

Edit Number	Edit Description	Element/ Segment ID	Edit Explanation
	QUALIFIER		Valid Value: Spaces – Valid when ingredient does not have a corresponding NDC 03 – NDC
65077	M/I GROSS AMOUNT DUE	449-EE	The sum of all the Compound Ingredient Drug Cost plus the Dispensing Fee does not equal the value in the Gross Amount Due.
65078	M/I SUBMISSION CLARIFICATION CODE	420-DK	The claim submission clarification code is invalid. Valid Values: 2 – Other Override 99 – Other
65079	M/I COMPOUND CODE	406-D6	You have submitted a compound segment without indicating a compound drug was being submitted. Valid Values: 0 – Not specified 1 – Not a compound 2 – Compound
65080	M/I COMPOUND SEGMENT	455-EM	You have indicated a compound drug but did not submit a compound segment with this claim.
65081	M/I COMPOUND ROUTE OF ADMINISTRATION	452-EH	The code for the route of administration of the compound mixture is invalid. Valid Values: 3 – Inhalation 11 – Oral
65082	DUP FILE REC'D	806-5C	The batch header creation date, receiver ID

Edit Number	Edit Description	Element/ Segment ID	Edit Explanation
			and batch number submitted match those from a previous file. These numbers must be unique and incremented for each transaction submitted.
65083	COB/OTHER PAYMENTS COUNT GREATER THAN 1	337-4C	The value in the 337-4C field (COB/Other Payments Count) is greater than 1.
65084	INVALID REF PHYS NPI CHECK DIGIT	411-DB	The referring physician NPI is invalid. The last digit of the NPI is not valid.
65085	INVALID REF PHYS NPI NUMBER	411-DB	The referring physician NPI is invalid. The NPI must be 10 digits and begin with 1, 2, 3, or 4.
65086	INVALID SUPPLIER NPI NUMBER	201-B1	The supplier NPI is invalid. The NPI must be 10 digits and begin with 1, 2, 3, or 4.
65087	INVALID SUPPLIER NPI CHECK DIGIT	201-B1	The supplier NPI is invalid. The last digit of the NPI is not valid.
65088	AT LEAST ONE DIAGNOSIS CODE REQUIRED	424-DO	At least one diagnosis code is required.
65089	NPI VALUE NOT ON XWALK FILE	201-B1	NPI value not on NSC (Provider ID) crosswalk file.
65091	INVALID PHARMACY PROVIDER ID QUAL	465-EY	The pharmacy provider ID qualifier is invalid. Valid Values: 05 – NPI Spaces – Not Specified
65092	INVALID PRIMARY CARE PROVIDER ID QUAL	468-2E	The primary care provider ID qualifier is invalid.

Edit Number	Edit Description	Element/ Segment ID	Edit Explanation
			Valid Values: 01 – NPI Spaces – Not Specified
65093	INVALID PHARMACY PROVIDER NPI	444-E9	The pharmacy provider NPI is invalid. The NPI must be 10 digits and begin with 1, 2, 3, or 4.
65094	INVALID PHARM. PROV. NPI CHECKDIGIT	444-E9	The pharmacy provider NPI is invalid. The last digit of the NPI is not valid.
65095	INVALID PRIMARY CARE PROVIDER NPI	421-DL	The primary care provider NPI is invalid. The NPI must be 10 digits and begin with 1, 2, 3, or 4.
65096	INV. PRIM. CARE PROV. NPI CHECK DIGIT	421-DL	The primary care provider NPI is invalid. The last digit of the NPI is not valid.

CHAPTER 4

Introduction—DME MAC-specific edits

Front-end edits are broken down into three categories or levels. It is important to understand the differences between these levels to determine error resolution. In addition to Medicare specific and DME MAC specific edits, CMS has required us to add Implementation Guide (IG) edits, to ensure electronic files meet the HIPAA standard. The Implementation Guide edits and descriptions are contained in Chapter 2. The Medicare edits are in Chapter 3 and the DME MAC-specific edits and descriptions are included in this chapter.

