

Appendix C: 837 Institutional Claim – BCBSNC Business Edits

Senders of institutional 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 Institutional Cross-references ¹ |
|----------------|--|---|
| I002 | Subscriber's Birth Date must contain a valid date and cannot be greater than current date. | p. 115, 2010BA, Demographic Info, DMG02 |
| I003 | When Insured's Name Qualifier (NM101) equals IL, Entity Type Qualifier must equal '1'. | p. 108, 2010BA, Subscriber Info, NM102 |
| I004 | When Other Insured's Name Qualifier (NM101) = IL, Entity Type Qualifier must equal '1'. | p.401, 2330A, Other Subscriber Name, NM102 |
| I005 | Newborn charges must be filed separately under the baby's name. | p.445, 2400, Inst. Service Line, SV201 |
| I006 | Member ID must be valid. | p. 110, 2010BA, NM109, Subscriber Name |
| I008 | Currency code not equal to USD. | p. 74, 2000A, CUR02, Foreign Currency Code |
| I009 | Creation date must be a valid date and not greater than current date. | p. 58, BHT04, Beginning of Hierarchical Transaction |
| I010 | Product/Service ID Qualifier (Procedure Code) must equal 'HC'. | p. 445, 2400, SV202:1, Product/Service ID Qualifier |

¹ Cross-reference to the 837 Institutional (004010X096A1) and Companion Guide Data Element Table. The Cross Reference provides the Implementation Guide page numbers, Loop ID, Segment Name (or alias), and the segment name acronym/element number combined (e.g. NM102).

| New Error Code | Explanation Message | 837 Institutional Cross-references ¹ |
|---|---|--|
| I011 | Negative Total Charge amount invalid. | p. 159, 2300, CLM02, Claim Information |
| I013 | Negative Line Charge amount invalid. | p. 448, 2400, SV203, Inst. Service. Line, Monetary Amount |
| I014 | Negative Unit Amount invalid | p. 449, 2400, SV205, Service Line Quantity Amount |
| I015 | First occurrence of the Claim Filing Indicator should be BL or ZZ | p. 104, 2000B, SBR09, Subscriber Information |
| I016 | Patient's birth date must contain a valid date and cannot be greater than the current date. | p. 152, 2010CA, DMG02, Patient Demographic Information |
| I017 | Patient's Membership ID must be valid. (Valid Membership ID is an exact representation of that on the Membership ID Card.) | p. 147, 2010CA, NM109, Patient Name |
| I018 | Member ID number prefix not valid for DOS. Please verify member ID number and resubmit the claim. | p. 109 or 145, 2010BA or 2010CA, NM109 Subscriber or Patient Name |
| I022 | An issue was found with the submitted NPI. An EDI representative will contact you with further information. | 2010AA or 2010AB, Provider ID, NM109 |
| I023 | Blue Medicare PPO Member. Please submit institutional claims to Partners National Health Plans of North Carolina, P.O. Box, 17368 Winston-Salem, NC 27116-7368. | 2010BA or 2010CA, Member ID, NM109 |
| I024 | Blue Medicare HMO Member. Please submit institutional claims to Partners National Health Plans of North Carolina, P.O. Box, 17368 Winston-Salem, NC 27116-7368. | 2010BA or 2010CA, Member ID, NM109 |
| I025 | RAI-Blue Medicare HMO Member. Please submit institutional claims to Partners National Health Plans of North Carolina, P.O. Box, 17368 Winston-Salem, NC 27116-7368. | 2010BA or 2010CA, Member ID, NM109 |
| I026 | I026 - 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 | | |
| I301 | Bill Type must contain a valid code. | p. 157, 2300, CLM05-1 and CLM05-3, Claim Information |
| I302 | The Bill Type (Facility Code Value) should be 83X when X is 9. | p. 157, 2300, CLM05-1 and CLM05-3, Claim Information |

