

Error Number	Error Description	Error Type	Segment	Data Element	Comments
25001	Sender ID (Submitter or Service Bureau ID) is missing.	RB	HISTORY HEADER RECORD	879	
25002	Sender ID (Submitter or Service Bureau ID) is not a valid Sender ID.	RB	HISTORY HEADER RECORD	879	
25003	File name inconsistent with File Type (T/P)	RB	HISTORY HEADER RECORD	702-MC	
25004	Transmission Action is missing. The valid values : "O" for Original file, "C" for ReSubmission	RB	HISTORY HEADER RECORD	981-JV	
25005	Submission Number is missing. Must be a in range 00 - 99	RB	HISTORY HEADER RECORD	888	
25006	Record length mismatch in the file.	RB			
25007	Mandatory record type(PA ,DE ,PT) is missing	RB			
25008	File contains Windows-style line ending. It should be Unix-Style	RB			
25010	Batch Number is missing.	RB	HISTORY HEADER RECORD	806-5C	
25011	Batch Number is not an numeric value.	RB	HISTORY HEADER RECORD	806-5C	
25012	Batch Number has already been used on a prior batch.	RB	HISTORY HEADER RECORD	806-5C	
25014	Creation Time - Missing Time or Time is not in the format HHMM.	RB	HISTORY HEADER RECORD	880-K3	
25015	Creation Date is missing.	RB	HISTORY HEADER RECORD	880-K2	
25016	Creation Date - Invalid date or date is not in the format CCYYMMDD.	RB	HISTORY HEADER RECORD	880-K2	
25017	Creation Date is not less than or equal to the run date of this Edit Run.	RB	HISTORY HEADER RECORD	880-K2	
25018	Version Release Number is not 42 in History Header record	RB	HISTORY HEADER RECORD	102-A2	
25021	Period Start Dt-Invalid date or date is not in the format CCYYMMDD.	RB	HISTORY HEADER RECORD	601-06	
25022	Period End Dt-Invalid date or date is not in the format CCYYMMDD.	RB	HISTORY HEADER RECORD	601-06	
25024	RECEIVER ID is missing value or contain invalid value. Expected value is "D00111".	RB	HISTORY HEADER RECORD	880-K7	
25025	Record Count mismatch between file and trailer record - row count	RB	TRAILER RECORD	601-09	
25026	"Total Net Amount Due" cannot be blank	RB	TRAILER RECORD	895	
25027	"Total Patient Pay Amount" cannot be blank	RB	TRAILER RECORD	694	
25028	"Total Patient Pay Amount" submitted is less than 0 (zero) or not numeric	RB	TRAILER RECORD	694	Reject on 10/1/19
25029	Total Net Amount Due submitted is less than 0 (zero) or not numeric	RB	TRAILER RECORD	895	Reject on 10/1/19
25030	Version Release Number is not 42 in History Detail Record	RE	CLAIM CATEGORY	102-A2	
25031	Total Gross Amount Due submitted is less than 0 (zero) or not numeric	RB	TRAILER RECORD	693	Reject on 10/1/19
25050	Transaction Reference Number is missing.	RE	REFERENCE CATEGORY	896	
25051	Transaction Reference Number is not an alphanumeric value.	RE	REFERENCE CATEGORY	896	
25052	Encounter already exists and was submitted as '0' (Original).	RE	General Edits		
25053	No encounter exists to replace and submitted as '1' (Overwrite).	RE	General Edits		
25054	No encounter exists to void and submitted as '2' (Delete).	RE	General Edits		
25055	Transaction Reference Number has been used on multiple batch details.	RE	REFERENCE CATEGORY	896	
25056	Multiple transactions submitted and one or more are for a compound.	RE	REFERENCE CATEGORY	896	
25057	Record Indicator value must be '0', '1', '2'	RE	General Edits	398	

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25058	The original ICN is required in the field #224 when field 398 = 1 or 2	IO	REFERENCE CATEGORY	224	