To allow you to quickly identify the level in which the error occurred, the edits are numbered as follows:

60XXX - Implementation Guide edits

65XXX - Medicare-specific edits

66XXX - DME MAC-specific edits

The **DME MAC-specific edits** will validate data requirements specific to DME MAC, such as DME MAC-specific NDC codes, proper dates, places of service, and CMN data requirements.

For your convenience, we have indicated data elements in this section that are not used for DME MAC. If you receive an edit on data that is not used for DME MAC, and the information is not needed for another payer, please remove the erroneous data and resubmit the file. If the data is needed for another payer, please correct the claim and retransmit.

Key to Edit Explanations:

NOT USED = These edits are currently not used but may be added at a later date.

DME MAC Edits

Edit Number	Edit Description	Element/ Segment ID	Edit Explanation
66002	DAYS SUPPLY INVALID FOR PROCEDURE TYPE	401-D1	The days supply amount cannot be greater than 1 for the NDC submitted. Verify the correct NDC was submitted.
66003	DAYS SUP INTEND TO BE DISP INVALID/PROC	401-D1	The days supply amount cannot be greater than 1 for the NDC submitted. Verify the correct NDC was submitted.
66004	SVC FROM DT OR SVC TO DT > RECEIPT DT	401-D1	The date of service is invalid. Verify the date submitted is not greater than the date the file was received by the DME MAC.
66006	PROD SVC ID QUAL/ OR SVC ID INVALID	407-D7	The product service code submitted on this line is invalid. Verify the code submitted is a valid NDC
66007	NON-MATCHED PRODUCT/SERVICE ID NUMBER	407-D7	The NDC submitted on this line is invalid. Verify the code submitted is a valid NDC.
66017	M/I PROCEDURE MODIFIER CODE	459-ER	The NDC/modifier combination submitted is not valid. Verify the correct NDC was submitted or that the modifier attached is valid or necessary.
66021	M/I CMN INITIAL DATE	498-PB	The initial date of the CMN associated with this service is missing or invalid from this claim. When used, the initial date must be in the CCYYMMDD format.
66022	INITIAL DATE CANNOT BE FUTURE DATED	498-PB	The initial date on the CMN associated with this service is invalid. When used, the initial date cannot be greater than today's date.
66023	RECERT/REVISE DATE REQUIRED	498-PC	The revision/recertification date is missing on this CMN. If you have indicated this to

Edit Number	Edit Description	Element/ Segment ID	Edit Explanation
			be a revision or recertification CMN, this date is required.
66024	RECERT/REVISE DATE NOT > INITIAL DATE	498-PC	The revision/recertification date on this CMN is invalid. When submitted, the revision/recertification date must be equal to or greater than the initial date.
66025	RECERT REVISE DATE > 60 DAYS IN FUTURE	498-PC	The revision/recertification date on this CMN is invalid. When submitted, the revision/recertification date cannot be greater than 60 days into the future.
66026	M/I BASIS OF REQUEST FOR CMN	498-PD	The code used to indicate why a CMN is being submitted on this claim is invalid. Valid Value: PR – Plan Requirement
66029	INVALID CMN FORM ID	498-PP (4 – 6)	The CMN form number submitted is invalid. Valid Values: 08.02 – Immunosuppressive Drug
66030	M/I PRESCRIBER FIRST NAME	498-PP (10 – 21)	The ordering physician’s first name is missing or invalid on the CMN. Verify the first position does not contain a space and all positions are alphabetic. The first three positions cannot be any of the following: MR. MR DR. DR
66031	M/I PRESCRIBER	498-PP	The address of the ordering physician is

