



Claims Preprocessing Edits Claims Resolution Document

Pre-processor rejections		Error descriptions	U277 details				Claims resolution instructions	
A		B	C				D	F
CPPS error code	General description	Description reported on the • U277 - STC12 • Rejected Claims Report	Primary status		Secondary status		837P Loop/data element	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	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	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.
P0001c	Procedure Code Validation	P0001c Anesthesia procedure code ___ is invalid for date of service provided. Please correct and resubmit.	A3	21	A3	454	2300. HI01-2 when HI01-1 = BP and 2300. HI02-2 when HI02-1 = BO	The anesthesia 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.
P0001d	Procedure Code Validation	P0001d Anesthesia procedure code ___ is invalid for date of service provided. Please correct and resubmit.	A3	21	A3	454	2300. HI01-2 when HI01-1 = BP and 2300. HI02-2 when HI02-1 = BO 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.	The anesthesia 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	The procedure code modifier submitted on the claim was invalid. The provider must resubmit the claim with a valid procedure code modifier.



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			STC01-1	STC01-2	STC10-1	STC10-2		
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.	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.
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 – HI012-2 when HI02-1 – HI012-1 = BF	The diagnosis code submitted on the claim was invalid. The provider must resubmit the claim with a valid diagnosis code.
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 – HI012-2 when HI02-1 – HI012-1 = 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.	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.
P0004c	Diagnosis Code Validation	P0004c ICD10 codes are not accepted at this time. Please correct and resubmit.	A3	21	A3	255	2300. HI01-2 when HI01-1 = ABK and 2300. HI02-2 – HI012-2 when HI02-1 – HI012-1 = ABF	The ICD10 diagnosis codes are not accepted. The provider must resubmit the claim with a valid diagnosis code.
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	2010BB.REF02 when REF01 = G2	The billing 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.



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CPCS error code	General description	Description reported on the • U277 - STC12 • Rejected Claims Report	Primary status		Secondary status		837P Loop/data element	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	2010BB.REF02 when REF01 = G2	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.
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	2010BB.REF02 when REF01 = G2	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.
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	The rendering provider ID was not submitted on the claim. The provider must resubmit the claim with a valid NPI.
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	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	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.



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			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	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	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 Tax ID - 2010AA.REF02 when 2010AA.REF01 =EI or SY	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 2010BB.REF02 when REF01 =G2 Tax ID - 2010AA.REF02 when 2010AA.REF01 equal EI or SY	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.	A3	21	A3	97	2010BA.NM109	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.	A3	21	A3	97	2010BA.NM109	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.	A3	116	N/A	N/A	2010BA.NM109 and 2010BB.NM109	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"> • 95044 – AmeriHealth HMO • 60061 – AmeriHealth NJ PPO/AH NJ CMM • 93688 – AmeriHealth NJ PPO/AH NJ CMM • SX154 – PASSPORT ADVANTAGE • 60061 – Health Markets 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.	A3	21	A3	97	2010BA.NM109 and 2400.DTP03 when DTP01 = 472	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.	A3	21	A3	97	2010BA.NM109	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.	A3	21	A3	97	2010BA.NM109 and 2010BA.DMG02 or 2010CA.DMG02	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.	A3	21	A3	97	2010BA.NM109 and 2010BA.DMG02 or 2010CA.DMG02	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.	A3	21	A3	97	2010BA.NM109	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.	A3	21	A3	97	2010BA.NM109	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.	A3	21	A3	97	2010BA.NM109	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.	A3	21	A3	97	2010BA.NM109	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.	A3	21	A3	97	2010BA.NM109	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.	A3	116	N/A	N/A	2010BA.NM109	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.	A3	21	A3	97	2010BA.NM109	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		
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.	A3	21	A3	97	2010BA.NM109	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.	A3	21	A3	97	2010BA.NM109	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.	A3	21	A3	97	2010BA.NM109	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.	A3	21	A3	97	2010BA.NM109	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.	A3	21	A3	97	2010BA.NM109	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.	A3	116	A3	N/A	2010BA.NM10	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.	A3	116	A3	N/A	2010BA.NM109	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.	A3	21	A3	97	2010BA.NM10	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.	A3	21	A3	97	2010BA.NM109	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 .

