

## Legacy to CHAMPS Edit Crosswalk: Edits Reported on ETRR

Legacy Edit	Legacy Disposition	Legacy Plan	Legacy Invoice	CHAMPS Edit on ETRR	CHAMPS Disposition	CHAMPS Level	CHAMPS Plan	CHAMPS Claim Type	CHAMPS Invoice	Description
20176, 20177	RE	All	I	1000	Reject	Header	All		D/I/P	Header From Date - Invalid or is not less than current date.
20150	RE	All	Inpatient	1001	Reject	Header	All	Inpatient	I	Header Through Date is an invalid or future date for record category I for Inpatient Type of Bill.
20170	RL	All	D/I/P	1002	Reject	Line	All	D, P, Outpatient	D/I/P	Line From Date is missing for invoice type D or P; or I:Outpatient Type of Bill.
	RL	All	D/I/P	1002	Accept	Line	All	Inpatient	I	Line From Date is missing for invoice type I:Inpatient Type of Bill.
				1008	Reject	Header	All		D/I/P	Unable to assign claim type - invalid place of service/type of bill/provider
20614	RL	All	D	1019	Reject	Line	All		D	Tooth Number is present, but is not a valid value.
20310	RL	All	I	1023	Reject	Line	All		I	Revenue Code is missing for invoice type I.
20319	RL	All	D/P	1032	Reject	Line	All		D/P	Procedure Code is missing for invoice type D or P.
20314, 20318	IO	All	I	1032	Accept	Line	All		I	Procedure code missing invoice type I.
20141, 20142	RE	All	I	1035	Reject	Header	All	Inpatient	I	Admission Date invalid, invalid format or greater than current date for Inpatient Type of Bill.
	RE	All	I	1035	Accept	Header	All	Outpatient, Professional	I/P	Admission Date invalid, invalid format or greater than current date.
				1037	Reject	Header	All		D/I/P	Parent ERN and Health Plan not found at header OR found but Beneficiary ID and/or Billing Provider ID does not match.
20155	RE	All	Inpatient	1042	Reject	Header	All	Inpatient	I	Patient Status Code missing or invalid code.
20410	RL	All	D/I/P	1046	Reject	Line	All		D/I/P	Service Line Units (Quantity) is missing or invalid.
20400	RL	All	D/P	1049	Reject	Line	All		D/P	Line Facility Type Code (Place of Service) missing for invoice type D or P.
20559	IO	All	D/I/P	1053	Accept	Header	All		D/I/P	Submitted Charge Amount (Monetary Amount) missing - blank or null for record category D, I, or P and MHP, County Health Plan or MICChild encounter with a provider contract other than FFS ; PIHP/CMHSP, Dental, CA encounter.
				1054	Reject	Header	All		D/I/P	Number of claim lines less than 1.
20280, 20281, 20284, 20285, 20288, 20289, 20292, 20293	RL	All	P	1091	Reject	Line	All		P	Diagnosis Code Pointer missing, invalid or pointing to an invalid diagnosis.
20100, 20105, 20108, 20109	RE	MHP/CHP/ Dental	D/I/P	1098	Reject	Header	All		D/I/P	Subscriber Primary Identifier is missing or does not exist in appropriate eligibility file. (Medicaid for MHP, CHP or Dental. Child Identification Number for MICChild. Client ID in TEDS data for CA, Consumer Unique ID in QI data for CMH.)
				1138	Reject	Header	All		D/I/P	Principal Diagnosis Code can not be an E code.
20421	IO	All	D/I/P	1234	Reject	Header	All		D/I/P	Claim or Line Adjudication Date invalid or not in the format CCYYMMDD.
20560, 20561	IO	All	D/I/P	1237	Accept	Line	All		D/I/P	Line Item Charge Amount missing for MHPs, County Health Plan, MICChild or Dental encounters.
20402	RL	All	D/P	1363	Reject	Line	All		D/P	Line Facility Type Code (Place of Service) invalid for invoice type D or P.

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20402				1403	Reject	Header	All		D/P	Header Facility Type Code (Place of Service) invalid for invoice type D or P.
20214, 20219, 20224, 20229,	RE	All	I	1421	Reject	Header	All		I/P	Diagnosis Code is not a valid diagnosis code.
