

Michigan Department of Health and Human Services  
 CHAMPS Encounter Edits Reported on ETRR

CHAMPS Edit on ETRR	CHAMPS Disposition	CHAMPS Level	CHAMPS Plan	CHAMPS Claim Type	CHAMPS Invoice	Description
1000	Reject	Header	All		D/I/P	Header From Date - Invalid or is not less than current date.
1001	Reject	Header	All	Inpatient	I	Header Through Date is an invalid or future date for record category I for Inpatient Type of Bill.
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.
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
1019	Reject	Line	All		D	Tooth Number is present, but is not a valid value.
1023	Reject	Line	All		I	Revenue Code is missing for invoice type I.
1032	Reject	Line	All		D/P	Procedure Code is missing for invoice type D or P.
1032	Accept	Line	All		I	Procedure code missing invoice type I.
1035	Reject	Header	All	Inpatient	I	Admission Date invalid, invalid format or greater than current date for Inpatient Type of Bill.
1035	Accept	Header	All	P, Outpatient	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.
1042	Reject	Header	All	Inpatient	I	Patient Status Code missing or invalid code.
1042	Accept	Header	All	Outpatient	I	Patient Status Code missing or invalid code.
1046	Reject	Line	All		D/I/P	Service Line Units (Quantity) is missing or invalid.
1049	Reject	Line	All		D/P	Line Facility Type Code (Place of Service) missing for invoice type D or 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 MiChild 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.
1091	Reject	Line	All		D/P	Diagnosis Code Pointer missing, invalid or pointing to an invalid diagnosis.
1093	Accept	Header	All	Nursing Facility	I	LTC New Admissions Restriction
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 MiChild. Consumer ID in BH Registry for MH and SUD.)
1102	Accept	Line	All		D/I/P	Rendering Provider is Not Associated with Billing Provider
1132	Accept	Header	All but MHP		I	Operating Physician Missing
1132	Reject	Header	MHP		I	Operating Physician Missing (Effective DOS on or after 01/01/20)
1133	Accept	Header	All but MHP		I	Operating Physician Not On File
1133	Reject	Header	MHP		I	Operating Physician Not On File (Effective DOS on or after 01/01/20)
1135	Accept	Header	All		D/I/P	Rendering Only Provider
1138	Reject	Header	All		D/I/P	Principal Diagnosis Code can not be an E code.
1155	Accept	Header	All		I	Type of Bill Invalid
1174	Reject	Line	All		D/I/P	Date of Death is Before the Date of Service (effective DOS on or after 06/01/19)
1234	Reject	Header	All		D/I/P	Claim or Line Adjudication Date invalid or not in the format CCYYMMDD.
1237	Reject	Line	MHP/CHP/ MiChild/ICO		I/P	Line Item Charge Amount missing for MHPs, County Health Plan, MiChild.
1237	Accept	Line	CMH/CA/ Dental		D/I/P	Line Item Charge Amount missing for Dental encounters.
1273	Accept	Header	All but MHP		P	Supervising Provider Not on File
1273	Reject	Header	MHP		P	Supervising Provider Not on File (Effective DOS on or after 01/01/20)
1285	Reject	Line	MHP/CHP/ MiChild/ICO	**See Claim Types below	I/P	HCPCS and NDC combination is not valid on professional and outpatient encounters.
1285	Accept	Line	CMH/CA	**See Claim Types below	I/P	HCPCS and NDC combination is not valid on professional and outpatient encounters.
