

# Arizona Health Care Cost Containment System

## EDIT STATUS REPORT

**As of Date : Jul 1, 2021**

**Input Mode : 1**

**Claim Type: E**

**Edit Status Code : D , Y**

Run Date: Jul 1, 2021

		A			C			D			I			L			O			
		S	LV	LC	S	LV	LC	S	LV	LC	S	LV	LC	S	LV	LC	S	LV	LC	
A580	RECIPIENT HAS OTHER COVERAGE THAT MUST BE BILLED FIRST	E	D	50	91	D	50	91	D	50	91	D	50	91	D	50	91	D	50	91
A600	MDC ALLOWED LESS THAN MDC PAID PLUS MDC DEDUCT PLUS MDC COIN	E	D	80	91							D	80	91	D	80	91	D	80	91
A630	PROV NOT QUAL FOR DOS FOR THIS SERVICE	E	Y	91	91															
A631	CAN'T BILL > THAN 1 SVC 4 SAME MEM/DOS	E	Y	91	91															
A632	ALREADY BILLED BY ANOTHER PROVIDER	E	Y	91	91															
A633	NOT EPD ELIGIBLE & ENROLLED	E	Y	91	91															
A634	CANNOT BE MORE THAN 30 CUMULATIVE DAYS	E	Y	91	91															
A905	UNREASONABLE AHCCCS ALLOWED AMT IN RELATION TO BILLED AMT	E	Y	50	91	Y	50	91	Y	50	91	Y	50	91	Y	50	91	Y	50	91
A950	DATA GATHERING ERROR	E	Y	80	55	Y	80	55	Y	80	55	Y	50	91	Y	50	91	Y	50	91
A951	FORCE PEND FOR CONTRACTOR CORRECTIONS	E	Y	50	91	Y	50	91	Y	50	91	Y	50	91	Y	50	91	Y	50	91
A956	DRG - DOES NOT MEET CRITERIA FOR ANY DRG	E										Y	80	30						
C010	NDC MISSING OR INVALID	E				D	3	91												
C020	PRESCRIBE DATE IS MISSING OR INVALID	E				Y	3	91												
C030	QUANTITY MISSING OR INVALID	E				Y	3	91												
C040	DAYS SUPPLY IS INVALID	E				Y	3	91												
C300	DISPENSE DATE IS PRIOR TO PRESCRIBE DATE	E				D	3	91												
D004	PRIMARY DIAGNOSIS CD NOT ON FILE	E	Y	3	91							Y	3	91	Y	3	91	Y	3	91
D005	PRIMARY DIAGNOSIS CD IN PENDED RECORD STATUS	E	Y	80	30							Y	80	30	Y	80	30	Y	80	30
D007	PRIMARY DIAGNOSIS CD CANNOT BE EXXX.X	E										Y	50	91	Y	50	91	Y	50	91
D010	PRIMARY DIAGNOSIS CD NOT ON FILE FOR DOS	E	Y	3	91							Y	3	91	Y	3	91	Y	3	91
D015	PRIMARY DIAGNOSIS CD NOT AVAILABLE ON DOS	E	Y	3	91							Y	3	91	Y	3	91	Y	3	91
D029	SOCIAL DETERMINANTS OF HEALTH INVALID AS A PRIMARY DIAGNOSIS	E	Y	85	91							Y	85	91	Y	85	91	Y	85	91
D035	RECIPIENT AGE EXCEEDS PRIMARY DIAGNOSIS MAX AGE	E	Y	50	91							Y	50	91	Y	50	91	Y	50	91
D040	RECIPIENT AGE LESS THAN PRIMARY DIAGNOSIS MIN AGE	E	Y	50	91							Y	50	91	Y	50	91	Y	50	91
D045	RECIPIENT SEX INVALID FOR PRIMARY DIAGNOSIS	E	Y	50	91									Y	50	91	Y	50	91	
D093	OTHER DIAGNOSIS CD 1 NOT ON FILE	E	Y	3	91							Y	3	91	Y	3	91	Y	3	91
D094	OTHER DIAGNOSIS CD 1 IN PENDED RECORD STATUS	E	Y	80	30							Y	80	30	Y	80	30	Y	80	30

D095	OTHER DIAGNOSIS CD 1 NOT ON FILE FOR DOS	E	Y	3	91							Y	3	91	Y	3	91	Y	3	91
D100	OTHER DIAGNOSIS CD 1 NOT AVAILABLE FOR DOS	E	Y	3	91							Y	3	91	Y	3	91	Y	3	91
D120	RECIPIENT AGE EXCEEDS OTHER DIAGNOSIS 1 MAX AGE	E	Y	50	91							Y	50	91	Y	50	91	Y	50	91
D125	RECIPIENT AGE LESS THAN OTHER DIAGNOSIS 1 MIN AGE	E	Y	50	91							Y	50	91	Y	50	91	Y	50	91
D130	RECIPIENT SEX INVALID FOR OTHER DIAGNOSIS 1	E	Y	50	91							Y	50	91	Y	50	91	Y	50	91
D131	DIAGNOSIS IS NOT APPROPRIATE FOR THIS SERVICE	E	Y	50	91							Y	50	91	Y	50	91	Y	50	91
D190	DIAGNOSTIC CODES ARE NOT CONSISTANT WITH PROCEDURE CODE.	E	Y	3	91															
D195	DIAGNOSTIC CODES CANNOT BE USED AS PRIMARY.	E										Y	3	91	Y	3	91	Y	3	91
D220	DX NOT COVERED FOR FAMILY PLANNING	E	Y	80	91							Y	80	91	Y	80	91	Y	80	91
D235	OTHER DIAGNOSIS CD 2 NOT ON FILE	E	Y	3	91															
D240	OTHER DIAGNOSIS CD 2 IS IN PENDED RECORD STATUS	E	Y	80	30															
D245	OTHER DIAGNOSIS CD 2 NOT COVERED ON DOS	E	Y	3	91															
D250	OTHER DIAGNOSIS CD 2 NOT AVAILABLE ON DOS	E	Y	3	91															
D255	RECIPIENT AGE EXCEEDS OTHER DIAGNOSIS 2 MAX AGE	E	Y	50	91															
D260	RECIPIENT AGE LESS THAN OTHER DIAGNOSIS 2 MIN AGE	E	Y	50	91															
D265	RECIPIENT SEX INVALID FOR OTHER DIAGNOSIS 2	E	Y	50	91															
D266	OTHER DIAGNOSIS CD 2 NOT ON FILE FOR DOS	E	Y	3	91															
D270	OTHER DIAGNOSIS CD 3 NOT ON FILE	E	Y	3	91															
D275	OTHER DIAGNOSIS CD 3 IN PENDED RECORD STATUS	E	Y	80	30															
D280	OTHER DIAGNOSIS CD 3 NOT COVERED ON DOS	E	Y	3	91															
D285	OTHER DIAGNOSIS CD 3 NOT AVAILABLE ON DOS	E	Y	3	91															
D290	RECIPIENT AGE EXCEEDS OTHER DIAGNOSIS 3 MAX AGE	E	Y	3	91															
D295	RECIPIENT AGE LESS THAN OTHER DIAGNOSIS 3 MIN AGE	E	Y	50	91															
D300	RECIPIENT SEX INVALID FOR OTHER DIAGNOSIS 3	E	Y	3	91					Y	3	91								
D301	OTHER DIAGNOSIS CD 3 NOT ON FILE FOR DOS	E	Y	3	91					Y	3	91								
D305	INAPPROPRIATE DIAGNOSIS SEQUENCE	E	Y	50	91															
D310	PRIMARY DIAGNOSIS CD NOT APPROPRIATE FOR LAB	E	Y	50	91															
D494	OTHER DIAGNOSIS CD 2 NOT ON FILE	E										Y	3	91	Y	3	91	Y	3	91
D495	OTHER DIAGNOSIS CD 2 IN PENDED RECORD STATUS	E										Y	80	30	Y	80	30	Y	80	30
D500	OTHER DIAGNOSIS CD 2 NOT ON FILE FOR DOS	E										Y	3	91	Y	3	91	Y	3	91
D505	OTHER DIAGNOSIS CD 2 NOT AVAILABLE ON DOS	E										Y	3	91	Y	3	91	Y	3	91
D535	RECIPIENT SEX INVALID FOR OTHER DIAGNOSIS 2	E										Y	3	91	Y	3	91	Y	3	91
D583	OTHER DIAGNOSIS CD 3 NOT ON FILE	E										Y	3	91	Y	3	91	Y	3	91
D584	OTHER DIAGNOSIS CD 3 IN PENDED RECORD STATUS	E										Y	80	30	Y	80	30	Y	80	30
D585	OTHER DIAGNOSIS CD 3 NOT ON FILE FOR DOS	E										Y	3	91	Y	3	91	Y	3	91
D590	OTHER DIAGNOSIS CD 3 NOT AVAILABLE ON DOS	E										Y	3	91	Y	3	91	Y	3	91
D595	OTHER DIAGNOSIS CD 3 NOT COVERED ON DOS	E										Y	3	91	Y	3	91	Y	3	91
D620	RECIPIENT SEX INVALID FOR OTHER DIAGNOSIS 3	E										Y	50	91	Y	50	91	Y	50	91
D668	OTHER DIAGNOSIS CD 4 NOT ON FILE	E										Y	3	91	Y	3	91	Y	3	91
D669	OTHER DIAGNOSIS CD 4 IN PENDED RECORD STATUS	E										Y	80	30	Y	80	30	Y	80	30
D670	OTHER DIAGNOSIS CD 4 NOT ON FILE FOR DOS	E										Y	3	91	Y	3	91	Y	3	91