Edit Number	Edit Description	Element/ Segment ID	Edit Explanation
	ADDRESS	(22 – 51)	<p>missing or invalid on the CMN. Verify the first position does not contain a space and that all positions are alphabetic, numeric or one of the following:</p> <p>/ . , # & () %</p>
66032	M/I PRESCRIBER CITY	498-PP (52 – 71)	The city of the ordering physician's address is missing on this CMN. Verify the first position does not contain a space.
66033	M/I PRESCRIBER STATE	498-PP (72 – 73)	The two-digit state abbreviation code of the ordering physician's address is missing or invalid on this CMN. Verify the first condition does not contain a space and the code is a valid state abbreviation. Refer to Appendix L of the NCPDP Data Dictionary for a list of valid state abbreviation codes.
66034	M/I PRESCRIBER ZIPCODE	498-PP (74 – 88)	The ZIP Code of the ordering physician's address is missing or invalid on this CMN. Verify the first position does not contain a space and that the field isn't all nines or zeros and is five or nine digits in length.
66035	M/I CERT ON FILE INDICATOR	498-PP (89)	<p>The code used to indicate if a paper copy of the CMN is on file and available for review is missing or invalid.</p> <p>Valid Values: Y – Yes N – No</p>
66036	M/I SIGNATURE DATE	498-PP (90 – 97)	The date the CMN was signed is missing or invalid. Verify the first position does not contain a space and is a valid calendar date in the CCYYMMDD format.

Edit Number	Edit Description	Element/ Segment ID	Edit Explanation
66037	SIGNATURE DATE CANNOT BE FUTURE DATED	498-PP (90 – 97)	The date the CMN was signed is invalid. Verify the date is not greater than today's date.
66039	M/I DOSAGE	498-PP 1B (109 – 112) 2B (126 – 129) 3B (143 – 146)	The value used to answer question 1B, 2B, or 3B on CMN form 08.02 is invalid. Valid Values: 0001 through 9999
66040	M/I FREQUENCY OF ADMINISTRATION	498-PP 1C (113 – 114) 2C (130 – 131) 3C (147 – 148)	The value entered in response to question 1C, 2C or 3C on CMN form 08.02 is invalid. Valid Values: 1 through 99
66041	M/I QUESTION 04	498-PP (149 – 149)	The value entered in response to question 4 on CMN form 08.02 is invalid. Valid Values: Y – Yes N – No Blank
66042	M/I QUESTION 05A	498-PP (150 – 150)	The value entered in response to question 5A on CMN form 08.02 is invalid. Valid Values: 1 – Heart 2 – Liver 3 – Kidney 4 – Bone Marrow 5 – Lung 6 – Whole organ pancreas simultaneous with or subsequent to a kidney

Edit Number	Edit Description	Element/ Segment ID	Edit Explanation
			transplant 7 – Reserved for future use 8 – Reserved for future use 9 – Other
66043	M/I QUESTION 05B	498-PP (151 – 151)	The value entered in response to question 5B on CMN form 08.02 is invalid. Valid Values: 1 – Heart 2 – Liver 3 – Kidney 4 – Bone Marrow 5 – Lung 6 – Whole organ pancreas simultaneous with or subsequent to a kidney transplant 7 – Reserved for future use 8 – Reserved for future use 9 – Other
66044	M/I QUESTION 05C	498-PP (152 – 152)	The value entered in response to question 5C on CMN form 08.02 is invalid. Valid Values: 1 – Heart 2 – Liver 3 – Kidney 4 – Bone Marrow 5 – Lung 6 – Whole organ pancreas simultaneous with or subsequent to a kidney transplant 7 – Reserved for future use 8 – Reserved for future use 9 – Other
66045	M/I DISCHARGE DATE	498-PP (153 – 160)	The value entered in response to question 11 on CMN form 08.02, is invalid. When used, the date must be a valid calendar date

Edit Number	Edit Description	Element/ Segment ID	Edit Explanation
			entered in the CCYYMMDD format and cannot be greater than today's date.
66046	M/I QUESTION 12	498-PP (161-161)	The value entered in response to question 12 of CMN form 08.02, is invalid. Valid Values: Y – Yes N – No Blank
66064	M/I DAYS PER WEEK ADMINISTERED	498-PP	The value entered in response to this question is invalid. Valid Values: 1 – 7
66065	M/I METHOD OF ADMINISTRATION	498-PP	The value entered in response to this question is invalid. Valid Values: 1 – Syringe 2 – Gravity 3 – Pump 4 – Does Not Apply
66066	M/I QUESTION 14	498-PP	The value entered in response to this question is invalid. Valid Values: Y – Yes N – No D – Does Not Apply
66070	M/I MEASUREMENT UNIT	497-H3	The code used to indicate the type of measurement being submitted is invalid. Valid Values:

Edit Number	Edit Description	Element/ Segment ID	Edit Explanation
			03 – Pounds 01 – Inches
66071	M/I MEASUREMENT VALUE	499-H4	The patient weight in pounds or the patient height in inches is missing or invalid.
66072	FROMDATE INVALID FOR NDC	407-D7	The from service date is not within the effective dates for the NDC.
66073	M/I PRIOR AUTH SUPPORTING DOCUMENTATION	498-PP (1 – 3)	<p>The code used to indicate the type of information contained in this segment is invalid.</p> <p>Valid Values:</p> <p>CMN = Medicare Certificate of Medical Necessity CNA = Medicare CMN and Narrative CFA = Medicare CMN and Facility Name and Address CNF = Medicare CMN, Narrative, and Facility Name and Address FAC = Facility Name and Address FAN = Facility Name and Address and Narrative NAR = Narrative for Medicare claim, blanks MAC = Modifier and Facility Name and Address MAN = Modifier and Facility Name and Address and Narrative MAR = Modifier and Narrative for Medicare claim MFA =Modifier and Medicare CMN or DIF, Narrative, and Facility Name and Address MMN =Modifier and Certificate of Medical Necessary MNA =Modifier and Medicare CMN or DIF and Narrative</p>

Edit Number	Edit Description	Element/ Segment ID	Edit Explanation
			<p>MNF = Modifier and Medicare CMN or DIF, Narrative and Facility name and address</p> <p>MOD = Indicates supporting documentation is Medicare modifier information</p>
66074	M/I PRIOR AUTH SUPPORTING DOCUMENTATION	498-PP (1 – 3)	You have indicated CMN information will accompany this line, however, no CMN data was submitted. Verify the code you are sending requires a CMN. If it doesn't, remove the CMN indicator before resubmitting this claim.
66075	M/I PRIOR AUTH SUPPORTING DOCUMENTATION	498-PP (1 – 3)	You have indicated facility information will accompany this line, however, no facility data was submitted. Verify the place of service is other than home. If it isn't, remove the facility indicator before resubmitting this claim.
66076	M/I PRIOR AUTH SUPPORTING DOCUMENTATION	498-PP (261 – 287)	The facility name is invalid for this line. Verify the first position of the facility name does not contain a numeric value.
66077	M/I PRIOR AUTH SUPPORTING DOCUMENTATION	498-PP (261 – 287)	<p>The facility name entered is invalid. Verify no numeric data was sent and none of the following characters were included</p> <p>.: - , . &</p>
66078	M/I PRIOR AUTH SUPPORTING DOCUMENTATION	498-PP (288 – 317)	The address of the facility is missing or invalid. Verify the first position of the facility address does not contain a space.
66079	M/I PRIOR AUTH SUPPORTING DOCUMENTATION	498-PP (318 – 337)	The city of the service facility's address is missing on this claim. Verify the first position of the facility city does not contain

Edit Number	Edit Description	Element/ Segment ID	Edit Explanation
			a space.
66080	M/I PRIOR AUTH SUPPORTING DOCUMENTATION	498-PP (338 – 339)	The two-digit state abbreviation code of the service facility's address is missing or invalid on this claim. Verify the first position does not contain a space and the facility state/province is valid.
66081	M/I PRIOR AUTH SUPPORTING DOCUMENTATION	498-PP (340 – 354)	The ZIP Code of the service facility's address is missing or invalid on this claim. Verify the facility ZIP Code does not contain a space or all zeros or nines and is either five digits or nine digits in length.
66082	M/I PRIOR AUTH SUPPORTING DOCUMENTATION	498-PP (338 – 339)	The two-digit state abbreviation code of the service facility's address is invalid. Verify the state abbreviation code entered is a valid state abbreviation.
66083	M/I PRIOR AUTH SUPPORTING DOCUMENTATION	498-PP (181 – 260)	You have indicated narrative information will accompany this claim, however, no narrative information was sent. Verify if narrative information is needed, if not, remove the narrative indicator and resubmit the claim.
66084	M/I PRIOR AUTH SUPPORTING DOCUMENTATION	498-PP (181 – 260)	The Narrative information is missing from this claim. Verify the first position of your narrative entry does not contain a space.
66085	M/I COMPOUND PRODUCT ID	489-TE	The service from date is outside the effective date of the Compound Drug NDC.
66086	M/I COMPOUND PRODUCT ID	489-TE	The NDC submitted as an ingredient in the compound segment is not valid. Verify the correct DNC was entered.
66087	M/I COMPOUND	488-RE	The NDC submitted as ingredient in the

