



**BlueCross BlueShield
of Mississippi**

Committed to a Healthier Mississippi.

Error / Reject Message Reference Manual

Electronic Submission of Dental Claims

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INTRODUCTION

Blue Cross & Blue Shield of Mississippi provides this manual as a service to providers participating in the Plan's Physician Electronic Submission of Claims (PESC) system. It is intended to be used as a guide for the resolution of the various errors and reject messages generated by the PESC system when professional claims are transmitted electronically to the Plan.

The **BLUE SHIELD DENTAL ESC ERROR MESSAGES** provide a short description and corrective action(s) necessary for the resolution of each error.

If further help is needed in resolving errors, contact:

EDI Systems Support at 1-800-826-4068

Questions and comments can be addressed to:

Blue Cross & Blue Shield of Mississippi
ATTENTION: EDI Systems Support
P. O. Box 1043
Jackson, MS 39215-1043

You can also contact us at EDIServices@bcbsms.com

ERROR NUMBER	DESCRIPTION	CORRECTIVE ACTION
001	PROVIDER NUMBER	<ul style="list-style-type: none"> NPI or W-9 information has not been established in our system and/or does not match existing provider identifier information in our system. Please contact the BCBSMS Provider Administration department at 601-664-4618 to establish and/or verify your NPI and W-9 information.
003	INSURANCE I.D. NUMBER	<ul style="list-style-type: none"> Must include all alpha prefixes. Must be left justified with no embedded blanks, spaces or special characters.
005	PATIENT LAST NAME	<ul style="list-style-type: none"> PATIENT LAST NAME must be in the correct position and all alphabetic characters.
005	PATIENT FIRST NAME	<ul style="list-style-type: none"> PATIENT FIRST NAME must be in the correct position and all alphabetic characters.
006	PATIENT BIRTH DATE	<ul style="list-style-type: none"> Patient BIRTH DATE cannot exceed 100 years. Patient BIRTH DATE cannot exceed current date.
007	PATIENT SEX	<ul style="list-style-type: none"> PATIENT SEX valid values are: M = Male F = Female
008	PATIENT RELATIONSHIP	<p>PATIENT RELATIONSHIP</p> <ul style="list-style-type: none"> Valid values are: 18 SE = SELF 01 SP = SPOUSE 19 CH = CHILD 21 UNKNOWN
010	ASSIGNMENT OF BENEFITS	<p>ASSIGNMENT OF BENEFITS</p> <ul style="list-style-type: none"> Valid values are: Y = YES N = NO
011	EMPLOYMENT/WORK RELATED	<p>WORK RELATED</p> <ul style="list-style-type: none"> Valid values are: Y = YES N = NO U = UNKNOWN

ERROR NUMBER	DESCRIPTION	CORRECTIVE ACTION
012	ACCIDENT RELATED	Accident Diagnosis with no Accident indicator or accident date. <ul style="list-style-type: none"> Valid values are: A = Auto O = Other N = No
013	RELEASE MEDICAL INFORMATION	<ul style="list-style-type: none"> Valid valued are: Y = Yes N = No
014	PREVIOUS SYMPTOMS	<ul style="list-style-type: none"> Valid valued are: Y = Yes N = No
015	EMERGENCY	<ul style="list-style-type: none"> Valid valued are: Y = Yes N = No
016	TOTAL CLAIM CHARGES	<ul style="list-style-type: none"> TOTAL CHARGES must be numeric and not equal to zero
017	PATIENT STREET ADDRESS	<ul style="list-style-type: none"> PATIENT STREET ADDRESS must be present and in correct position.
	PATIENT CITY	<ul style="list-style-type: none"> PATIENT CITY must be present and in correct position.
	PATIENT STATE	<ul style="list-style-type: none"> The 2 digit alphabetic STATE CODE must be valid. (Validate by Exhibit A).
	PATIENT ZIP CODE	<ul style="list-style-type: none"> ZIP CODE must be numeric, left justified and valid.
018	DATE FIRST SYMPTOM	<ul style="list-style-type: none"> Cannot exceed current date.
024	LAB OUTSIDE OFFICE	<ul style="list-style-type: none"> Valid valued are: Y = Yes N = No

