



General Information

This document provides a list of errors frequently received by CEDI Trading Partners using the CEDI Claims Portal (CCP).

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CCP Error Report Messages	General Description
<p>DDE Error Report:</p> <p><u>Invalid CPT or HCPCS code</u></p> <p>CAR Report: A7:Rejected for Invalid information 507:HCPCS</p>	<p>The procedure Code must be a valid HCPCS Code for the Service Date.</p> <p>The HCPCS can be verified with the PDAC.</p> <p>This rejection can also be caused by sending an invalid HCPCS and modifier combination. If additional information is needed concerning the validity of the combination, please contact the DME MAC Jurisdiction where the claim will be processed.</p>
<p>DDE Error Report:</p> <p><u>Invalid Insurance ID Number Format For Medicare</u></p> <p>CAR Report: A7:Rejected for Invalid information 164:Entity's contract/member number IL:Subscriber</p>	<p>The beneficiary ID number must be an MBI.</p> <p>The MBI is 11 positions formatted C A AN N A AN N A A N N, (without spaces) where: "C" is numeric 1-9, "A" is alphabetic characters A-Z (excluding S, L, I, O, B, Z), "N" is numeric 0-9 and "AN" is either alphabetic A-Z (excluding S, L, I, O, B, Z), or numeric 0-9.</p>
<p>DDE Error Report:</p> <p><u>Invalid Diagnosis code or bad effective date</u></p> <p>CAR Report: A7:Rejected for Invalid information 254:Principal diagnosis code</p>	<p>The primary diagnosis code's effective dates fall entirely outside the claim's dates of service. Questions regarding the effective dates of a diagnosis code should be directed to the DME MAC where the claim would be processed based on the state code in the patient's address submitted on the claim.</p>
<p>DDE Error Report:</p> <p><u>Claim Frequency must be Admit through Discharge</u></p> <p>CAR Report: A7:Rejected for Invalid information 535:Claim Frequency Code</p>	<p>The Claim Frequency Code description entered must be "Admit through Discharge".</p>



CCP Error Report Messages	General Description
<p>DDE Error Report:</p> <p><u>Invalid NPI</u></p> <p>CAR Report: A7:Rejected for Invalid information 562:Entity's National Provider Identifier (NPI) DK:Ordering Physician</p>	<p>The Ordering Provider Identifier must be a valid NPI.</p>
<p>DDE Error Report:</p> <p><u>Invalid Diagnosis code or bad effective date</u></p> <p>CAR Report: A7:Rejected for Invalid information 255:Diagnosis code</p>	<p>All ICD-10-CM Diagnosis codes entered on the claim must be valid for all dates of service included in the claim.</p> <p>Questions regarding the effective dates of a diagnosis code should be directed to the DME MAC where the claim would be processed based on the state code in the patient's address submitted on the claim.</p>
<p>DDE Error Report:</p> <p><u>Billing Tax ID or Billing SSN not valid for NPI</u></p> <p>CAR Report: A8:Rejected relational field error. 562:Entity's National Provider Identifier (NPI) 85:Billing Provider A8:Rejected relational field error 128:Entity's tax id 85:Billing Provider</p>	<p>The Billing Provider Tax Identification Number must be associated with the Billing Provider's NPI.</p> <p>Verify the information you are submitting matches the information on file with the NPPES and NPEAST/NPWEST.</p>
<p>DDE Error Report:</p>	<p>The procedure code submitted for this line does not allow for spanned dates of service. Verify the start/from and end/to dates for this line are equal.</p>



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<p><u>Invalid HCPCS Code or Proc Option on Miniace</u></p> <p>CAR Report: A7:Rejected for Invalid information 187:Date(s) of service.</p>	
<p>DDE Error Report:</p> <p><u>Must be a valid NPI on the NSC crosswalk</u></p> <p>CAR Report: A7:Rejected for Invalid information 562:Entity's National Provider Identifier (NPI) 85:Billing Provider</p>	<p>The Billing Provider Identifier must be a valid NPI on the Crosswalk and linked to the DME PTAN.</p> <p>To establish an NPI and DME PTAN crosswalk link, verify the supplier's information listed on the NPPES web site matches the information at the NPEAST/NPWEST.</p> <p>If you have questions about these matches, please contact NPPES at 800-465-3203 or the NPEAST at 866-520-5193 or NPWEST at 866-238-9652.</p> <p>Note: PECOS can also affect your crosswalk. PECOS is the system used by the NPEAST/NPWEST for DME suppliers to enroll in Medicare. Suppliers can log in to and verify that their NPI is listed correctly. For assistance with PECOS, call 866-484-8049.</p>
<p>DDE Error Report:</p> <p><u>Invalid NPI for Trading Partner</u></p> <p>CAR Report: A8:Rejected relational field error. 496:Submitter not approved for electronic claim submission 85:Billing Provider</p>	<p>The Billing Provider's NPI is not associated with the submitter ID number. The Trading Partner/Submitter ID is not authorized to submit claims for the supplier.</p> <p>If this error is received, the supplier must complete, sign and submit the appropriate form on the CEDI Web site (https://www.ngscedi.com).</p>