D675	OTHER DIAGNOSIS CD 4 NOT AVAILABLE ON DOS	E												Y	3	91	Y	3	91	Y	3	91
D680	OTHER DIAGNOSIS CD 4 NOT COVERED ON DOS	E												Y	3	91	Y	3	91	Y	3	91
D695	RECIPIENT AGE EXCEEDS OTHER DIAGNOSIS 4 MAX AGE	E												Y	50	91	Y	50	91	Y	50	91
D700	RECIPIENT AGE LESS THAN OTHER DIAGNOSIS 4 MIN AGE	E												Y	50	91	Y	50	91	Y	50	91
D705	RECIPIENT SEX INVALID FOR OTHER DIAGNOSIS 4	E												Y	50	91	Y	50	91	Y	50	91
D760	OTHER DIAGNOSIS CD 5 NOT ON FILE	E												Y	3	91	Y	3	91	Y	3	91
D761	OTHER DIAGNOSIS CD 5 IN PENDED RECORD STATUS	E												Y	80	30	Y	80	30	Y	80	30
D762	OTHER DIAGNOSIS CD 5 NOT ON FILE FOR DOS	E												Y	3	91	Y	3	91	Y	3	91
D763	OTHER DIAGNOSIS CD 5 NOT AVAILABLE ON DOS	E												Y	3	91	Y	3	91	Y	3	91
D764	OTHER DIAGNOSIS CD 5 NOT COVERED ON DOS	E												Y	3	91	Y	3	91	Y	3	91
D765	MEMBER AGE EXCEEDS DIAGNOSIS 6 MAX	E												Y	3	91	Y	3	91	Y	3	91
D766	RECIPIENT AGE LESS THAN OTHER DIAGNOSIS 5 MIN AGE	E												Y	3	91	Y	3	91	Y	3	91
D767	RECIPIENT SEX INVALID FOR OTHER DIAGNOSIS 5	E												Y	3	91	Y	3	91	Y	3	91
D770	OTHER DIAGNOSIS CD 6 NOT ON FILE	E												Y	3	91	Y	3	91	Y	3	91
D771	OTHER DIAGNOSIS CD 6 IN PENDED RECORD STATUS	E												Y	80	30	Y	80	30	Y	80	30
D772	OTHER DIAGNOSIS CD 6 NOT ON FILE FOR DOS	E												Y	3	91	Y	3	91	Y	3	91
D773	OTHER DIAGNOSIS CD 6 NOT AVAILABLE ON DOS	E												Y	3	91	Y	3	91	Y	3	91
D774	OTHER DIAGNOSIS CD 6 NOT COVERED ON DOS	E												Y	3	91	Y	3	91	Y	3	91
D775	RECIPIENT AGE EXCEEDS OTHER DIAGNOSIS 6 MAX AGE	E												Y	3	91	Y	3	91	Y	3	91
D776	RECIPIENT AGE LESS THAN OTHER DIAGNOSIS 6 MIN AGE	E												Y	3	91	Y	3	91	Y	3	91
D777	RECIPIENT SEX INVALID FOR OTHER DIAGNOSIS 6	E												Y	3	91	Y	3	91	Y	3	91
D780	OTHER DIAGNOSIS CD 7 NOT ON FILE	E												Y	3	91	Y	3	91	Y	3	91
D781	OTHER DIAGNOSIS CD 7 IN PENDED RECORD STATUS	E												Y	80	30	Y	80	30	Y	80	30
D782	OTHER DIAGNOSIS CD 7 NOT ON FILE FOR DOS	E												Y	3	91	Y	3	91	Y	3	91
D783	OTHER DIAGNOSIS CD 7 NOT AVAILABLE ON DOS	E												Y	3	91	Y	3	91	Y	3	91
D784	OTHER DIAGNOSIS CD 7 NOT COVERED ON DOS	E												Y	3	91	Y	3	91	Y	3	91
D785	RECIPIENT AGE EXCEEDS OTHER DIAGNOSIS 7 MAX AGE	E												Y	3	91	Y	3	91	Y	3	91
D786	RECIPIENT AGE LESS THAN OTHER DIAGNOSIS 7 MIN AGE	E												Y	3	91	Y	3	91	Y	3	91
D787	RECIPIENT SEX INVALID FOR OTHER DIAGNOSIS 7	E												Y	3	91	Y	3	91	Y	3	91
D790	OTHER DIAGNOSIS CD 8 NOT ON FILE	E												Y	3	91	Y	3	91	Y	3	91
D791	OTHER DIAGNOSIS CD 8 IN PENDED RECORD STATUS	E												Y	80	30	Y	80	30	Y	80	30
D792	OTHER DIAGNOSIS CD 8 NOT ON FILE FOR DOS	E												Y	3	91	Y	3	91	Y	3	91
D793	OTHER DIAGNOSIS CD 8 NOT AVAILABLE ON DOS	E												Y	3	91	Y	3	91	Y	3	91
D794	OTHER DIAGNOSIS CD 8 NOT COVERED ON DOS	E												Y	3	91	Y	3	91	Y	3	91
D795	RECIPIENT AGE EXCEEDS OTHER DIAGNOSIS 8 MAX AGE	E												Y	50	91	Y	50	91	Y	50	91
D796	RECIPIENT AGE LESS THAN OTHER DIAGNOSIS 8 MIN AGE	E												Y	3	91	Y	3	91	Y	3	91
D797	RECIPIENT SEX INVALID FOR OTHER DIAGNOSIS 8	E												Y	3	91	Y	3	91	Y	3	91
D810	OTHER DIAGNOSIS CD 9 NOT ON FILE	E												Y	50	91	Y	50	91	Y	50	91
D811	OTHER DIAGNOSIS CD 9 IN PENDED RECORD STATUS	E												Y	80	30	Y	80	30	Y	80	30
D812	OTHER DIAGNOSIS CD 9 NOT ON FILE FOR DOS	E												Y	3	91	Y	3	91	Y	3	91
D813	OTHER DIAGNOSIS CD 9 NOT AVAILABLE ON DOS	E												Y	3	91	Y	3	91	Y	3	91