1311	Accept	Header	All but MHP, Dental		D/I/P	Billing Provider is Not Active on the Header Date of Service
1311	Reject	Header	MHP		P	Billing Provider is Not Active on the Header Date of Service (Effective DOS on or after 10/01/21)
1311	Reject	Header	MHP, Dental		D/I	Billing Provider is Not Active on the Header Date of Service (Effective DOS on or after 01/01/20)
1363	Accept	Line	All		P	Line Facility Type Code (Place of Service) invalid for invoice type D or P.
1363	Reject	Line	All		D	Line Facility Type Code (Place of Service) invalid for invoice type D or P.
1403	Reject	Header	All		D/P	Header Facility Type Code (Place of Service) invalid for invoice type D or P.
1421	Reject	Header	All		D/I/P	Diagnosis Code is not a valid diagnosis code.
1423	Accept	Header	All		D/I/P	Billing Provider Taxonomy Code is not a valid taxonomy code
1427	Reject	Header	All		D/I/P	Billing Provider Primary ID Qualifier is missing.
1428	Accept	Header	All		D/I/P	Billing Provider ID is not in CHAMPS or is inactive
1429	Reject	Header	All		I	Billing Provider Primary ID Number missing.
1429	Accept	Header	All		P	Billing Provider Primary ID Number missing.
1452	Accept	Header	All		P/D/I	Rendering Provider ID is not in CHAMPS or is inactive
1462	Reject	Line	MHP/CHP/ MiChild/ICO	**See Claim Types below	I/P	Invalid NDC submitted on encounter.
1462	Accept	Line	CMH/CA	**See Claim Types below	I/P	Invalid NDC submitted on encounter.
1470	Reject	Header	All		D/I/P	Primary Diagnosis Code invalid.
1471	Reject	Header	All		I	Admission Diagnosis Code invalid diagnosis code for invoice type I.
1472	Reject	Header	All		D/I/P	Invalid Patient Reason For Visit Diagnosis Code
1473	Reject	Header	All		I	E-Code Diagnosis Code is invalid.
1493	Reject	Header	All		D/I/P	Error statement From Date and/or statement To Date greater than TCN date at Header.
1494	Reject	Line	All		I	Service Line Revenue Code is invalid for invoice type I.
1501	Reject	Line	All		D/I/P	Service Line Units (Quantity) is less than 0 or not numeric.
1526	Reject	Batch	All		D/I/P	Submitter Identifier is not a valid submitter ID.
1527	Reject	Batch	All		D/I/P	Submitter Identifier is missing.
1570	Reject	Header	All		I	Type of Bill is not a valid UB place of service code for invoice type I.
1607	Reject	Line	MHP/CHP/ MiChild/ICO		P	Service Line Paid Amount missing for record category D or P
1607	Accept	Line	CMH/CA/ Dental		D/P	Service Line Paid Amount missing for record category D or P

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1616	Accept	Header	All		D/I/P	Other Payer Allowed Amount invalid
