| **Edit**  **Code** | **Edit Message** | **Claim**  **Type** | **Encounter Type** | **Description** | **Resolution** |
| --- | --- | --- | --- | --- | --- |
| **Presence Edits** | |  |  |  |  |
| **P02** | Missing encounter type | A – C  D – C  Z -- C | 837P  NCPDP  837I | Encounter type designation is missing. | If the encounter type is missing, a critical edit is assigned and the encounter is rejected by SCDHHS. To correct this, populate the field with either an “A” for ambulatory (professional) encounter, “D” for drug encounter (NCPDP) and “Z” for institutional encounter. |
| **P03** | Missing recipient number | A – C  D – C  Z – C  C - C | 837P  NCPDP  837I  837P | Recipient Medicaid ID number is missing. | If the recipient number is missing, a critical edit is assigned and the encounter is rejected by SCDHHS. To correct this, add the recipient 10 digit number assigned by SCDHHS to identify the recipient eligible for benefits. |
| **P05** | Managed care organization (MCO) Medicaid provider number missing | A – C  D – C  Z -- C | 837P  NCPDP  837I | MCO Provider number assigned by State to identify provider as eligible to participate in Medicaid is missing. | If the MCO Provider ID (HMO-NUMBER) is missing, SCDHHS will assign a critical edit and reject the encounter. To correct this, add your six (6) digit MCO ID to this field. |
| **P06** | Principal diagnosis missing | A – C  Z -- C | 837P  837I | The diagnosis code for the principal condition on the encounter is missing. | If the Principal Diagnosis Code is missing on a professional or institutional encounter, SCDHHS will assign a critical edit and reject the encounter. To correct this, add a valid principal diagnosis to this field. |
| **P07** | Procedure code missing | A – C  C -- C | 837P  837P | The CPT procedure code or the State assigned code identifying the medical procedure performed on the encounter is missing. | If the Procedure Code is missing on a professional or transportation encounter, a critical edit is assigned by SCDHHS to the encounter. To correct this, add a valid procedure code to this field. |
| **P09** | Missing units/miles | A – NC  C -- C | 837P  837P | The quantitative measure of services for the procedure on the encounter is missing. | If the Units-Miles is missing on a professional encounter, SCDHHS will assign a non-critical edit and accept the encounter. If the Units-Miles is missing on a Transportation encounter, SCDHHS will assign a critical edit and reject the encounter. To correct the edit, add a numeric value in this field. |
| **P10** | First date of service missing | A – C  Z – C  C -- C | 837P  837I  837P | The first date of service on the encounter is missing. | If the First-Date-of-Service field is missing, SCDHHS will assign a critical edit and reject the encounter. To correct this, add a valid First Date of Service to the encounter. |
| **P11** | Place of service missing | A – NC  C -- C | 837P  837P | The code that indicates where the service was rendered is missing. | If the Place-of-Service field is missing in the professional encounter, SCDHHS will assign a non-critical error. If it is missing in a transportation encounter, the system will assign a critical error. To correct this, add a valid Place of service. |
| **P12** | Performing provider missing | A – C  D – C  Z -- C | 837P  NCPDP  837I | The identification number for the performing provider is missing. For “D” (NCPDP) encounters, the performing provider would be the pharmacy where the prescription was filled (DEI-SERVICE-PROV-NO). For “Z” (institutional) encounters, the performing provider would be the hospital where the procedure was performed (SERVICE-PROVIDER-NO). For “A” (professional) encounters, the performing provider would be the doctor’s office where the service was rendered (SERV-PROVIDER-NUM). | If the Performing-Provider is missing, SCDHHS will assign a critical edit and reject the encounter. To correct this you will need to add a valid Performing-Provider to this field. |
| **P13** | Reimbursement method indicator missing | A – C  D – C  Z -- C | 837P  NCPDP  837I | The code for indicating the reimbursement methodology utilized to pay the provider of service is missing. Use “C” to indicate capitated reimbursement, “F” for fee for service reimbursement, “T” for TPL reimbursement or “Z” for zero billed/provider did not charge reimbursement. | If the Reimbursement-Ind is missing, SCDHHS will assign a critical edit and reject the encounter. To correct this, add a valid Reimbursement-Ind to this field and resubmit the encounter. |
| **P14** | Missing dollar amount billed | A – C  D – C  Z -- C | 837P  NCPDP  837I | The dollar amount billed by the provider of service is missing. Use the amount that would have been billed by the provider if the method of reimbursement is indicated as capitated. | If the Dollar Amount Billed is missing or is non numeric, SCDHHS will assign a critical edit and reject the encounter. To correct this, add a valid numeric Amount Billed in this field. |