D814	OTHER DIAGNOSIS CD 9 NOT COVERED ON DOS	E										Y	3	91	Y	3	91	Y	3	91
D815	RECIPIENT AGE EXCEEDS OTHER DIAGNOSIS 9 MAX AGE	E										Y	3	91	Y	3	91	Y	3	91
D816	RECIPIENT AGE LESS THAN OTHER DIAGNOSIS 9 MIN AGE	E										Y	3	91	Y	3	91	Y	3	91
D817	RECIPIENT SEX INVALID FOR OTHER DIAGNOSIS 9	E										Y	3	91	Y	3	91	Y	3	91
D818	OTHER DIAGNOSIS CD 10 NOT ON FILE	E										Y	3	91	Y	3	91	Y	3	91
D819	OTHER DIAGNOSIS CD 10 IN PENDED REC STATUS	E										Y	80	30	Y	80	30	Y	80	30
D820	OTHER DIAGNOSIS CD 10 NOT ON FILE FOR DOS	E										Y	3	91	Y	3	91	Y	3	91
D821	OTHER DIAGNOSIS CD 10 NOT AVAILABLE FOR DOS	E										Y	3	91	Y	3	91	Y	3	91
D822	OTHER DIAGNOSIS CD 10 NOT COVERED ON DOS	E										Y	3	91	Y	3	91	Y	3	91
D823	RECIPIENT AGE EXCEEDS OTHER DIAGNOSIS 10 MAX AGE	E										Y	3	91	Y	3	91	Y	3	91
D824	RECIPIENT AGE LESS THAN OTHER DIAGNOSIS 10 MIN AGE	E										Y	3	91	Y	3	91	Y	3	91
D825	RECIPIENT SEX INVALID FOR OTHER DIAGNOSIS 10	E										Y	3	91	Y	3	91	Y	3	91
D826	OTHER DIAGNOSIS CD 11 NOT ON FILE	E										Y	3	91	Y	3	91	Y	3	91
D827	OTHER DIAGNOSIS CD 11 IN PENDED REC STATUS	E										Y	80	30	Y	80	30	Y	80	30
D828	OTHER DIAGNOSIS CD 11 NOT ON FILE FOR DOS	E										Y	3	91	Y	3	91	Y	3	91
D829	OTHER DIAGNOSIS CD 11 NOT AVAILABLE FOR DOS	E										Y	3	91	Y	3	91	Y	3	91
D830	OTHER DIAGNOSIS CD 11 NOT COVERED ON DOS	E										Y	3	91	Y	3	91	Y	3	91
D831	RECIPIENT AGE EXCEEDS OTHER DIAGNOSIS 11 MAX AGE	E										Y	3	91	Y	3	91	Y	3	91
D832	RECIPIENT AGE LESS THAN OTHER DIAGNOSIS 11 MIN AGE	E										Y	3	91	Y	3	91	Y	3	91
D833	RECIPIENT SEX INVALID FOR OTHER DIAGNOSIS 11	E										Y	3	91	Y	3	91	Y	3	91
D834	OTHER DIAGNOSIS CD 12 NOT ON FILE	E										Y	3	91	Y	3	91	Y	3	91
D835	OTHER DIAGNOSIS CD 12 IN PENDED REC STATUS	E										Y	80	30	Y	80	30	Y	80	30
D836	OTHER DIAGNOSIS CD 12 NOT ON FILE FOR DOS	E										Y	3	91	Y	3	91	Y	3	91
D837	OTHER DIAGNOSIS CD 12 NOT AVAILABLE FOR DOS	E										Y	3	91	Y	3	91	Y	3	91
D838	OTHER DIAGNOSIS CD 12 NOT COVERED ON DOS	E										Y	3	91	Y	3	91	Y	3	91
D839	RECIPIENT AGE EXCEEDS OTHER DIAGNOSIS 12 MAX AGE	E										Y	3	91	Y	3	91	Y	3	91
D840	RECIPIENT AGE LESS THAN OTHER DIAGNOSIS 12 MIN AGE	E										Y	3	91	Y	3	91	Y	3	91
D841	RECIPIENT SEX INVALID FOR OTHER DIAGNOSIS 12	E										Y	3	91	Y	3	91	Y	3	91
D850	ADMIT DIAGNOSIS NOT ON FILE	E										Y	3	91	Y	3	91	Y	3	91
D851	ADMIT DIAGNOSIS IN PENDED RECORD STATUS	E										Y	80	30	Y	80	30	Y	80	30
D852	ADMIT DIAGNOSIS NOT ON FILE FOR DOS	E										Y	3	91	Y	3	91	Y	3	91
D853	ADMIT DIAGNOSIS NOT AVAILABLE ON DOS	E										Y	3	91	Y	3	91	Y	3	91
D854	ADMIT DIAGNOSIS NOT COVERED ON DOS	E										Y	3	91	Y	3	91	Y	3	91
D855	MEMBER AGE EXCEEDS ADMIT DIAGNOSIS MAX	E										Y	3	91	Y	3	91	Y	3	91
D856	MEMBER AGE LESS THAN ADMIT DIAGNOSIS	E										Y	3	91	Y	3	91	Y	3	91
D857	MEMBER SEX INVALID FOR ADMIT DIAGNOSIS	E										Y	3	91	Y	3	91	Y	3	91
D860	OTHER DIAGNOSIS CD 13 NOT ON FILE	E										Y	3	91	Y	3	91	Y	3	91
D861	OTHER DIAGNOSIS CD 13 IN PENDED REC STATUS	E										Y	80	30	Y	80	30	Y	80	30
D862	OTHER DIAGNOSIS CD 13 NOT ON FILE FOR DOS	E										Y	3	91	Y	3	91	Y	3	91
D863	OTHER DIAGNOSIS CD 13 NOT AVAILABLE FOR DOS	E										Y	3	91	Y	3	91	Y	3	91
D864	OTHER DIAGNOSIS CD 13 NOT COVERED ON DOS	E										Y	3	91	Y	3	91	Y	3	91



D906	MEMBER AGE LESS THAN TRAUMA DIAGNOSIS MIN	E											Y	3	91	Y	3	91	Y	3	91
D907	MEMBER SEX INVALID FOR TRAUMA DIAGNOSIS	E											Y	3	91	Y	3	91	Y	3	91
D910	OTHER DIAGNOSIS CD 18 NOT ON FILE	E											Y	3	91	Y	3	91	Y	3	91
D911	OTHER DIAGNOSIS CD 18 IN PENDED REC STATUS	E											Y	80	30	Y	80	30	Y	80	30
D912	OTHER DIAGNOSIS CD 18 NOT ON FILE FOR DOS	E											Y	3	91	Y	3	91	Y	3	91
D913	OTHER DIAGNOSIS CD 18 NOT AVAILABLE FOR DOS	E											Y	3	91	Y	3	91	Y	3	91
D914	OTHER DIAGNOSIS CD 18 NOT COVERED ON DOS	E											Y	3	91	Y	3	91	Y	3	91
D915	RECIPIENT AGE EXCEEDS OTHER DIAGNOSIS 18 MAX AGE	E											Y	3	91	Y	3	91	Y	3	91
D916	RECIPIENT AGE LESS THAN OTHER DIAGNOSIS 18 MIN AGE	E											Y	3	91	Y	3	91	Y	3	91
D917	RECIPIENT SEX INVALID FOR OTHER DIAGNOSIS 18	E											Y	3	91	Y	3	91	Y	3	91
D918	OTHER DIAGNOSIS CD 19 NOT ON FILE	E											Y	3	91	Y	3	91	Y	3	91
D919	OTHER DIAGNOSIS CD 19 IN PENDED REC STATUS	E											Y	80	30	Y	80	30	Y	80	30
D920	OTHER DIAGNOSIS CD 19 NOT ON FILE FOR DOS	E											Y	3	91	Y	3	91	Y	3	91
D921	OTHER DIAGNOSIS CD 19 NOT AVAILABLE FOR DOS	E											Y	3	91	Y	3	91	Y	3	91
D922	OTHER DIAGNOSIS CD 19 NOT COVERED ON DOS	E											Y	3	91	Y	3	91	Y	3	91
D923	RECIPIENT AGE EXCEEDS OTHER DIAGNOSIS 19 MAX AGE	E											Y	3	91	Y	3	91	Y	3	91
D924	RECIPIENT AGE LESS THAN OTHER DIAGNOSIS 19 MIN AGE	E											Y	3	91	Y	3	91	Y	3	91
D925	RECIPIENT SEX INVALID FOR OTHER DIAGNOSIS 19	E											Y	3	91	Y	3	91	Y	3	91
D926	OTHER DIAGNOSIS CD 20 NOT ON FILE	E											Y	3	91	Y	3	91	Y	3	91
D927	OTHER DIAGNOSIS CD 20 IN PENDED REC STATUS	E											Y	80	30	Y	80	30	Y	80	30
D928	OTHER DIAGNOSIS CD 20 NOT ON FILE FOR DOS	E											Y	3	91	Y	3	91	Y	3	91
D929	OTHER DIAGNOSIS CD 20 NOT AVAILABLE FOR DOS	E											Y	3	91	Y	3	91	Y	3	91
D930	OTHER DIAGNOSIS CD 20 NOT COVERED ON DOS	E											Y	3	91	Y	3	91	Y	3	91
D931	RECIPIENT AGE EXCEEDS OTHER DIAGNOSIS 20 MAX AGE	E											Y	3	91	Y	3	91	Y	3	91
D932	RECIPIENT AGE LESS THAN OTHER DIAGNOSIS 20 MIN AGE	E											Y	3	91	Y	3	91	Y	3	91
D933	RECIPIENT SEX INVALID FOR OTHER DIAGNOSIS 20	E											Y	3	91	Y	3	91	Y	3	91
D934	OTHER DIAGNOSIS CD 21 NOT ON FILE	E											Y	3	91	Y	3	91	Y	3	91
D935	OTHER DIAGNOSIS CD 21 IN PENDED REC STATUS	E											Y	80	30	Y	80	30	Y	80	30
D936	OTHER DIAGNOSIS CD 21 NOT ON FILE FOR DOS	E											Y	3	91	Y	3	91	Y	3	91
D937	OTHER DIAGNOSIS CD 21 NOT AVAILABLE FOR DOS	E											Y	3	91	Y	3	91	Y	3	91
D938	OTHER DIAGNOSIS CD 21 NOT COVERED ON DOS	E											Y	3	91	Y	3	91	Y	3	91
D939	RECIPIENT AGE EXCEEDS OTHER DIAGNOSIS 21 MAX AGE	E											Y	3	91	Y	3	91	Y	3	91
D940	RECIPIENT AGE LESS THAN OTHER DIAGNOSIS 21 MIN AGE	E											Y	3	91	Y	3	91	Y	3	91
D941	RECIPIENT SEX INVALID FOR OTHER DIAGNOSIS 21	E											Y	3	91	Y	3	91	Y	3	91
D942	OTHER DIAGNOSIS CD 22 NOT ON FILE	E											Y	3	91	Y	3	91	Y	3	91
D943	OTHER DIAGNOSIS CD 22 IN PENDED REC STATUS	E											Y	80	30	Y	80	30	Y	80	30
D944	OTHER DIAGNOSIS CD 22 NOT ON FILE FOR DOS	E											Y	3	91	Y	3	91	Y	3	91
D945	OTHER DIAGNOSIS CD 22 NOT AVAILABLE FOR DOS	E											Y	3	91	Y	3	91	Y	3	91
D946	OTHER DIAGNOSIS CD 22 NOT COVERED ON DOS	E											Y	3	91	Y	3	91	Y	3	91
D947	RECIPIENT AGE EXCEEDS OTHER DIAGNOSIS 22 MAX AGE	E											Y	3	91	Y	3	91	Y	3	91
D948	RECIPIENT AGE LESS THAN OTHER DIAGNOSIS 22 MIN AGE	E											Y	3	91	Y	3	91	Y	3	91