25067	Service Provider ID is missing or Service Provider ID Qualifier is missing.	RE	PHARMACY CATEGORY	2Ø2-B2	
25068	Service Provider NPI is missing.	RE	PHARMACY CATEGORY	2Ø1-B1	
25069	Service Provider ID Qualifier is not equal to "01".	RE	PHARMACY CATEGORY	2Ø2-B2	
25070	Date of Service is missing.	RE	CLAIM CATEGORY	4Ø1-D1	
25071	Date of Service - Invalid date or date is not in the format CCYYMMDD.	RE	CLAIM CATEGORY	4Ø1-D1	
25072	Date of Service is not less than or equal to the run date of this Edit Run.	RE	CLAIM CATEGORY	4Ø1-D1	
25075	Place of Service lookup failed with Champs reference table	IO	CLAIM CATEGORY	3Ø7-C7	
25080	Alternate Service Provider ID Qualifier is blank but Alternate Service Provider ID is populated	RE	PHARMACY CATEGORY	2Ø2-B2	
25081	Alternate Service Provider ID is missing.	RE	PHARMACY CATEGORY	2Ø1-B1	
25085	Check Date should be a valid date. It should be later than or equal to the Date of Service.	RE	CLAIM CATEGORY	216	
25086	Invalid Date format for Invoice Date . If populated, the valid format is 'CCYYMMDD'.	RE	VERSIONS CATEGORY	690-ZG	
25087	Invalid date format for Original Claim Receive Date column. If populated, the valid format is 'CCYYMMDD'.	RE	CLAIM CATEGORY	283	
25100	Cardholder ID is missing.	RE	CARDHOLDER INFORMATION	3Ø2-C2	
25101	Cardholder ID (Medicaid ID) does not exist in the Medicaid eligibility file and encounter Group ID not MICHILD.	RE	CARDHOLDER INFORMATION	3Ø2-C2	
25102	Cardholder ID (Child Identification Number) does not exist in the MICHild eligibility file and encounter Group ID equals "MICHILD".	RE	CARDHOLDER INFORMATION	3Ø2-C2	
25103	Valid date must be present for Card Holder's Date of Birth Column. The valid format is 'CCYYMMDD'	RB	CARDHOLDER INFORMATION	214	
25105	Group ID is missing.	RE	BENEFITS CATEGORY	3Ø1-C1	
25106	Group ID is not equal to "MIMEDICAID", "MICHILD".	RE	BENEFITS CATEGORY	3Ø1-C1	
25107	Eligibility Group ID is Missing	RE	ELIGIBILITY CATEGORY	246	
25108	First or Last Name is missing.	IO	CARDHOLDER INFORMATION	716, 717	
25109	Gender code invalid or missing	RE	CARDHOLDER INFORMATION	721-MD	
25140	Invalid State Code for CARDHOLDER'S STATE/PROVINCE ADDRESS	RE	CARDHOLDER INFORMATION	729	
25141	Invalid State Code for PATIENT' STATE/PROVINCE ADDRESS	RE	PATIENT INFORMATION	729	
25142	Invalid State Code for PHARMACY'S STATE/PROVINCE ADDRESS	RE	PHARMACY CATEGORY	729	
25143	Invalid "ELIGIBILITY/PATIENT RELATIONSHIP CODE"	RE	PATIENT INFORMATION	247	
25144	Invalid "PATIENT RELATIONSHIP CODE"	RE	PATIENT INFORMATION	306-C6	
25145	Valid date must be present for Date of Birth column. The valid format is 'CCYYMMDD'	RB	PATIENT INFORMATION	304-C4	
25149	Prescription Service Reference Number Qualifier is not equal to "1".	RE	CLAIM CATEGORY	455-EM	
25150	Prescription/Service Reference Number is missing or the Prescription Service Reference Number Qualifier is not equal to "1".	RE	CLAIM CATEGORY	402-D2	
25154	Product/Service ID Qualifier equal to '00' but no compound record found	RE	CLAIM CATEGORY	436-E1	

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25155	Product/Service ID is missing or the Product Service ID Qualifier is not equal to 03.	RE	CLAIM CATEGORY	402-D2, 436-E1	
25156	Product/Service ID is not a valid NDC value	RE	CLAIM CATEGORY	407-D7	