20190, 20191	IO	All	D/I/P	1423	Accept	Header	All		D/I/P	Billing Provider Taxonomy Code is not a valid taxonomy code
20512	IO	All	D/I/P	1427	Reject	Header	All		D/I/P	Billing Provider Primary ID Qualifier is missing.
20514	RE	All	D/I/P	1429	Reject	Header	All		D/I/P	Billing Provider Primary ID Number missing.
20200	RE	All	I	1470	Reject	Header	All		I/P	Primary Diagnosis Code invalid.
20207	RE	All	Inpatient	1471	Reject	Header	All		I	Admission Diagnosis Code invalid diagnosis code for invoice type I.
				1473	Reject	Header	All		I	E-Code Diagnosis Code is invalid.
20311	RL	All	I	1494	Reject	Line	All		I	Service Line Revenue Code is invalid for invoice type I.
20411	RL	All	D/I/P	1501	Reject	Line	All		D/I/P	Service Line Units (Quantity) is less than 0 or not numeric.
20016	RB	All		1526	Reject	Batch	All		D/I/P	Submitter Identifier is not a valid submitter ID.
20015	RB	All		1527	Reject	Batch	All		D/I/P	Submitter Identifier is missing.
20401	RE	All	I	1570	Reject	Header	All		I	Type of Bill is not a valid UB place of service code for invoice type I.
20563	IO	All	D/P	1607	Accept	Line	All		D/P	Service Line Paid Amount missing for record category D or P
20566	IO	All	I	1616	Accept	Header	All		I	Other Payer Allowed Amount invalid for invoice type I and MHPs, County Health Plan or MICChild encounter with a FFS provider contract or CA or PIHP encounter.
20568	IO	All	D/P	1619	Accept	Line	All		D/P	Service Level Approved Amount invalid for record category D or P and MHP, County Health Plan or MICChild encounter with a FFS provider contract or Dental, CA, CMH.
20562, 20564	IO	All	D/I/P	1621	Accept	Header	All		D/I/P	COB Payer Paid Amount invalid for record category D or P.
20590	IO	All	I	1639	Accept	Header	All		I	Revenue Code equal 100-219 and Service Line Rate Amount (Unit Rate) blank or null for record category I.
20331	IO	All	D/I/P	1647	Accept	Line	All		D/I/P	Procedure Code Modifier 1 is not a valid HCPCS procedure code modifier.
20336	IO	All	D/I/P	1648	Accept	Line	All		D/I/P	Procedure Code Modifier 2 is not a valid HCPCS procedure code modifier.
20342	IO	All	D/I/P	1649	Accept	Line	All		D/I/P	Procedure Code Modifier 3 is not a valid HCPCS procedure code modifier.
20347	IO	All	D/I/P	1650	Accept	Line	All		D/I/P	Procedure Code Modifier 4 is not a valid HCPCS procedure code modifier.
20320	RL	All	D/P	1652	Reject	Line	All		D/P	Service Line Procedure Code is invalid for invoice type D or P.
20314, 20318	IO	All	I	1652	Accept	Line	All		I	Service Line Procedure code invalid for invoice type I.
20615	RL	D	D	1663	Reject	Line	All		D	Tooth Surface Code 1 is invalid
20615	RL	All	D	1664	Reject	Line	All		D	Tooth Surface Code 2 is invalid
20615	RL	All	D	1665	Reject	Line	All		D	Tooth Surface Code 3 is invalid
20615	RL	All	D	1666	Reject	Line	All		D	Tooth Surface Code 4 is invalid
20615	RL	All	D	1667	Reject	Line	All		D	Tooth Surface Code 5 is invalid
20613	IO	D	D	1668	Accept	Line	All		D	Invalid Oral Cavity Designation Code 1
20613	IO	All	D	1669	Accept	Line	All		D	Invalid Oral Cavity Designation Code 2

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20613	IO	All	D	1670	Accept	Line	All		D	Invalid Oral Cavity Designation Code 3
20613	IO	All	D	1671	Accept	Line	All		D	Invalid Oral Cavity Designation Code 4
20613	IO	All	D	1672	Accept	Line	All		D	Invalid Oral Cavity Designation Code 5
20050	RE	All	D/I/P	2631	Reject	Header	All		D/I/P	Other Payer Primary Identifier (e.g., Health Plan ID) is missing.
20051	RE	All	D/I/P	2645	Reject	Header	All		D/I/P	None of the Other Payer Primary Identifiers are valid Capitated Plans.
20424	RE	MHP/CHP/ Dental/MiC hild	D/I/P	2650	Reject	Header	MHP/CHP/D ental/MiChil d		D/I/P	Adjudication Date is missing for a payer at <b>both</b> the header and service line.