| **P15** | Prescribing practitioner ID number missing | D -- NC | NCPDP | The identification number of the prescribing physician of the drug is missing. Applicable for dispense dates on or after 01/01/1999. | If the DEI-PHYSICIAN-NO is missing, SCDHHS will assign a non critical edit. To correct this  1. If you get the NPI for the prescribing provider on the claim from  the pharmacist, you can use it to get the SCDHHS Medicaid ID for that  prescribing provider from the crosswalk/junction file the MCO gets from  SCDHHS. Then you can populate both of the required fields on the encounter to be submitted to SCDHHS.  2. If you get the state license number for the prescribing provider on  the claim from the pharmacist, you will put the license number in the  DEI-PHYSICIAN-NPI field and put '123456' in the DEI-PHYSICIAN-NO.  3. If you get the NPI for the prescribing provider on the claim from  the pharmacist and you cannot find a match for the SCDHHS Medicaid ID for that  prescribing provider from the crosswalk/junction file the MCO gets from SCDHHS, put '123456' in the DEI-PHYSICIAN-NO. |
| **P16** | National Drug Code (NDC) missing | A -- C  D -- C | 837P  NCPDP | The national drug code assigned to the drug on the encounter is missing. | If the DEC-DRUG-CODE is missing, SCDHHS will assign a critical edit and reject the encounter. To correct this, add a valid NDC in this field. All JCODE encounters with a first date of service on or after 10/26/10 MUST have a NDC. |
| **P17** | Drug unit type missing | D -- C | NCPDP | The unit type assigned to the drug is missing. Use one of the unit types identified in the drug encounter record layout. | If the DEC-UNIT-TYPE is missing, SCDHHS will assign a critical edit and reject the encounter. To correct this, add a valid unit type in this field. More common unit types include:  AHF - ANTI-HEMOPHILIC FACTOR INJECTABLES  CAP - CAPSULES  EA - NOT IDENTIFIABLE BY ANOTHER UNIT TYPE  GM - GRAMS  ML - MILLILITERS  SUP - SUPPOSITORIES |
| **P18** | Quantity/units missing | D -- C | NCPDP | The quantitative measure of the medication on the encounter is missing. | If the DEC-QUANTITY-DISPENSED-INPUT is missing or is not numeric, SCDHHS will assign a critical edit and reject the encounter. To correct this, add a valid amount in this field. |
| **P19** | Missing day’s supply | D -- C | NCPDP | The number of days for which the drug was dispensed is missing. | If the DEC-DAYS-SUPPLY-INPUT is missing or is not numeric, SCDHHS will assign a critical edit and reject the encounter. To correct this, add a valid number of days in this field. |
| **P20** | Missing prescription number | D -- NC | NCPDP | The number assigned by the pharmacy to the prescription is missing. | If the DEC-ENC-PRESCRIPTION-NO is missing, SCDHHS will assign a non-critical edit and accept the encounter. To correct the edit on future encounters, add the valid prescription number in this field. |
| **P21** | Attending Physician Number Missing | Z -- NC | 837I | The attending physician on a hospital claim is missing. | If the ATTENDING-PHYSICIAN is missing, SCDHHS will assign a non-critical edit and accept the encounter. To correct the edit on future encounters, add a valid attending physician ID in this field. |
| **P22** | Last date of service missing | Z -- C | 837I | Last date of service on the encounter is missing. | If the LAST-DATE-OF-SERV is missing, SCDHHS will assign a critical error. To correct this, add a valid last date of service in this field. |
| **P23** | Date of admission missing | Z -- C | 837I | Admission date on the hospital encounter is missing. | If the ADMISSION-DATE is missing, SCDHHS will assign a critical error. To correct this, add a valid admission date in this field. |
| **P24** | Date of discharge missing | Z -- C | 837I | Discharge date on the hospital encounter is missing. | If the DISCHARGE-DATE is missing, SCDHHS will assign a critical error. To correct this, add a valid discharge in this field. |
| **P25** | Patient status missing | Z -- NC | 837I | Patient status on the hospital encounter is missing. See the patient status table for values. | If the PATIENT-STATUS is missing, the system will assign a non-critical error. To correct this you will need to add a valid patient status in this field. See table 08Z for valid patient status codes. |
| **P26** | Missing admitting diagnosis | Z -- C | 837I | The admitting diagnosis code is missing. | If the ADMISSION-DIAGNOSIS is missing, SCDHHS will assign a non-critical edit and accept the encounter. To correct this, add a valid admission diagnosis in this field. |
| **P28** | Revenue code missing | Z -- C | 837I | The revenue code identifying the specific hospital services is missing. | If the REVENUE-CODE is missing, SCDHHS will assign a critical edit and reject the encounter. To correct this, add a valid revenue code in this field. |
| **P29** | Dispense date missing | D -- C | NCPDP | The dispense date or the date of service on the drug encounter is missing. | If the DEI-DD is missing, SCDHHS will assign a critical edit and reject the encounter. To correct this, add a valid dispense date in this field. |