D949	RECIPIENT SEX INVALID FOR OTHER DIAGNOSIS 22	E												Y	3	91	Y	3	91	Y	3	91
D950	OTHER DIAGNOSIS CD 23 NOT ON FILE	E												Y	3	91	Y	3	91	Y	3	91
D951	OTHER DIAGNOSIS CD 23 IN PENDED REC STATUS	E												Y	80	30	Y	80	30	Y	80	30
D952	OTHER DIAGNOSIS CD 23 NOT ON FILE FOR DOS	E												Y	3	91	Y	3	91	Y	3	91
D953	OTHER DIAGNOSIS CD 23 NOT AVAILABLE FOR DOS	E												Y	3	91	Y	3	91	Y	3	91
D954	OTHER DIAGNOSIS CD 23 NOT COVERED ON DOS	E												Y	3	91	Y	3	91	Y	3	91
D955	RECIPIENT AGE EXCEEDS OTHER DIAGNOSIS 23 MAX AGE	E												Y	3	91	Y	3	91	Y	3	91
D956	RECIPIENT AGE LESS THAN OTHER DIAGNOSIS 23 MIN AGE	E												Y	3	91	Y	3	91	Y	3	91
D957	RECIPIENT SEX INVALID FOR OTHER DIAGNOSIS 23	E												Y	3	91	Y	3	91	Y	3	91
D958	OTHER DIAGNOSIS CD 24 NOT ON FILE	E												Y	3	91	Y	3	91	Y	3	91
D959	OTHER DIAGNOSIS CD 24 IN PENDED REC STATUS	E												Y	80	30	Y	80	30	Y	80	30
D960	OTHER DIAGNOSIS CD 24 NOT ON FILE FOR DOS	E												Y	3	91	Y	3	91	Y	3	91
D961	OTHER DIAGNOSIS CD 24 NOT AVAILABLE FOR DOS	E												Y	3	91	Y	3	91	Y	3	91
D962	OTHER DIAGNOSIS CD 24 NOT COVERED ON DOS	E												Y	3	91	Y	3	91	Y	3	91
D963	RECIPIENT AGE EXCEEDS OTHER DIAGNOSIS 24 MAX AGE	E												Y	3	91	Y	3	91	Y	3	91
D964	RECIPIENT AGE LESS THAN OTHER DIAGNOSIS 24 MIN AGE	E												Y	3	91	Y	3	91	Y	3	91
D965	RECIPIENT SEX INVALID FOR OTHER DIAGNOSIS 24	E												Y	3	91	Y	3	91	Y	3	91
F005	FACILITY NPI IS INVALID	E	Y	3	91								Y	3	91							
F010	FACILITY ID IS INVALID	E	Y	3	91								Y	3	91							
F020	FACILITY LOCATION INVALID	E	Y	3	91								Y	3	91							
F040	OUTSIDE LAB FEE IS INVALID	E	Y	3	91								Y	3	91							
F100	PROCEDURE CODE MISSING OR INVALID	E	Y	3	91								Y	3	91							
F105	PROC CODE IS MISSING OR NOT ON FILE (FOR DOS)	E	Y	3	91								Y	3	91							
F110	UNITS MISSING OR INVALID	E	Y	3	91								Y	3	91							
F150	FAMILY PLANNING INDICATOR MUST BE 'Y' OR 'N'	E	Y	3	91								Y	3	91							
F320	FACILITY PROV ID AND LOCATION NOT BOTH PRESENT	E	Y	3	91								Y	3	91							
F340	DATES OF SERVICE HAVE SAME MONTH BUT DIFFERENT YEARS	E	Y	3	91								Y	3	91							
F350	NUMBER OF UNITS IS INVALID FOR DATE OF SERVICE SPAN	E	Y	80	91								Y	80	91							
F400	SERVICE PROVIDER ID AND PROCEDURE CODE ARE NOT BOTH "LARC"	E	Y	3	91								Y	3	91							
F915	PROCEDURE MODIFIER IS INVALID	E	Y	3	91								Y	3	91							
F920	EPSDT TYPE CODE NOT ON FILE	E	Y	3	91								Y	3	91							
G010	INVALID TOOTH NUMBER	E											Y	3	91							
G050	INVALID TOOTH SURFACE	E											Y	3	91							
G055	INVALID TOOTH SURFACE	E											Y	3	91							
G060	INVALID TOOTH SURFACE	E											Y	3	91							
G065	INVALID TOOTH SURFACE	E											Y	3	91							
G070	INVALID TOOTH SURFACE	E											Y	3	91							
G100	INVALID ORAL CAVITY	E											Y	3	91							
G105	INVALID ORAL CAVITY	E											Y	3	91							
G110	INVALID ORAL CAVITY	E											Y	3	91							
G115	INVALID ORAL CAVITY	E											Y	3	91							

