

Claim type elements and edits 6-24-2011.xls

Elements required on Institutional claims (new for some benefit programs).	Tag Names
Admit Start Care Date	<admit_start_care_date>
Type of Bill	<type_of_bill> (name change from <type_of_bill_code>
Statement to Date	<statement_to_date>
Statement From Date	<statement_from_date>
Patient Discharge Status (name change from Patient Status Code)	<patient_discharge_status>
Additional elements on Pharmacy claims (new for some benefit programs).	
Prescription Number	<prescription_number>
Unit Dose Indicator	<unit_dose_ind>
Dispense As Written Indicator	<dispense_as_written_ind>

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Edit Number	Severity	Description	FC / IRIS	CS
D011H	Batch Reject	When Claim Type is Institutional or Professional (i.e., non-pharmacy and non-dental) and Paid Amount is less than Charges, Claim Adjustment Reason Code must be Provided.	Yes	Yes
D011I	Batch Reject	When Claim Type is Institutional or Professional (i.e., non-pharmacy and non-dental) the Claim Adjustment Reason Code must be provided on a denied claim.	Yes	Yes
D019G	Batch Reject	When Claim Type is PH (pharmacy), then the Billing Provider ID Qualifier must be "XX".	Yes	Yes
D025F	Batch Reject	When Claim Type is PH (pharmacy), then the Rendering Provider ID Qualifier must be "XX".	Yes	Yes
D042C	Batch Reject	If Claim Type = Pharmacy, Service Date To must be less than or equal to posting date.	Yes	Yes
D044G	Batch Reject	If Claim Type = professional, Place of Service must be provided.	Yes	Yes
D046K	Batch Reject	When Claim Type = Pharmacy, then either a valid NDC Code, or a valid OTC Code is required.	Yes	Yes
D078E	Batch Reject	If Claim Type = Institutional, Patient Status Code must be provided.	Yes	Yes
D091E	Batch Reject	If Claim Type = Institutional, Type of Bill Code must be provided.	Yes	Yes
D092B	Batch Reject	If Claim Type = Institutional, Statement From Date must be provided.	Yes	Yes
D093B	Batch Reject	If Claim Type = Institutional, Statement To Date must be provided.	Yes	Yes
D096B	Batch Reject	If Claim Type = Institutional, Admit Start Care Date must be provided.	Yes	Yes
D099E	Batch Reject	If Claim Type = Pharmacy, Prescription Number must be provided.	Yes	Yes
D100E	Batch Reject	If Claim Type = Pharmacy, Unit Dose Indicator must be provided.	Yes	Yes
D101E	Batch Reject	If Claim Type = Pharmacy, Dispense As Written must be provided.	Yes	Yes