmeriHealth NJ PPO/AH NJ CMM</li> <li>• 93688 – AmeriHealth NJ PPO/AH NJ CMM</li> <li>• SX154 – PASSPORT ADVANTAGE</li> <li>• 60061 – Health Markets</li> </ul> Note: If the provider/vendor is submitting the claims through Emdeon, the provider/vendor should use the Emdeon payer codes. Emdeon will convert the payer codes to our NAIC codes.
P0014d	Active Coverage Not Found for Date(s) of Service	P0014d:EE03 Based on the member ID number submitted, the patient does not have active coverage during the specified date(s) of service.	R1	21	XO	97	2010BA.NM109 or 2010CA.NM109 and 2400.DTP03 when DTP01 = 472	1A	The member's coverage was not active at the time of the service. The provider must resubmit the claim with a valid member ID that was active at the time of service.



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			STC01-1	STC01-2	STC10-1	STC10-2			
P0014e	Member Not Found based on Member ID	P0014e:EE04 Based on the member ID submitted, the patient was not found. Please resubmit the full ID as it appears on the patient's card, including alpha and numeric characters, without spaces, hyphens, dashes, or any special characters.	R1	21	XO	97	2010BA.NM109 or 2010CA.NM109	1A	The member ID submitted on the claim was not valid. The provider must resubmit the claim with a valid member ID as it appears on the patient's ID card.
P0014f	Member Not Found based on Member ID and Date of Birth	P0014f:EE05 Based on the member ID and the patient date of birth submitted, the patient was not found. Please resubmit the full ID as it appears on the patient's ID card and the correct patient date of birth.	R1	21	XO	97	2010BA.NM109 or 2010CA.NM109 and 2010BA.DMG02 or 2010CA.DMG02	1A and 3 - Patient Birth Date	The member ID submitted on the claim was not valid based on the patient's date of birth. The provider must resubmit the claim with the appropriate date of birth for the patient..
P0014g	Member Not Found based on Member ID and Gender	P0014g:EE06 Based on the member ID and the patient gender submitted, the patient was not found. Please resubmit the full ID as it appears on the patient's ID card and the correct patient gender.	R1	21	XO	97	2010BA.NM109 or 2010CA.NM109 and 2010BA.DMG03 or 2010CA.DMG03	1A and 3 - Sex	The member ID submitted on the claim was not valid based on the gender of the patient. The provider must resubmit the claim with the appropriate gender for the patient.
P0014n	Invalid AmeriHealth Patient ID Submitted	P0014n:EA00 The format of the patient's AmeriHealth member ID is invalid. Please resubmit the full ID as it appears on the patient's card, including alpha and numeric characters, without spaces, hyphens, dashes, or other special characters.	R1	21	XO	97	2010BA.NM109 or 2010CA.NM109	1A	The member ID submitted on the claim was not valid. The provider must resubmit the claim with a valid member ID as it appears on the patient's ID card.
P0014o	Invalid AmeriHealth Universal Patient ID Number Format Submitted	P0014o:EA01 The Universal AmeriHealth ID number submitted was not valid. Please submit the full 13-character ID as it appears on the patient's card, including alpha and numeric characters, without spaces, hyphens, dashes, or other special characters.	R1	21	XO	97	2010BA.NM109 or 2010CA.NM109	1A	The member ID submitted on the claim was not valid. The provider must resubmit the claim with a valid member ID as it appears on the patient's ID card.