G120	INVALID ORAL CAVITY	E								Y	3	91											
G150	PROCEDURE REQUIRES TOOTH NUMBER	E								Y	3	91											
G160	PROCEDURE REQUIRES SURFACE	E								Y	3	91											
G210	INCONSISTENCY BETWEEN PROCEDURE AND TOOTH OR SURFACE	E								Y	3	91											
G215	PROCEDURE DOES NOT MATCH TOTAL DAILY SERVICES	E								Y	3	91											
H010	REFERRING PROVIDER ID IS INVALID	E	Y	3	91					Y	3	91	Y	3	91	Y	3	91	Y	3	91		
H020	REFERRING PROVIDER LOCATION INVALID	E	Y	3	91					Y	3	91	Y	3	91	Y	3	91	Y	3	91		
H050	PARTICIPATING PROVIDER NPI NOT PROVIDED OR INVALID	E	Y	80	91																		
H060	PATIENT STATUS MUST BE NUMERIC	E	Y	3	91					Y	3	91	Y	3	91	Y	3	91	Y	3	91		
H110	ADMIT DATE IS INVALID	E	Y	3	91					Y	3	91	Y	3	91	Y	3	91	Y	3	91		
H120	DISCHARGE DATE MUST BE A VALID DATE	E	Y	3	91					Y	3	91											
H192	COMPOUND CODE MUST BE 0, 1, 2, 3, OR 4	E						Y	3	91													
H193	OTHER PAYER DISPENSING FEE PAID IS NOT NUMERIC	E				D	3	91															
H194	OTHER PAYER INGREDIENT COST PAID IS NOT NUMERIC	E				D	50	91															
H195	OTHER PAYER CO PAYMENT AMOUNT IS NOT NUMERIC	E				D	3	91															
H196	INGREDIENT COST SUBMITTED BY PHARMACY IS NOT NUMERIC	E				D	3	91															
H197	DISPENSING FEE SUBMITTED BY PHARMACY IS NOT NUMERIC	E				D	3	91															
H199	INGR COST PD + (DISP OR INCENT)FEE PD + SALES TAX < HP PAID	E				Y	3	91															
H201	AMOUNT PAID IS NOT NUMERIC	E				Y	3	91															
H230	PRIMARY DIAGNOSIS CODE MISSING OR INVALID	E	Y	3	91					Y	3	91	Y	3	91	Y	3	91	Y	3	91		
H235	E-DX FIELD MUST CONTAIN TRAUMA DX	E											Y	3	91	Y	3	91	Y	3	91		
H241	PLACE OF SERVICE IS REQUIRED	E	Y	3	91					Y	3	91											
H270	PRIOR CRN NOT FOUND OR MISMATCHED - RESUBMIT	E	D	3	91	D	3	91	D	3	91	D	3	91	D	3	91	D	3	91	D	3	91
H280	ORIGINAL ENCOUNTER NOT ELIGIBLE TO ADJUST - RESUBMIT	E	D	3	91	D	3	91	D	3	91	D	3	91	D	3	91	D	3	91	D	3	91
H290	ADJUSTMENT/VOID CODE INVALID	E	D	3	91	D	3	91	D	3	91	D	3	91	D	3	91	D	3	91	D	3	91
H300	BILL CHARGE MISSING OR NOT NUMERIC OR INVALID	E	D	80	91	D	80	91	D	80	91	D	80	91	D	80	91	D	80	91	D	80	91
H330	MEDICARE PAID AMOUNT NOT NUMERIC OR INVALID	E	D	80	91	D	80	91	D	80	91	D	80	91	D	80	91	D	80	91	D	80	91
H340	MEDICARE DEDUCTIBLE MUST BE NUMERIC	E	D	80	91	D	80	91	D	80	91	D	80	91	D	80	91	D	80	91	D	80	91
H345	MDC COINSURANCE NOT NUMERIC	E											D	80	91	D	80	91	D	80	91		
H350	OTHER PAY AMOUNT 1 NOT NUMERIC	E	D	80	91	D	80	91	D	80	91	D	80	91	D	80	91	D	80	91	D	80	91
H355	OTHER PAY AMOUNT 2 NOT NUMERIC OR INVALID	E											D	80	91	D	80	91	D	80	91		
H360	PLAN PAID AMOUNT IS INVALID	E	D	80	91	D	80	91	D	80	91	D	80	91	D	80	91	D	80	91	D	80	91
H366	MEDICARE DEDUCTIBLE AND COINSURANCE EXCEEDS BILL CHARGES	E	D	3	91					D	3	91											
H370	PREVIOUS CLAIM REFERENCE NUMBER (CRN) IS INVALID	E	D	3	91	D	3	91	D	3	91	D	3	91	D	3	91	D	3	91	D	3	91
H425	DOS AFTER CLAIM RCPT DATE	E	D	3	91	D	3	91	D	3	91	D	3	91	D	3	91	D	3	91	D	3	91
H430	FROM DATE OF SERVICE IS AFTER THRU DATE OF SERVICE	E	D	3	91					D	3	91	D	3	91	D	3	91	D	3	91		
H440	DATE OF SERVICE IS PRIOR TO 10/01/82	E	D	3	91	D	3	91	D	3	91	D	3	91	D	3	91	D	3	91	D	3	91
H470	DATE OF SERVICE IS PRIOR TO DATE OF BIRTH	E	D	3	91	D	3	91	D	3	91	D	3	91	D	3	91	D	3	91	D	3	91
H490	FROM DATE OF SERVICE IS PRIOR TO ADMIT DATE	E															Y	50	91				
H610	PREVIOUS CRN AND ADJUSTMENT/VOID CODE NOT BOTH PRESENT	E	D	3	91	D	3	91	D	3	91	D	3	91	D	3	91	D	3	91	D	3	91
H641	MEDICARE DEDUCTIBLE AND COINSURANCE EXCEEDS BILL CHARGES	E											Y	80	91					Y	80	91	



H643	MEDICARE DEDUCTIBLE AND COINSURANCE EXCEEDS BILL CHARGES	E												D	80	91	D	80	91	D	80	91	
H644	MEDICARE PD, DEDUCT AND COINSURANCE EXCEEDS MEDICARE APPROVED AMT	E												D	80	91	D	80	91	D	80	91	
H680	MUST HAVE PLAN PAYMENT	E	D	80	91	D	80	91	D	80	91	D	80	91	D	80	91	D	80	91	D	80	91
H690	ENCOUNTERS, DL AND RI CLAIMS MUST HAVE PLAN ID	E	D	3	91	D	3	91	D	3	91	D	3	91	D	3	91	D	3	91	D	3	91
H740	FORCE PEND CODE IS INVALID	E	Y	80	30	Y	80	30	Y	80	30	Y	80	30	Y	80	30	Y	80	30	Y	80	30
H741	FORCE ADJUDICATION NOT ALLOWED	E	Y	80	30	Y	80	30	Y	80	30	Y	80	30	Y	80	30	Y	80	30	Y	80	30
H750	FORCE PEND CODE NOT ON FILE	E	Y	50	91	Y	50	91	Y	50	91	Y	50	91	Y	50	91	Y	50	91	Y	50	91
H775	NBR OF COVERED DAYS MISSING FROM SUBMISSION	E												Y	3	91							
H780	PLACE OF SERVICE IS NOT ON FILE	E	Y	3	91				Y	3	91												
H790	PATIENT STATUS IS NOT ON FILE	E												Y	3	91	Y	3	91				
I003	PRIMARY ICD PROC CODE NOT ON FILE	E												Y	3	91	Y	3	91	Y	3	91	
I004	PRIMARY ICD PROC CODE IN PENDED RECORD STATUS	E												Y	80	30	Y	80	30	Y	80	30	
I005	PRIMARY ICD PROC CODE NOT COVERED	E												Y	3	91	Y	3	91	Y	3	91	
I010	PRIMARY ICD PROC CODE NOT AVAILABLE ON DOS	E												Y	50	91	Y	80	91	Y	80	91	
I015	PRIMARY ICD PROC CODE NOT COVERED ON DOS	E												Y	3	91	Y	3	91	Y	3	91	
I040	RECIPIENT AGE LESS THAN PRIMARY ICD PROC MIN AGE	E												Y	50	91	Y	50	91	Y	50	91	
I045	RECIPIENT EXCEEDS PRIMARY ICD PROC MAX AGE	E												Y	50	91	Y	50	91	Y	50	91	
I050	RECIPIENT SEX INVALID FOR PRIMARY ICD PROC CD	E												Y	50	91	Y	50	91	Y	50	91	
I118	OTHER ICD PROC CODE 1 NOT ON FILE	E												Y	3	91	Y	3	91				
I119	OTHER ICD PROC CODE 1 IN PENDED RECORD STATUS	E												Y	80	30	Y	80	91				
I120	OTHER ICD PROC CODE 1 NOT COVERED	E												Y	3	91	Y	3	91				
I125	OTHER ICD PROC CODE 1 NOT AVAILABLE ON DOS	E												Y	50	91	Y	50	91				
I130	OTHER ICD PROC CODE 1 NOT COVERED ON DOS	E												Y	3	91	Y	3	91				
I155	RECIPIENT AGE LESS THAN OTHER ICD PROC CD 1 MIN AGE	E												Y	50	91	Y	50	91				
I160	RECIPIENT AGE EXCEEDS OTHER ICD PROC CD 1 MAX AGE	E												Y	50	91	Y	50	91				
I165	RECIPIENT SEX INVALID FOR OTHER ICD PROC CD 1	E												Y	50	91	Y	50	91				
I228	OTHER ICD PROC CODE 2 NOT ON FILE	E												Y	3	91	Y	3	91				
I229	OTHER ICD PROC CODE 2 IN PENDED RECORD STATUS	E												Y	80	30							
I230	OTHER ICD PROC CODE 2 NOT COVERED	E												Y	3	91	Y	3	91				
I235	OTHER ICD PROC CODE 2 NOT AVAILABLE ON DOS	E												Y	50	91	Y	80	91				
I240	OTHER ICD PROC CODE 2 NOT COVERED ON DOS	E												Y	3	91	Y	3	91				
I265	RECIPIENT AGE LESS THAN OTHER ICD PROC CD 2 MIN AGE	E												Y	50	91	Y	50	91				
I270	RECIPIENT AGE EXCEEDS OTHER ICD PROC CD 2 MAX AGE	E												Y	50	91	Y	50	91				
I275	RECIPIENT SEX INVALID FOR OTHER ICD PROC CD 2	E												Y	50	91	Y	50	91				
I400	OTHER ICD PROC CODE 3 NOT ON FILE	E												Y	3	91	Y	3	91				
I405	OTHER ICD PROC CODE 3 IN PENDED RECORD STATUS	E												Y	80	30	Y	80	30				
I410	OTHER ICD PROC CODE 3 NOT COVERED	E												Y	3	91	Y	3	91				
I411	OTHER ICD PROC CODE 3 NOT AVAILABLE ON DOS	E												Y	50	91	Y	80	91				
I412	OTHER ICD PROC CODE 3 NOT COVERED ON DOS	E												Y	3	91							
I425	RECIPIENT AGE LESS THAN OTHER ICD PROC CD 3 MIN AGE	E												Y	50	91	Y	50	91				
I426	RECIPIENT AGE EXCEEDS OTHER ICD PROC CD 3 MAX AGE	E												Y	50	91	Y	50	91				