| New Error Code | Explanation Message | 837 Institutional Cross-references ¹ |
|----------------|---|---|
| I303 | Statement Covers Period From and Thru Dates must be valid dates. From Date must be equal to or greater than Patient Birth Date. | p.167, DTP03, Statement Dates |
| I304 | Statement Covers From Date must not be greater than the Statement Covers Thru Date. | p.167, 2300, DTP03, Statement Dates |
| I305 | Statement Covers From and Thru Dates must not be greater than current date. | p.167, 2300, DTP03, Statement Dates |
| I306 | If present, Admission Date must contain a valid date. | p. 169, 2300, DTP03, Admission Date/Hour |
| I307 | If present, Admission Date must not be greater than the Statement Covers From Date. | p. 169, 2300, DTP03, Admission Date/Hour |
| I308 | If present, Admission Date must not be greater than current date. | p. 169, 2300, DTP03, Admission Date/Hour |
| I309 | If Type of Bill = '112', '113', '122', '123'; Patient Status cannot be '01-08' or '20'. | p. 172, 2300, CL103, Institutional Claim Code |
| I310 | If Type of Bill = '111', '114', '121' or '124'; Patient Status cannot be '30'. | p. 172, 2300, CL103, Institutional Claim Code |
| I312 | If present, Occurrence Date must contain a valid date. If occurrence code is 11, occurrence date must be greater than or equal to patient birth date. | p. 267, 2300, HI01:4 to HI08:4, Occurrence Information |
| I313 | If present, Occurrence Date must be less than or equal to Statement Covers From Date if Occurrence Code is 01-06, 10 or 11. | p. 267, 2300, HI01:4 to HI08:4, Occurrence Information |
| I314 | Occurrence Date must not be greater than current date. | p. 267, 2300, HI01:4 to HI08:4, Occurrence Information |
| I315 | Occurrence Span Date must contain a valid date. | p. 257, 2300, HI01:4 to HI04:4, Occurrence Span Information |
| I316 | Occurrence Date must be less than or equal to the Statement Covers From Date if the Occurrence Code is '01' thru '06', '10' or '11'. | p. 257, 2300, HI01:4 to HI04:4, Occurrence Span Information |
| I317 | Occurrence Span Date must not be greater than current date. | p. 257, 2300, HI01:4 to HI04:4, Occurrence Span Information |
| I319 | An Inpatient Claim [TOB X1X or X2X] must contain one Accommodation Revenue Code [010X-021X or 100X]. | p. 447, 2400, SV2 01, Revenue Code (Inst. Service Line) |

| New Error Code | Explanation Message | 837 Institutional Cross-references ¹ |
|----------------|---|--|
| I321 | HCPCS code must be present when Bill Type equals 83X with Revenue Code 49X present. | p. 447, 2400, SV2 02, Institutional Service Line |
| I322 | Service Date must be a valid date. | p. 456, 2400, DTP03, Service Line Date |
| I323 | Service Date must be contained within the Statement Covers From and Thru Dates. | p. 456, 2400, DTP03, Service Line Date |
| I324 | Days, units, or minutes must not be greater than 9,999,999 | p. 449, 2400, SV2 05, Institutional Service Line |
| I325 | Units of Service must be greater than zero for accommodation rate revenue codes [010X-021X]. | p. 449, 2400, SV2 05, Institutional Service Line |
| I326 | The sum of accommodation days (units) must equal the number of days in Statement Covers Period. | p. 449, 2400, SV2 05, Institutional Service Line |
| I328 | Grand Total Non-covered Charges must not be greater than Total Charges. | p. 447, 2400, SV2 07, Institutional Service Line |
| I331 | If the Principal Diagnosis Code is between '800' and '995', one of the Occurrence Codes in Form Locators 32-36 must contain 01, 02, 03, 04, 05 or 06. | p.227, 2300, HIXX:2, Principal, Admitting, E-Code, etc. |
| I332 | Principal Procedure Date must contain a valid date. | p.242, 2300, HI01:4, Principal Procedure Info. |
| I333 | Principal Procedure Date must fall within the Statement Covers Dates. | p.242, 2300, HI01:4, Principal Procedure Info. |
| I334 | Principal Procedure Code and Date must be entered for Revenue Code '036X'. | p.242, 2300, HI 01:2, Principal Procedure Information |
| I335 | Principal Procedure Date must not contain a future date. | p.242, 2300, HI01:4, Principal Procedure Info. |
| I336 | Other Procedure Date must contain a valid date. | p.244, 2300, HIXX:4, Other Procedure Info. |
| I337 | Other Procedure Date must fall within the Statement Covers Date. | p.244, 2300, HIXX:4, Other Procedure Info. - p. 168, 2300, DTP03 Statement Dates |
| I338 | Other Procedure Date must not contain a future date. | p. 244-255, 2300, HIXX-4, Other Procedure Date |
| I340 | Admitting Diagnosis Qualifier must equal 'BJ' for inpatient claim only. | p.227, 2300, HI02:2, Principal, Admitting... DX |