25157	Product/Service ID is a NDC psychotropic drug or HIV drug	RE	CLAIM CATEGORY	407-D7	
25158	Compound Code indicates that the Product/Service ID is a compound (i.e., value of 2) but the Product/Service ID is not all zeros.	IO	CLAIM CATEGORY	407-D7	
25160	Quantity Dispensed is missing.	RE	CLAIM CATEGORY	442-E7	
25161	Quantity Dispensed is less than 0 (zero) or not numeric.	RE	CLAIM CATEGORY	442-E7	
25165	Fill Number is missing.	RE	CLAIM CATEGORY	403-D3	
25166	Fill Number is less than 0 (zero) or not numeric.	RE	CLAIM CATEGORY	403-D3	
25170	Days Supply missing.	RE	CLAIM CATEGORY	405-D5	
25172	Days Supply is less than 0 (zero) or not numeric.	RE	CLAIM CATEGORY	405-D5	
25175	Compound Code is not a valid NCPDP value.	RE	CLAIM CATEGORY	406-D6	
25180	Dispense as Written is missing.	RE	CLAIM CATEGORY	408-D8	
25181	Dispense as Written is not a valid NCPDP value.	RE	CLAIM CATEGORY	408-D8	
25185	Date Prescription Written is missing.	IO	CLAIM CATEGORY	408-D8	
25186	Date Prescription Written - Invalid date or date is not in the format CCYYMMDD.	IO	CLAIM CATEGORY	414-DE	
25187	Date Prescription Written is not less than or equal to the run date of this Edit Run.	IO	CLAIM CATEGORY	414-DE	
25190	Number of Refills Authorized is missing.	IO	CLAIM CATEGORY	415-DF	
25191	Number of Refills Authorized is less than 0 or not numeric.	RE	CLAIM CATEGORY	415-DF	
25192	Submission Clarification Code is not a valid NCPDP value.	IO	PRODUCT CATEGORY	420-DK	
25193	Prescription Origin Code is not a valid NCPDP value.	RE	CLAIM CATEGORY	419-DJ	
25194	Quantity Prescribed is missing for schedule II drugs.	RE	CLAIM CATEGORY	460-ET	Reject for Plan Adjudication Dates on/after 9/21/20
25195	Quantity Prescribed is missing.	IO	CLAIM CATEGORY	460-ET	
25196	Quantity Prescribed is less than 0 or not numeric.	IO	CLAIM CATEGORY	460-ET	
25197	Other Coverage Code is missing.	IO	BENEFITS CATEGORY	308-C8	
25198	Other Coverage Code is not a valid NCPDP value.	IO	BENEFITS CATEGORY	308-C8	
25199	SPECIAL PACKAGING INDICATOR is not a valid NCPDP value.	IO	CLAIM CATEGORY	429-DT	
25201	Unit of Measure is missing.	RE	CLAIM CATEGORY	600-28	
25202	Unit of Measure is not a valid NCPDP vlaue.	RE	CLAIM CATEGORY	600-28	
25205	Level of Service is missing.	IO	CLAIM CATEGORY	418-DI	
25206	Level of Service is not a valid NCPDP value.	IO	CLAIM CATEGORY	418-DI	
25210	Prior Authorization Type Code is missing.	IO	PRIOR AUTHORIZATION CATEGORY	461-EU	
25211	Prior Authorization Type Code is not a valid NCPDP value.	IO	PRIOR AUTHORIZATION CATEGORY	461-EU	
25251	Prescriber ID is missing or the Prescriber ID Qualifier is missing.	RE	PRESCRIBER CATEGORY	466-EZ,411-DB	
25252	Prescriber NPI is missing.	RE	PRESCRIBER CATEGORY	411-DB	
25253	Prescriber ID Qualifier is not equal to "01".	RE	PRESCRIBER CATEGORY	466-EZ	
25254	Prescriber ID cannot equal Billing Provider ID except when HIC3 code = X1A	RE	PRESCRIBER CATEGORY	466-EZ	
25255	Record Status Cannot be blank and must contain a valid value 1-6	RE	CLAIM CATEGORY	399	
25256	Claim Media Type Cannot be blank	RE	CLAIM CATEGORY	218	

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25257	Payment Clarification Code Cannot must contain a valid code (01 through 39) or contain spaces; it cannot be blank	RE	CLAIM CATEGORY	395	