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			STC01-1	STC01-2	STC10-1	STC10-2			
P0014p	Invalid AmeriHealth Patient ID Number Format Submitted	P0014p:EA02 The AmeriHealth member ID number submitted was not valid. Please submit the full ID as it appears on the patient's card, including alpha and numeric characters, without spaces, hyphens, dashes, or any other special characters.	R1	21	XO	97	2010BA.NM109 or 2010CA.NM109	1A	The member ID submitted on the claim was not valid. The provider must resubmit the claim with a valid member ID as it appears on the patient's ID card.
P0014q	Invalid AmeriHealth Patient ID Number Format Submitted	P0014q:EA03 The AmeriHealth member ID submitted was not valid. Please submit the full ID as it appears on the patient's card, including alpha and numeric characters, without spaces, hyphens, dashes, or any other special characters.	R1	21	XO	97	2010BA.NM109 or 2010CA.NM109	1A	The member ID submitted on the claim was not valid. The provider must resubmit the claim with a valid member ID as it appears on the patient's ID card.
P0014r	Invalid AmeriHealth SSN Patient ID Number Format Submitted	P0014r:EA04 The AmeriHealth Patient SSN submitted was not valid. Please submit the full ID as it appears on the patient's card, including alpha and numeric characters, without spaces, hyphens, dashes, or special characters.	R1	21	XO	97	2010BA.NM109 or 2010CA.NM109	1A	The SSN submitted on the claim was not valid. The provider must resubmit the claim with a valid member ID as it appears on the patient's card.
P0014s	AmeriHealth Patient ID Number Submitted not an AmeriHealth Inc. contract	P0014s:EA05 The Patient ID number submitted is not on file at AmeriHealth, Inc. Please resubmit with a valid AmeriHealth Member ID or contact your submitter or clearinghouse to correctly submit the claim.	E0	116	N/A	N/A	2010BA.NM109 or 2010CA.NM109	1A	The member ID submitted on the claim was not valid. The provider must resubmit the claim with a valid member ID as it appears on the patient's ID card.
P0014t	AmeriHealth Patient ID Alpha Prefix Submitted not an AmeriHealth Inc. contract	P0014t:EA06 The patient is not on file at AmeriHealth, Inc. Please submit the ID that appears on the patient's card, include alpha and numeric characters, without spaces, hyphens, or special characters. Verify the patient has not received a new ID card.	R1	21	XO	97	2010BA.NM109 or 2010CA.NM109	1A	The member ID submitted on the claim was not valid. The provider must resubmit the claim with a valid member ID as it appears on the patient's ID card.



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P0014v	Invalid Patient ID Submitted	P0014v:EP00 The format of the patient's Member ID is invalid. Please resubmit the full ID as it appears on the patient's card, including alpha and numeric characters, without spaces, hyphens, dashes, or other special characters.	R1	21	XO	97	2010BA.NM109 or 2010CA.NM109	1A	The member ID submitted on the claim was not valid. The provider must resubmit the claim with a valid member ID as it appears on the patient's ID card.
P0014w	Invalid Universal Patient ID Number Format Submitted	P0014w:EP01 The Universal Patient ID number submitted was not valid. Please submit the full 13-character ID as it appears on the patient's card, including alpha and numeric characters, without spaces, hyphens, dashes, or other special characters.	R1	21	XO	97	2010BA.NM109 or 2010CA.NM109	1A	The member ID submitted on the claim was not valid. The provider must resubmit the claim with a valid member ID as it appears on the patient's ID card.
P0014x	Invalid Patient ID Number Format Submitted	P0014x:EP02 The Member ID number submitted was not valid. Please submit the full ID as it appears on the patient's card, including alpha and numeric characters, without spaces, hyphens, dashes, or any other special characters.	R1	21	XO	97	2010BA.NM109 or 2010CA.NM109	1A	The member ID submitted on the claim was not valid. The provider must resubmit the claim with a valid member ID as it appears on the patient's ID card..
P0014y	Invalid Patient ID Number Format Submitted	P0014y:EP03 The Member ID submitted was not valid. Please submit the full ID as it appears on the patient's card, including alpha and numeric characters, without spaces, hyphens, dashes, or any other special characters.	R1	21	XO	97	2010BA.NM109 or 2010CA.NM109	1A	The member ID submitted on the claim was not valid. The provider must resubmit the claim with a valid member ID as it appears on the patient's ID card.
P0014z	Invalid SSN Patient ID Number Format Submitted	P0014z:EP04 The Patient SSN submitted was not valid. Please submit the full ID as it appears on the patient's card, including alpha and numeric characters, without spaces, hyphens, dashes, or special characters.	R1	21	XO	97	2010BA.NM109 or 2010CA.NM109	1A	The SSN submitted on the claim was not valid. The provider must resubmit the claim with a valid member ID as it appears on the patient's ID card.