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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	<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"> • 95044 – AmeriHealth HMO • 60061 – AmeriHealth NJ PPO/ AmeriHealth NJ CMM • 93688 – AmeriHealth NJ PPO/ AH NJ CMM • SX154 – PASSPORT ADVANTAGE • 62295 – Health Markets <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	<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"> • 95044 – AmeriHealth HMO • 60061 – AmeriHealth NJ PPO/ AmeriHealth NJ CMM • 93688 – AmeriHealth NJ PPO/AH NJ CMM • SX154 – PASSPORT ADVANTAGE • 72295 – Health Markets <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>



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P0016b	Missing Adjustment Note Description	P0016b When CLM05-3 is populated with 6, 7, or 8 indicating an adjustment request, the claim note segment NTE01 must equal ADD and the NTE02 must also provide details explaining the adjustment request. Please correct and resubmit. Usage: Required	A3	21	N/A	N/A	2300.NTE	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	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
P0018a	Place of Service Code Validation	P0018a The place of service ____ on service line ____ is missing or invalid. Please correct and resubmit the claim.	A3	21	A3	249	2400.SV105	The place of service code on the claim is invalid. The provider must resubmit the claim with a valid place of service code.
P0018b	Place of Service Code Validation	P0018b The place of service ____ on service line ____ is invalid for date of service provided. Please correct and resubmit the claim.	A3	21	A3	249	2400.SV105	The place of service code 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 effective and termination date of the procedure code modifier.
P0019a	Facility Type Code Validation	P0019a The facility type code ____ is missing or invalid. Please correct and resubmit.	A3	21	A3	249	2300.CLM05-1	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.
P0019b	Facility Type Code Validation	P0019b The facility type code ____ is invalid for the date of service provided. Please correct and resubmit.	A3	21	A3	249	2300.CLM05-1	The facility type 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 modifier that is within effective and termination date of the procedure code modifier.



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			STC01-1	STC01-2	STC10-1	STC10-2		
P0020a	Claim Frequency Code Validation	P0020a The claim frequency type code ____ is missing or invalid. Please correct and resubmit.	A3	21	A3	535	2300.CLM05-3	The claim frequency type code on the claim is invalid. The provider must resubmit the claim with a valid claim frequency type code.
P0020b	Claim Frequency Code Validation	P0020b The claim frequency type code ____ is invalid for date of service provided. Please correct and resubmit.	A3	21	A3	535	2300.CLM05-3	The claim frequency type 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 modifier that is within effective and termination date of the procedure code modifier.
P0021	Unit Field Validation	P0021 Unit field is null or zero ____ for service line _____. Please correct and resubmit.	A3	21	A3	476	2400.SV104	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"	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.
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	2310C	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	2310C.REF02	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	2310C.REF02	The service facility provider ID submitted on the claim was invalid. The provider must resubmit the claim with the appropriate service facility provider ID.



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Pre-processor rejections		Error descriptions	U277 details				Claims resolution instructions	
A		B	C				D	F
CPPS error code	General description	Description reported on the • U277 - STC12 • Rejected Claims Report	Primary status		Secondary status		837P Loop/data element	Error resolutions
			STC01-1	STC01-2	STC10-1	STC10-2		
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	2310C.REF02	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	2310C.REF02	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	2310c	The service facility provider ID submitted on the claim was invalid. The provider must resubmit the claim with the appropriate service facility provider ID.
P0025	Missing Billing Provider Secondary Identification Number	P0025 The billing provider secondary reference number is missing. Please correct and resubmit.	A3	21	A3	153	2010BB.REF segment	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.
P0026b	Invalid Billing Provider Number Qualifier	P0026b The Billing Provider secondary reference qualifier is invalid. Please correct and resubmit.	A3	21	A3	153	2010BB.REF01 does not equal G2	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	P0027 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 – HI012-2 when HI02-1 – HI012-1 = BF	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.



