

ENCOUNTER ERROR LISTING

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**Notification will be forwarded as additional edits are implemented and/or revised
** Edit will result in a rejectable error as of January 1, 2006.**

837 Data Element Edits

The following is the list of edits that will be applied to all incoming institutional, dental and professional encounter data elements.

Error Nmbr	Error Description	D/I/P	Msg Type	Msg Type Description	Loop, Data Element	Segment	Description
20000	File contains unreadable characters.	D/I/P	RB	Reject batch	General file edit		
20010	Version Identifier Code is not equal to "A1"	D/I/P	RB	Reject batch	Envelope GS08	Functional Group Header	Version/Release/Industry Identifier Code
20015	Submitter Identifier is missing (spaces or blanks).	D/I/P	RB	Reject batch	1000A, NM109	Submitter Name	Submitter Primary Identification Number
20016	Submitter Identifier is not a valid submitter ID.						
20017	Submitter Identifier is inconsistent between ISA06, GS02 and 1000A, NM109						
20020	Submission Number is missing (spaces or blanks).	D/I/P	RB	Reject batch	HDR, BHT03	Beginning Of Hierarchical Transaction	Originator Application Transaction ID
20021	Submission Number is not an alphanumeric value.						
20022	Submission Number has already been used on a prior batch.						
20025	Transaction Type Code not for encounters.	D/I/P	RB	Reject batch	HDR, BHT06	Beginning Of Hierarchical Transaction	Claim or Encounter ID (Transaction Type Code)
20030	Transmission Type Code (Record Category) is missing (spaces or blanks). Cannot edit the remainder of the record.	D/I/P	RB	Reject batch	HDR, REF02	Transmission Type Identification	Transmission Type Code
20031	Transmission Type Code (Record Category) is not equal to 004010X096, 004010X097 or 004010X098 for record category D, I or P. Cannot edit the remainder of the record.						
20050	Other Payer Primary Identifier (e.g., Health Plan ID) is missing (zero, spaces, blanks, or null) for record category D, I or P.	D/I/P	RE	Reject encounter	2330B, NM109	Other Payer Name	Other Payer Primary Identifier
20051	None of the Other Payer Primary Identifiers are valid Capitated Plans for record category D, I or P.						

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Error Nmbr	Error Description	D/I/P	Msg Type	Msg Type Description	Loop, Data Element	Segment	Description
20052	There is an invalid combination of Other Payer Primary Identifiers. <ul style="list-style-type: none"> A plan that submits for itself can have only 1 Other Payer Primary Identifier. A plan that submits through a Service Bureau that <i>is not</i> a qualified plan can have only 1 Other Payer Primary Identifier. A plan that submits through a Service Bureau that <i>is</i> a qualified plan <i>must</i> have 2 Other Payer Primary Identifiers. 	D/I/P	RE	Reject encounter	2330B, NM109	Other Payer Name	Other Payer Primary Identifier
20053	The Capitated Plan Identifier is not valid for the Submitter Identifier for record category D, I or P.						
20055	Other Payer Secondary Identifier (Encounter Reference Number) is missing (spaces, blanks or zeroes) for record category D, I or P.	D/I/P	RE	Reject encounter	2330B, REF02	Other Payer Secondary Identification and Reference Number	Other Payer Secondary Identifier
20056	Other Payer Secondary Identifier (Encounter Reference Number) is not an alphanumeric value for record category D, I or P.						
20057	Service Line Counter (Encounter Detail Line Number) is missing (spaces, blanks or zeroes) for record category D, I or P.	D/I/P	RE	Reject encounter	2400, LX01	Service Line Number	Line Counter
20058	If record category I, Service Line Counter (Encounter Detail Line Number) is not between 01 and 999. If record category D or P, Encounter Detail Line Number is not between 01 and 50.						
20059	Service Line Counter(s) [Encounter Detail Line Number(s)] not started with one or not sequentially numbered.						
20060	Claim Frequency Code (Record Type) is spaces, blanks or zeroes for record category D, or P; or is spaces or blanks for record category I.	D/I/P	RE	Reject encounter	2300, CLM05-3	Claim Information	Claim Frequency Code
20061	Claim Frequency Code (Record Type) is invalid for record category D, I or P.						

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Error Nmbr	Error Description	D/I/P	Msg Type	Msg Type Description	Loop, Data Element	Segment	Description
20099	Subscriber Primary Identifier (Medicaid ID) is not a numeric value for CMH or CA encounter record category D, I or P.	D/I/P	RE	Reject encounter	2010BA, NM109	Subscriber Name	Subscriber Primary Identifier (Medicaid ID)
20100	Subscriber Primary Identifier (Medicaid ID) is missing (spaces, blanks or zeroes) for MHP, County Health Plan or Capitated Dental encounter record category D, I or P.	D/I/P	RE	Reject encounter	2010BA, NM109	Subscriber Name	Subscriber Primary Identifier (Medicaid ID)
20101	Subscriber Primary Identifier (Medicaid ID) does not exist in the Medicaid Eligibility File for the date of service being reported for MHP, County Health Plan or Capitated Dental encounter record category D, I or P.	D/I/P	RE	Reject encounter	2010BA, NM109	Subscriber Name	Subscriber Primary Identifier (Medicaid ID)
20102	Subscriber Primary Identifier (Medicaid ID) is missing (spaces, blanks or zeroes) for CMH or CA encounter record category D, I or P.		IO	Info only			
20103	Subscriber Primary Identifier (Medicaid ID) does not exist in the Medicaid Eligibility File for CMH or CA encounter record category D, I or P.						
20104	Subscriber SSN ID present, not numeric for MHP, County Health Plan, Capitated Dental Plan or MICHild encounter record category D, I or P.	D/I/P	RE	Reject encounter	2010BA, REF02	Subscriber Secondary Identification	Subscriber Secondary Identification (SSN ID)
20105	Batch is for CMH or CA and Other Insured Identifier (Submitter's Subscriber Unique ID) is missing (is spaces, blanks or zeroes) for record category D, I or P.	D/I/P	RE	Reject encounter	2330A, NM109	Other Subscriber Name	Other Insured Identifier
20106	Edit Inactivated June 2005						
20107	Batch is for CMH and no match to the applicable CMH QI file for record category D, I or P can be made for the combination of: <ul style="list-style-type: none"> Other Insured Identifier (Submitter's Subscriber Unique ID), Other Payer Primary Identifier equal to the QI CMH identifier, and From Service Date falls within the fiscal year of the last reporting date QI data sent for the applicable fiscal year. 						