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			STC01-1	STC01-2	STC10-1	STC10-2			
P0014aa	Member ID not on file	P0014aa:EP05 The Patient's ID number submitted is not on file. Please resubmit with a valid Member ID or contact your submitter or clearinghouse to correctly submit the claim.	E0	116	N/A	N/A	2010BA.NM109 or 2010CA.NM109	1A	The member ID submitted on the claim was not valid. The provider must resubmit the claim with a valid member ID as it appears on the patient's ID card.
P0014ab	Member ID not on file	P0014ab:EP06 The patient is not on file. Please submit the ID that appears on the patient's card, including alpha and numeric characters, without spaces, hyphens, dashes, or other special characters.	E0	116	N/A	N/A	2010BA.NM109 or 2010CA.NM109	1A	The member ID submitted on the claim was not valid. The provider must resubmit the claim with a valid member ID as it appears on the patient's ID card.
P0014ac	Based on the Member ID, the claim should be submitted to Highmark	P0014ac:EE07 Based on the submitted Member ID, the claim should be processed at Highmark. Please resubmit the claim to Highmark for processing.	R1	21	XO	97	2010BA.NM109 or 2010CA.NM109	1A	The member ID submitted on the claim was not valid. The provider must resubmit the claim with a valid member ID as it appears on the patient's ID card.
P0014ad	Independence Administration Eligibility Validation (Electronic Claim)	P0014ad: Based on the submitted Member ID, the claim should be processed at Independence Administrators. Please resubmit claim to IA with NAIC code TA720 in GS03.	R1	21	XO	97	2010BA.NM109 or 2010CA.NM109	1A	The member ID submitted on the claim indicates that the member has Independence Administrators coverage. The provider must resubmit the 837P transaction to Independence Administrators with GS03 equal to TA720 and the 2010BB.NM109 (payer code) equal to TA720.
P0014ae	Independence Administration Eligibility Validation (Paper Claim)	P0014ae: Based on the submitted Member ID, the claim should be processed at Independence Administrators. Please send claims to PO Box 1010 Horsham, PA 19044.	R1	21	XO	97	2010BA.NM109 or 2010CA.NM109	1A	The member ID submitted on the claim indicates that the member has Independence Administrators coverage. The provider must resubmit the claim to Independence Administrators, PO Box 1010, Horsham, PA 19044.



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			STC01-1	STC01-2	STC10-1	STC10-2			
P0015a	Independence Administration Payer Code Validation	P0015a Based on the submitted NAIC code, the claim should be processed at Independence Administrators. Please ensure to submit NAIC code "TA720" in "GS03" for appropriate processing.	A3	21	A3	153	2010BB.NM109	N/A	<p>The payer code submitted on the claim is not valid for AmeriHealth. The provider must resubmit the claim to Independence Administrators. GS03 must equal TA720 in order for the claim to be routed to Independence Administrators.</p> <p>Or if the incorrect payer code was submitted on the claim, the provider must resubmit the claim with the appropriate NAIC code that is applicable to the LOB submitted on the claim.</p> <ul style="list-style-type: none"> <li>• 95044 – AmeriHealth HMO</li> <li>• 60061 – AmeriHealth NJ PPO/ AmeriHealth NJ CMM</li> <li>• 93688 – AmeriHealth NJ PPO/ AH NJ CMM</li> <li>• SX154 – PASSPORT ADVANTAGE</li> <li>• 62295 – Health Markets</li> </ul> <p>Note: If the provider/vendor is submitting the claims through Emdeon, the provider/vendor should use the Emdeon payer codes. Emdeon will convert the payer codes to our NAIC codes.</p>
P0015b	Payer Code Validation	P0015b The payer code _____ you submitted is missing or invalid. Please correct and resubmit.	A3	21	A3	153	2010BB.NM109	N/A	<p>The payer code submitted on the claim is not valid for AmeriHealth. The provider must resubmit the claim with the appropriate NAIC code that is applicable to the LOB submitted on the claim.</p> <ul style="list-style-type: none"> <li>• 95044 – AmeriHealth HMO</li> <li>• 60061 – AmeriHealth NJ PPO/ AmeriHealth NJ CMM</li> <li>• 93688 – AmeriHealth NJ PPO/AH NJ CMM</li> <li>• SX154 – PASSPORT ADVANTAGE</li> <li>• 72295 – Health Markets</li> </ul> <p>Note: If the provider/vendor is submitting the claims through Emdeon, the provider/vendor should use the Emdeon payer codes. Emdeon will convert the payer codes to our NAIC codes.</p>



