

Appendix B: 837 Professional Claim – BCBSNC Business Edits

Senders of professional health care claims receive the following error codes and messages via the Claims Audit Report if a claim is denied prior to adjudication.

Important Notice!

The [Change Log](#) of this appendix identifies edits that have been changed/added since the first posting of version 1.0 in April 2003. If you have previously downloaded an older version of this document, please reference the [Change Log](#) to identify edits that have been changed and to ensure you have the latest version of the edit in question.

New Error Code	Explanation Message	837 Professional Cross-references ¹
P002	Subscriber's Birth Date must contain a valid date and cannot be greater than current date.	p. 125, 2010BA, Demographic Info, DMG02
P003	When Entity Code (NM101) equals IL, Entity Type Qualifier must equal '1'.	p.118, 2010BA, Subscriber Name, NM102
P004	When Other Insured's Entity Code (NM101) = IL, Entity Qualifier must equal '1'.	p.351, 2330A, Other Subscriber Name, NM102
P005	Newborn charges should not be filed on the Parent's claim. They should be filed separately under the baby's name and Member ID.	p.400, 2400, Professional Service, SV101:2
P006	Member ID must be valid. (Valid ID is an exact representation of that on the Membership ID Card.)	p. 119, 2010BA, Subscriber Name, NM109

¹ Cross-referenced to the 837 Professional (004010X098A1) and Companion Guide Data Element Table. The Cross Reference provides the Implementation Guide page numbers, Loop ID, Segment Name, and the segment ID/element number combined (e.g. NM102).

New Error Code	Explanation Message	837 Professional Cross-references ¹
P008	Currency Code not equal to USD.	p. 81, 2000A, Foreign Currency Info, CUR02
P009	Creation date must be a valid date and not greater than Current date.	p. 64, Beginning of HT, BHT04
P010	Product/Service ID Qualifier must equal 'HC'.	p. 401, 2400, Professional Service, SV101:1
P011	Negative Total Charge amount invalid.	p. 172, 2300, Claim Information, CLM02
P013	Negative Line Charge amount invalid.	p. 402, 2400, Line Charge, SV102
P014	Negative Unit invalid.	p.403, 2400, Units, SV104
P015	The first occurrence of Claim Filing Indicator must be BL or ZZ	p. 112, 2000B, Subscriber Information, SBR09
P016	Patient's birth date must contain a valid date and cannot be greater than current date.	p. 165, 2010CA, Patient Demographic Information, DMG02.
P017	Patient's Membership ID must be valid.	p. 159, 2010CA, Patient Name, NM109
P018	Member id prefix not valid for DOS.	2010BA, 2010CA, Patient Name, NM109
P022	An issue was found with the submitted NPI. An EDI representative will contact you with further information.	2010AA or 2010AB, Provider ID, NM109
P023	Blue Medicare PPO Member. Please submit professional claims to Partners National Health Plans of North Carolina, P.O. Box, 17509, Winston-Salem, NC 27116-7268.	2010BA or 2010CA, Member ID, NM109
P024	Blue Medicare HMO Member. Please submit professional claims to Partners National Health Plans of North Carolina, P.O. Box 17509, Winston-Salem, NC 27116-7268.	2010BA or 2010CA, Member ID, NM109
P025	RAI-Blue Medicare HMO Member. Please submit professional claims to Partners National Health Plans of North Carolina, P.O. Box 17509, Winston-Salem, NC 27116-7268.	2010BA or 2010CA, Member ID, NM109
P026	Billing Provider Secondary ID Qualifier must equal G2 and/or Billing Provider Secondary ID must be valid for Medicaid submitted claims.	2010AA or 2010AB, Provider ID, REF02
	BREAK IN ERROR MESSAGE NUMBERING for 837P	
P301	Invalid Subscriber Name as submitted. Contains special characters other than dashes, apostrophes, spaces or periods.	p.118, 2010 BA, Subscriber Name, NM103

New Error Code	Explanation Message	837 Professional Cross-references ¹
P302	Other Birth Date must contain a valid date and cannot be greater than current date.	p. 343, 2320, Subscriber Demographic Info, DMG02
P303	Patient Birth Date must contain a valid date and cannot be greater than current date.	p. 164, 2010CA, Patient Demographic Info, DMG02
P304	If present, Date of Current Illness must be valid, cannot be greater than current date or less than patient's birth date.	p. 189, 2300, Date – Onset of Current Illness, DTP03
P305	If present, Date of LMP must be valid, cannot be greater than current date or less than patient's birth date.	p. 196, 2300, Date – LMP, DTP03
P306	If present, Date of Accident must be valid, cannot be greater than current date, or less than patient's birth date.	p. 195, 2300, Date – Accident, DTP03
P307	If present, Same or Similar Illness must contain a valid date.	p. 193, 2300, Date – Similar Illness, DTP03
P308	If present, Hospitalization From date must contain a valid date.	p. 209, 2300, Date- Admission, DTP03
P309	If present, Hospitalization To date must contain a valid date.	p. 211, 2300, Date- Discharge, DTP03
P310	If a Facility Code Value of 21, 31, 51 or 61 (CLM05-1) is used on a charge line, Hosp. Dates cannot be greater than current date or less than patient's DOB.	p. 209 or 211, 2300, Date- Admission or Date Discharge, DTP03
P311	From Date must contain a valid date.	p. 436, 2400, Date – Service Date, DTP03
P312	To Date must contain a valid date.	p. 436, 2400, Date – Service Date, DTP03
P313	From Date inconsistent with Hospitalization dates.	p. 436, 2400, Date – Service Date, DTP03
P314	To Date inconsistent with Hospitalization dates.	p. 436, 2400, Date – Service Date, DTP03
P315	To Date prior to From Date.	p. 436, 2400, Date – Service Date, DTP03
P316	Earliest Date of Service for all charge lines must not be prior to Patient's Birth Date.	p. 436, 2400, Date – Service Date, DTP03