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Error Nmbr	Error Description	D/L/P	Msg Type	Msg Type Description	Loop, Data Element	Segment	Description
20108	Subscriber Primary Identifier (Child Identification Number) is missing (spaces, blanks or zeroes) and MIChild encounter for record category D, I or P.	D/L/P	RE	Reject encounter	2010BA, NM109	Subscriber Name	Subscriber Primary Identifier (Child Identification Number)
20109	Subscriber Primary Identifier (Child Identification Number) does not exist in the MIChild Eligibility File and MIChild encounter for record category D, I or P.	D/L/P	RE	Reject encounter	2010BA, NM109	Subscriber Name	Subscriber Primary Identifier (Child Identification Number)
20140	Admission Date is missing but the revenue code has a Room and Board Designation for record category I for Inpatient Type of Bill.	I	RE	Reject encounter	2300, DTP03 (P, D and I for inpatient encounters only)	Admission Date/Hour	Admission Date and Hour/Related Hospitalization Admission Date
20141	Admission Date present - Invalid date or date is in an invalid format for record category I for Inpatient Type of Bill.						
20142	Admission Date present and is not less than or equal to the run date of this edit run for record category I for Inpatient Type of Bill.						
20143	Admission Date present and is greater than the Discharge date for record category I for Inpatient Type of Bill.						
20144	Admission date is not equal or less than run date for record category D or P.	D/P	IO	Info only			
20145	Admission Date present but an invalid date or date is in an invalid format for record category D or P.						
20148	Statement Through Date is missing but the Revenue Code indicates an admission with Room and Board charges and the Discharge Status indicates that a discharge occurred for record category I for Inpatient Type of Bill.	I	RE	Reject encounter	2300, DTP03 (I for inpatient encounters only)	Statement Dates	Statement Through Date
20149	Statement Through Date exists but Admission Date is missing for record category I for Inpatient Type of Bill.						
20150	Statement Through Date is an invalid date for record category I for Inpatient Type of Bill.						

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Error Nmbr	Error Description	D/I/P	Msg Type	Msg Type Description	Loop, Data Element	Segment	Description
20151	Statement Through Date is less than the Admission Date for record category I for Inpatient Type of Bill.	I	RE	Reject encounter	2300, DTP03 (I for inpatient encounters only)	Statement Dates	Statement Through Date
20152	Statement Through Date is not less than or equal to the run date of this edit run for record category I for Inpatient Type of Bill.						
20155	Patient Status Code is not a valid code for record category I for Inpatient Type of Bill.	I	IO	Info only	2300, CL103	Institutional Claim Code	Patient Status Code
20156	Patient Status Code is missing but the revenue code has a Room and Board Designation for record category I for Inpatient Type of Bill.						
20170	Service Date is missing (spaces, blanks or zeroes) for record category D or P; or I for Outpatient Type of Bill.	D/I/P	RL	Reject line	2300, DTP03 (D only) 2400, DTP03	Date - Service (D only) Service Line Date	Service Date
20171	Service Date - Invalid date or date is not in the format CCYYMMDD for record category D or P; or I for Outpatient Type of Bill.						
20172	Service Date is not less than or equal to the run date of this Edit Run for record category D or P; or I for Outpatient Type of Bill.						
20175	Statement From Date is missing (spaces, blanks or zeroes) for record category I.	I	RE	Reject encounter	2300, DTP03	Statement Dates	Statement From Date
20176	Statement From Date - Invalid date or date is not in the format CCYYMMDD for record category I.						
20177	Statement From Date is not less than or equal to the run date of this Edit Run for record category I.						
20190	Taxonomy Code is not a valid taxonomy code for record category I.	I	IO	Info only	2000A, PRV03	Servicing Facility Provider Specialty Information	Servicing Facility Provider Taxonomy/Specialty Code
20191	Taxonomy Code is not a valid taxonomy code for record category D or P.	D/P	IO	Info only	2000A, PRV03 2310B, PRV03 2420A, PRV03	Attending/Rendering Provider Specialty Information	Rendering (Servicing) Provider Taxonomy/Specialty Code
20200	Primary Diagnosis Code is not a valid diagnosis code for record category I.	I	RE	Reject encounter	2300, HI01-2	Health Care/Principle, Admitting, E-Code and Patient Reason For Visit Diagnosis Information	Diagnosis Code

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Error Nmbr	Error Description	D/L/P	Msg Type	Msg Type Description	Loop, Data Element	Segment	Description
20201	Primary Diagnosis Code is not appropriate for the subscriber's age for record category I according to the applicable Medicaid Eligibility File or QI Files.	I	IO	Info only	2300, HI01-2	Health Care/Principle, Admitting, E-Code and Patient Reason For Visit Diagnosis Information	Diagnosis Code
20202	Primary Diagnosis Code is not appropriate for the subscriber's gender for record category I according to the applicable Medicaid Eligibility File or QI Files.						
20203	Primary Diagnosis Code is missing (zeroes, blanks or spaces) for record category I.		RE	Reject encounter			
20204 **	Admission Diagnosis Code is invalid and the Revenue Code indicates an admission with Room and Board charges for record category I.	I	IO	Info only	2300, HI02-2	Principle, Admitting, E-Code and Patient Reason For Visit Diagnosis Information	Diagnosis Code
20205	Admission Diagnosis Code is missing (zeroes, blanks or spaces) but the Revenue Code indicates an admission with Room and Board charges for record category I.						
20206	Admission Diagnosis Code is not appropriate for the subscriber's age on the applicable QI or Medicaid Eligibility File for record category I.						
20207 **	Admission Diagnosis Code is present and not a valid diagnosis code for record category I.						
20208	Admission Diagnosis Code is present and not appropriate for the subscriber's gender for record category I according to the QI or Medicaid Eligibility File.						
20209	Other Diagnosis Code 1 exists but Primary Diagnosis Code is missing for record category I.						
20210 **	Other Diagnosis 1 Code is invalid for record category I.						