# Claims Preprocessing Edits Claims Resolution Document

Pre-processor rejections		Error descriptions	U277 details				Claims resolution instructions		
A		B	C				D	E	F
CPPS error code	General description	Description reported on the • U277 - STC12 • Rejected Claims Report	Primary status U277 elements		Secondary status U277 elements		837P Loop/data element	HCFA 1500 fields	Error resolutions
			STC01-1	STC01-2	STC10-1	STC10-2			
P0016b	Missing Adjustment Note Description	P0016b When CLM05-3 is populated with 6, 7, or 8 indicating an adjustment request, the claim note segment is required. Please correct and resubmit.	A3	21	N/A	N/A	2300.NTE	N/A	The claim note is required with CLM05-3 equals 6, 7, or 8 because this indicates adjustment request. The provider must resubmit the claim with the claim note. NTE01 must equal ADD and NTE01 must provide details explaining why the claim must be adjusted.
P0017	Claim Filing Indicator Validation	P0017 Claim Filing Indicator ____ is invalid. Valid claim filing indicators are BL and CI. Please correct and resubmit.	A3	21	N/A	N/A	2000B.SBR09	N/A	The claim filing indicator on the claim is not valid when submitting an AmeriHealth claim. The provider must submit the appropriate indicator.  • CI when submitting AmeriHealth or Passport Advantage claims
P0018	Place of Service Code Validation	P0018 The place of service ____ on service line ____ is missing or invalid. Please correct and resubmit the claim.	A3	21	A3	249	2400.SV105	24B	The place of service code on the claim is invalid. The provider must resubmit the claim with a valid place of service code.
P0019	Facility Type Code Validation	P0019 The facility type code ____ is missing or Invalid. Please correct and resubmit.	A3	21	A3	249	2300.CLM05-1	24B	The facility type code on the claim is invalid. The provider must resubmit the claim with a valid place of service code. The facility type code is the same as the place of service code.
P0020	Claim Frequency Code Validation	P0020 The claim frequency type code ____ is missing or invalid. Please correct and resubmit.	A3	21	A3	535	2300.CLM05-3	N/A	The claim frequency type code on the claim is invalid. The provider must resubmit the claim with a valid claim frequency type code.
P0021	Unit Field Validation	P0021 Unit field is null or zero ____ for service line _____. Please correct and resubmit.	A3	21	A3	476	2400.SV104	24G	The unit(s) submitted on the service line is invalid. The claim contains zero is not an allowable value. The provider must resubmit the claim with a valid unit count.
P0022	Procedure Code Modifier units validation	P0022 Multiple units ____ not allowed with this modifier _____. Please correct and resubmit.	A3	21	A3	476	2400.SV101-3, SV101-4, SV101-5 or SV101-6 equal "50" and 2400.SV104 is greater than "1"	24D equal "50" and 24G greater than "1"	The provider submitted an invalid unit count with the submission of modifier "50." The only allowable unit count is "1." Provider must resubmit the claim with the appropriate values.

Pre-processor rejections		Error descriptions	U277 details				Claims resolution instructions		
A		B	C				D	E	F
CPPS error code	General description	Description reported on the • U277 - STC12 • Rejected Claims Report	Primary status U277 elements		Secondary status U277 elements		837P Loop/data element	HCFA 1500 fields	Error resolutions
			STC01-1	STC01-2	STC10-1	STC10-2			
P0023a	Global Radiology and Laboratory Service Facility - Missing Facility Information	P0023a The service facility name, address and provider ID is required to process the claim. Please correct and resubmit.	A3	21	A3	153	2310D	32	The provider did not submit the service facility name, address, or provider ID. The provider must resubmit the claim with the appropriate information.
P0023b	Global Radiology and Laboratory Service Facility - Invalid Facility Number	P0023b The service facility provider ID ___ you submitted is not a 10-digit number. Please correct and resubmit with your 10-digit service facility provider ID.	A3	21	A3	153	2310D.REF02	32	The service facility provider ID submitted on the claim was not equal to 10 digits. The provider must resubmit the claim with a valid 10-digit corporate ID number.
P0023c	Global Radiology and Laboratory Service Facility - Invalid Facility Number	P0023c The service facility provider ID ___ is invalid. Please correct and resubmit.	A3	21	A3	153	2310D.REF02	32	The service facility provider ID submitted on the claim was invalid. The provider must resubmit the claim with the appropriate service facility provider ID.
P0023e	Global Radiology and Laboratory Service Facility - Facility invalid for reported services	P0023e The service facility provider ID ___ is not valid for reported services. Please correct and resubmit.	A3	21	A3	153	2310D.REF02	32	The service facility provider ID submitted on the claim was invalid for services submitted. The provider must resubmit the claim with the appropriate service facility provider ID.
P0024a	RAP Service Facility & Unidentified Provider - Missing Facility information	P0024a The service facility name, address and provider ID is required to process the claim. Please correct and resubmit.	A3	21	A3	153	2310D/REF02	32	The provider did not submit the service facility name, address, or provider ID. The provider must resubmit the claim with the appropriate information.
P0024b	RAP Service Facility & Unidentified Provider - Invalid Facility Number	P0024b The service facility provider ID ___ is invalid. Please correct and resubmit.	A3	21	A3	153	2310D	32	The service facility provider ID submitted on the claim was invalid. The provider must resubmit the claim with the appropriate service facility provider ID.