Edit Number	Edit Description	Element/ Segment ID	Edit Explanation
	PRODUCT ID QUALIFIER		compound segment is not valid. Verify the correct NDC was entered.
66088	FACILITY CITY MISSING	498-PP	Facility city is required if Authorization Information Qualifier = CMN, CNA, MMN, or MNA
66089	FACILITY STATE MISSING	498-PP	Facility state is required if Authorization Information Qualifier = CMN, CNA, MMN, or MNA
66090	GROUP ID INVALID	301-C1	To report state level Medicaid involvement, you must enter the valid two-position state abbreviation followed by the word MEDICAID (XXMEDICAID). Verify the state abbreviation is valid and that MEDICAID is spelled correctly.
66091	MISSING COMPOUND SEGMENT	498-PP	Authorization Information Qualifier field contains: MMN, MNA, MFA, MNF, MAC, MAN, MAR, or MOD; however, there is no Compound (T10) segment present.
66092	INGREDIENT NUMBER INVALID	498-PP (355-454)	If the Authorization Information Qualifier field contains: MMN, MNA, MFA, MNF, MAC, MAN, MAR, or MOD, the two position ingredient number must be greater than zero or the two position ingredient number must not be greater than the value in the Compound Ingredient Component Count (447-EC) field on the Compound (T10) segment.
66093	INGREDIENT NUMBER	498-PP (355-454)	If the Authorization Information Qualifier field contains: MMN, MNA, MFA, MNF, MAC, MAN, MAR, or MOD, the two position

Edit Number	Edit Description	Element/ Segment ID	Edit Explanation
			ingredient number cannot be repeated.
66094	INGREDIENT MODIFIER INVALID	498-PP (355-454)	If the Authorization Information Qualifier field contains: MMN, MNA, MFA, MNF, MAC, MAN, MAR, or MOD, the two position modifier must be valid.
66095	INGREDIENT NUMBERS AND MODIFIERS	498-PP (355/454)	Compound ingredient numbers and modifiers in the Prior Authorization (T12) segment must be listed back to back. Spaces between values will trigger this edit.
66096	M/I SUPPORTING DOC MODIFIER	498-PP (355-454)	Authorization Information Qualifier field contains: MMN, MNA, MFA, MNF, MAC, MAN, MAR, or MOD; however, all 25 occurrences of the ingredient and modifier fields equal spaces.
66097	M/I UNIT OF MEASURE	600-28	The unit of measure submitted for this NDC is missing or invalid. Valid Values: EA – Each GM – Grams ML – Milliliters

CHAPTER 5

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SUBRPT11CARRIER: 17003                NATIONAL GOVERNMENT SERVICES DME MAC Jurisdiction B                RUN DATE: 08/11/03
SUBRPT1 PROGRAM: NCPPI600                MEDICARE DME MAC                RUN TIME: 12:56:47
SUBRPT1 REPORT: PI6001                SUBMITTER REPORTS COVER PAGE                PAGE: 1
SUBRPT1                ON THIS DATE, 08/07/2003, WE PROCESSED THE SUBMITTED DATA AS DESCRIBED ON THE ATTACHED REPORTS
SUBRPT1                CREATE DATE AND TIME: 04/28/2003 15:44
SUBRPT1                SENDER ID: B08313333
SUBRPT1                NAME: TEST NCPDP
SUBRPT1                ADDRESS: 9901 LINN STATION RD
SUBRPT1                CITY, STATE, ZIP: LOUISVILLE KY 40223
SUBRPT10                TRANSMISSION TYPE: T
SUBRPT1                BATCH NUMBER: 0000420
SUBRPT1                TEST OR PROD: T