| **P30** | HMO Reference Number Missing | A – C  D – C  Z -- C | 837P  NCPDP  837I | This is the MCO’s own reference ID to the encounter. | This field is the HMO-OWN-REF-NUMBER. If the HMO-OWN-REF-NUMBER is missing, SCDHHS will assign a critical edit and reject the encounter. To correct this, add a valid reference ID in this field. |
| P31 | Paid date missing | A – C  D – C  Z – C | 837P  NCPDP  837I | The paid date field is missing. | If the CLAIM-PAID-DATE field is missing, SCDHHS will assign a critical edit and reject the encounter. To correct this, add a valid claim paid date in this field. |
| **P32** | P32 ORIGIN CODE IS MISSING | C - C | 837P | The Origin code is missing. | If the TRP-ORIGIN-CODE is missing, SCDHHS will assign a critical edit and reject the encounter. To correct this, add a valid Origin Code. |
| **P35** | Service/Performing Provider NPI Missing | A – NC  D – NC  Z -- NC | 837P  NCPDP  837I | The NPI for the performing provider is missing. For “D” NCPDP encounters, the performing provider would be the pharmacy where the encounter was filled (DEI-SERV-PROV-NPI). For “Z” 837I encounters, the performing provider would be the hospital where the procedure was performed (SERVICE-PROVIDER-NPI). For “A” 837P encounters, the performing provider would be the doctor’s office where the service was rendered (RENDERING-NPI). | If the Service/Performing Provider NPI is missing, SCDHHS will assign a non-critical edit and accept the encounter. To correct this in future encounter submissions, add a valid NPI identifying the provider in this field. |
| **P36** | Physician#/Prescribing Provider NPI Missing | D – NC | NCPDP | The NPI of the prescribing physician of the drug is missing. | If the prescribing provider NPI is missing, SCDHHS will assign a non-critical edit and accept the encounter. To correct this in future encounter submissions, add a valid NPI identifying the provider in this field. |
| **P39** | Missing Dollar Amount Paid | A – C  C - C | 837P  837P | Missing the line paid amount for professional and/or transportation (837P) encounters. | If the line paid amount is missing on either a transportation or professional encounter SCDHHS will assign a critical edit and reject the encounter. To correct this, add the amount paid to the encounter. |
| **P40** | Dollar Amount Billed Not Numeric | A – C | 837P | The line paid amount for the 837P encounter is not numeric. | If the billed amount on the 837P encounter is not numeric SCDHHS will assign a critical edit and reject the encounter. To correct this, add a numeric amount to the amount billed field. |
| **P41** | Missing Rendering County Code | C – C | 837P | The Rendering Provider County field is missing on a transportation encounter. | If the Rendering Provider County field is missing, SCDHHS will assign a critical edit and reject the encounter. To correct this, add a valid county code. Table 3 – county codes has all the valid counties. |
| **P42** | Missing Region Code | C – C | 837P | The Region code field is missing on a transportation encounter. | If the REGION-CODE is missing, SCDHHS will assign a critical edit and reject the encounter. To correct this, add a valid region code. |
| **P43** | PRINCIPAL DIAG POA IND MISSING | Z – NC | 837I | The principal diagnosis present on admission code is missing on the institutional encounter. | If the principal diagnosis present on admission code is missing, SCDHHS will assign a non-critical edit and accept the encounter. To correct this in future encounter submissions, add a valid principal diagnosis present on admission code to this field. |
| **P44** | OTHER DIAG POA IND MISSING | Z – NC | 837I | The other diagnosis present on admission code is missing on the institutional encounter. | If the other diagnosis present on admission code is missing, SCDHHS will assign a non-critical edit and accept the encounter. To correct this in future encounter submissions, add a valid other diagnosis present on admission code to this field. |
| **P45** | APR-DRG MISSING | Z - NC | 837I | The All Payer Refined-Diagnosis Related Group (APR-DRG) is missing on the encounter. | If the APR-DRG is missing, SCDHHS will assign a non-critical edit and accept the encounter. To correct this in future encounter submissions, add a valid APR-DRG to this field. |
| **P46** | NO DRG FIELD POPULATED ON IP HOSPITAL ENCOUNTER | Z - NC | 837I | The APR-DRG and the DRG fields both are missing. | This means you have an inpatient hospital encounter and neither the 3 digit DRG code nor the 4 digit APR-DRG code is populated. One of these needs to be populated to resolve this edit/error. |

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| **Edit Code** | **Edit Message** | **Claim Type** | **Encounter Type** | **Description** | **Resolution** |
| **Validity Edits** | | | | | |