Pre-processor rejections		Error descriptions	U277 details				Claims resolution instructions		
A		B	C				D	E	F
CPPS error code	General description	Description reported on the • U277 - STC12 • Rejected Claims Report	Primary status U277 elements		Secondary status U277 elements		837P Loop/data element	HCFA 1500 fields	Error resolutions
			STC01-1	STC01-2	STC10-1	STC10-2			
P0025	Missing Billing Provider Secondary Identification Number	P0025 The billing provider secondary reference number is missing. Please correct and resubmit.	A3	21	A3	153	2010.REF	N/A	The provider did not submit the Billing Provider Secondary Reference Segment. The Billing Provider Secondary Reference Segment should contain the provider's AmeriHealth billing provider number. The provider must resubmit the claim with the appropriate information.
P0026a	Invalid Billing Provider Number Qualifier	P0026a Billing Provider Tax ID _____ is required and was not received. Please correct and resubmit.	A3	21	A3	128	2010AA.REF01 does not equal EI or SY	25	The provider submitted a qualifier that is not recognized by AmeriHealth as being a billing provider Tax ID number. The provider must resubmit the claim with the appropriate qualifier.  EI - Employer's Identification Number SY - Social Security Number
P0026b	Invalid Billing Provider Number Qualifier	P0026b The Billing Provider secondary reference qualifier is invalid. Please correct and resubmit.	A3	21	A3	153	2010AA.REF01 does not equal G2	N/A	The provider submitted a qualifier that is not recognized by AmeriHealth. The provider must resubmit the claim with the appropriate qualifier.  G2 = AmeriHealth
P0027	Diagnosis code not billed at highest level of specificity	P0027a The diagnosis code ____ not billed at highest level of specificity. Please correct and resubmit.	A3	21	A3	255	2300. HI01-2 when HI01-1 = BK and 2300. HI02-2 – HI08-2 when HI02-1 – HI08-1 = BF	21.1, 21.2, 21.3 or 21.4	The diagnosis code submitted on the claim was not at the highest level of specificity. There is a diagnosis code that is more specific. The provider must resubmit the claim with a valid diagnosis code.
P0032a	Invalid Subscriber Date of Birth	P0032a The subscriber date of birth ____ is either after the file creation date or prior to 1900. Please correct and resubmit.	A3	21	A3	510	2010BA.DMG02	3	The provider submitted an invalid date. The date is either after the GS04 (file creation date) or the year was on or before 1900. The provider must resubmit the claim using the appropriate date.
P0032b	Invalid Patient Date of Birth	P0032b The patient date of birth ____ is either after the file creation date or prior to 1900. Please correct and resubmit.	A3	21	A3	510	2010CA.DMG02	3	The provider submitted an invalid date. The date is either after the GS04 (file creation date) or the year was on or before 1900. The provider must resubmit the claim using the appropriate date.

Pre-processor rejections		Error descriptions	U277 details				Claims resolution instructions		
A		B	C				D	E	F
CPPS error code	General description	Description reported on the • U277 - STC12 • Rejected Claims Report	Primary status U277 elements		Secondary status U277 elements		837P Loop/data element	HCFA 1500 fields	Error resolutions
			STC01-1	STC01-2	STC10-1	STC10-2			
P0032c	Invalid Onset of Current Illness Date	P0032c The initial onset of current illness/symptom date ___ is either after the file creation date or prior to 1900. Please correct and resubmit.	A3	21	A3	510	2300.DTP03 when DTP01 = 431	N/A	The provider submitted an invalid date. The date is either after the GS04 (file creation date) or the year was on or before 1900. The provider must resubmit the claim using the appropriate date.
P0032d	Invalid Similar Illness Date	P0032d The similar illness/symptom onset date ___ is either after the file creation date or prior to 1900. Please correct and resubmit.	A3	21	A3	510	2300.DTP03 when DTP01 = 438 (repeats 10 times)	N/A	The provider submitted an invalid date. The date is either after the GS04 (file creation date) or the year was on or before 1900. The provider must resubmit the claim using the appropriate date.
P0032e	Invalid Disability Begin Date	P0032e The disability begin date ___ is either after the file creation date or prior to 1900. Please correct and resubmit.	A3	21	A3	510	2300.DTP03 when DTP01 = 360 (repeats 5 times)	16	The provider submitted an invalid date. The date is either after the GS04 (file creation date) or the year was on or before 1900. The provider must resubmit the claim using the appropriate date.
P0032f	Invalid Admission Date	P0032f The admission date ___ is either after the file creation date or prior to 1900. Please correct and resubmit.	A3	21	A3	510	2300.DTP03 when DTP01 = 435	18	The provider submitted an invalid date. The date is either after the GS04 (file creation date) or the year was on or before 1900. The provider must resubmit the claim using the appropriate date.
P0032g	Invalid Discharge Date	P0032g The discharge date ___ is either after the file creation date or prior to 1900. Please correct and resubmit.	A3	21	A3	510	2300.DTP03 when DTP01 = 096	18	The provider submitted an invalid date. The date is either after the GS04 (file creation date) or the year was on or before 1900. The provider must resubmit the claim using the appropriate date.
P0032h	Invalid Other Insured Date of Birth	P0032h The other insured date of birth ___ is either after the file creation date or prior to 1900. Please correct and resubmit.	A3	21	A3	510	2320.DMG02 (repeats up to 10 times)	9B	The provider submitted an invalid date. The date is either after the GS04 (file creation date) or the year was on or before 1900. The provider must resubmit the claim using the appropriate date.
P0032i	Invalid Service Line Date	P0032i The date of service ___ on service line ___ is either after the file creation date or prior to 1900. Please correct and resubmit.	A3	21	A3	510	2400.DTP03 when DTP01 = 472	24A	The provider submitted an invalid date. The date is either after the GS04 (file creation date) or the year was on or before 1900. The provider must resubmit the claim using the appropriate date.



