

Partnership Healthplan of California - Claims Department
Regular Electronics 277 Transaction - Reject Reasons and Codes
Updated 2/12/2014

STATUS CATEGORY CODE	DESCRIPTION	STATUS CODE	DESCRIPTION	REASON
A3	Acknowledgement/ Returned	33	Subscriber and Subscriber ID Not Found	Member could not be identified in eligibility system.
A7	Acknowledgement/ Rejected for Invalid Information	33	Subscriber and Subscriber ID Not Found	Invalid Member Identification Number - Claims submitted with a member's SSN will be rejected. Refer to Important Provider Notice dated 1/27/09 effective 2/1/09.
A6	Acknowledgement/ Rejected for Missing Information.	232	Admitting Diagnosis	Hospital claim is missing the Admit Diagnosis code.
A7	Acknowledgement/ Rejected for Invalid Information	232	Admitting Diagnosis	Admit Diagnosis code is invalid.
A6	Acknowledgement/ Rejected for Missing Information.	255	Diagnosis Code	Missing the Diagnosis code.
A7	Acknowledgement/ Rejected for Invalid Information	255	Diagnosis Code	Invalid Diagnosis code.
A6	Acknowledgement/ Rejected for Missing Information.	688	Present on Admission Indicator for reported diagnosis code(s).	Partnership <i>Advantage</i> Inpatient Admission claim is missing the principal and/or secondary diagnosis POA Indicator.
A6	Acknowledgement/ Rejected for Missing Information.	455	Revenue Code for Services Rendered	Hospital claim is missing a Revenue code.
A7	Acknowledgement/ Rejected for Invalid Information	455	Revenue Code for Services Rendered	Invalid Revenue code.
A6	Acknowledgement/ Rejected for Missing Information.	454	Procedure Code for Services Rendered	Missing the Procedure code.

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A7	Acknowledgement/ Rejected for Invalid Information	454	Procedure Code for Services Rendered	Invalid Procedure code.
A7	Acknowledgement/ Rejected for Invalid Information	510	Future Date	Service date(s) are greater than received date.
A7	Acknowledgement/ Rejected for Invalid Information	187	Date(s) of Service	Service date(s) are not within statement covers period.
A7	Acknowledgement/ Rejected for Invalid Information	234	Patient Discharge Status	Hospital Status Code is invalid.
A6	Acknowledgement/ Rejected for Missing Information.	234	Patient Discharge Status	Hospital Inpatient (claim type = H) Discharge Status Code Missing
A7	Acknowledgement/ Rejected for Invalid Information	258	Days/Units for Procedure/Revenue Code	Count/Quantity of Service = 0 or is a negative value.
A7	Acknowledgement/ Rejected for Invalid Information	178	Submitted Charges	Total charges do not equal the sum of the service lines.
A7	Acknowledgement/ Rejected for Invalid Information	178	Submitted Charges	Total charge amount is 0 or negative.
A7	Acknowledgement/ Rejected for Invalid Information	583	Line Item Charge Amount	Service line charge amount is 0 or negative.
A7	Acknowledgement/ Rejected for Invalid Information	249	Place of Service	Professional claim location code is invalid.

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A7	Acknowledgement/ Rejected for Invalid Information	250	Type of Service	Institutional claim type of bill code is invalid.
A6	Acknowledgement/ Rejected for Missing Information.	218	NDC Number	NDC Number Missing from Physician-Administered Drug ¹
A7	Acknowledgement/ Rejected for Invalid Information	218	NDC Number	NDC Number is invalid <u>or</u> the NDC Number to HCPCS Combination is Invalid ¹
A6	Acknowledgement/ Rejected for Missing Information.	660	Universal Product Number	UPN is Missing ²
A7	Acknowledgement/ Rejected for Invalid Information	660	Universal Product Number	UPN is Invalid ²
A6	Acknowledgement/ Rejected for Missing Information.	145	Specialty/Taxonomy Code	Provider of Service Additional ID (Specialty/Taxonomy) Number Missing
A6	Acknowledgement/ Rejected for Missing Information.	110	Claim requires pricing information.	UPN pricing attachment required ² - Cannot accept claim electronically. Claim must be submitted on paper.
A7	Acknowledgement/ Rejected for Invalid Information	145	Specialty/Taxonomy Code	Provider of Service Additional ID (Specialty/Taxonomy) Number Missing
A3	Acknowledgement/ Returned	24	Entity not approved as an electronic submitter.	Provider of Service not approved as an electronic submitter, based on the NPI number received.
A3	Acknowledgement/ Returned	91	Entity not eligible/not approved for dates of service.	NPI submitted is not effective for the claim date(s) of service.

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STATUS CATEGORY CODE	DESCRIPTION	STATUS CODE	DESCRIPTION	REASON
A6	Acknowledgement/ Rejected for Missing Information.	562	Entity's National Provider Identifier (NPI)	Rendering provider information missing.
A7	Acknowledgement/ Rejected for Invalid Information	379	Were services performed supervised by a physician?	Nurse Practitioner (NP) NPI received as rendering physician. Supervising physician's NPI number must be entered as the rendering physician. NP name, NPI and type of NMP-NP must be included in claim remark.
A6	Acknowledgement/ Rejected for Missing Information.	229	Hospital Admission Source	Point of Origin for Admission (Admission Source) or Visit on Inpatient and Outpatient Hospital Claims - Must be present and = 1, 2, 3, 4, 5, 6, 7, 8, 9, A, B, C, or D. ³ Effective for Medi-Cal claims with a DOS on or after 7/1/13.
A6	Acknowledgement/ Rejected for Missing Information.	333	Patient Release of Information Authorization	Patient Release of Information Authorization - Must be present and = Y, R, or N.
A3	Acknowledgement/ Returned	25	Entity not approved.	Billing provider has not successfully completed ICD-10 electronic claim submission testing.
A7	Acknowledgement/ Rejected for Invalid Information	508	ICD9	Claim received with ICD-9 diagnosis code that is not effective for the date of service.
A7	Acknowledgement/ Rejected for Invalid Information	700	ICD10	Claim received with ICD-10 diagnosis code that is not effective for the date of service.

Claims which pass through these edits should receive a Status Category code A2 (acknowledgement/acceptance into adjudication system) and Claim Status code 20 (accepted for processing).

¹ Only applies to the Medi-Cal line of business. Effective for claims with Dates of Service on or after 4/1/09. Excludes vaccines, immunizations and drugs included in a global billing. Codes are validated using I.T. maintained NDC table.

² Only applies to the Medi-Cal line of business. Effective for claims with Dates of Service on or after 4/1/09. Excludes diabetic supplies, peak flow meters, inhalers, Family PACT medical supplies and enteral nutritional products. Codes are validated using I.T. maintained UPN table.

³ Only applies to the Partnership Advantage line of business, Institutional claims. Effective for claims received on or after 1/1/2012. Excludes claims with Type of Bill Code 014x.