New Error Code	Explanation Message	837 Professional Cross-references ¹
P317	Modifier is equal to '80', '81', '82' (assistant at surgery) and is inconsistent with a non-surgical procedure code.	p. 401, 2400, Professional Service, SV101:3
P319	Accident Diagnosis Codes [800-995] require Date of Onset (DTP01 =431) or Date of Current Injury (DTP01 = 439).	p. 266, 2300, HC Diagnosis Code, HI01:2 in reference to 2300, p. 188, Date of Onset, <u>or</u> p. 194, Accident Date, <u>or</u> p. 196, 2300 LMP, DTP01
P320	Line Charge must not be greater than \$9,999,999.99.	p. 402, 2400, Professional Service, SV102
P321	Days, units, or minutes must not be greater than 9,999,999	P. 403, 2400, Professional Service, SV104
P322	Units must be greater than one (1) when a Modifier of '50' is entered.	p.403, 2400, Professional Service, SV104
P323	Days or Units must be numeric and greater than zero.	p.403, 2400, Professional Service, SV104
P329	Hospitalization Discharge Date must be equal to or greater than the Admission Date.	P. 211, 2300, Date – Discharge, DTP03
P330	Service Date cannot be greater than current date.	p. 436, 2400, Date – Service, DTP03
P331	Negative Payer Amount Paid invalid.	p. 332, 2320, Payer Amount Paid, AMT02
P332	Negative Patient Amount Paid invalid.	p. 339, 2320, Patient Amount Paid, AMT02
P333	A diagnosis code required for the claim.	p. 266-270, 2300, Health Care Diagnosis Code, HI0X-2
P335	Facility Type Code 99 invalid for BCBSNC business.	p. 173, 2300, Facility Type Code, CLM05-1
P336	Disability End Date cannot be prior to Disability Begin Date.	p.201, 2300, Date – Disability Begin, DTP03 and p. 203, 2300, Date-Disability End, DTP03.
P337	Invalid Patient Name as submitted – contains special characters other than dashes, apostrophes, spaces or periods.	p. 158, 2010CA, Patient Name, NM103 and/or NM104.

New Error Code	Explanation Message	837 Professional Cross-references ¹
P340	Claim Frequency Type Code of "6" is not accepted.	Claim Information, 2300 CLM05-3, p. 173
P341	E-code cannot be the primary diagnosis code.	Health Care Diagnosis Code, 2300 HI01-2, p.266 (when HI01-1 = BK
P343	REF02 Provider ID submitted is not authorized for the NPI	Provider ID, 2310B, 2420A, REF02
P344	Either the approved amount or allowed amount at the claim level must match the total of all line level approved amounts.	COB Approved (2320 AMT02 when AMT01=AAE) or Allowed (2320 AMT02 when AMT01=B6); Approved Amount (2400 AMT02 when AMT01=AAE)
P345	The Paid Amount at the claim level must match the sum of the Paid Amount(s) at the line level.	COB Patient Paid Amount 2320, AMT02 (when AMT01=D); Line Adjudication Information 2430, SVD02

Change Log

This change log documents all revisions that have been made to version 1.0 of Appendix B 837 Professional Health Claim Business Edits that were published to the EDI Web site April 2003.

837- Professional Business Edits - CHANGE LOG		
Error Code	Type of Edit Change (Modified, Added, Deleted)	Effective Date of Change
P001	Deleted	August 2003
P002	Modified	August 2003
P014	Modified	August 2003
P016	Added	August 2003
P017	Added	August 2003
P301	Modified	August 2003
P317	Modified	August 2003
P318	Modified	August 2003

837- Professional Business Edits - CHANGE LOG		
Error Code	Type of Edit Change (Modified, Added, Deleted)	Effective Date of Change
P336	Added	August 2003
P337	Added	August 2003
P319	Modified	September 2003
P326	Modified	September 2003
P326	Deleted	October 2003
P338	Added	November 2003
P303	Modified	May 2004
P318	Deleted	June 2004
P321	Modified	July 2004
P007	Deleted	September 2004
P320	Deleted	September 2004
P321	Modified	September 2004
P324	Deleted	September 2004
P326	Deleted	September 2004
P328	Deleted	September 2004
P320	Reinstated but modified	September 2004
P325	Deleted	October 2004
P329	Modified	October 2004
P339	Added	October 2004
P340	Added	December 2004
P319	Modified (LMP date requirement removed)	Changed 3/30/05 Effective 5/16/05
P005	Modified	Changed 3/30/05 Effective 5/16/05
P341	Added	July 2005
P334	Deleted	September 2005

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Error Code	Type of Edit Change (Modified, Added, Deleted)	Effective Date of Change
P339	Deleted	September 2005
P338	Modified	October 15, 2005
P012	Deleted	November 16, 2005
P327	Modified for NPI Implementation	September 16, 2006
P018-P022	Added for NPI Implementation	September 16, 2006
P342-343	Added for NPI Implementation	September 16, 2006
P327	Deleted	October 2006
P344-345	Added	July 2007
P020	Deleted	August 2007
P021	Deleted	August 2007
P023	Added	December 2007
P024	Added	December 2007
P025	Added	December 2007
P023, 024, 025	Modified the PO Box address	February 2008
P019	Deleted	May 2008
P338	Deleted	May 2008
P342	Deleted	May 2008
P017	Modified	May 2008
P018	Modified	May 2008
P026	Added	May 2008