## Claims Preprocessing Edits Claims Resolution Document

Pre-processor rejections		Error descriptions	U277 details				Claims resolution instructions		
A		B	C				D	E	F
CPPS error code	General description	Description reported on the • U277 - STC12 • Rejected Claims Report	Primary status U277 elements		Secondary status U277 elements		837P Loop/data element	HCFA 1500 fields	Error resolutions
			STC01-1	STC01-2	STC10-1	STC10-2			
P0032j	Invalid Disability End Date	P0032j The disability end date ___ is either after the file creation date or prior to 1900. Please correct and resubmit.	A3	21	A3	510	2300.DTP03 when DTP01 = 361 (repeats 5 times)	16	The provider submitted an invalid date. The date is either after the GS04 (file creation date) or the year was on or before 1900. The provider must resubmit the claim using the appropriate date.
P0033b	Invalid Place of Service for Ancillary claim	P0033b The place of service ___ you submitted is invalid for an ancillary claim. Please correct and resubmit.	A3	21	A3	249	2400.SV105 or 2300.CLM05-1 and 2010AA.REF or 2420A.REF when REF01 = G2	24B	The place of service on the claim is not valid for the ancillary provider type submitted on the claim. The provider must submit a valid place of service that is applicable for the Ancillary Provider.  <u>Place of Service Ancillary Provider Type</u> 12 - HI (Home Infusion) 12 - DM (Durable Medical Equip) 31 - DM (Durable Medical Equip) 32 - DM (Durable Medical Equip) 33 - DM (Durable Medical Equip) 65 - DM (Durable Medical Equip) 12 - NU (Private Duty Nursing) 41 - AU (Ambulance) 42 - AU (Ambulance)
P0033c	Procedure code not valid for Billing Provider on Ancillary claim	P0033c The procedure code ___ on service line ___ is not valid for billing provider. Please correct and resubmit.	A3	21	A3	507	2400.SV101-2 and 2010AA.REF or 2420A.REF when REF01 = G2	24D	The procedure code on the claim is not valid based on the Ancillary provider type. The provider must submit a valid procedure code that is applicable for the Ancillary Provider.
P0033d	NDC code required for Home Infusion claim	P0033d The NDC code is required for procedure code ___ on service line ___ for claims processing. Please correct and resubmit the claim.	A3	21	A3	218	2410.LIN03	24	The claim was submitted without the NDC code for a Home Infusion provider. If the procedure code begins with a "B" or "J" and if the procedure codes 90399, 90749, or Q4096 is submitted on the claim, the NDC code is required. The provider must resubmit the claim with a valid NDC code.