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Error Nmbr	Error Description	D/L/P	Msg Type	Msg Type Description	Loop, Data Element	Segment	Description
20211	Other Diagnosis Code 1 is not appropriate for the subscriber's age for record category I according to the applicable Medicaid Eligibility File or QI Files.	I	IO	Info only	2300, HI01-2	Health Care/Other Diagnosis Information	Diagnosis Code Other - 1
20212	Other Diagnosis Code 1 is not appropriate for the subscriber's gender for record category-I according to the applicable Medicaid Eligibility File or QI Files.						
20213	Other Diagnosis Code 2 exists but one of the previous Diagnosis Codes are missing for record category I.	I	IO	Info only	2300, HI02-2	Health Care/Other Diagnosis Information	Diagnosis Code Other - 2
20214	Other Diagnosis Code 2 is not a valid diagnosis code for record category I. **						
20215	Other Diagnosis Code 2 is not appropriate for the subscriber's age for record category I according to the applicable Medicaid Eligibility File or QI Files.						
20216	Other Diagnosis Code 2 is not appropriate for the subscriber's gender for record category I according to the applicable Medicaid Eligibility File or QI Files.						
20217	Other Diagnosis Code 2 exists but Primary Diagnosis Code is missing for record category I.						
20218	Other Diagnosis Code 3 exists but one of the previous Diagnosis Codes are missing for record category I.						
20219	Other Diagnosis Code 3 is not a valid diagnosis code for record category I. **	I	IO	Info only	2300, HI03-2	Health Care/Other Diagnosis Information	Diagnosis Code Other - 3
20220	Other Diagnosis Code 3 is not appropriate for the subscriber's age for record category I according to the applicable Medicaid Eligibility File or QI Files.						
20221	Other Diagnosis Code 3 is not appropriate for the subscriber's gender for record category I according to the applicable Medicaid Eligibility File or QI Files.						

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Error Nmbr	Error Description	D/I/P	Msg Type	Msg Type Description	Loop, Data Element	Segment	Description
20222	Other Diagnosis Code 3 exists but Primary Diagnosis Code is missing for record category I.	I	IO	Info only	2300, HI03-2	Health Care/Other Diagnosis Information	Diagnosis Code Other - 3
20223	Other Diagnosis Code 4 exists but one of the previous Diagnosis Codes are missing for record category I.	I	IO	Info only	2300, HI04-2	Health Care/Other Diagnosis Information	Diagnosis Code Other - 4
20224	Other Diagnosis Code 4 is not a valid diagnosis code for record category I. **						
20225	Other Diagnosis Code 4 is not appropriate for the subscriber's age for record category I according to the applicable Medicaid Eligibility File or QI Files.						
20226	Other Diagnosis Code 4 is not appropriate for the subscriber's gender for record category I according to the applicable Medicaid Eligibility File or QI Files.						
20227	Other Diagnosis Code 4 exists but Primary Diagnosis Code is missing for record category I.						
20228	Other Diagnosis Code 5 exists but one of the previous Diagnosis Codes are missing for record category I.						
20229	Other Diagnosis Code 5 is not a valid diagnosis code for record category I. **						
20230	Other Diagnosis Code 5 is not appropriate for the subscriber's age for record category I according to the applicable Medicaid Eligibility File or QI Files.						
20231	Other Diagnosis Code 5 is not appropriate for the subscriber's gender for record category I according to the applicable Medicaid Eligibility File or QI Files.						
20232	Other Diagnosis Code 5 exists but Primary Diagnosis Code is missing for record category I.						

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Error Nmbr	Error Description	D/I/P	Msg Type	Msg Type Description	Loop, Data Element	Segment	Description
20233	Other Diagnosis Code 6 exists but one of the previous Diagnosis Codes are missing for record category I.	I	IO	Info only	2300, HI06-2	Health Care/Other Diagnosis Information	Diagnosis Code Other - 6
20234 **	Other Diagnosis Code 6 is not a valid diagnosis code for record category I.						
20235	Other Diagnosis Code 6 is not appropriate for the subscriber's age for record category I according to the applicable Medicaid Eligibility File or QI Files.						
20236	Other Diagnosis Code 6 is not appropriate for the subscriber's gender for record category I according to the applicable Medicaid Eligibility File or QI Files.						
20237	Other Diagnosis Code 6 exists but Primary Diagnosis Code is missing for record category I.						
20238	Other Diagnosis Code 7 exists but one of the previous Diagnosis Codes is missing for record category I.	I	IO	Info only	2300, HI07-2	Health Care/Other Diagnosis Information	Diagnosis Code Other - 7
20239 **	Other Diagnosis Code 7 is not a valid diagnosis code for record category I.						
20240	Other Diagnosis Code 7 is not appropriate for the subscriber's age for record category I according to the applicable Medicaid Eligibility File or QI Files.						
20241	Other Diagnosis Code 7 is not appropriate for the subscriber's gender for record category I according to the applicable Medicaid Eligibility File or QI Files.						
20242	Other Diagnosis Code 7 exists but Primary Diagnosis Code is missing for record category I.						
20243	Other Diagnosis Code 8 exists but one of the previous Diagnosis Codes is missing for record category I.	I	IO	Info only	2300, HI08-2	Health Care/Other Diagnosis Information	Diagnosis Code Other - 8
20244 **	Other Diagnosis Code 8 is not a valid diagnosis code for record category I.						

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Error Nmbr	Error Description	D/L/P	Msg Type	Msg Type Description	Loop, Data Element	Segment	Description
20245	Other Diagnosis Code 8 is not appropriate for the subscriber's age for record category I according to the applicable Medicaid Eligibility File or QI Files.	I	IO	Info only	2300, HI08-2	Health Care/Other Diagnosis Information	Diagnosis Code Other - 8
20246	Other Diagnosis Code 8 is not appropriate for the subscriber's gender for record category I according to the applicable Medicaid Eligibility File or QI Files.						
20247	Other Diagnosis Code 8 exists but Primary Diagnosis Code is missing for record category I.						
20248	Other Diagnosis 9 Code exists but one of the previous Diagnosis Codes are missing for record category I.	I	IO	Info only	2300, HI09-2	Health Care/Other Diagnosis Information	Diagnosis Code Other - 9
20249	Other Diagnosis 9 Code is not a valid diagnosis code for record category I. **						
20250	Other Diagnosis 9 Code is not appropriate for the subscriber's age for record category I according to the applicable Medicaid Eligibility File or QI Files.						
20251	Other Diagnosis 9 Code is not appropriate for the subscriber's gender for record category I according to the applicable Medicaid Eligibility File or QI Files.						
20252	Other Diagnosis 9 Code exists but Primary Diagnosis Code is missing for record category I.						
20253	Other Diagnosis 10 Code exists but one of the previous Diagnosis Codes are missing for record category I.						
20254	Other Diagnosis 10 Code is not a valid diagnosis code for record category I. **	I	IO	Info only	2300, HI10-2	Health Care/Other Diagnosis Information	Diagnosis Code Other - 10
20255	Other Diagnosis 10 Code is not appropriate for the subscriber's age for record category I according to the applicable Medicaid Eligibility File or QI Files.						

