

Prior to entry in the daily claims edit cycle, Computer Media Claims (CMC) submissions must pass numerous system edits. Claims failing these edit requirements will be rejected and returned to the provider for correction. The CMC error codes and messages listed on the following pages will appear on the *CMC Submission Error Listing* (CP-O-012).

<u>Codes</u>	<u>Messages</u>
001	Invalid Submitter ID in Submitter Control Record
002	Invalid Submission Date in Submitter Control Record
003	Invalid Submitter Name in Submitter Control Record
004	Invalid Claim Count in Submitter Control Record
005	Invalid Billing Amount in Submitter Control Record
006	Invalid Provider Count in Submitter Control Record
007	Invalid create date in Submitter Control Record
008	Submitter not on submission agreement file *
009	Provider control record missing or invalid
010	Data was previously accepted for processing
011	Amount billed on Provider Control Record does not balance
012	Claim count on Provider Control Record does not balance
013	Submitter ID on Provider Control Record is invalid
014	Provider ID on Provider Control Record is invalid
015	Claim type on Provider Control Record is invalid

* Not programmable by submitter

<u>Codes</u>	<u>Messages</u>
016	Submission Date on Provider Control Record is not a valid date
017	Provider Name on Provider Control Record is invalid
018	Provider Address line 1 on Provider Control Record is invalid
019	Telecommunication Certification Statement missing or invalid
020	Provider City on Provider Control Record is invalid
021	Provider State on Provider Control Record is invalid
022	Provider ZIP in Provider Control Record is invalid
023	Provider Phone on Provider Control Record is invalid
024	Claim Count on Provider Control Record is invalid
025	Billing Amount on Provider Control Record is invalid
026	Provider/claim type not valid for this submitter **
027	Provider/claim type not on active status **
028	Submission Date on Claim Record not a valid date
029	Not applicable to submitter
030	Claim is not valid for current Provider Control Record

** Verify with the approval letter from DHCS

<u>Codes</u>	<u>Messages</u>
031	Amount Billed on Submitter Control Record does not balance
032	Claim Count on Submitter Control Record does not balance
033	Job terminated - maximum number of errors exceeded *
034	Amount field of a claim was not numeric
035	Provider Count on Submitter Control Record does not balance
036	Claim contains an embedded blank line
037	Line numbers not in ascending sequence
038	Line numbers outside valid range of claim type
039	Receipt record was not matched to Submitter Control Record *
040	Unable to identify Submitter Control Record - record-type not spaces
041	Receipt file check bypassed due to prior error *
042	Submitter agreement check bypassed due to prior error *
043	Unable to validate Submitter Control Record *
044	Duplicate control record for same provider/claim type
045	Submission Date on Submitter Control Record exceeds process date

* Not programmable by submitter

<u>Codes</u>	<u>Messages</u>
046	Submission Date on Provider Control Record exceeds process date.
047	Submission Date on Claim Record exceeds process date.
048	Claim Sequence Number not numeric.
049	Attachment count on Submitter Control Record not numeric or blanks.
050	Attachment count on Provider Control Record does not balance.
051	Attachment count on Provider Control Record is invalid.
052	Attachment count on Submitter Control Record does not balance.
053	Record sequence number not a claim or attachment.
054	Claim sequence number not unique for provider/claim type.
055	Submitter/claim type not approved for included attachment.
056	Attachment Record does not pair up with prior Claim Record.
057	Record sequence numbers on attachments not consecutive.
058	Media type/claim type not valid for this submitter.
059	Submitter Control Record duplicate is invalid.
060	Provider Control Record contains invalid record type.
061	Claim type on claim record is invalid.

<u>Codes</u>	<u>Messages</u>
062	Provider not valid for claim type billed.
063	No claim records present.
064	Claim type is inconsistent with record length.
065	Invalid record length.
066	Line charge field on claim record is not numeric.
067	Gross amount field on claim record is not numeric.
068	Service charge field on claim record is not numeric.
069	Total charge field on claim record is not numeric.
070	Amount field on claim record is not numeric.
071	Provider on remarks different from claim provider.
072	CHDP claim type is invalid.
073	Field level error-please refer to test letter.
074	CHDP claim type invalid for pre-paid provider.
075	CHDP patient eligibility indicator not numeric.
076	Claim has both OHC and Medicare Payments and must be hardcopy billed.
077	Unable to process voids and adjustments at this time.
078	Invalid bill type for CMC crossover claims.
079	Medicare type is invalid.

Codes	Messages
080	Submitter not approved to bill crossover claims for this media type.
081	Missing Medicare Claim Adjudication Date.
082	Charpentier claims must be billed on paper.
083	RHC/FQHC/IHS/MOA crossover claims must be billed on paper.
084	Medicare Payer ID not present.
085	Benefits assignment indicator is not "Y".
<u>086</u>	<u>Claim Line Coinsurance > Medicare Paid</u>
<u>087</u>	<u>Medicare 100% Paid (COINS=0, DEDUCT=0, BLOOD DED=0, PAID>0)</u>
<u>088</u>	<u>Medicare Denial (COINS=0, DEDUCT=0, BLOOD DED=0, PAID=0)</u>
<u>089</u>	<u>Claim Line Coinsurance > 0 and Medicare Paid = 0</u>