Pre-processor rejections		Error descriptions	U277 details				Claims resolution instructions		
A		B	C				D	E	F
CPPS error code	General description	Description reported on the • U277 - STC12 • Rejected Claims Report	Primary status U277 elements		Secondary status U277 elements		837P Loop/data element	HCFA 1500 fields	Error resolutions
			STC01-1	STC01-2	STC10-1	STC10-2			
P0033e	NDC Code Validation for Home Infusion claim	P0033e NDC Code ___ submitted on service line ___ is not the correct format. Please correct and resubmit the claim	A3	21	A3	218	2410.LIN03	24	The claim was submitted with a NDC code that was not in the correct format. An NDC code should be submitted with numeric values only, with or without hyphens. For example: 08363776501 or 08363-7765-01. NDC codes submitted with spaces, periods, or any other characters will not be accepted. The provider must resubmit the claim with a valid NDC code.
P0033f	NDC Code Validation for Home Infusion claim	P0033f NDC Code ___ submitted on service line ___ is not 11 digits in length. Please correct and resubmit the claim.	A3	21	A3	218	2410.LIN03	24	The claim was submitted with a NDC code that was either greater or less than 11 digits. Hyphens are not included with in the count of the NDC codes. The provider must resubmit the claim with a valid NDC code.
P0033g	NDC Code Validation for Home Infusion claim	P0033g NDC Code ___ submitted on service line ___ not valid. Please correct and resubmit the claim.	A3	21	A3	218	2410.LIN03	24	The claims was submitted with an invalid NDC code. The provider must resubmit the claim with a valid NDC code.
P0034a	Missing OPL adjustment information	P0034a When SBR09 is "S" (Secondary) or "T" (Tertiary), the other payer liability adjustment information is required. Please correct and resubmit.	A3	21	A3	171	2320.CAS or 2430.CAS	N/A	The claim was submitted without the required data elements that are needed to adjudicate an Other Party Liability (OPL) claim. The provider must resubmit the claim with the appropriate data.
P0034b	Missing OPL paid amount	P0034b When SBR09 is "S" (Secondary) or "T" (Tertiary), the other payer liability paid amount is required. Please correct and resubmit.	A3	21	A3	171	2320.AMT02 when AMT01 = D	N/A	The Payer Amount Paid is required when SBR01 is "S" (Secondary) or "T" (Tertiary). These indicators denote that another payer paid the claim. The Provider must resubmit the claim with the appropriate data.
P0034c	Missing OPL patient responsibility amount	P0034c When SBR09 is "S" (Secondary) or "T" (Tertiary), the other payer liability paid amount is required. Please correct and resubmit.	A3	21	A3	171	2320.AMT02 when AMT01 = F2	N/A	The "Patient Responsibility Amount" is required when SBR01 is "S" (Secondary) or "T" (Tertiary). These indicators denote that another payer paid the claim. The provider must resubmit the claim with the appropriate data.



## Claims Preprocessing Edits Claims Resolution Document

Pre-processor rejections		Error descriptions	U277 details				Claims resolution instructions		
A		B	C				D	E	F
CPCS error code	General description	Description reported on the • U277 - STC12 • Rejected Claims Report	Primary status U277 elements		Secondary status U277 elements		837P Loop/data element	HCFA 1500 fields	Error resolutions
			STC01-1	STC01-2	STC10-1	STC10-2			
P0034d	Missing OPL entity name or organization information	P0034d When SBR09 is "S" (Secondary) or "T" (Tertiary), the other payer name is required. Please correct and resubmit.	A3	21	A3	171	2320.NM1	9 & 9A	The "Other Payers Information" is required when SBR01 is "S" (Secondary) or "T" (Tertiary). These indicators denote that another payer paid the claim. The provider must resubmit the claim with the appropriate data.
P0035a	Invalid Check-Digit for Billing NPI Provider ID	P00035a The Billing Provider NPI _____ you submitted failed check digit validation. Please correct and resubmit.	A3	21	A3	562	2010AA.NM109 when 2010AA.NM108 equal XX	33A	The billing provider NPI submitted on the claim is invalid. The provider must resubmit the claim using a valid billing provider NPI.
P0035b	Invalid Check-Digit for Rendering NPI Provider ID	P00035b The Rendering Provider NPI _____ you submitted failed check digit validation. Please correct and resubmit.	A3	21	A3	562	2310B or 2420A NM109 when NM108 equal XX	24J	The rendering provider NPI submitted on the claim is invalid. The provider must resubmit the claim using a valid rendering provider NPI.
P0035c	Invalid Check-Digit for Service Facility NPI Provider ID	P00035c The Service Facility NPI _____ you submitted failed check digit validation. Please correct and resubmit.	A3	21	A3	562	2010AA.NM109 when 2010AA.NM108 equal XX	32A	The service facility NPI submitted on the claim is invalid. The provider must resubmit the claim using a valid service facility NPI.
P0036a	Billing NPI Provider ID not Registered with AmeriHealth.	P0036a Billing Provider NPI _____ not registered; visit the Plan's NPI website.	A3	21	A3	562	2010AA.NM109 when 2010AA.NM equal XX	33A	The billing provider NPI submitted on the claim is not registered at AmeriHealth. The provider must log onto <a href="http://www.amerihhealth.com">www.amerihhealth.com</a> to register their NPI.
P0036b	Rendering NPI Provider ID not Registered with AmeriHealth.	P0036b Rendering Provider NPI _____ not registered; visit the Plan's NPI website.	A3	21	A3	562	2310B or 2420A NM109 when NM108 equal XX	24J	The rendering provider NPI submitted on the claim is not registered at AmeriHealth. The provider must log onto <a href="http://www.amerihhealth.com">www.amerihhealth.com</a> to register their NPI.