1619	Accept	Line	All		D/P	Service Level Approved Amount invalid for record category D or P
1621	Reject	Header	MHP/CHP/ MiChild/ICO		D/I/P	COB Payer Paid Amount invalid for record category D/I/P.
1621	Accept	Header	CMH/CA/ Dental		D/I/P	COB Payer Paid Amount invalid for record category D/I/P.
1647	Accept	Line	All		D/I/P	Procedure Code Modifier 1 is not a valid HCPCS procedure code modifier.
1648	Accept	Line	All		D/I/P	Procedure Code Modifier 2 is not a valid HCPCS procedure code modifier.
1649	Accept	Line	All		D/I/P	Procedure Code Modifier 3 is not a valid HCPCS procedure code modifier.
1650	Accept	Line	All		D/I/P	Procedure Code Modifier 4 is not a valid HCPCS procedure code modifier.
1652	Reject	Line	All		D/P	Service Line Procedure Code is invalid for invoice type D or P.
1652	Accept	Line	All		I	Service Line Procedure code invalid for invoice type I.
1663	Reject	Line	All		D	Tooth Surface Code 1 is invalid
1664	Reject	Line	All		D	Tooth Surface Code 2 is invalid
1665	Reject	Line	All		D	Tooth Surface Code 3 is invalid
1666	Reject	Line	All		D	Tooth Surface Code 4 is invalid
1667	Reject	Line	All		D	Tooth Surface Code 5 is invalid
1668	Accept	Line	All		D	Invalid Oral Cavity Designation Code 1
1669	Accept	Line	All		D	Invalid Oral Cavity Designation Code 2
1670	Accept	Line	All		D	Invalid Oral Cavity Designation Code 3
1671	Accept	Line	All		D	Invalid Oral Cavity Designation Code 4
1672	Accept	Line	All		D	Invalid Oral Cavity Designation Code 5
1754	Reject	Line	MHP/CHP/ MiChild/ICO	**See Claim Types below	I/P	HCPCS submitted on encounter that is on the NDC Crosswalk and no NDC submitted.
1754	Accept	Line	CMH/CA	**See Claim Types below	I/P	HCPCS submitted on encounter that is on the NDC Crosswalk and no NDC submitted.
1772	Accept	Header/Line	All but MHP, Dental		P/D	Header and/or Line Rendering Provider is Not Active on the Header Date of Service
1772	Reject	Header/Line	MHP		P	Header and/or Line Rendering Provider is Not Active on the Header Date of Service (Effective DOS on or after 10/01/21)
1772	Reject	Header/Line	MHP, Dental		D	Header and/or Line Rendering Provider is Not Active on the Header Date of Service (Effective DOS on or after 01/01/20)
1775	Accept	Line	All		P	Rendering NPI is an Entity or Group
1797	Accept	Line	All		I/P	Procedure combination not covered under NCCI - Modifier allowed - Daily
1798	Accept	Line	All		I/P	Procedure combination not covered under NCCI - Modifier never allowed - Daily
1799	Accept	Line	All		I/P	Procedure combination not covered under NCCI - Modifier allowed - History
1800	Accept	Line	All		I/P	Procedure combination not covered under NCCI - Modifier never allowed - History
1832	Accept	Header	All		P	Invalid Atypical Billing Provider ID at Header
1833	Accept	Header	All		P	Invalid Rendering Atypical Provider ID at Header
1834	Accept	Line	All		P	Invalid Rendering Atypical Provider ID at Line
2631	Reject	Header	All		D/I/P	Other Payer Primary Identifier (e.g., Health Plan ID) is missing.
2645	Reject	Header	All		D/I/P	None of the Other Payer Primary Identifiers are valid Capitated Plans or beneficiary was not enrolled in this plan on the date of service.
2649	Reject	Header	All but MiCareTeam		D/I/P	FTS ID of the Billing Agent that is associated to the health plan does not match the FTS ID that was submitted on the encounter.
2649	Accept	Header	MiCare		D/I/P	FTS ID of the Billing Agent that is associated to the health plan does not match the FTS ID that was submitted on the encounter.
2650	Reject	Header	MHP/CHP/ Dental/MiChild/ ICO		D/I/P	Adjudication Date is missing for a payer at both the header and service line.
2650	Accept	Header	CMH/CA		D/I/P	Adjudication Date is missing for a payer at both the header and service line.
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.
2654	Reject	Header	All		D/I/P	More than two Health Plans or Program Codes submitted at Header
2655	Reject	Header	All*		D/I/P	Other Payer Secondary Identifier (Encounter Reference Number) is missing.
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 Parent ERN and Health Plan has been found, but the status of the prior encounter does not allow this encounter to be processed.
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.