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Error Nmbr	Error Description	D/L/P	Msg Type	Msg Type Description	Loop, Data Element	Segment	Description
20256	Other Diagnosis 10 Code is not appropriate for the subscriber's gender for record category I according to the applicable Medicaid Eligibility File or QI Files.	I	IO	Info only	2300, HI10-2	Health Care/Other Diagnosis Information	Diagnosis Code Other - 10
20257	Other Diagnosis 10 Code exists but Primary Diagnosis Code is missing for record category I.						
20260	Other Diagnosis 11 Code exists but one of the previous Diagnosis Codes are missing for record category I.	I	IO	Info only	2300, HI11-2	Health Care/Other Diagnosis Information	Diagnosis Code Other - 11
20261 **	Other Diagnosis 11 Code is not a valid diagnosis code for record category I.						
20262	Other Diagnosis 11 Code is not appropriate for the subscriber's age for record category I according to the applicable Medicaid Eligibility File or QI Files.						
20263	Other Diagnosis 11 Code is not appropriate for the subscriber's gender for record category I according to the applicable Medicaid Eligibility File or QI Files.						
20264	Other Diagnosis 11 Code exists but Primary Diagnosis Code is missing for record category I.						
20270	Other Diagnosis 12 Code exists but one of the previous Diagnosis Codes are missing for record category I.	I	IO	Info only	2300, HI12-2	Health Care/Other Diagnosis Information	Diagnosis Code Other - 12
20271 **	Other Diagnosis 12 Code is not a valid diagnosis code for record category I.						
20272	Other Diagnosis 12 Code is not appropriate for the subscriber's age for record category I according to the applicable Medicaid Eligibility File or QI Files.						
20273	Other Diagnosis 12 Code is not appropriate for the subscriber's gender for record category I according to the applicable Medicaid Eligibility File or QI Files.						

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Error Nmbr	Error Description	D/I/P	Msg Type	Msg Type Description	Loop, Data Element	Segment	Description	
20274	Other Diagnosis 12 Code exists but Primary Diagnosis Code is missing for record category I.	I	IO	Info only	2300, HI12-2	Health Care/Other Diagnosis Information	Diagnosis Code Other - 12	
20280	Diagnosis Code Pointer 1 missing or invalid (assumed to be primary diagnosis pointer for the line) for record category P.	P	RL	Reject line	2400, SV107-1	Professional Service	Diagnosis Code Pointer 1	
20281	Diagnosis Code Pointer 1 valid but points to invalid or missing diagnosis code for record category P.							
20282	Diagnosis Code Pointer 1 points to a diagnosis code that is not appropriate for the subscriber's age for record category P according to the applicable Medicaid Eligibility File or QI Files.							
20283	Diagnosis Code Pointer 1 points to a diagnosis code that is not appropriate for the subscriber's gender for record category P according to the applicable Medicaid Eligibility File or QI Files.							
20284	Diagnosis Code Pointer 2 invalid pointer for record category P.	P	IO	Info only	2400, SV107-2	Professional Service	Diagnosis Code Pointer 2	
**	20285							Diagnosis Code Pointer 2 valid but points to invalid or missing diagnosis codes for record category P.
20286	Diagnosis Code Pointer 2 points to a diagnosis code that is not appropriate for the subscriber's age for record category P according to the applicable Medicaid Eligibility File or QI Files.							
20287	Diagnosis Code Pointer 2 points to a diagnosis code that is not appropriate for the subscriber's gender for record category P according to the applicable Medicaid Eligibility File or QI Files.							
20288	Diagnosis Code Pointer 3 invalid pointer for record category P.	P	IO	Info only	2400, SV107-3	Professional Service	Diagnosis Code Pointer 3	
**	20289							Diagnosis Code Pointer 3 valid but points to invalid or missing diagnosis codes for record category P.

837 Data Element Edits

Error Nmbr	Error Description	D/L/P	Msg Type	Msg Type Description	Loop, Data Element	Segment	Description
20290	Diagnosis Code Pointer 3 points to a diagnosis code that is not appropriate for the subscriber's age for record category P according to the applicable Medicaid Eligibility File or QI Files.	P	IO	Info only	2400, SV107-3	Professional Service	Diagnosis Code Pointer 3
20291	Diagnosis Code Pointer 3 points to a diagnosis code that is not appropriate for the subscriber's gender for record category P according to the applicable Medicaid Eligibility File or QI Files.	P	IO	Info only	2400, SV107-3	Professional Service	Diagnosis Code Pointer 3
20292 **	Diagnosis Code Pointer 4 invalid pointer for record category P.	P	IO	Info only	2400, SV107-4	Professional Service	Diagnosis Code Pointer 4
20293 **	Diagnosis Code Pointer 4 valid but points to invalid or missing diagnosis codes for record category P.						
20294	Diagnosis Code Pointer 4 points to a diagnosis code that is not appropriate for the subscriber's age for record category P according to the applicable Medicaid Eligibility File or QI Files.						
20295	Diagnosis Code Pointer 4 points to a diagnosis code that is not appropriate for the subscriber's gender for record category P according to the applicable Medicaid Eligibility File or QI Files.						
20301	Principal Procedure Code was not yet valid at time of service for record category I.						
20302	Principal Procedure Code was no longer valid at time of service for record category I.	I	IO	Info only	2300, HI01-2	Principal Procedure Information	Principal Procedure Code
20303	Principal Procedure Code not valid for record category I.						
20310	Service Line Revenue Code is missing (zeroes, blanks or spaces) for record category I.						
20311	Service Line Revenue Code is invalid for record category I.	I	RL	Reject line	2400, SV201	Institutional Service Line	Service Line Revenue Code
20312	Service Line Revenue Code was not yet valid at time of service for record category I.						