## Claims Preprocessing Edits Claims Resolution Document

Pre-processor rejections		Error descriptions	U277 details				Claims resolution instructions		
A		B	C				D	E	F
CPCS error code	General description	Description reported on the • U277 - STC12 • Rejected Claims Report	Primary status U277 elements		Secondary status U277 elements		837P Loop/data element	HCFA 1500 fields	Error resolutions
			STC01-1	STC01-2	STC10-1	STC10-2			
P0036c	Service Facility NPI Provider ID not Registered with AmeriHealth.	P0036b Service Facility NPI _____ not registered; visit the Plan's NPI website.	A3	21	A3	153	2310D.NM109 when 2310D.NM108 equal XX	32A	The service facility provider NPI submitted on the claim is not registered at Amerihealth. The provider must log onto www.amerihhealth.com to register their NPI.
P0037	Anesthesia Edit	P0037 Procedure code _____ on service line _____ did not have minutes submitted on the Anesthesia claim. Please correct and resubmit.	A3	21	A3	251	2400.SV101-2 based on 2400.SV103	24D	The provider submitted an Anesthesia procedure code with until instead of minutes. The provider must resubmit the claim with minutes 2400. SV103 must equal MJ.
P0038a	Billing Provider NPI Missing	The Billing provider NPI number was not entered on the claim. Please resubmit with the Billing provider NPI number.	A3	21	A3	153	2010AA.NM109 when 2010AA.NM108 equal XX	33A	The billing provider NPI was not submitted on the claim. The provider must resubmit the claim with a valid billing provider NPI.
P0038b	Rendering Provider NPI Missing	The Rendering provider NPI number was not entered on the claim. Please resubmit with the Rendering provider NPI number.	A3	21	A3	153	2310B or 2420A NM109 when NM108 equal XX	24J	The rendering provider NPI was not submitted on the claim. The provider must resubmit the claim with a valid rendering provider NPI.
P0038c	Service Facility Provider NPI Missing	The Service Facility provider NPI number was not entered on the claim. Please resubmit with the billing provider NPI number.	A3	21	A3	153	2310D.NM109 when 2310D.NM108 equal XX	32A	The service facility provider NPI was not submitted on the claim. The provider must resubmit the claim with a valid service facility provider NPI.
P0039	Submitted Billing NPI does not link to Specialty Code of II	P0039 Billing Provider NPI _____ does not link to Specialty Code of II.	A3	21	A3	128	2010AA.NM109 when 2010AA.NM108 equal XX	33A	The billing provider submitted on the claim is not linked to Specialty Code II for Ancillary provider. Please submit a valid Ancillary billing provider ID.
P0040	Place of Service Code 99 Validation	Place of service code 99 is invalid for claims processing. Please resubmit with a more detailed place of service code.	A3	21	A3	249	2400.SV105 or 2300.CLM05-1	24B	The place of service code 99 is invalid for claims processing. The provider must resubmit the claim with a valid place of service code.



## Claims Preprocessing Edits Claims Resolution Document

Pre-processor rejections		Error descriptions	U277 details				Claims resolution instructions		
A		B	C				D	E	F
CPCS error code	General description	Description reported on the • U277 - STC12 • Rejected Claims Report	Primary status U277 elements		Secondary status U277 elements		837P Loop/data element	HCFA 1500 fields	Error resolutions
			STC01-1	STC01-2	STC10-1	STC10-2			
P0041a	NDC Code Validation	P0041a The NDC code is required for procedure code ___ on service line ___ for claims processing. Please correct and resubmit the claim.	A3	21	A3	218	2410.LIN03	24	The claim was submitted without the NDC code. If the a non-specific or not otherwise classified (NOC) CPT®/HCPCS drug procedure code is submitted on the claim, the NDC code is required. The provider must resubmit the claim with a valid NDC code.
P0041b	NDC Code Validation	P0041b NDC Code ___ submitted on service line ___ is not the correct format. Please correct and resubmit the claim.	A3	21	A3	218	2410.LIN03	24	The claim was submitted with a NDC code that was not in the correct format. An NDC code should be submitted with numeric values only, with or without hyphens. For example: 08363776501 or 08363-7765-01. NDC codes submitted with spaces, periods, or any other characters will not be accepted. The provider must resubmit the claim with a valid NDC code.
P0041c	NDC Code Validation	P0041c NDC Code ___ submitted on service line ___ is not 11 digits in length. Please correct and resubmit the claim.	A3	21	A3	218	2410.LIN03	24	The claim was submitted with a NDC code that was either greater or less than 11 digits. Hyphens are not included with in the count of the NDC codes. The provider must resubmit the claim with a valid NDC code.
P0041d	NDC Code Validation	P0041d NDC Code ___ submitted on service line ___ not valid. Please correct and resubmit the claim.	A3	21	A3	218	2410.LIN03	24	The claims was submitted with an invalid NDC code. The provider must resubmit the claim with a valid NDC code.

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