2660	Reject	Header	All	Inpatient	I	Admission Diagnosis Code is missing on inpatient encounter.
5040	Accept	Header	All		P	Header Atypical Billing Provider is Not Active on the Claim DOS
5041	Accept	Header	All		P	Header Atypical Rendering Provider is Not Active on the Claim DOS
5042	Accept	Line	All		P	Line Atypical Rendering Provider is Not Active on the Claim DOS
5112	Accept	Header/Line	All	Professional	P	NURSE PRAC/PHYS ASSIST CLAIM AND SUPERVISING PROVIDER NOT ASSOCIATED TO BILLING PROVIDER
5113	Accept	Line	All	Professional	P	NURSE PRAC/PHYS ASSIST CLAIM WITH SUPERVISING NPI AS TYPE 2
5114	Accept	Line	All	Professional	P	PHYS ASST OR NURSE PRAC RSO CLAIM WITH NO SUPERVISING PROVIDER REPORTED
5115	Accept	Header	All	Professional	P	NURSE PRAC/PHYS ASSIST CLAIM AND HEADER SUPERVISING PROVIDER IS NOT ACTIVE FOR CLAIM DATE OF SERVICE
5116	Accept	Line	All	Professional	P	NURSE PRAC/PHYS ASSIST CLAIM AND LINE SUPERVISING PROVIDER NOT ACTIVE FOR LINE DATE OF SERVICE
5117	Accept	Line	All	Clinic	P	URGENT CARE CLAIM AND PLACE OF SERVICE IS NOT URGENT CARE FACILITY
5118	Accept	Line	All	FQHC, RHC, IHC	P	Clinic Claim and Rendering Provider is Missing
5119	Accept	Line	All	FQHC, RHC, IHC	P	Clinic Claim and Rendering Provider is Not Active on the Date of Service

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5125	Reject	Header	All	Inpatient	I	Date of Death is Before the Date of Service (effective DOS on or after 06/01/19)
5153	Reject	Header	MHP	All	I	Attending NPI Not Enrolled in CHAMPS (Effective DOS on or after 01/01/19 for FQHC, RHC, IHC; Effective 01/01/20 for all other claim types)
5153	Accept	Header	All but MHP	All	I	Attending NPI Not Enrolled in CHAMPS
5155	Reject	Header	MHP	All	I	Attending Not Active on Date of Service(Effective DOS on or after 01/01/19 for FQHC, RHC, IHC; Effective 01/01/20 for all other claim types)
5155	Accept	Header	All but MHP	All	I	Attending Not Active on Date of Service
5156	Reject	Header	All but MICareTeam	FQHC, RHC, IHC	I	Attending Provider Missing (effective DOS on or after 08/01/17)
5156	Reject	Header	MHP	All	I	Attending Provider Missing (effective DOS on or after 01/01/20)
5156	Accept	Header	All but MHP	All but FQHC, RHC/IHC	I	Attending Provider Missing
5158	Accept	Header	All but MHP		P	Ordering NPI Not Enrolled in CHAMPS
5158	Reject	Header	MHP		P	Ordering NPI Not Enrolled in CHAMPS (effective DOS on or after 01/01/20)
5160	Accept	Header	All but MHP		P	Ordering NPI Not Active
5160	Reject	Header	MHP		P	Ordering NPI Not Active (effective DOS on or after 01/01/20)
5162	Accept	Header	All but MHP, Dental		D/I/P	Referring NPI Not Enrolled in CHAMPS
5162	Reject	Header	MHP, Dental		D/I/P	Referring NPI Not Enrolled in CHAMPS (effective DOS on or after 01/01/20)
5164	Accept	Header	All but MHP, Dental		D/I/P	Referring NPI Not Active
5164	Reject	Header	MHP, Dental		D/I/P	Referring NPI Not Active (effective DOS on or after 01/01/20)
5165	Accept	Header	All		P/D	Procedure Codes Require a Referring/Ordering NPI
5167	Accept	Header	All but MHP, Dental		P/D	Claim Type Requires a Referring/Ordering NPI
5167	Reject	Header	MHP, Dental		P/D	Claim Type Requires a Referring/Ordering NPI (effective DOS on or after 01/01/20)
5169	Accept	Header	All but MHP, Dental		P/I/D	Provider Type Not Allowed for Referring/Ordering/Attending NPI
5169	Reject	Header	MHP, Dental		P/I/D	Provider Type Not Allowed for Referring/Ordering/Attending NPI (effective DOS on or after 01/01/20) (Claim Type THC effective 04/01/2022)