P469	PROVIDER ON REVIEW (RECIPIENT GENDER)	E	Y	3	91	Y	3	91	Y	3	91	Y	3	91	Y	3	91	Y	3	91
P470	PROVIDER RESTRICTED(BILL TYPE)	E										Y	3	91	Y	3	91	Y	3	91
P471	PROVIDER RESTRICTED(DIAGNOSIS CODE)	E	Y	3	91				Y	3	91	Y	3	91	Y	3	91	Y	3	91
P474	PROVIDER RESTRICTED(REVENUE CODE)	E										Y	3	91	Y	3	91	Y	3	91
P475	PROVIDER RESTRICTED(ICD9 PROCEDURE CODE)	E										Y	3	91	Y	3	91	Y	3	91
P477	PROVIDER RESTRICTED (UNSPECIFIED)	E	Y	3	91	Y	3	91	Y	3	91	Y	3	91	Y	3	91	Y	3	91
P478	PROVIDER RESTRICTED (RECIPIENT AGE)	E	Y	3	91	Y	3	91	Y	3	91	Y	3	91	Y	3	91	Y	3	91
P479	PROVIDER RESTRICTED (RECIPIENT GENDER)	E	Y	3	91	Y	3	91	Y	3	91	Y	3	91	Y	3	91	Y	3	91
P600	PROVIDER TYPE NOT ELIGIBLE FOR KIDSCARE	E	Y	3	91				Y	3	91									
P601	INVALID PRESCRIPTION ORIGIN CODE RECEIVED	E				Y	3	91												
R100	BIRTH WEIGHT IS REQUIRED	E										Y	50	91						
R105	BIRTH WEIGHT IS OUT OF RANGE	E										Y	50	91						
R280	MEDICARE COVERAGE INDICATED BUT NOT BILLED ON IN-PATIENT UB82	E										D	80	91						
R290	MEDICARE COVERAGE INDICATED BUT NOT PAID ON OUT-PATIENT UB82	E																D	80	91
R350	DATE OF DEATH PRIOR TO DOS	E	D	3	91	D	3	91	D	3	91	D	3	91	D	3	91	D	3	91
R379	MEMBER NOT ELIGIBLE FOR NON-TRANSPLANT SERVICES	E	Y	3	91				Y	3	91	Y	3	91	Y	3	91	Y	3	91
R396	DOS SPANS AHCCCS AND STATE ONLY ELIG/ENRL PERIODS	E	Y	80	91	Y	80	91				Y	80	91	Y	80	91	Y	80	91
R410	RECIPIENT NOT ELIGIBLE FOR AHCCCS SERVICES ON SERVICE DATES	E	Y	80	91	Y	80	91	D	80	91	Y	80	91	D	80	91	Y	80	91
R411	RECIPIENT INELIGIBLE ON DOS - SPLIT BILL	E	D	3	91				D	3	91	D	3	91	D	3	91	D	3	91
R415	RECIPIENT IS QMB ONLY ELIGIBLE ON DOS	E	Y	3	91	Y	3	91	Y	3	91	Y	3	91	Y	3	91	Y	3	91
R416	RECIPIENT IS QMB ONLY ELIGIBLE ON DOS - SPLIT BILL	E	Y	3	91				Y	3	91	Y	3	91	Y	3	91	Y	3	91
R427	BIRTHING CENTER SERVICE LIMIT EXCEEDED	E																Y	3	91
R466	RECIPIENT INELIGIBLE FOR LTC SERVICES ON DOS	E													Y	30	91			
R470	RECIPIENT ENROLLED IN FEE FOR SERVICE NETWORK ON SERVICE DATES	E	Y	3	91	Y	3	91	D	3	91	Y	3	91	D	3	91	Y	3	91
R480	RECIPIENT NOT ENROLLED ON SERVICE DATES	E	Y	3	91	Y	3	91	D	3	91	Y	3	91	D	3	91	Y	3	91
R481	RECIPIENT NOT ENROLLED ON DOS - SPLIT BILL	E	D	80	91	D	3	91	D	3	91	D	80	91	D	3	91	D	3	91
R500	CLAIM PLAN ID DOES NOT MATCH ENROLLMENT	E	Y	50	91	Y	50	91	D	50	91	Y	50	91	D	50	91	Y	50	91
R535	ALTCS EPD NOT ALLOWED FOR HCPCS T1016	E	Y	80	91															
R582	OTHER INSURANCE REPORTED IS INVALID	E	D	3	91															
R600	MEDICARE COVERAGE INDICATED BUT NOT BILLED	E	D	80	91				D	80	91									
R660	DHS MHS ENC RCP MUST BE ON MHS ENROLL	E	Y	3	91	Y	3	91	Y	3	91	Y	3	91	Y	3	91	Y	3	91
R670	RECIPIENT NOT ENROLLED WITH CRS FOR DATES OF SERVICE	E	Y	3	91	Y	3	91	Y	3	91	Y	3	91	Y	3	91	Y	3	91
R806	ENCOUNTER SUBMISSION GREATER THAN 210 DAYS	E	Y	3	55	Y	3	55	Y	3	55	Y	3	55	Y	3	55	Y	3	55
S334	PROCEDURE CODE NOT ON FILE	E	D	3	91				D	3	91									
S335	PROCEDURE IS IN PENDED RECORD STATUS	E	Y	80	30				Y	80	30									
S340	PROC CODE IS MISSING OR NOT ON FILE (FOR DOS)	E	D	3	91				D	3	91							Y	3	91
S345	PROCEDURE NOT AVAILABLE ON DOS	E	D	80	30				D	80	91									
S350	PROCEDURE NOT COVERED BY AHCCCS ON DATE OF SERVICE	E	Y	3	91				Y	3	91									
S354	PROCEDURE IS MEDICARE ONLY	E	Y	3	91															
S358	PROVIDER REQUIRES FED LIC TO SUBMIT MAMMOGRAPHY PROC	E	Y	3	91				Y	3	91									
S365	RECIPIENT'S AGE IS LESS THAN MINIMUM FOR SPECIFIED PROCEDURE	E	Y	50	91				Y	3	91									









U377	RECORD NOT UPDATED - HARD EDIT FAILS	E											Y	50	91	Y	50	91	Y	50	91
U378	OCCURRENCE DATE 12 AFTER THRU DOS	E											Y	50	91	Y	50	91	Y	50	91
U400	VALUE AMT/CODE 1 BOTH REQUIRED	E											Y	80	91	Y	80	91	Y	80	91
U404	VALUE AMT/CODE 5 BOTH REQUIRED	E											Y	80	91	Y	80	91	Y	80	91
U405	VALUE AMT/CODE 2 BOTH REQUIRED	E											Y	80	91	Y	80	91	Y	80	91
U406	VALUE AMT/CODE 6 BOTH REQUIRED	E											Y	80	91	Y	80	91	Y	80	91
U407	VALUE AMT/CODE 7 BOTH REQUIRED	E											Y	80	91	Y	80	91	Y	80	91
U408	RECIPIENT AGE EXCEEDS OTHER DIAGNOSIS 5 MAX AGE	E											Y	80	91	Y	80	91	Y	80	91
U409	VALUE AMT/CODE 9 BOTH REQUIRED	E											Y	80	91	Y	80	91	Y	80	91
U410	VALUE AMT/CODE 3 BOTH REQUIRED	E											Y	80	91	Y	80	91	Y	80	91
U411	VALUE AMT/CODE 11 BOTH REQUIRED	E											Y	80	91	Y	80	91	Y	80	91
U412	VALUE AMT/CODE 12 BOTH REQUIRED	E											Y	80	91	Y	80	91	Y	80	91
U413	VALUE AMT/CODE 10 BOTH REQUIRED	E											Y	80	91	Y	80	91	Y	80	91
U415	VALUE AMT/CODE 4 BOTH REQUIRED	E											Y	80	91	Y	80	91	Y	80	91
U420	ADMIT DATE REQUIRED	E											Y	3	91						
U425	PATIENT STATUS REQUIRED ON IN-PATIENT/LTC	E											Y	3	91	Y	3	91			
U430	ADMIT TYPE REQUIRED ON UB92 O/P AND ALL I/P	E											Y	3	91						
U435	ADMIT HOUR REQUIRED ON INPATIENT BILL	E											Y	3	91						
U436	DISCHARGE HOUR REQUIRED ON IN-PATIENT FINAL BILL	E											Y	3	91						
U440	FINAL BILL MUST HAVE DISCHARGE PATIENT STATUS	E											Y	3	91						
U445	INTERIM BILL MUST HAVE PT STATUS 30	E											Y	3	91						
U450	ADMIT HOUR IS LATER THAN DISCHARGE HOUR	E											Y	3	91						
U460	ADMIT TYPE = NEWBORN, BUT AGE DOES NOT = NEWBORN	E											Y	3	91						
U465	INVALID ADMIT TYPE/ADMIT SOURCE RELATIONSHIP	E											Y	3	91						
U510	OTHER ICD PROC DATE 6 NOT WITHIN DOS SPAN	E											Y	50	91						
U511	OTHER ICD PROC DATE 7 NOT WITHIN DOS SPAN	E											Y	50	91						
U512	OTHER ICD PROC DATE 8 NOT WITHIN DOS SPAN	E											Y	50	91						
U513	OTHER ICD PROC DATE 9 NOT WITHIN DOS SPAN	E											Y	50	91						
U514	OTHER ICD PROC DATE 10 NOT WITHIN DOS SPAN	E											Y	50	91						
U515	OTHER ICD PROC DATE 11 NOT WITHIN DOS SPAN	E											Y	50	91						
U516	OTHER ICD PROC DATE 12 NOT WITHIN DOS SPAN	E											Y	50	91						
U517	OTHER ICD PROC DATE 13 NOT WITHIN DOS SPAN	E											Y	50	91						
U518	OTHER ICD PROC DATE 14 NOT WITHIN DOS SPAN	E											Y	50	91						
U519	OTHER ICD PROC DATE 15 NOT WITHIN DOS SPAN	E											Y	50	91						
U520	OTHER ICD PROC DATE 16 NOT WITHIN DOS SPAN	E											Y	50	91						
U521	OTHER ICD PROC DATE 17 NOT WITHIN DOS SPAN	E											Y	50	91						
U522	OTHER ICD PROC DATE 18 NOT WITHIN DOS SPAN	E											Y	50	91						
U523	OTHER ICD PROC DATE 19 NOT WITHIN DOS SPAN	E											Y	50	91						
U524	OTHER ICD PROC DATE 20 NOT WITHIN DOS SPAN	E											Y	50	91						
U525	OTHER ICD PROC DATE 21 NOT WITHIN DOS SPAN	E											Y	50	91						
U526	OTHER ICD PROC DATE 22 NOT WITHIN DOS SPAN	E											Y	50	91						