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Error Nmbr	Error Description	D/I/P	Msg Type	Msg Type Description	Loop, Data Element	Segment	Description
20313	Service Line Revenue Code was no longer valid at time of service for record category I.	I	RL	Reject line	2400, SV201	Institutional Service Line	Service Line Revenue Code
20314	Procedure Code not present and valid for record category I and hospital outpatient type of bill for CMH or CA encounter.	I	IO	Info only	2400, SV202-2	Institutional Service Line	Procedure Code (HCPCS)
20315	Edit inactivated April 2005						
20316	Procedure Code was not yet valid at time of service for record category I.	I	IO	Info only	2400, SV202-2	Institutional Service Line	Procedure Code (HCPCS)
20317	Procedure Code was no longer valid at time of service for record category I.						
20318	Procedure Code not present and valid for record category I and outpatient type of bill for MHP, County Health Plan or MICHild encounter.						
20319	Service Line Procedure Code is missing (zeroes, blanks or spaces) for record category D or P.	D/P	RL	Reject line	2400, SV301-2 (D only) 2400, SV101-2 (P only)	Dental/Professional Service	Procedure Code
20320	Service Line Procedure Code is invalid for record category D or P.						
20321	Service Line Procedure Code was not yet valid at time of service for record category D or P.						
20322	Service Line Procedure Code was no longer valid at time of service for record category D or P.						
20323	Procedure Code not valid for record category I and Inpatient Type of Bill.	I	IO	Info only	2400, SV202-2	Institutional Service Line	Procedure Code (HCPCS)
20330	Procedure Code Modifier 1 exists but Procedure Code is missing (zeroes, blanks or spaces) for record category D, I or P.	D/I/P	IO	Info only	2400, SV202-3 (I only) 2400, SV101-3 (P only) 2400, SV301-3 (D only)	Institutional/Dental/ Professional Service Line	Procedure Modifier 1
20331	Procedure Code Modifier 1 is not a valid HCPCS procedure code modifier for record category D, I or P.						
20334	Procedure Code Modifier 2 exists but Procedure Code is missing (zeroes, blanks or spaces) for record category D, I or P.	D/I/P	IO	Info only	2400, SV202-4 (I only) 2400, SV101-4 (P only) 2400, SV301-4 (D only)	Institutional/Dental/ Professional Service Line	Procedure Modifier 2

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Error Nmbr	Error Description	D/L/P	Msg Type	Msg Type Description	Loop, Data Element	Segment	Description
20335	Procedure Code Modifier 2 exists but Procedure Code Modifier 1 is missing (zeroes, blanks or spaces) for record category D, I or P.	D/L/P	IO	Info only	2400, SV202-4 (I only) 2400, SV101-4 (P only) 2400, SV301-4 (D only)	Institutional/Dental/ Professional Service Line	Procedure Modifier 2
20336	Procedure Code Modifier 2 is not a valid HCPCS procedure code modifier for record category D, I or P.	D/L/P	IO	Info only	2400, SV202-4 (I only) 2400, SV101-4 (P only) 2400, SV301-4 (D only)	Institutional/Dental/ Professional Service Line	Procedure Modifier 2
20340	Procedure Code Modifier 3 exists but Procedure Code is missing (zeroes, blanks or spaces) for record category D, I or P.	D/L/P	IO	Info only	2400, SV202-5 (I only) 2400, SV101-5 (P only) 2400, SV301-5 (D only)	Institutional/Dental/ Professional Service Line	Procedure Modifier 3
20341	Procedure Code Modifier 3 exists but one of the prior Procedure Code Modifiers is missing (zeroes, blanks or spaces) for record category D, I or P.						
20342	Procedure Code Modifier 3 is not a valid HCPCS procedure code modifier for record category D, I or P.						
20345	Procedure Code Modifier 4 exists but Procedure Code is missing (zeroes, blanks or spaces) for record category D, I or P.	D/L/P	IO	Info only	2400, SV202-6 (I only) 2400, SV101-6 (P only) 2400, SV301-6 (D only)	Institutional/Professional Service Line	Procedure Modifier 4
20346	Procedure Code Modifier 4 exists but one of the prior Procedure Code Modifiers is missing (zeroes, blanks or spaces) for record category D, I or P.						
20347	Procedure Code Modifier 4 is not a valid HCPCS procedure code modifier for record category D, I or P.						
20350	Product Or Service (Procedure) ID Qualifier missing and there is a procedure code for record category P or D.	D/L/P	IO	Info only	2400, SV202-1 (I only) 2400, SV301-1 (D only) 2400, SV101-1 (P only)	Institutional/Dental/ Professional Service	Product/Service ID Qualifier
20351	Product Or Service (Procedure) ID Qualifier missing and there is a HCPCS Procedure Code for record category I.						
20400	Facility Type Code (Place of Service) is missing (zeroes, blanks or spaces) for record category D or P.	D/P	IO	Info only	2300, CLM05-1 (D and P only) 2400, SV303 (D only) 2400, SV105 (P only)	Claim Information Dental/Professional Service	Facility Type Code
20401	Facility Type Code (First Two Digits of Type of Bill) is not a valid UB place of service code per the UB92 Type of Bill valid values for record category I.	I	IO	Info only	2300, CLM05-1 2300, CLM05-3	Claim Information	Facility Type Code

837 Data Element Edits

Error Nmbr	Error Description	D/I/P	Msg Type	Msg Type Description	Loop, Data Element	Segment	Description
20402	Facility Type Code (Place of Service) is not a valid place of service code for record category D or P.	D/P	IO	Info only	2300, CLM05-1 (D and P only) 2400, SV303 (D only) 2400, SV105 (P only)	Claim Information Dental/Professional Service	Facility Type Code
20403	Facility Type Code (First Two Digits of Type of Bill) is missing (zeroes, blanks or spaces) for record category I.	I	IO	Info only	2300, CLM05-1 2300, CLM05-3	Claim Information	Facility Type Code
20410	Service Line Units (Quantity) is missing (zeroes, blanks or spaces) for record category D, I or P.	D/I/P	RL	Reject line	2400, SV205 (I only) 2400, SV306 (D only) 2400, SV104 (P only)	Institutional/Dental/ Professional Service Line	Service Line Units/Procedure Count
20411	Service Line Units (Quantity) is less than 0 or not numeric for record category D, I or P.						
20420	Adjudication Date is missing (spaces, blanks or zeroes) for a payer at both the encounter and service line level for CMH or CA encounter for record category D, I or P. Value changed to null.	D/I/P	IO	Info only	2430, DTP03 2330B, DTP03	Service Line Adjudication Date/Claim Adjudication Date	Adjudication Or Payment Date
20421	Claim Adjudication Date - Invalid date or date is not in the format CCYYMMDD for record category D, I or P. Value changed to null.				2330B, DTP03	Claim Adjudication Date	Adjudication Or Payment Date
20423	Service Line Adjudication Date - Invalid date or date is not in the format CCYYMMDD for record category D, I or P. Value changed to null.				2430, DTP03	Service Line Adjudication Date	Adjudication Or Payment Date
20424	Adjudication date is missing (spaces, blanks or zeroes) for a payer at both the encounter and service line level for MHP, County Health Plan, Capitated Dental Plan or MI Child encounter for record category D, I or P.		RE	Reject encounter	2430, DTP03 2330B, DTP03	Service Line Adjudication Date/Claim Adjudication Date	Adjudication Or Payment
20471	Reference Identification/Billing Provider Secondary ID Number (Medicaid ID) is missing and MHP, County Health Plan, Capitated Dental Plan or MIChild encounter for record category D, I or P.	D/I/P	IO	Info only	2010AA, REF02	Billing Provider Secondary Identification	Reference Identification/Billing Provider Secondary ID Number (Medicaid ID)
20500	Billing Provider Qualifier (Billing Provider SSN or EIN ID) is missing (spaces, blanks or zeroes) for record category D, I or P for MHP, County Health Plan, Capitated Dental Plan, MIChild or CA encounter.	D/I/P	IO	Info only	2010AA, NM108	Billing Provider Name	Identification Code Qualifier