25259	Prescription Service Reference Number Qualifier is not equal to "1".	RE	COMPOUND FILE	455-EM	
25260	Prescription/Service Reference Number is missing or the Prescription Service Reference Number Qualifier is not equal to "1" in Compound Dataset	RE	COMPOUND FILE	402-D2	
25261	Unit of Measure is not a valid NCPDP value in Compound dataset	RE	CLAIM CATEGORY	600-28	
25309	COB PRIMARY PAYER ID is missing	RE	BENEFITS CATEGORY	232	
25312	COB SECONDARY PAYER ID is missing	RE	BENEFITS CATEGORY	238	
25317	Carrier Number is missing	RE	BENEFITS CATEGORY	215	
25318	Supplied Carrier Number is not in valid Capitated Plans	RE	BENEFITS CATEGORY	215	
25320	ADJUDICATION DATE is missing	RE	CLAIM CATEGORY	578	
25321	ADJUDICATION DATE is present - Invalid Date or Date is not in format CCYMMDD	RE	CLAIM CATEGORY	578	
25322	ADJUDICATION DATE is less than or equal to run date of this edit.	RE	CLAIM CATEGORY	578	
25462	Ajudcation Date cannot be earlier than Service Date	RE	CLAIM CATEGORY	578	
25465	The Adjudication Time is not blank and contains invalid Time	IO	CLAIM CATEGORY	203	
25088	Invalid date format for Billing Cycle End Date column. If populated, the valid format is 'CCYMMDD'.	RB	CLAIM CATEGORY	213	
25089	Invalid date format for Member Submitted Claim Payment Release Date column. If populated, the valid format is 'CCYMMDD'.	RB	CLAIM CATEGORY	278	
25090	Invalid date format for Claim Date Received in Mail column. If populated, the valid format is 'CCYMMDD'.	RB	CLAIM CATEGORY	217	
25091	Invalid date format for Associated Prescription/Service Date column. If populated, the valid format is 'CCYMMDD'.	RB	CLAIM CATEGORY	457-EP	
25098	Invalid date format for Date of Injury column. If populated, the valid format is 'CCYMMDD'.	RB	WORKER'S COMPENSATION CATEGORY	434-DY	
25470	OTHER PAYER-PATIENT RESPONSIBILITY AMOUNT QUALIFIER is Missing	IO	PRICING CATEGORY	351-NP, 352-NQ, 351-NP, 352-NQ	
25471	Patient Responsibility Amount is not numeric or less than zero.	IO	PRICING CATEGORY	352-NQ	
25472	COB_PRMRY_PAYER_DEDUCTIBLE - Patient Responsibility Amount is not numeric or less than zero.	IO	PRICING CATEGORY	352-NQ	
25475	The Other Payer Benefit Stage Amount Qualifier is not valid	IO	PRICING CATEGORY	351-NP	
25476	Other Payer Benefit Stage Amount is not numeric or less than zero.	IO	PRICING CATEGORY	352-NQ	
25501	First Reason for Service Code is not a valid NCPDP Reason for Service Code.	IO	CLAIM CATEGORY	439-E4	
25521	First Professional Service Code is not a valid NCPDP Professional Service Code	IO	CLAIM CATEGORY	440-E5	
25561	First Result of Service Code is not a valid NCPDP Result of Service Code.	IO	CLAIM CATEGORY	441-E6	
25601	Ingredient Cost Paid is missing.	RE	PRICING CATEGORY	506-F6	
25602	Ingredient Cost Paid is less than 0 (zero) or not numeric.	RE	PRICING CATEGORY	506-F6	
25603	Ingredient Cost Submitted is missing.	IO	PRICING CATEGORY	409-D9	

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25604	Ingredient Cost Submitted is less than 0 (zero) or not numeric.	IO	PRICING CATEGORY	409-D9	
25605	Dispensing Fee Submitted is missing.	RE	PRICING CATEGORY	507-F7	
25606	Dispensing Fee Submitted is less than 0 (zero) or not numeric.	RE	PRICING CATEGORY	507-F7	
25607	"Total Amount Paid By all Sources" Cannot be blank	RE	PRICING CATEGORY	395	
25608	"Net Amount Due" Cannot be blank	RE	PRICING CATEGORY	281	