ERROR NUMBER	DESCRIPTION	CORRECTIVE ACTION
025	EPSDT (Early And Periodic Screening Diagnosis And Treatment)	<ul style="list-style-type: none"> • Valid valued are: Y = Yes N = No <p>SPECIAL PROGRAM INDICATOR</p> <ul style="list-style-type: none"> • Valid values are: 02 - Physically Handicapped Children's Program 03 - Special Federal Funding 05 - Disability 06 - PPV/Medicare 100% 07 - Induced Abortion - Danger to Life 08 - Induced Abortion - Victim Rape/Incest 09 - Medicaid EPSDT 10 - Medicaid Family Planning
027	CHAMPUS STATUS	<ul style="list-style-type: none"> • Valid valued are: A = Active Duty D = Deceased R = Retired
028	INSURED STATE and ZIP CODE	<ul style="list-style-type: none"> • Must be a valid 2 digit STATE CODE (Validate by Exhibit A) • ZIP CODE must be numeric, left justified and valid.
029	SOURCE OF PAY	<p>SOURCE OF PAY is missing or invalid.</p> <ul style="list-style-type: none"> • Valid values are: BL – Blue Cross ZZ – State of MS Employees/Teachers CI – Commercial insurance MB – Medicare MC – Medicaid
030	OTHER INSURANCE ACCEPT ASSIGNMENT	<p>If present OTHER INSURANCE ACCEPT ASSIGNMENT</p> <ul style="list-style-type: none"> • Valid Values are: Y = Yes N = No

ERROR NUMBER	DESCRIPTION	CORRECTIVE ACTION
034	OTHER INSURANCE STATE/ZIP CODE	<ul style="list-style-type: none"> The 2 digit alphabetic STATE CODE must be valid. (Validate by Exhibit A). ZIP CODE must be numeric, left justified and valid
035	HOSPITALIZATION ADMISSION	<ul style="list-style-type: none"> Cannot exceed current date
036	HOSPITALIZATION DISCHARGE DATE	<ul style="list-style-type: none"> DISCHARGE DATE must be in CCYYMMDD format. (Century-Year-Month-Day). Cannot exceed current date. REQUIRED for Champus on inpatient claims.
037	FACILITY STATE	<ul style="list-style-type: none"> The 2 digit alphabetic State Code must be valid. (Validate by Exhibit A)
038	DATE ABLE RETURN WORK	<ul style="list-style-type: none"> Must be in CCYYMMDD format. (Century-Year-Month-Day)
039	TOTAL DISABILITY FROM DATE	<ul style="list-style-type: none"> Must be in CCYYMMDD format. (Century-Year-Month-Day) Cannot exceed current date.
043	LINE ITEM UNITS	<ul style="list-style-type: none"> Units per Claim cannot exceed 34. There are exceptions for injections and chemotherapy.
101	FROM DATE OF SERVICE	<ul style="list-style-type: none"> Cannot exceed current date.
102	THROUGH DATE OF SERVICE	<ul style="list-style-type: none"> Cannot exceed current date.
103	PLACE OF TREATMENT/SERVICE	<ul style="list-style-type: none"> Must be valid PLACE OF TREATMENT / SERVICE code.
104	PROCEDURE CODE	<ul style="list-style-type: none"> Must be valid PROCEDURE CODE according to the ADA dental codes
107	CHARGES	<ul style="list-style-type: none"> Must be numeric and not equal to zero.