CCP Error Report Messages	General Description
<p>DDE Error Report:</p> <p><u>Only Medicare B is allowed</u></p> <p>CAR Report:</p> <p>A7:Rejected for Invalid information 732:Information submitted inconsistent with billing PR:Payer</p> <p>A7:Rejected for Invalid information 480:Entity's Claim Filing Indicator PR:Payer</p>	<p>The Send To Insurance Claim Filing Indicator description entered must be "Medicare Part B".</p>
<p>DDE Error Report:</p> <p><u>Duplicate Modifier Exists</u></p> <p>CAR Report:</p> <p>A7:Rejected for Invalid information 453:Procedure Code Modifier(s) for Service(s) Render</p>	<p>The procedure code modifiers must not be duplicated within the same detail service line.</p>
<p>DDE Error Report:</p> <p><u>Service date greater than Receipt date</u></p> <p>CAR Report:</p> <p>A7:Rejected for Invalid information 510:Future date A7:Rejected for Invalid information 187:Date(s) of service.</p>	<p>This claim is rejected for having a future Date(s) of service.</p> <p>The service end/to date is greater than the date this claim was received. Questions regarding proper billing policy should be directed to the DME MAC where the claim would be processed based on the state code in the patient's address submitted on the claim.</p>
<p>DDE Error Report:</p>	<p>Provider Taxonomy Code must be a valid. Verify the taxonomy code submitted is valid</p>



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<p><u>Must be a valid Provider Taxonomy Code</u></p> <p>CAR Report: A7:Rejected for Invalid information 145:Entity's specialty/taxonomy code 85:Billing Provider</p>	<p>according to the taxonomy code list published by the NUCC.</p> <p>To obtain a copy of the taxonomy code list, visit their Web site at http://www.nucc.org/taxonomy.</p>
<p>DDE Error Report:</p> <p><u>Required Note Missing</u></p> <p>CAR Report: A8:Rejected relational field error 306:Detailed description of service</p>	<p>The HCPCS code requires a description/additional information. This description must be entered in the "NOC Description" field on the services tab and not in the general Note field.</p>
<p>DDE Error Report:</p> <p><u>Duplicate Pointer Exists</u></p> <p>CAR Report: A7:Rejected for Invalid information 477:Diagnosis code pointer is missing or invalid</p>	<p>This Claim is rejected for Invalid Information within the Diagnosis code pointer. Diagnosis code pointers on the services tab must not be duplicated.</p>
<p>DDE Error Report:</p> <p><u>Invalid Zip Code</u></p> <p>CAR Report: A7:Rejected for Invalid information 500:Entity's Postal/Zip Code DK:Ordering Physician</p>	<p>The Ordering Provider Postal ZIP Code must be valid. US Postal ZIP Codes can be verified at http://www.usps.com.</p>
<p>DDE Error Report:</p>	<p>The CMN form number must be a valid form for the procedure code. Questions regarding the</p>



CCP Error Report Messages	General Description
<p><u>Must be a valid Form for the Procedure Code</u></p> <p>CAR Report: A3:Returned as unprocessable claim 247:Line Information A7:Rejected for Invalid information 698:Form Type Identifier</p>	<p>CMN form number should be directed to the DME MAC where the claim would be processed based on the patient's state code in the address provided on the claim.</p>
<p>DDE Error Report:</p> <p><u>Failed relationship check</u></p> <p>CAR Report: A7:Rejected for Invalid information 400:Claim is out of Balance A7:Rejected for Invalid information 672:Payer's payment information is out of balance</p>	<p>The total claim level and line level adjustment amounts plus the primary paid amount must equal the total for all submitted charges.</p>