5170	Accept	Header	All but MHP, Dental		P/D	Claim Not Covered When Referring/Ordering/Attending is Chiropractor
5170	Accept	Header	MHP, Dental		P/D	Claim Not Covered When Referring/Ordering/Attending is Chiropractor (effective DOS on or after 01/01/22 due to edit 5169 changes)
5170	Reject	Header	MHP, Dental		P/D	Claim Not Covered When Referring/Ordering/Attending is Chiropractor (effective DOS 01/01/20 - 12/31/21)
5171	Accept	Header	All but MHP, Dental		D/I/P	Referring/Ordering/Attending is not Enrollment Type 1/Individual
5171	Reject	Header	MHP, Dental		D/I/P	Referring/Ordering/Attending is not Enrollment Type 1/Individual (effective DOS on or after 01/01/20)
5179	Reject	Header	All	Inpatient	I	Newborn Transfer claim with invalid admission source code
5180	Reject	Header	All	Inpatient	I	Newborn Claim without Admit Source = 5 or 6
5181	Reject	Header	All	Inpatient	I	Newborn Claim missing Birth Weight
5182	Reject	Header	All	Inpatient	I	Invalid Newborn Birth Weight reported
5183	Accept	Header	All	Inpatient	I	C-Section/Induced Delivery without Gestational Age Reported
5220	Accept	Line	All		P	Supervising NPI is Type 2
5221	Accept	Header	All		P	Supervising Provider Required
5222	Accept	Header	All		P	Header Supervising Provider Inactive on DOS
5212	Reject	Header	All but MICareTeam	FQHC, RHC, IHC	P	Professional Clinic Invoice Received (All FQHC/RHC/IHC encounters from non-PIHP submitters with a DOS on or after 08/01/17 must be submitted on an Institutional invoice; PIHPs must submit FQHC/RHC/IHC encounters on Institutional invoices effective 11/01/19)
5223	Accept	Line	All		D	Incorrect Tooth Surface Code Reported
5224	Accept	Line	All	Outpatient	I	340B Provider
5225	Accept	Line	All		P	Telemedicine Requires POS and Modifier

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5316	Accept	Header/Line	All		D/I/P	Medicare Only Provider Non Cost Shared Services
5317	Accept	Line	All		D/I/P	Rendering/Service Provider Mandatory for CHW Services
5500	Reject	Header	All		I	Principal Surgical Procedure Code is Invalid (effective 10/01/2015 due to ICD10 implementation)
5501	Reject	Header	All		I	Principal Surgical Procedure Date is Invalid (effective 10/01/2015 due to ICD10 implementation)
5502	Reject	Header	All		I	Other Surgical Procedure Code is Invalid (effective 10/01/2015 due to ICD10 implementation)
5503	Reject	Header	All		I	Other Surgical Procedure Date is Invalid (effective 10/01/2015 due to ICD10 implementation)
5900	Reject	Header	ICO*		D/I/P	Invalid 2nd other payer with ICO Plan combination
5901	Reject	Header	ICO*		D/I/P	Invalid Three payer combination
5902	Reject	Header	ICO*		D/I/P	More than three valid payers submitted
5903	Accept	Header	ICO		D/I/P	Invalid Consumer ID for ICO PIHP Encounters
5904	Reject	Header	ICO*		D/I/P	ICO Encounters must have a valid ICO as a payor
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. Consumer ID in BH Registry for MH and SUD.)
20140	Reject	Header	All	Inpatient	I	Admission Date is missing for Inpatient Type of Bill with Room and Board revenue codes.
20143	Reject	Header	All	Inpatient	I	Admission Date greater than the Discharge date for Inpatient Type of Bill.
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.
20152	Reject	Header	All	Inpatient	I	Statement Through Date greater than run date Inpatient Type of Bill.
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.