25615	Patient Paid Amount Submitted is missing.	RE	PRICING CATEGORY	505-F5	
25616	Patient Paid Amount Submitted is less than 0 (zero) or not numeric.	RE	PRICING CATEGORY	505-F5	
25625	Usual and Customary Charge is missing.	RE	PRICING CATEGORY	426-DQ	
25626	Usual and Customary Charge is less than 0 (zero) or not numeric.	RE	PRICING CATEGORY	426-DQ	
25630	Gross Amount Due is missing.	IO	PRICING CATEGORY	43Ø-DU	
25631	Gross Amount Due is less than 0 (zero) or not numeric.	IO	PRICING CATEGORY	43Ø-DU	
25901	This record was superceded by another input record.	RE	General Edits		
25902	Previous Encounter in this Family was Rejected in this Batch	RE	General Edits		
26000	Compound Dosage Form Code is not a valid NCPDP Compound Dosage Form Code in "History Detail-DE" dataset.	IO	PRODUCT CATEGORY	243	
26001	Compound Dosage Form Code is not a valid NCPDP Compound Dosage Form Code in "Compound Detail -CD /CE" dataset.	IO	COMPOUND INGREDIENT 1 thru 15	243	
26100	Compound Product ID is an invalid National Drug Code.	IO	COMPOUND INGREDIENT 1 thru 15	489-TE	
26101	Compound Product ID is a NDC psychotropic drug.	RE	COMPOUND INGREDIENT 1 thru 15	489-TE	
26102	Ingredient count cannot be blank	RE	General Edits	477-EC	
26103	Compound Product ID Qualifier Cannot be blank and should be one of these value allowed values: 01, 02, 03, 04, 11, 12, 15, 28, 29, 30, 31, 32, 33 and 99	RE	COMPOUND INGREDIENT 1 thru 15	488-RE	
26110	Compound Ingredient Quantity is less than 0 or not numeric.	IO	COMPOUND INGREDIENT 1 thru 15	448-ED	
26111	Compound Ingredient Quantity is present but Compound Product ID is not present or the Compound Product ID Qualifier was not equal to 03.	IO	COMPOUND INGREDIENT 1 thru 15	488-RE, 448-ED	
26115	Compound Ingredient Drug Cost is less than 0 or not numeric.	IO	COMPOUND INGREDIENT 1 thru 15	488-RE, 449-EE	
26116	Compound Ingredient Drug Cost is present but Compound Product ID is not present or the Compound Product ID Qualifier was not equal to 03.	IO	COMPOUND INGREDIENT 1 thru 15	488-RE, 449-EE	
26120	Compound Ingredient Basis of Cost Determination is not a valid NCPDP value in "Compound Detail -CD /CE" dataset.	IO	COMPOUND INGREDIENT 1 thru 15	488-RE, 49Ø-UE	
26121	Compound Ingredient Basis of Cost Determination is present but Compound Product ID is not present or the Compound Product ID Qualifier was not equal to 03.	IO	COMPOUND INGREDIENT 1 thru 15	488-RE, 49Ø-UE	
26130	Diagnosis Code is not a valid diagnosis code or Diagnosis Code Qualifier is not equal to a valid value (01-07).	IO	CLAIM CATEGORY	424-DO	
26131	Diagnosis Code, prior to current Diagnosis code is missing.	IO	CLAIM CATEGORY	492-WE	
26132	Prescriber NPI - Not Valid/Active	IO	PRESCRIBER CATEGORY	411-DB	5852: Reject for DOS on/after 10/1/20; bypass if Submission Clarification Code = 13 or 55 or if Authorization Number is NOT SPACES, '0', or '0000000000'

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26133	Prescriber NPI is not registered as Individual/Sole Proprietor	IO	PRESCRIBER CATEGORY	411-DB	
26134	Service Provider NPI is not Valid/Active	IO	PHARMACY CATEGORY	201-B1	
26134	Service Provider NPI is not Valid/Active	RE	PHARMACY CATEGORY	201-B1	MHP's only effective DOS on/after 3/01/2020 for In-State providers only
99999	This is the last message of your batch transmission.	IO	General Edits		