ERROR NUMBER	DESCRIPTION	CORRECTIVE ACTION
108	DAYS OR UNITS	<ul style="list-style-type: none"> Must be numeric and not equal to zero
110	OTHER INSURANCE ALLOWED	<p>If Blue Cross determines this is a secondary Policy, and Other Insurance Allowed amount is submitted, then either the Other Insurance Paid or Other Insurance Deductible must also be submitted</p> <ul style="list-style-type: none"> Maximum of 7 numeric positions with no decimals.
111	OTHER INSURANCE PAID	<ul style="list-style-type: none"> Maximum of 7 numeric positions with no decimals.
112	OTHER INSURANCE DEDUCTIBLE	<ul style="list-style-type: none"> Maximum of 7 numeric positions with no decimals.
113	PROCEDURE CODE	<ul style="list-style-type: none"> Cannot file PROCEDURE CODE D0220 more than once with same Date of Service
114	PROCEDURE CODE	<ul style="list-style-type: none"> PROCEDURE CODES D1120, D1201 and D1203 should be used for patient ages < 19 years PROCEDURE CODES D1110, D1204 and D1205 should be used for patient ages > or = 19 years Age cannot be greater than 19 for regular Blue Cross Age cannot be greater than 22 for FEP contracts
116	TOOTH NUMBER	<ul style="list-style-type: none"> TOOTH NUMBER must be valid
117	TOOTH SURFACE	<ul style="list-style-type: none"> TOOTH SURFACE must be valid
118	PROCEDURE CODE	<ul style="list-style-type: none"> PROCEDURE CODE D9220 cannot be filed multiple times with same Date of Service
119	PROCEDURE CODE	<ul style="list-style-type: none"> PROCEDURE CODES D9430 and D9440 cannot be filed for the same Date of Service

ERROR NUMBER	DESCRIPTION	CORRECTIVE ACTION
120	PROCEDURE CODE	<p>The following PROCEDURE CODES cannot be filed with PROCEDURE CODE D8680 for the same Date of Service:</p> <ul style="list-style-type: none"> ○ D8010 ○ D8020 ○ D8030 ○ D8040 ○ D8070 ○ D8080 ○ D8090 ○ D8660
121	PROCEDURE CODE	<ul style="list-style-type: none"> • For PROCEDURE CODE D4341, a tooth quadrant of UR, LR, UL or LL must be sent.
201	<p>BC INSURED IDENTIFICATION NUMBER must be in one of the following formats:</p> <ul style="list-style-type: none"> • Blue Cross & Blue Shield contracts: Include all 3-letter prefixes. • CHIP subscriber ID's are NOT their SS#. • Federal Employee contracts: "R" followed by 8 digits. 	<p>BC</p> <ul style="list-style-type: none"> • Verify subscriber ID number. Blue Cross & Blue Shield of MS ID numbers will usually start with a 'YA' prefix. There will be three letters and 9 or 10 numbers following OR 9 numbers followed by 'M'. • CHIP IDs will be either 10 digits, beginning with a 3 and ending with 9, or be 9 digits followed by an 'M' or 'C'. • The letter 'O' should only be used in an alpha prefix; for example, it should never be used in a Federal Employee ID number. The '0' following the 'R' will always be a zero.
202	INSURED IDENTIFICATION must be valid	<p>BC</p> <ul style="list-style-type: none"> • If the INSURED IDENTIFICATION number is the same as the card, search on-line using myAccessBlue for a valid number.

ERROR NUMBER	DESCRIPTION	CORRECTIVE ACTION
203	<p>BC</p> <p>For any given INSURED IDENTIFICATION NUMBER (Local Blue Shield), the patient information must meet <u>ALL</u> the following requirements:</p> <ul style="list-style-type: none"> • Exact match to the first three characters of the PATIENT FIRST NAME. • Exact match to the PATIENT RELATIONSHIP. • DATE OF BIRTH entered must be within one year of the patient date of birth on the enrollment file. 	<p>BC</p> <p>The subscriber and all covered dependents, along with relationships and birth dates will be listed on the error report. Relationship "EE" is the subscriber.</p>
204	<p>BC</p> <ul style="list-style-type: none"> • Not in coverage dates of policy 	<p>BC</p> <ul style="list-style-type: none"> • Listed under the last line of charges for the claim will be the policy number, members on that policy, their relation to the subscriber, their birth dates and their coverage dates. In the 'CANC DATE', '999999' indicates an active policy. If there is a newer policy, it will be listed also with the correct policy number - a 1, 2, 3, (etc.) on the end of the old policy number
206	<p>BC</p> <p>The INSURED FIRST and LAST NAME must match the PATIENT FIRST and LAST NAME if patient relationship is SE (Self)</p>	<p>BC</p> <ul style="list-style-type: none"> • If the patient is also the subscriber, make sure the name of the insured appears exactly like the subscriber's. • Be sure the name of the insured is reported if the patient is not the subscriber.
207	<p>AIB or FEP CONTRACTS ONLY</p>	<ul style="list-style-type: none"> • An ACCIDENT DATE (DATE OF FIRST SYMPTOM) must be entered if an accident indicator of 'auto' or 'other' is entered.
208	<ul style="list-style-type: none"> • The FACILITY NAME, CITY and STATE <u>must</u> be present if the Hospitalization Admission Date is entered. 	<ul style="list-style-type: none"> • If the patient was hospitalized, the hospital name, city and state must be entered.