20172	Reject	Line	All	D, P	D/P	Service Date greater than the run date for invoice type D or P
20175	Reject	Header	All		I	Statement From Date is missing for record category I.
20200	Reject	Header	All		D/I/P	Primary Diagnosis Code invalid on date of service.
20201	Accept	Header	All but MHP		I	Diagnosis Code is not appropriate for the subscriber's age.
20201	Reject	Header	MHP		I	Diagnosis Code is not appropriate for the subscriber's age. (effective DOS on or after 11/01/19)
20202	Accept	Header	All but MHP		I	Diagnosis Code is not appropriate for the subscriber's gender.
20202	Reject	Header	MHP		I	Diagnosis Code is not appropriate for the subscriber's gender. (effective DOS 11/1/19 - 03/31/24)
20202	Accept	Header	MHP		I	Diagnosis Code is not appropriate for the subscriber's gender. (effective DOS on or after 04/01/24)
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.
20207	Reject	Header	All		I	Admission Diagnosis is present and not valid on date of service.
20210	Reject	Header	All		D/I/P	Other Diagnosis Code or E-Diagnosis Code is not valid on date of service.
20282	Accept	Line	All but MHP		D/P	Diagnosis Code is not appropriate for the subscriber's age for invoice type D or P.
20282	Reject	Line	MHP		D/P	Diagnosis Code is not appropriate for the subscriber's age for invoice type D or P. (effective DOS on or after 11/01/19)
20283	Accept	Line	All but MHP		D/P	Diagnosis Code Pointer points to a diagnosis code that is not appropriate for the subscriber's gender for invoice type D or P.
20283	Reject	Line	MHP		D/P	Diagnosis Code Pointer points to a diagnosis code that is not appropriate for the subscriber's gender for invoice type D or P. (effective 11/01/19 - 03/31/24)
20283	Accept	Line	MHP		D/P	Diagnosis Code Pointer points to a diagnosis code that is not appropriate for the subscriber's gender for invoice type D or P. (effective DOS on or after 04/01/21)
20296	Reject	Header	All	Inpatient	I	Primary Diagnosis Code invalid on date of service.
20297	Accept	Header	All but MHP	Inpatient	I	Diagnosis Code is not appropriate for the subscriber's gender.
20297	Reject	Header	MHP	Inpatient	I	Diagnosis Code is not appropriate for the subscriber's gender. (effective DOS 11/01/19 - 03/31/24)
20297	Accept	Header	MHP	Inpatient	I	Diagnosis Code is not appropriate for the subscriber's gender. (effective DOS on or after 04/01/24)
20298	Reject	Header	All	Inpatient	I	Admission Diagnosis is present and not valid on date of service.
20299	Reject	Header	All	Inpatient	I	Other Diagnosis Code or E-Diagnosis Code is not valid on date of service.
20300	Reject	Header	All	Inpatient	I	Principal and Other Procedure present and not valid Surgical Procedure Code.
20304	Reject	Header	All		I	Principal and Other Procedure present and not valid Surgical Procedure Code.
20305	Reject	Line	All	Inpatient	I	Revenue Code 360, 361, 362, 367, or 369 submitted in revenue code field and valid Surgical Procedure Code not present.
20305	Accept	Line	All	D, P, Outpatient	D/I/P	Revenue Code 360, 361, 362, 367, or 369 submitted in revenue code field and valid Surgical Procedure Code not present.
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	Reject	Line	All	Inpatient	I	Invalid Revenue Code on Inpatient Institutional on date of service
20313	Reject	Line	All	Outpatient	I	Invalid Revenue Code on Outpatient Institutional on date of service
20321	Reject	Line	All		D/P	Service Line Procedure Code invalid on date of service.
20324	Reject	Line	All		I	Service Line Procedure Code invalid on date of service.
20520	Reject	Line	MHP/MICHild/ICO		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	Accept	Line	CMH/CA/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. (updated to include CA on 08/25/17)
20522	Reject	Line	MHP/MICHild/ICO		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	Accept	Line	CMH/Dental/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. (updated to include CA on 08/25/17)
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	Accept	Line	MHP/CHP/MICHild/Dental		D/I/P	Line Item Charge Amount (Monetary Amount) zeros for record category D, I, or P and MHPs, County Health Plan, MICHild or Dental encounter with a FFS provider contract
20560	Accept	Line	CA		I/P	Line Item Charge Amount (Monetary Amount) zeros for record category I or P and CA encounter with a FFS provider contract.
