



**BlueCross BlueShield
of Nebraska**

An Independent Licensee of the Blue Cross and Blue Shield Association.

Quality Edit Reject Report Professional Claims Error Codes and Narratives

Error Code	Narrative
1	SUBSCRIBER NUMBER MISSING OR INVALID FORMAT
2	SUBSCRIBER LAST NAME MISSING OR MISSPELLED
3	PATIENT NAME MISSING OR INVALID
4	PATIENT DATE OF BIRTH MISSING OR INVALID
5	PATIENT SEX INVALID
6	BCBSNE SECONDARY CLAIM, OTHER PAYER(S) INFO REQUIRED
7	UNITS OF SERVICE INVALID FOR PROCEDURE CODE
8	ACCIDENT-RELATED INJURY INDICATOR MISSING / INVALID
9	DATE OF ACCIDENT/ONSET MISSING OR INVALID
10	ANESTHESIA PROCEDURE REQUIRES VALID ANESTH MODIFIER
11	TOTAL CHARGES NOT EQUAL TO SUM OF BILLED CHARGES
12	PAYMENT NOT REQUESTED FOR BLUE SHIELD CLAIM
13	FIRST DATE OF SERVICE MISSING OR INVALID
14	LAST DATE OF SERVICE MISSING OR INVALID
15	PLACE OF SERVICE CODE INVALID
16	PATIENT RELATIONSHIP TO INSURED IS INVALID
17	E-CODE REQUIRED FOR TRAUMA RELATED SERVICE
18	THE CODE IS NOT WITHIN THE ACCEPTABLE GROUP OF CODES
19	DIAGNOSIS CODE INVALID
20	BILLED CHARGES INVALID (LINE ITEM)
21	SUBSCRIBER NUMBER NOT ON MEMBERSHIP FILE
22	NEBR BLUE SHIELD CANNOT ACCEPT CLAIMS FOR THE GROUP
23	PATIENT NAME OR PATIENT DATE OF BIRTH IS INVALID
24	PROCEDURE CODE NOT ON FILE OR NOT EFFECTIVE
25	ANESTH/PSYCH MINUTES, UNITS OR SERVICE DATES INVALID
26	PROCEDURE CODE INVALID FOR PATIENT SEX
27	DRUG PROCEDURE CODE REQUIRES NDC TO BE PRESENT
28	PLACE OF SERVICE CODE INVALID FOR PROCEDURE
29	PHYSICIAN NUMBER MISSING OR INVALID
30	REFERRING PHYSICIAN NAME MISSING
31	NARRATIVE MISSING FOR NOC OR UNLISTED PROCEDURE
32	THE DATE OF EACH PATIENT VISIT MUST BE IDENTIFIED

- 33 NAME & CREDENTIAL REQUIRED FOR PSYCH AUX. PROV. ID.
- 34 TAX ID SUBMITTED NOT EQUAL TAX ID ON BCBSNE DATABASE
- 35 PATIENT AGE IS INVALID FOR PROCEDURE CODE
- 36 RENDERING PROVIDER TAX ID MUST = BILLING PROV TAX ID
- 37 PRIMARY DIAGNOSIS CANNOT BE AN E-SERIES OR M-SERIES
- 38 SUBSCRIBER NUMBER NOT ON MEMBERSHIP FILE - SECONDARY
- 39 PATIENT NOT FOUND ON MEMBERSHIP FILE -
- 40 TRAUMA INDICATOR REQUIRES ACCIDENT DIAGNOSIS
- 41 MODIFIER "30" INVALID FOR ANESTHESIA AFTER 05/31/03
- 42 USE CPT ANESTHESIA CODES FOR SERVICE AFTER 5/31/03
- 43 UNITS OF SERVICE MUST = DATES OF SERVICE, INCLUSIVE
- 44 PROCEDURE CODE HAS OVERLAPPING DATES OF SERVICE
- 90 PROVIDER NOT ON E/C TRADING PARTNER DATABASE
- 91 PROVIDER NOT ON BCBSNE PROVIDER DATABASE
- 92 PROVIDER APPROVED FOR TEST ONLY
- 93 SUBMITTER SUSPENDED FROM E/C SUBMISSIONS
- 94 PHYSICIAN NUMBER NOT VALID FOR FIRM NUMBER
- 95 SERVICE DATES ARE AFTER PROVIDERS TERMINATION DATE
- 96 SERVICE DATES ARE PRIOR TO PROVIDERS EFFECTIVE DATE
- 97 RENDERING PROVIDER ID NOT ON BCBSNE PROVIDER DATABASE
- 98 PROVIDER NUMBER SUPPLIED IS NOT A VALID RENDERING ID



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