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Pre-processor rejections		Error descriptions	U277 details				Claims resolution instructions	
A		B	C				D	F
CPPS error code	General description	Description reported on the • U277 - STC12 • Rejected Claims Report	Primary status		Secondary status		837P Loop/data element	Error resolutions
			STC01-1	STC01-2	STC10-1	STC10-2		
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	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	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.
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	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)	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	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	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	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.



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Pre-processor rejections		Error descriptions	U277 details				Claims resolution instructions	
A		B	C				D	F
CPPS error code	General description	Description reported on the • U277 - STC12 • Rejected Claims Report	Primary status		Secondary status		837P Loop/data element	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)	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.
P0032k	Invalid Disability Date	P0032k The disability date ___ is either after the file creation date or prior to 1900. Please correct and resubmit.	A3	21	A3	510	2300.DTP03 when DTP01 = 314 (repeats 5 times)	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	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 Ancillary Provider Type of Service</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	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	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.



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Pre-processor rejections		Error descriptions	U277 details				Claims resolution instructions	
A		B	C				D	F
CPPS error code	General description	Description reported on the • U277 - STC12 • Rejected Claims Report	Primary status		Secondary status		837P Loop/data element	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	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	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	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 not equal to "P" (Primary), the other payer liability adjustment information is required. Please correct and resubmit.	A3	21	A3	171	2320.CAS or 2430.CAS	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 not equal to "P" (Primary), the other payer liability paid amount is required. Please correct and resubmit.	A3	21	A3	171	2320.AMT02 when AMT01 = D	The Payer Amount Paid is required when SBR09 is not equal to "P" (Primary). This indicator denotes that another payer paid the claim. The provider must resubmit the claim with the appropriate data.
P0034d	Missing OPL entity name or organization information	P0034d When SBR09 is not equal to "P" (Primary), the other name is required. Please correct and resubmit.	A3	21	A3	171	2320.NM1	The Other Payer Information is required when SBR09 is not equal to "P" (Primary). This indicator denotes that another payer paid the claim. The provider must resubmit the claim with the appropriate data.



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Pre-processor rejections		Error descriptions	U277 details				Claims resolution instructions	
A		B	C				D	F
CPPS error code	General description	Description reported on the • U277 - STC12 • Rejected Claims Report	Primary status		Secondary status		837P Loop/data element	Error resolutions
			STC01-1	STC01-2	STC10-1	STC10-2		
P0034e	Missing OPL patient responsibility amount	P0034e When SBR09 is not equal to "P" (Primary), the remaining patient liability amount is required. Please correct and resubmit.	A3	21	A3	171	2320.AMT02 when AMT01 = "EAF"	The Patient Responsibility Amount is required when SBR09 is not equal to "P" (Primary). This indicator denotes 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	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	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	2310C.NM109 when 2010AA.NM108 equal XX	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.NM108 equal XX	The billing provider NPI submitted on the claim is not registered at AmeriHealth. The provider must log onto www.amerhealth.com 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	The rendering provider NPI submitted on the claim is not registered at AmeriHealth. The provider must log onto www.amerhealth.com to register their NPI.



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Pre-processor rejections		Error descriptions	U277 details				Claims resolution instructions	
A		B	C				D	F
CPPS error code	General description	Description reported on the • U277 - STC12 • Rejected Claims Report	Primary status		Secondary status		837P Loop/data element	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	2310C.NM109 when 2310D. NM108 equal XX	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	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	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	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	2310C.NM109 when 2310D. NM108 equal XX	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	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	The place of service code 99 is invalid for claims processing. The provider must resubmit the claim with a valid place of service code.



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Pre-processor rejections		Error descriptions	U277 details				Claims resolution instructions	
A		B	C				D	F
CPPS error code	General description	Description reported on the • U277 - STC12 • Rejected Claims Report	Primary status		Secondary status		837P Loop/data element	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	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	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	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	The claim was submitted with an invalid NDC code. The provider must resubmit the claim with a valid NDC code.
3247	Negative Charges or Units	3247 Negative Charges or units were submitted on the claim. Please correct and resubmit the claim.	A3	21	A3	693	2400.SV102 or 2400.SV104	The claim was submitted with negative service line charge or units. The provider must resubmit the claim with positive service line charge or units.

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