U527	OTHER ICD PROC DATE 23 NOT WITHIN DOS SPAN	E											Y	50	91						
U528	OTHER ICD PROC DATE 24 NOT WITHIN DOS SPAN	E											Y	50	91						
U530	OTHER ICD PROC 13 AND DATE NOT BOTH PRESENT	E											Y	3	91						
U531	OTHER ICD PROC 14 AND DATE NOT BOTH PRESENT	E											Y	3	91						
U532	OTHER ICD PROC 15 AND DATE NOT BOTH PRESENT	E											Y	3	91						
U533	OTHER ICD PROC 16 AND DATE NOT BOTH PRESENT	E											Y	3	91						
U534	OTHER ICD PROC 17 AND DATE NOT BOTH PRESENT	E											Y	3	91						
U535	OTHER ICD PROC 18 AND DATE NOT BOTH PRESENT	E											Y	3	91						
U536	OTHER ICD PROC 19 AND DATE NOT BOTH PRESENT	E											Y	3	91						
U537	OTHER ICD PROC 20 AND DATE NOT BOTH PRESENT	E											Y	3	91						
U538	OTHER ICD PROC 21 AND DATE NOT BOTH PRESENT	E											Y	3	91						
U539	OTHER ICD PROC 22 AND DATE NOT BOTH PRESENT	E											Y	3	91						
U540	OTHER ICD PROC 23 AND DATE NOT BOTH PRESENT	E											Y	3	91						
U541	OTHER ICD PROC 24 AND DATE NOT BOTH PRESENT	E											Y	3	91						
U600	DETAIL SERVICE BEGIN DATE IS INVALID	E											D	3	91	D	3	91	D	3	91
U605	DETAIL SERVICE END DATE IS INVALID	E											D	3	91	D	3	91	D	3	91
U610	DETAIL SERVICE END DATE IS PRIOR TO DETAIL SERVICE BEGIN DATE	E											D	3	91	D	3	91	D	3	91
U615	HEADER SERVICE DATES MUST ENCOMPASS DETAIL SERVICE DATES	E											D	3	91	D	3	91	D	3	91
U910	ADMIT TYPE NOT ON FILE	E											Y	3	91	Y	3	91	Y	3	91
U915	ADMIT SOURCE IS NOT ON FILE	E											Y	80	91	Y	80	91	Y	80	91
U920	BILL TYPE NOT ON FILE	E											D	3	91	D	3	91	D	3	91
U925	OCCURRENCE SPAN CODE IS NOT ON FILE	E											Y	3	91	Y	3	91	Y	3	91
U930	OCCURRENCE CODE 1 NOT ON FILE	E											Y	3	91	Y	3	91	Y	3	91
U935	OCCURRENCE CODE 2 NOT ON FILE	E											Y	3	91	Y	3	91	Y	3	91
U940	OCCURRENCE CODE 3 NOT ON FILE	E											Y	3	91	Y	3	91	Y	3	91
U945	OCCURRENCE CODE 4 NOT ON FILE	E											Y	3	91	Y	3	91	Y	3	91
U950	OCCURRENCE CODE 5 NOT ON FILE	E											Y	3	91	Y	3	91	Y	3	91
U955	CONDITION CODE 1 NOT ON FILE	E											Y	3	91	Y	3	91	Y	3	91
U960	CONDITION CODE 2 NOT ON FILE	E											Y	3	91	Y	3	91	Y	3	91
U965	CONDITION CODE 3 NOT ON FILE	E											Y	3	91	Y	3	91	Y	3	91
U970	CONDITION CODE 4 NOT ON FILE	E											Y	3	91	Y	3	91	Y	3	91
U971	CONDITION CODE 8 NOT ON FILE	E											Y	3	91						
U972	CONDITION CODE 9 NOT ON FILE	E											Y	3	91						
U973	CONDITION CODE 10 NOT ON FILE	E											Y	3	91						
U975	CONDITION CODE 5 NOT ON FILE	E											Y	3	91	Y	3	91	Y	3	91
U976	CONDITION CODE 6 NOT ON FILE	E											Y	3	91						
U977	CONDITION CODE 7 NOT ON FILE	E											Y	3	91						
U978	CONDITION CODE 11 NOT ON FILE	E											Y	3	91						
U979	CONDITION CODE 12 NOT ON FILE	E											Y	3	91						
U980	VALUE CODE 1 NOT ON FILE	E											Y	3	91	Y	3	91	Y	3	91
U985	VALUE CODE 2 NOT ON FILE	E											Y	3	91	Y	3	91	Y	3	91