837 Data Element Edits

Error Nmbr	Error Description	D/I/P	Msg Type	Msg Type Description	Loop, Data Element	Segment	Description
20501	Billing Provider Primary ID Number (SSN or EIN) missing for record category D, I or P for MHP, County Health Plan, Capitated Dental Plan, MICChild or CA encounter.	D/I/P	RE	Reject encounter	2010AA, NM109	Billing Provider Name	Billing Provider Primary Identifier
20502	Laboratory or Facility Primary Identifier missing for record category I for MHP, County Health Plan, Capitated Dental Plan or MICChild encounter.	I	RE	Reject encounter	2010AA, NM109 2010AB, NM109 2310E, NM109	Service Facility Name	Laboratory or Facility Primary Identifier
20503	Rendering Provider Identification (SSN or EIN) missing for record category D or P for MHP, County Health Plan, Capitated Dental or MICChild encounter.	D/P	RL	Reject line	2010AA, NM109 2010AB, NM109 2310B, NM109 2420A, NM109	Rendering Provider Name	Rendering Provider Primary Identifier
20530	Rendering Provider Secondary Identification Number (State License Number or Medicaid ID) is missing and MHP, County Health Plan, Capitated Dental or MICChild encounter for record category D or P.	D/P	IO	Info only	2010AA, REF02 2010AB, REF02 2310B, REF02 2420A, REF02	Billing/Pay-to/Rendering Provider Name	Reference Identification/Billing/Pay-to/Rendering Provider Secondary Identification Number (State License Number ID or Medicaid ID)
20531	Servicing Facility Provider Secondary Identification Number (State License Number or Medicaid ID) is missing and MHP, County Health Plan, Capitated Dental or MICChild encounter for record category I.	I	IO	Info only	2010AA, REF02 2010AB, REF02 2310E, REF02	Billing/Pay-to Provider or Service Facility Name	Reference Identification/Billing/Pay-To/Service Facility Provider Secondary Identification Number (State License Number ID or Medicaid ID)
20558	Submitted Charge Amount (Monetary Amount) missing - zeroes, blank or null for record category D, I, or P and <ul style="list-style-type: none"> MHP, County Health Plan or MICChild encounter with FFS provider contract and a Submission Date greater than 12/31/2003. Capitated Dental Plan encounter and a Submission Date greater than 12/31/2003. CA encounter and a Service Date greater than 9/30/2003. 	D/I/P	IO	Info only	2300, CLM02	Claim Information	Total Claim Charge Amount

837 Data Element Edits

Error Nmbr	Error Description	D/L/P	Msg Type	Msg Type Description	Loop, Data Element	Segment	Description
20559	<p>Submitted Charge Amount (Monetary Amount) missing - blank or null for record category D, I, or P and</p> <ul style="list-style-type: none"> • MHP, County Health Plan or MICHild encounter with a provider contract other than FFS and a Submission Date greater than 12/31/2003. • PIHP/CMHSP encounter and a Service Date greater than 9/30/2003. 	D/L/P	IO	Info only	2300, CLM02	Claim Information	Total Claim Charge Amount
20560	<p>Line Item Charge Amount (Monetary Amount) missing - zero, blank or null for record category D, I, or P and</p> <ul style="list-style-type: none"> • MHP, County Health Plan or MICHild encounter with FFS provider contract and a Submission Date greater than 12/31/2003. • Capitated Dental encounter and a Submission Date greater than 12/31/2003. • CA encounter and a Service Date greater than 9/30/2003. 	D/L/P	IO	Info only	2400, SV302 (D only) 2400, SV102 (P only) 2400, SV203 (I only)	Dental/Professional Service or Institutional Service Line	Line Item Charge Amount
20561	<p>Line Item Charge Amount (Monetary Amount) missing - blank or null for record category D, I, or P and</p> <ul style="list-style-type: none"> • MHP, County Health Plan or MICHild encounter with a provider contract other than FFS and a Submission Date greater than 12/31/2003. • PIHP/CMHSP encounter and a Service Date greater than 9/30/2003. 	D/L/P	IO	Info only	2400, SV302 (D only) 2400, SV102 (P only) 2400, SV203 (I only)	Dental/Professional Service or Institutional Service Line	Line Item Charge Amount