ERROR NUMBER	DESCRIPTION	CORRECTIVE ACTION
209	BC New Claim Administrator	BC <ul style="list-style-type: none"> Program no longer administered by BCBSMS. Please send the claim to the new program administrator.
210	<ul style="list-style-type: none"> FACILITY NAME must be present if PLACE OF TREATMENT is NOT equal to one of the following values: 11 = PHYSICIAN'S OFFICE 12 = PATIENT'S HOME 99 = OTHER 	<ul style="list-style-type: none"> Also, the zip code must be valid.
213	<ul style="list-style-type: none"> The sum of all CHARGES must equal the TOTAL CHARGE. 	
221	<ul style="list-style-type: none"> If the OTHER INSURANCE ALLOWED or PAID is entered for one line item it <u>must be</u> entered on all line items. 	
222	<ul style="list-style-type: none"> Insured identification no longer valid. 	<ul style="list-style-type: none"> This patient has a new insured identification number. Obtain the new ID card from the patient or check for the new number on myAccessBlue by searching for the patient name and date of birth.
233	BC ORIGINAL DCN	<ul style="list-style-type: none"> When a corrected claim is indicated, the original document control number is required. This is the same as the claim number on the voucher.
234	BC CORRECTED CLAIM	<ul style="list-style-type: none"> A corrected claim must be received within 12 months of the original claim payment date.
235	BC CORRECTED CLAIM	<ul style="list-style-type: none"> Only one correction per original claim should be transmitted.

ERROR NUMBER	DESCRIPTION	CORRECTIVE ACTION
301	<p>The FROM DATE OF SERVICE <u>must</u> meet the following conditions:</p> <ul style="list-style-type: none"> • Must be <u>greater than</u> or <u>equal to</u> ACCIDENT/SYMPTOM DATE. • Must be <u>Less than or equal</u> THRU DATE OF SERVICE. • Must be <u>Equal to</u> calendar year for the THRU DATE on the same line item. 	
306	PROCEDURE CODE	<ul style="list-style-type: none"> • Unlisted PROCEDURE CODE must have procedure description
314	<ul style="list-style-type: none"> • Other insurance allowed and other insurance paid cannot be greater than total charges per procedure. • If other insured allowed amount is present, then the other insurance indicator must be present. 	

EXHIBIT B

VALID PLACE OF TREATMENT VALUES

11	OFFICE
12	HOME
21	INPATIENT HOSPITAL
22	OUTPATIENT HOSPITAL
23	EMERGENCY ROOM - HOSPITAL
24	AMBULATORY SURGICAL CENTER
25	BIRTHING CENTER
26	MILITARY TREATMENT FACILITY
31	SKILLED NURSING FACILITY
32	NURSING FACILITY
33	CUSTODIAL CARE FACILITY
34	HOSPICE
41	AMBULANCE - LAND
42	AMBULANCE - AIR OR WATER
50	FEDERALLY QUALIFIED HEALTH CENTER
51	INPATIENT PSYCHIATRIC FACILITY
52	PSYCHIATRIC FACILITY PARTIAL HOSPITALIZATION
53	COMMUNITY MENTAL HEALTH CENTER
54	INTERMEDIATE CARE FACILITY/MENTALLY RETARDED
55	RESIDENTIAL SUBSTANCE ABUSE TREATMENT FACILITY
56	PSYCHIATRIC RESIDENTIAL TREATMENT CENTER
61	COMPREHENSIVE INPATIENT REHABILITATION FACILITY
62	COMPREHENSIVE OUTPATIENT REHABILITATION FACILITY
65	END STAGE RENAL DISEASE TREATMENT FACILITY
71	STATE OR LOCAL PUBLIC HEALTH CLINIC
72	RURAL HEALTH CLINIC
81	INDEPENDENT LABORATORY
99	OTHER UNLISTED FACILITY