20424				2650	Accept	Header	CMH/CA		D/I/P	Adjudication Date is missing for a payer at <b>both</b> the header and service line.
20052	RE	All	D/I/P	2653	Reject	Header	All		D/I/P	There is an invalid combination of Other Payer Primary Identifiers. A Plan that submits for itself can have only 1 Other Payer Primary Identifier. A Plan that submits through a Service Bureau that is not a qualified Plan can have only 1 Other Payer.
20055	RE	All	D/I/P	2655	Reject	Header	All		D/I/P	Other Payer Secondary Identifier (Encounter Reference Number) is missing.
20701, 20702				2656	Reject	Header	All		D/I/P	Parent ERN and Health Plan not found at header. No original to void or replace.
				2657	Reject	Header	All		D/I/P	Previously submitted replacement/void is currently in process. Please resubmit this replacement/void next week.
				2658	Reject	Header	All		D/I/P	The state of the previously submitted replacement/void has not been posted. Please resubmit this replacement/void next week.
20700	RE	All	D/I/P	2659	Reject	Header	All		D/I/P	Original Other Payer Secondary Identifier (Encounter Reference Number) encounter already exists or is duplicated within the input batch.
20199	RE	All	Inpatient	2660	Reject	Header	All	Inpatient	I	Admission Diagnosis Code is missing on inpatient encounter.
20101	RE	All	D/I/P	20101	Reject	Header	All		D/I/P	Subscriber Primary Identifier does not exist in the eligibility file for the date of service being reported. (Medicaid for MHP, CHP or Dental. Client Identification Number for MiChild. Client ID in TEDS data for CA, Consumer Unique ID in QI data for CMH.)
20140	RE	All	I	20140	Reject	Header	All	Inpatient	I	Admission Date is missing for Inpatient Type of Bill.
20143	RE	All	Inpatient	20143	Reject	Header	All	Inpatient	I	Admission Date greater than the Discharge date for Inpatient Type of Bill.
20148	RE	All	Inpatient	20148	Reject	Header	All	Inpatient	I	Statement Through Date is missing and Discharge Status indicates that a discharge occurred for invoice type I for Inpatient Type of Bill.
20149	RE	All	Inpatient	20149	Reject	Header	All	Inpatient	I	Statement Through Date exists but Admission Date is missing for invoice type I for Inpatient Type of Bill.
20151	RE	All	Inpatient	20151	Reject	Header	All	Inpatient	I	Statement Through Date is less than the Admission Date.
20152	RE	All	Inpatient	20152	Reject	Header	All	Inpatient	I	Statement Through Date greater than run date Inpatient Type of Bill.

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20156	RE	All	Inpatient	20156	Reject	Header	All	Inpatient	I	Patient Status Code (Discharge Status) is missing but the revenue code has a Room and Board Designation for invoice type I for Inpatient Type of Bill.
20171	RL	All	D/I/P	20171	Reject	Line	All	D, P	D/P	Service Date invalid or not in the format CCYYMMDD for invoice type D or P
20172	RL	All	D/I/P	20172	Reject	Line	All	D, P	D/P	Service Date greater than the run date for invoice type D or P
20175	RE	All	I	20175	Reject	Header	All		I	Statement From Date is missing for record category I.
20200	RE	All	I	20200	Reject	Header	All		I/P	Primary Diagnosis Code invalid on date of service.
20201, 20211, 20215, 20220, 20225, 20230, 20235, 20240, 20245, 20250, 20255, 20262, 20272	IO	All	I	20201	Accept	Header	All		I	Diagnosis Code is not appropriate for the subscriber's age.
20202, 20208, 20212, 20216, 20221, 20226, 20231, 20236, 20241, 20246, 20251, 20256, 20263, 20273	IO	All	I	20202	Accept	Header	All		I	Diagnosis Code is not appropriate for the subscriber's gender.
20204	RE	All	Inpatient	20204	Reject	Header	All	Inpatient	I	Admission Diagnosis Code invalid and the Revenue Code indicates an admission with Room and Board charges.