837 Data Element Edits

Error Nmbr	Error Description	D/L/P	Msg Type	Msg Type Description	Loop, Data Element	Segment	Description
20562	COB Payer Paid Amount missing (blank or null) for record category D or P and <ul style="list-style-type: none"> MHP, County Health Plan, Capitated Dental Plan or MIChild encounter with a Submission Date greater than 12/31/2003. PIHP/CMHSP or CA encounter with a Service Date greater than 9/30/2003. 	D/P	IO	Info only	2320, AMT02 where AMT01 = "D"	COB Payer Paid Amount	Payer Paid Amount
20563	Service Line Paid Amount missing (blank or null) for record category D or P and <ul style="list-style-type: none"> MHP, County Health Plan, Capitated Dental Plan or MIChild encounter with a Submission Date greater than 12/31/2003. PIHP/CMHSP or CA encounter with a Service Date greater than 9/30/2003. 	D/P	IO	Info only	2430, SVD02	Service Line Adjudication Information	Service Line Paid Amount
20564	COB Payer Paid Amount missing (blank or null) for record category I and <ul style="list-style-type: none"> MHP, County Health Plan or MIChild encounter with a Submission Date greater than 12/31/2003. PIHP/CMHSP or CA encounter with a Service Date greater than 9/30/2003. 	I	IO	Info only	2320, AMT02 where AMT01 = "C4"	Payer Prior Payment	Other Payer Paid Amount
20566	Other Payer Allowed Amount missing (blank or null) for record category I and <ul style="list-style-type: none"> MHP, County Health Plan or MIChild encounter with a FFS provider contract and a Submission Date greater than 12/31/2003. CA encounter with a Service Date greater than 9/30/2003. 	I	IO	Info only	2320, AMT02	COB Total Allowed Amount	Allowed Amount
20567	Other Payer Allowed Amount missing (zero, blank or null) for record category I for PIHPs/CMHSPs encounter with a Service Date greater than 9/30/2003.	I	RE	Reject encounter	2320, AMT02	COB Total Allowed Amount	Allowed Amount

837 Data Element Edits

Error Nmbr	Error Description	D/L/P	Msg Type	Msg Type Description	Loop, Data Element	Segment	Description
20568	Service Level Approved Amount missing (blank or null) for record category D or P and <ul style="list-style-type: none"> • MHP, County Health Plan or MICchild encounter with FFS provider contract and a Submission Date greater than 12/31/2003. • Capitated Dental Plan encounter and a Submission Date greater than 12/31/2003. • CA encounter and a Service Date greater than 9/30/2003. 	D/P	IO	Info only	2400 AMT02 where AMT01 = "AAE"	Approved Amount	Approved amount
20569	Service Level Approved Amount missing (zero, blank or null) for record category D or P for PIHPs/CMHSPs Encounter with a Service Date greater than 9/30/2003.	D/P	RL	Reject line	2400 AMT02 where AMT01 = "AAE"	Approved Amount	Approved amount
20570	Submitted Charge Amount (Monetary Amount) missing (blank or null) for record category D or P and <ul style="list-style-type: none"> • MHP, County Health Plan, Capitated Dental Plan or MICchild encounter with a Submission Date equal or before 12/31/2003. • PIHP/CMHSP or CA encounter with Service Date equal or before 9/30/03. 	D/P	IO	Info only	2400, SV302 (D only) 2400, SV102 (P only)	Dental/Professional Service	Submitted Charge Amount
20571	Line Item Charge Amount (Monetary Amount) missing (blank or null) for record category I and <ul style="list-style-type: none"> • MHP, County Health Plan, Capitated Dental Plan or MICchild encounter with a submission date equal or before 12/31/2003. • PIHP/CMHSP or CA encounter with Statement From Date equal or before 9/30/2003 	I	IO	Info only	2400, SV203	Institutional Service Line	Line Item Charge Amount

837 Data Element Edits

Error Nmbr	Error Description	D/L/P	Msg Type	Msg Type Description	Loop, Data Element	Segment	Description
20572	Service Line Paid Amount missing (blank or null) for record category D or P and <ul style="list-style-type: none"> MHP, County Health Plan, Capitated Dental Plan or MIChild encounter with a submission date equal or before 12/31/2003. PIHP/CMHSP or CA encounter with Service Date equal or before 9/30/03 	D/P	IO	Info only	2430, SVD02	Line Adjudication Information	Service Line Paid Amount
20573	Other Payer Allowed Amount missing (blank or null) and <ul style="list-style-type: none"> Record category D, I or P and MHP, County Health Plan, Capitated Dental Plan or MIChild encounter with a submission date equal or before 12/31/2003. Record category D or P and PIHP/CMSHP or CA encounter with Service Date equal or before 9/30/2003. Record category I and PIHP/CMHSP or CA encounter with Statement From Date equal or before 9/30/2003. 	D/I/P	IO	Info only	2320, AMT02	COB Allowed Amount	Allowed Amount
20574	Adjusted Amount missing (blank or null) at both the claim level and the service line level and the Total Submitted Charges do not equal the COB Payer Paid Amount for record category D, I or P	D/L/P	IO	Info only	2320, CAS03 2430, CAS03	Claim Level Adjustments Line Adjustment	Adjusted Amount - Claim Level Adjusted Amount - Line Level
20590	Revenue Code equal 100-219 and Service Line Rate Amount (Unit Rate) blank or null for record category I.	I	IO	Info only	2400, SV206	Institutional Service Line	Service Line Rate Amount
20610	Special Program Code not a valid value, value set to null for record category D or P.	D/P	IO	Info only	2300, CLM12	Claim Information	Special Program Code
20611	EPSDT Indicator not a valid value (Y or N), value set to null for record category P.	P	IO	Info only	2400, SV111	Claim Information	EPSDT Indicator

837 Data Element Edits

Error Nmbr	Error Description	D/I/P	Msg Type	Msg Type Description	Loop, Data Element	Segment	Description
20612	The first Oral Cavity Designation Code is missing for record category D.	D	IO	Info only	2400, SV304	Dental Service	Oral Cavity Designation Code
20613	One or more submitted Oral Cavity Designation Codes are not valid for record category D.						
20614	Tooth Number is present, but is not a valid value for record category D.	D	RL	Reject line	2400, TOO02	Tooth Information	Tooth Number
20615	Tooth Surface Code is present, but is not a valid value for record category D.	D	RL	Reject line	2400, TOO03	Tooth Information	Tooth Surface Code
20700	Original Other Payer Secondary Identifier (Encounter Reference Number) - encounter already exists for record category D, I or P.	D/I/P	RE	Reject encounter	2330B, REF02	Other Payer Secondary Identification and Reference Number	Other Payer Secondary Identifier (Encounter Reference Number)
20701	Replacement Other Payer Secondary Identifier (Encounter Reference Number) - no encounter exists to replace for record category D, I or P.						
20702	Void Other Payer Secondary Identifier (Encounter Reference Number) - no encounter exists to void for record category D, I or P.						
20703	All service lines for the encounter were rejected; therefore, encounter rejected for record category D, I or P.	D/I/P	RE	Reject encounter	General file edit		
20704	This record was superceded by another input record for record category D, I or P.		IO	Info only			
20705	This record could not be applied because of an earlier error.		RE	Reject encounter			
20801	Edit inactivated June 2005.						
20802	Edit inactivated June 2005.						
20803	Edit inactivated June 2005.						
20807	Subscriber SSN ID present, not numeric and CMH or CA encounter for record category D, I or P.	D/I/P	IO	Info only	2010BA, NM109 2010BA, REF02	Subscriber Name	Subscriber Primary Identifier/Supplemental Identifier (SSN ID)
99999	This is the last message of your batch transmission.	D/I/P	IO	Info only	General file edit		

