

## Common Quality Edit (QE) Error Messages

Error	Narrative	Explanation
002	SUBSCRIBER NAME MISSING/MISPELLED OR NOT ON FILE	The first 4 letters must match the last name on the membership database on which this Subscriber ID was found.
006	DO NOT SUBMIT BLUE SHIELD SECONDARY CLAIMS VIA E/C (Professional)	Blue Cross Blue Shield of Nebraska does not currently accept Blue Shield Secondary claims electronically.
008	ACCIDENT-RELATED INJURY INDICATOR MISSING / INVALID (Professional)	If the Primary Diagnosis Code is a Trauma Diagnosis Code the Accident-Related Injury Indicator must = A or O.
017	PLACE OF SERVICE FACILITY NAME REQUIRED (Professional)	Other Service Facility Name is required if Charge Line POS does not equal = '11' (Office) or '12' (Patient's Home) or '41' (Ambulance-Land) or '42' (Ambulance-Air) or '50' (Federally Qualified Health Center).
021	SUBSCRIBER NUMBER NOT ON MEMBERSHIP FILE	The Subscriber ID must be on our Membership Database.
		Verify the number with the subscriber. Recheck to make sure the number was entered on the claim correctly. Maybe a number got transposed.
022	NEBR BLUE CROSS CANNOT ACCEPT CLAIMS FOR THIS GROUP	The 3 character prefix must be valid prefix on the ITS Plan Profile system or a valid 3 character prefix based on the Line Item Date of Service on a professional claim or the Admit Date on an Institutional claim.
023	PATIENT 1ST NAME DOB OR SEX DOES NOT = BCBSNE MEMBERSHIP	When the Subscriber ID number is found on the CAPS Subscriber Database it compares the patient with each member in the list of members. The compares are as follows: <ul style="list-style-type: none"> <li>• PAT-SEX with Subscriber Member Sex Code</li> <li>• PAT DATE OF BIRTH with Subscriber Member Birth Date</li> <li>• First 4 characters of PAT FIRST NAME with the first 4 characters of Subscriber Member First Name</li> </ul> The claim will reject if no member is found when at least 2 of the above 3 compares are met.
040	TRAUMA INDICATOR REQUIRES ACCIDENT DIAGNOSIS (Professional)	If the Accident Indicator = 'A' or 'O', then the primary diagnosis must point to a Diagnosis Code that is a <b>Trauma Diagnosis Code</b> *.
104	Claim Frequency Type Code (Type of Bill - 3 <sup>rd</sup> position) does not agree with Patient Status 30 (Institutional)	If the third position of the Type of Bill = 1, 4, 7 then Patient Status cannot = 30.
221	Charges cannot be negative. (Institutional)	Line Item Charge Amounts cannot be negative amounts.

**\* BCBSNE Trauma Diagnosis Codes**

071	V015	V713
692.6	V045	V714
692.71 – 692.74	V155	V715
800 – 994.9	V156	V716
995.5	V674	
995.81		