20205	IO	All	Inpatient	20205	Accept	Header	All	Inpatient	I	Admission Diagnosis Code is missing but the Revenue Code indicates an admission with Room and Board charges for invoice type I.
20206	IO	All	Inpatient	20206	Accept	Header	All	Inpatient	I	Admission Diagnosis Code is not appropriate for the subscriber's age.
20207	RE	All	I	20207	Reject	Header	All		I	Admission Diagnosis is present and not valid on date of service.
20210	RE	All	I	20210	Reject	Header	All		I/P	Other Diagnosis Code or E-Diagnosis Code is not valid on date of service.
20282	IO	All	P	20282	Accept	Line	All		P	Diagnosis Code Pointer 1 points to a diagnosis code that is not appropriate for the subscriber's age.
20283, 20287, 20291, 20295	IO	All	P	20283	Accept	Line	All		P	Diagnosis Code Pointer points to a diagnosis code that is not appropriate for the subscriber's gender for invoice type P.
20286	IO	All	P	20286	Accept	Line	All		P	Diagnosis Code Pointer 2 points to a diagnosis code that is not appropriate for the subscriber's age.
20290	IO	All	P	20290	Accept	Line	All		P	Diagnosis Code Pointer 3 points to a diagnosis code that is not appropriate for the subscriber's age.
20294	IO	All	P	20294	Accept	Line	All		P	Diagnosis Code Pointer 4 points to a diagnosis code that is not appropriate for the subscriber's age.
20304, 20306	RE	All	Inpatient	20304	Reject	Header	All		I	Principal and Other Procedure present and not valid ICD-9-CM Procedure Code.

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20305	RE	All	Inpatient	20305	Reject	Header	All		I	Revenue Code 360, 361, 362, 367, or 369 submitted in revenue code field and valid ICD-9-CM Procedure not present.
20307	IO	All	IO	20307	Accept	Line	All	Outpatient	I	Procedure present and not valid HCPC Procedure Code on date of service for record category I for Outpatient Type of Bill.
20312	RL	All	I	20312	Reject	Line	All	Inpatient	I	Invalid Revenue Code on Inpatient Institutional
20313	RL	All	I	20313	Reject	Line	All	Outpatient	I	Invalid Revenue Code on Outpatient Institutional
20321, 20322, 20323	RL	All	D/I/P	20321	Reject	Line	All		D/P	Service Line Procedure Code invalid on date of service.
20324	RL	All	I	20324	Reject	Line	All		I	Service Line Procedure Code invalid on date of service.
20520	RE	MHP/MICHild/CA	I/P	20520	Reject	Header	MHP/MICHild/CA		I/P	Billing Provider Primary ID ten digit NPI missing for record category I or P and procedure code is not linked to atypical provider for MHP, MICHild or CA encounter.
20520				20520	Accept	Header	CMH/Dental		I/P	Billing Provider Primary ID ten digit NPI missing for record category I or P and procedure code is not linked to atypical provider for MHP, MICHild or CA encounter.
20522	RL	MHP/MICHild/CA	P	20522	Reject	Line	MHP/MICHild/CA		P	Rendering Provider Primary ID ten digit NPI missing for record category P and procedure code is not linked to atypical provider for MHP or MICHild encounter.
20522				20522	Accept	Line	CMH/Dental		P	Rendering Provider Primary ID ten digit NPI missing for record category P and procedure code is not linked to atypical provider for MHP or MICHild encounter.
20558	IO	All	D/I/P	20558	Accept	Header	All		D/I/P	Submitted Charge Amount (Monetary Amount) missing - zeros, blank or null for MHP, County Health Plan or MICHild encounter with a FFS provider contract; Capitated Dental Plan, CMH or CA.
20560	IO	All	D/I/P	20560	Accept	Line	All		D/I/P	Line Item Charge Amount (Monetary Amount) zeros for record category D, I, or P and MHPs, County Health Plan or MICHild encounter with a FFS provider contract; Capitated Dental, CMH or CA.
20574	IO	All	D/I/P	20574	Accept	Header	All		D/I/P	Adjusted Amount missing at both the claim and the service line and the Total Submitted Charges do not equal the COB Payer Paid Amount.
20703	RE	All	D/I/P	20703	Reject	Header	All		D/I/P	All service lines for the encounter were rejected; therefore, encounter rejected.
99999	IO								D/I/P	This is the first message of your batch transmission.