SUBRPT11CARRIER: 17003                NATIONAL GOVERNMENT SERVICES DME MAC B                RUN DATE: 08/11/03
SUBRPT1 PROGRAM: NCPPI600                MEDICARE DME MAC                RUN TIME: 12:56:47
SUBRPT1 REPORT: PI6002                RECEIVED CLAIMS LISTING                PAGE: 1
SUBRPT1                SENDER ID/NAME: B08313333                TEST NCPDP
SUBRPT1                SERVICE PROV ID: 1222220001
SUBRPT10CARDHOLDER ID                LAST NAME                FIRST NAME                PROCESSR #                SVC DATE                CCN                GROSS AMT DUE                ST TX                LVL
SUBRPT1 999999999A                B08313333                20030428                B08313333                20030428                $568.50                R                TS
SUBRPT1 999999999A                B08313333                20030428                B08313333                20030428                $568.50                R                TS

SUBRPT10* TOTAL CLAIMS : 1                * TOTAL CLAIM AMT FOR PROVIDER : $568.50
SUBRPT10
SUBRPT10** PROVIDER COUNT : 1                ** TOTAL # OF CLAIMS FOR SENDER : 1                ** TOTAL GROSS AMOUNT FOR SENDER : $568.50

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SUBRPT11CARRIER: 17003
 SUBRPT1 PROGRAM: NCPPI600
 SUBRPT1 REPORT: PI6003

NATIONAL GOVERNMENT SERVICES DME MAC Jurisdiction B
 MEDICARE DME MAC
 NCPDP ERROR LISTING (LEVEL - CL)

RUN DATE: 08/11/03
 RUN TIME: 12:56:47
 PAGE: 1

SUBRPT1 SENDER ID/NAME: B08313333 TEST NCPDP
 SUBRPT1 SERVICE PROVIDER ID: 1222220001
 SUBRPT1 CARDHOLDER ID/NAME: 999999999A
 SUBRPT1 PATIENT ID/NAME: 999999999A SMITH JOHN
 SUBRPT1 CLAIM PROCESSOR NBR SERVICE GROSS AMT
 SUBRPT1 SEQ# CONTROL # SVC DATE DUE
 SUBRPT1 0005 B08313333 1 20030428 \$568.50

LN	DESCRIPTION	SEG	FLD NBR	VERSION	FIELD NAME
1	65034(CC) - MISSING CARDHOLDER FIRST NAME (SPACES)	04	312-CC	A	CARDHOLDER FIRST NAME
1	65037(CD) - M/I CARDHOLDER LAST NAME (SPACES)	04	313-CD	A	CARDHOLDER LAST NAME
1	65042(11) - M/I PATIENT RELATIONSHIP CODE (SPACES)	04	306-C6	A	PATIENT RELATIONSHIP CODE
1	60012(17) - M/I FILL NUMBER (SPACES)	07	403-D3	A	FILL NUMBER
1	60016(20) - M/I COMPOUND CODE (SPACES)	07	406-D6	A	COMPOUND CODE
1	60018(22) - M/I DAW/PRODUCT SELECTION CODE (SPACES)	07	408-D8	A	DAW / PRODUCT SELECTION CODE
1	66006(E1) - PROD SVC ID QUAL/ OR SVC ID INVALID 03	07	436-E1	A	PRODUCT / SERVICE ID QUAL
1	66007(54) - NON-MATCHED PRODUCT/SERVICE ID NUMBER J7520	07	407-D7	A	PRODUCT / SERVICE ID
1	65030(DR) - MISSING PRESCRIBER LAST NAME (SPACES)	03	427-DR	A	PRESCRIBER LAST NAME

RECEIVED	ACCEPTED	REJECTED	TRANSFER
1	0	2	0
\$ 568.50	\$0.00	\$ 568.50	\$0.00
0.0%	0.0%	100.0%	0.0%