U990	VALUE CODE 3 NOT ON FILE	E																Y	3	91	Y	3	91	Y	3	91			
U995	VALUE CODE 4 NOT ON FILE	E																	Y	3	91	Y	3	91	Y	3	91		
U999	ENCOUNTER DETAIL LINES EXCEED 99	E																	Y	3	91	Y	3	91	Y	3	91		
V001	SAME DAY ADMIT/TRANSFER NOT COVERED	E																	Y	3	91	Y	3	91					
V002	DISCHARGE DAY NOT COVERED	E																	Y	3	91	Y	3	91					
V010	REVENUE CODE NOT ON FILE	E																	Y	3	91	Y	3	91	Y	3	91		
V020	REVENUE CODE NOT ON FILE FOR DOS	E																	Y	3	91	Y	3	91	Y	3	91		
V030	REVENUE CODE NOT COVERED	E																	Y	80	91	Y	80	91	Y	80	91		
V031	REVENUE CODE TO BILL TYPE NOT ON FILE	E																	Y	3	91	Y	3	91	Y	80	91		
V032	REVENUE CODE NOT VALID FOR BILL TYPE	E																	Y	3	91	Y	3	91	Y	3	91		
V036	HCPC REQUIRED FOR REVENUE CODE	E																						Y	80	91			
V037	HCPC NOT APPROPRIATE FOR THIS REVENUE CODE	E																						Y	80	91			
V040	UNITS REQUIRED FOR ACCOMMODATION REVENUE CODES	E																	Y	3	91	Y	3	91					
V045	NO ACCOMMODATION BILLING - BILL IS I/P OR LTC	E																	Y	3	91	Y	3	91					
V046	ACCOM DYS NOT ALLOWED AS LATE CHG	E																						Y	3	91			
V140	NURSERY SERVICES BILLED; AGE DOES NOT = NEWBORN	E																	Y	80	91	Y	3	91	Y	3	91		
V150	ADMITTED FOR DELIVERY, BUT AGE = NEWBORN	E																	Y	80	91								
V160	ACCOMMODATION DAYS GREATER THAN DOS SPAN	E																	Y	50	91	Y	80	91					
V165	ACCOMMODATION DAYS LESS THAN DOS SPAN	E																	Y	50	91	Y	50	91					
V190	TOTAL NONCOVERED CHARGES EXCEED BILLED AMOUNT	E																	D	80	91	D	80	91	D	80	91		
V400	PROCEDURE CODE NOT ON FILE	E																						D	80	91			
V401	PROCEDURE IS IN PENDED RECORD STATUS	E																						Y	3	30			
V402	PROC CODE IS MISSING OR NOT ON FILE (FOR DOS)	E																						D	80	91			
V403	PROCEDURE NOT AVAILABLE ON DOS	E																						D	80	91			
V404	PROCEDURE NOT COVERED BY AHCCCS ON DATE OF SERVICE	E																						D	3	91			
V406	PROCEDURE IS MEDICARE ONLY	E																						Y	3	91			
V408	AHCCCS COVERAGE CODE 05 ALLOWED FOR OPFS ONLY	E	Y	3	91				Y	3	91																		
V410	RECIPIENT'S AGE IS LESS THAN MINIMUM FOR SPECIFIED PROCEDURE	E																						Y	50	91			
V411	RECIPIENT'S AGE IS GREATER THAN MAXIMUM FOR SPECIFIED PROCEDURE	E																						Y	50	91			
V412	RECIPIENT'S SEX IS INVALID FOR SPECIFIED PROCEDURE	E																						Y	50	91			
V445	PROCEDURE MODIFIER INVALID FOR PROCEDURE CODE	E																	Y	80	91	Y	80	91	Y	80	91		
V446	DOS COVERS MULTIPLE MODIFIER RATES - SPLIT BILL	E																	Y	3	91	Y	3	91	Y	3	91		
V450	PROCEDURE MODIFIER RATE = ZERO	E																	Y	3	91	Y	3	91	Y	3	91		
V535	PROCEDURE MODIFIER INVALID FOR PROCEDURE CODE	E																	Y	3	91	Y	3	91	Y	3	91		
V540	INCONSISTENCY BETWEEN MODIFIER 1 & 2	E																	Y	3	91	Y	3	91	Y	3	91		
V672	SERVICE NOT COVERED BY AHCCCS, NON COVER THE LINE CHARGE	E																	D	50	91			D	80	91			
V673	DISCHARGE DAY ACCOM NOT COVERED, NON COVER ACCOM DAY LINE CHARGE	E																	Y	80	91								
V674	SAME DAY ADMIT/TRANSFER ACCOM DAY LINE CHARGE NOT COVERED	E																	Y	80	91								
Z010	DOS BEGIN AND END DATES MUST MATCH FOR EACH DETAIL LINE	E																	Y	3	91								
Z020	RECIPIENT-ID MISSING OR INVALID	E	D	3	91	D	3	91	D	3	91	D	3	91	D	3	91	D	3	91	D	3	91	D	3	91	D	3	91
Z040	HEALTH PLAN ID IS INVALID	E	D	3	91	D	3	91	D	3	91	D	3	91	D	3	91	D	3	91	D	3	91	D	3	91	D	3	91

Z100	BILLING PROVIDER ID INVALID	E	D	3	91	D	3	91	D	3	91	D	3	91	D	3	91	D	3	91	
Z120	SERVICE PROVIDER ID MISSING OR INVALID	E	D	3	91	D	3	91	D	3	91	D	3	91	D	3	91	D	3	91	
Z121	HEADER SERVICE PROVIDER ID MISSING OR INVALID	E	D	3	91				D	3	91										
Z125	SERVICE PROVIDER NPI FIELD IS MISSING OR INVALID	E	D	80	91	D	80	91	D	80	91	D	80	91	D	80	91	D	80	91	
Z126	DETAIL SERVICE PROVIDER NPI FIELD IS MISSING OR INVALID	E	D	80	91				D	80	91										
Z165	SERVICE PROVIDER ID NOT ON FILE	E	D	3	91	D	3	91	D	3	91	D	3	91	D	3	91	D	3	91	
Z166	HEADER SERVICE PROVIDER ID NOT ON FILE	E	D	3	91				D	3	91										
Z172	CONTRACT CODE IS INVALID	E	Y	3	91				Y	3	91	Y	3	91	Y	3	91	Y	3	91	
Z175	SERVICE PROVIDER NPI NOT ON FILE	E	D	3	91	D	3	91	D	3	91	D	3	91	D	3	91	D	3	91	
Z176	DETAIL SERVICE PROVIDER NPI NOT ON FILE	E	D	3	91	D	3	91	D	3	91	D	3	91	D	3	91	D	3	91	
Z180	FROM DOS MISSING OR INVALID	E	D	3	91	D	3	91	D	3	91	D	3	91	D	3	91	D	3	91	
Z185	DATE MUST BE GREATER THAN OR EQUAL TO 10/01/2000	E							D	50	91										
Z195	HIPAA ENCOUNTER CANNOT BE ADJUSTED - RESUBMIT	E	D	80	91	D	80	91	D	80	91	D	80	91	D	80	91	D	80	91	
Z200	THRU DATE OF SERVICE (DOS) MISSING OR INVALID	E	D	3	91				D	3	91	D	3	91	D	3	91	D	3	91	
Z205	MEDICARE APPROVED AMOUNT NOT NUMERIC OR INVALID	E	Y	80	91	Y	80	91	Y	80	91	Y	80	91	Y	80	91	Y	80	91	
Z235	PRESCRIBING PROVIDER NPI IS MISSING OR INVALID	E				Y	80	91													
Z260	RECIPIENT NOT ON FILE AND NO ALTERNATE ID FOUND	E	D	3	91	D	3	91	D	3	91	D	3	91	D	3	91	D	3	91	
Z280	MULTIPLE AHCCCS ID NUMBERS ON FILE FOR ALT ID	E	Y	3	91	Y	3	91	Y	3	91	Y	3	91	Y	3	91	Y	3	91	
Z295	ALLOWED NUMBER OF PHYS THERAPY VISITS EXCEEDED	E	Y	3	91													Y	3	91	
Z296	EXCEEDS ALLOWED AMOUNT FOR ALTCS DENTAL LIMIT	E							Y	80	91										
Z297	INPATIENT LIMITS EXCEEDED	E										Y	3	91					Y	3	91
Z298	RESPIRE CARE LIMITS EXCEEDED	E	Y	80	91																
Z299	EXCEEDS ADULT EMERGENCY DENTAL BENEFIT LIMIT	E							D	85	30							D	85	30	
Z300	EXACT DUPLICATE	E	Y	80	91				Y	80	91	Y	80	91	Y	80	91	Y	80	91	
Z305	NEAR DUPLICATE FOUND	E	Y	3	91				Y	50	91	Y	79	91	Y	50	91	Y	3	91	
Z310	UB92 UNBUNDLING	E																Y	3	91	
Z340	RELATED PROVIDER DUPLICATE	E	Y	3	91																
Z400	ORIGINAL CLAIM NOT FOUND ON HISTORY; ADJ/VOID INVALID	E	D	3	91	D	3	91	D	3	91	D	3	91	D	3	91	D	3	91	
Z420	PREVIOUS CLAIM APPROVED - NOT IN HISTORY LOC	E	Y	3	91	Y	3	91	Y	3	91	Y	3	91	Y	3	91	Y	3	91	
Z425	PREVIOUS CLAIM DENIED	E	Y	3	91	Y	3	91	Y	3	91	Y	3	91	Y	3	91	Y	3	91	
Z435	CLAIM TYP MUST MATCH ORIGINAL CLAIM	E	Y	3	91	Y	3	91	Y	3	91	Y	3	91	Y	3	91	Y	3	91	
Z592	PROVIDER TYPE ED AND 02 OVERLAP	E										Y	85	91				Y	85	91	
Z615	EXACT DUPLICATE FROM DIFFERENT HEALTH PLANS	E										Y	80	91	Y	3	91	Y	80	91	
Z621	NEAR DUPLICATE - DUPLICATE LINE BILLED ON OP ENCOUNTER	E																Y	80	91	
Z623	DUPLICATE VFC PROCEDURES WITHIN SAME TIME FRAME	E	Y	50	91													Y	50	91	
Z624	VFC ADMIN PROCEDURE WITH NO TOXOID	E																Y	3	91	
Z626	OVER AGE 18 WITH VFC PROCEDURE MODIFIER	E	Y	3	91													Y	3	91	
Z627	UNDER AGE 19 TOXOID PROCEDURE WITHOUT VFC MODIFIER AND NO ADMIN PROC	E	Y	3	91													Y	3	91	
Z628	HP PAID EXCEEDS ARIZONA VFC LIMIT	E	Y	80	91																
Z629	BOTH TOXOID AND ADMN PROCS HAVE HP PAID AMT EQUAL OR GREATER THAN ZERO	E	Y	80	91													Y	80	91	
Z675	ASH ADMIT THRU END DATE EXCEEDS 30 DAY LIMIT PER ADMISSION	E										Y	3	91							