** Edit will result in a rejectable error as of January 1, 2006.

Claim Frequency Codes

UB92 Claim Frequency	Description	Interpretation for Institutional Encounters	Interpretation for Professional & Dental Encounters
0	Non-Payment/Zero Claim	Original	n/a
1	Admit thru Discharge Claim	Original	Original
2	Interim - First Claim	Original	n/a
3	Interim - Continuing Claim	Original	n/a
4	Interim - Last Claim	Original	n/a
5	Late Charge(s) Only Claim	Original	n/a
6	Adjustment of Prior Claim	Replacement	n/a
7	Replacement of Prior Claim	Replacement	Replacement
8	Void/Cancel of Prior Claim	Void	Void
9	Final Claim for a Home Health PPS Episode	Original	n/a
A	Admission/Election Notice	Original	n/a
B	Hospice/Medicare Coordinated Care Demonstration/Religious Non-Medical Health Care Institution - Termination/Revocation Notice	Void	n/a
C	Hospice Change of Provider Notice	Replacement	n/a
D	Hospice/Medicare Coordinated Care Demonstration/Religious Non-Medical Health Care Institution - Void/Cancel	Void	n/a
E	Hospice Change of Ownership	Replacement	n/a
F	Beneficiary Initiated Adjustment Claim	Replacement	n/a
G	CWF Initiated Adjustment Claim	Replacement	n/a
H	HCFA Initiated Adjustment Claim	Replacement	n/a
I	Intermediary Adjustment Claim (Other Than Pro or Provider)	Replacement	n/a
J	Initiated Adjustment Claim - Other	Replacement	n/a
K	OIG Initiated Adjustment Claim	Replacement	n/a
L	Reserved for National Assignment	n/a	n/a
M	MSP Initiated Adjustment Claim	Replacement	n/a
N	PRO Adjustment Claim	Replacement	n/a
O	Nonpayment/Zero Claims	Original	n/a
P - W	Reserved for National Assignment	n/a	n/a
X	Void/Cancel a Prior Abbreviated Encounter Submission	Void	n/a
Y	Replacement of Prior Abbreviated Encounter Submission	Replacement	n/a
Z	New Abbreviated Encounter Submission	Original	n/a

**Patient Status Codes
(Updated 11/15/04)**

Code	Description
01	Discharged to home or self care
02	Discharged/transferred to another short-term general hospital
03	Discharged/transferred to skilled nursing facility
04	Discharged/transferred to intermediate care facility
05	Discharged/transferred to another type of institution
06	Discharged/transferred to home under care of organized home health service organization
07	Left against medical advice or discontinued care
08	Discharged/transferred to home under care of a home IV provider
09	Admitted as an inpatient to this hospital
20	Expired
30	Still a patient
40	Expired at home (hospice only)
41	Expired in hospital, skilled nursing facility, intermediate-care facility or freestanding hospice (Medicare hospice only)
42	Expired - place unknown (Medicare hospice only)
43	Discharged/transferred to a federal care facility
50	Discharged to hospice – (in home)
51	Discharged to hospice – (in medical facility)
61	Discharged/transferred within this institution to hospital-based Medicare approved swing bed
62	Discharged/transferred to an inpatient rehabilitation facility, including rehabilitation distinct part units of a hospital
63	Discharged/transferred to Medicare certified long term care hospital
64	Discharged/transferred to a nursing facility certified under Medicaid, but not certified under Medicare
65	Discharged/transferred to a psychiatric hospital or psychiatric distinct part unit of a hospital.

Type of Bill Codes for Institutional Encounters

Setting	Class	
	Inpatient	Outpatient
Hospital	11x, 12x, 15x, 16x, 17x, 41x, 42x, 45x, 46x, 47x, 48x, 61x, 62x, 65x, 66x, 67x, 68x	13x, 14x
Long-term care	18x, 21x, 22x, 25x, 26x, 27x, 28x, 51x, 52x, 55x, 56x, 57x	23x, 24x, 53x, 54x
Home health		32x, 33x, 34x
Hospice	81x, 82x	
Clinic		71x, 72x, 73x, 74x, 75x, 76x, 77x, 78x, 79x
Facility	84x	83x, 85x, 86x

Revenue Codes with Room and Board Charges

0100 through 0101	0720 through 0722
0110 through 0179	0724 through 0729
0200 through 0219	

Glossary of Acronyms

<i>Acronym</i>	<i>Meaning</i>	<i>Notes</i>
CA	Coordinating Agency	A substance abuse health agency
CMH	Community Mental Health	
CMHSP	Community Mental Health Service Program	A type of CMH health program, which does not submit encounters for other programs
CONID	Consumer Identifier	Client identification number used by CMH programs
CCYYMMDD	Century/year/month/day	Date format e.g. "20031231" for Dec. 31, 2003
COB	Coordination of benefits	
D	Dental	Code used by the system to indicate Dental encounters
EIN	Employer Identification Number	Federal tax ID
EPSDT	Early Periodic Screening, Diagnosis and Treatment	
HCPCS	Health Care Procedural Coding System	
I	Institutional	Code used by the system to indicate Institutional encounters
IO	Information only	Error severity indicating an error not severe enough to cause a line or an encounter to be rejected
LTC	Long-term Care	
MHP	Medicaid Health Plan	
P	Professional	Code used by the system to indicate Professional encounters
PHP	Prepaid Health Plan	A type of CMH health program, which may submit encounters for other programs
QI	Quality Improvement (Data)	Term used for CMH and CA client/subscriber demographic or eligibility data.
RB	Reject Batch	Error severity causing an entire batch of data to be rejected
RE	Reject Encounter	Error severity causing a single encounter to be rejected
RL	Reject Line	Error severity causing a single line item of an encounter to be rejected
SA	Substance Abuse	
SARF	Screening, Assessment, Referral and Follow-up.	An assessment process used by substance abuse health programs
SSN	Social Security Number	
UB92	National Uniform Billing Manual	