| New Error Code | Explanation Message | 837 Institutional Cross-references ¹ |
|----------------|---|---|
| I343 | Occurrence Span From Date must not be greater than the Occurrence Span Thru Date. | p. 256, 2300, HI XX:4, Occurrence Span Info. |
| I348 | Claim contains greater than 998 charge lines | P.444, 2400, LX01, Service Line Number |
| I349 | Negative Value Amount invalid. | p.281, 2300, HIXX-5, Value Information |
| I350 | Negative Non Covered Charges amount invalid. | p. 449, 2400, SV207, Total Non-covered Charges |
| I351 | Negative Prior Payment amount invalid. | p. 371, 2320, Prior Payment, AMT02 |
| I352 | A diagnosis code required for this claim. | p. 227-9, 2300, Principal, Admitting...Diagnosis Information, HI0X-2 |
| I353 | The Revenue Code is not valid for BCBSNC. | p. 446, 2400, Institutional Service Line, SV2-01 |
| I354 | NPI submitted is not registered with BCBSNC | 2010AA, Billing Provider Name NM109 |
| I355 | REF02 Provider ID submitted is not authorized for the NPI | 2010AA Billing Provider Secondary ID REF02; Billing Provider Name NM109 |
| I356 | Deductible, co-payment, and coinsurance amounts must be reported in the CAS segment. (Note: These values have previously been submitted in the HI segments using value codes.) | 2320 or 2430 CAS Segment (Effective July 2007) |

Change Log

This change log table below documents all revisions that have been made from version 1.0 of Appendix C: 837 Institutional Health Claim Business Edits, published to the EDI Web site on April 2003.

| 837 – Institutional Business Edits – CHANGE LOG | | |
|---|--|--------------------------|
| Error Code | Type of Edit Change (Modified, Added, Deleted) | Effective Date of Change |
| I001 | Deleted | August 2003 |

| 837 – Institutional Business Edits – CHANGE LOG | | |
|--|---|---------------------------------|
| Error Code | Type of Edit Change (Modified, Added, Deleted) | Effective Date of Change |
| I002 | Modified | August 2003 |
| I006 | Modified | August 2003 |
| I016 | Added | August 2003 |
| I017 | Added | August 2003 |
| I302 | Modified | August 2003 |
| I316 | Modified | August 2003 |
| I340 | Modified | August 2003 |
| I348 | Added | August 2003 |
| I353 | Added | August 2003 |
| I320 | Deleted | November 2003 |
| I007 | Deleted | September 2004 |
| I318 | Deleted | September 2004 |
| I324 | Modified | September 2004 |
| I327 | Deleted | September 2004 |
| I344 | Deleted | September 2004 |
| I319 | Revised | September 2004 |
| I311 | Deleted | October 2004 |
| I325 | Modified | October 2004 |
| I017 | Modified (“Membership” changed to Member) | April 2005 |
| I329 | Deleted | October 2005 |
| I012 | Deleted | November 16, 2005 |
| I348 | Revised (charge line number increased) | November 2005 |
| I018 | Added | May 2006 |
| I339 | Deleted | September 2006 |
| I341 | Deleted | September 2006 |

| 837 – Institutional Business Edits – CHANGE LOG | | |
|--|---|---------------------------------|
| Error Code | Type of Edit Change (Modified, Added, Deleted) | Effective Date of Change |
| I342 | Deleted | September 2006 |
| I345 | Deleted | July 2007 |
| I356 | Added | July 2007 |
| I019 | Added | August 2007 |
| I022 | Added | August 2007 |
| I023 | Added | December 2007 |
| I024 | Added | December 2007 |
| I025 | Added | December 2007 |
| I346 | Deleted | December 2007 |
| I347 | Deleted | December 2007 |
| I019 | Deleted | May 2008 |
| I302 | Modified | May 2008 |
| I321 | Modified | May 2008 |
| I026 | Added | May 2008 |