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	Reject	Header	All		D/I/P	All service lines for the encounter were rejected; therefore, encounter rejected.
20900	Reject	Header	All		D/I/P	History ERN missing or not found for encounter

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20901	Reject	Header	MHP/MIChoice/Dental/ICO/NEMT		D/I/P	When reporting the Health Plan information, Claim Filing Indicator code must follow Companion Guide rules
20901	Accept	Header	PIHP		D/I/P	When reporting the Health Plan information, Claim Filing Indicator code must follow Companion Guide rules
20902	Reject	Line	MHP		D/I/P	Encounter has possibly been submitted as a duplicate of a previous encounter with a different encounter reference number (effective DOS on or after 04/01/19)
20902	Reject	Line	Dental, MICare, MIChoice		D/I/P	Encounter has possibly been submitted as a duplicate of a previous encounter with a different encounter reference number (effective DOS on or after 06/01/19)
20905	Accept	Line	MHP		I/P	Duplication of services due to beneficiary having another applicable benefit plan.
20906	Accept	Header	CCBHC		I/P	CCBHC Encounter must have eligible procedure code.
20907	Accept	Header	CCBHC		I/P	CCBHC Encounter must have eligible diagnosis code.
21000	Reject	Header	All		D/I/P	Encounter cannot submit ICD9 and ICD10 Diagnosis Codes together (effective 10/01/2015 due to ICD10 implementation)
21001	Reject	Header	All		I	Encounter cannot submit ICD9 and ICD10 Surgical Procedure Codes together (effective 10/01/2015 due to ICD10 implementation)
21002	Reject	Header	All		I	Encounter cannot submit ICD9 Diagnosis Codes and ICD 10 Surgical Procedure Codes together or submit ICD10 Diagnosis Codes and ICD9 Surgical Procedure Codes together (effective 10/01/2015 due to ICD10 implementation)
21003	Reject	Header	PIHP		I/P	Encounter submitted with diagnosis code R99 (Unknown cause of mortality)
21005	Accept	Header	All but MHP, Dental		D/I/P	Billing Provider Invalid and In-State
21005	Accept	Header	MHP		P	Billing Provider Invalid and In-State (Effective DOS on or after 01/01/20)
21005	Reject	Header	MHP, Dental		D/I	Billing Provider Invalid and In-State (Effective DOS on or after 01/01/20)
21006	Accept	Header	All but MHP, Dental		D/I/P	Rendering/Serving Provider Invalid and Billing Provider In-State
21006	Accept	Header	MHP		P	Rendering/Serving Provider Invalid and Billing Provider In-State (Effective DOS on or after 01/01/20)
21006	Reject	Header	MHP, Dental		D/I	Rendering/Serving Provider Invalid and Billing Provider In-State (Effective DOS on or after 01/01/20)
21007	Accept	Header/Lne	All but MHP	Inpatient (Header)	D/I/P	Beneficiary Has Other Insurance so Health Plan Must Submit Other Insurance Payer Information on the Encounter (does not set on PIHP)
21007	Reject	Header/Line	MHP	Inpatient (Header)	I/P	Beneficiary Has Other Insurance so Health Plan Must Submit Other Insurance Payer Information on the Encounter

\* Edits that may report on the 5890 error file (ETRR for 5776 ICO Medicare)

\*\*Claim Types that set edits 1285,1462, & 1754 = 4-LHD, E-Hearing/Speech, F-Outpatient, H-Clinic, I-Ambulance, J-Professional, N-PDN, O-IHC, P-DME, S-FQHC, V-RHC, X-Laboratory, Z-Home Health