| **V02** | Invalid encounter type | A – C  D – C  Z – C | 837P  NCPDP  837I | Encounter type designation is invalid. Use type “A” for professional encounters (837P), “D” for drug encounter (NCPDP) and “Z” (837I) for institutional encounters. | If the CLAIM-TYPE is not = ‘A’, ‘D’ or ‘Z’, SCDHHS will assign a critical edit and reject the encounter. To correct this, add the appropriate value for the encounter type to this field. |
| **V03** | Recipient not on file | A – C  D – C  Z – C | 837P  NCPDP  837I | Recipient Medicaid ID number invalid. Use the recipient ten (10) digit number assigned by the State to identify recipient eligible for benefits. | If the RECIPIENT-MEDICAID-NUM cannot be found in the SCDHHS database, SCDHHS will assign a critical edit and reject encounter. To correct this, add a valid ten digit (10) ID in this field. |
| **V04** | Managed care Organization (MCO) Medicaid provider number not on file | A – C  D – C  Z – C | 837P  NCPDP  837I | Provider number assigned by the State to identify the MCO as eligible to participate in Medicaid is not in the provider record file. | If the PROV-NUMBER cannot be found in the SCDHHS database, SCDHHS will assign a critical edit and reject the encounter. To correct this, add your MCO ID in this field. |
| **V05** | Invalid third party carrier code | A – NC  D – NC  Z – NC | 837P  NCPDP  837I | Carrier code identifying third party carrier is invalid. Use third party carrier codes maintained by the South Carolina Hospital Association. | If the CARRIER-CODE cannot be found in the SCDHHS database, SCDHHS will assign a non-critical error. To correct this in future encounter submissions, add a valid CARRIER-CODE in this field. SCDHHS provides a carrier code file monthly that provides all the valid carrier codes in the SCDHHS system. Utilizing one of these carrier codes will ensure that the edit is not assigned in future encounter submissions. |
| **V06** | Third party amount present but not numeric | A –C  D –C  Z –C | 837P  NCPDP  837I | Amount designated as received from a third party is not a valid dollar amount. | If the TPL-AMOUNT-PAID is not numeric, SCDHHS will assign a critical edit and accept the encounter. To correct this in future encounter submissions, add a numeric value in this field. |
| **V08** | Referring provider not on file | A – NC | 837P | Provider number that identifies the referring provider is not a valid Medicaid provider or valid non-par provider. | If the REFERRING-PROVIDER is not a valid Medicaid provider or a valid non-par provider, SCDHHS will assign a non-critical edit and accept the encounter. To correct this in future encounter submissions, add a valid provider ID in this field (the ID must be in the SCDHHS Medicaid Provider File or in the non-par provider file submitted by the MCO). |
| **Edit Code** | **Edit Message** | **Claim Type** | **Encounter Type** | **Description** | **Resolution** |
| **V09** | Principal diagnosis not on file | A – C  Z – C | 837P  837I | The principal diagnosis code on the encounter is not listed as a valid diagnosis code. Use a valid diagnosis code on the encounter. | If the PRINCIPAL-DIAGNOSIS is not a valid code, SCDHHS will assign a critical edit and reject the encounter. To correct this, add a valid diagnosis code in this field. |
| **V10** | Other diagnosis not on file | A – NC  Z – NC | 837P  837I | The diagnosis code designated as other on the encounter is not listed as a valid diagnosis code. Use a valid diagnosis code on the encounter. | If the OTHER-DIAGNOSIS is not a valid diagnosis code, SCDHHS will assign a non-critical edit and accept the encounter. To correct this, add a valid diagnosis code in this field. |
| **V11** | Procedure code not on file | A – C  Z – NC | 837P  837I | The procedure code on the encounter is not listed as a valid procedure code. Use a valid CPT/HCPCS code recognized by SCDHHS. | If the PROCEDURE-CODE is not a valid CPT procedure code, SCDHHS will assign a critical edit and reject the encounter if it is a professional encounter and a non-critical edit if it is an institutional encounter. To correct this, add a valid CPT/HCPCS procedure code in this field. The file called CDCOMMN.PROCEDRE.CODE, in your ‘common’ high level/folder contains every valid procedure code utilized by SCDHHS.  SCDHHS organizes its procedure codes around subfiles, each subfie is organized by the provider type and provider specialty. Once the subfile has been determined, it along with the procedure code, are used to verify the validity of that procedure code for that provider type and specialty. Not all procedures are housed in every subfile. SCDHHS ensures that the submitted provider is allowed to perform the submitted procedure by limiting the codes contained in each subfile. SCDHHS currently identifies the appropriate subfile and takes the procedure code from the encounter to verify if that procedure code is present in the SCDHHS database.  The SUBFILE is obtained by using a combination of the PROVIDER-TYPE and PROVIDER-SPECIALTY. This is outlined in the attached table (SCDHHS SUBFILE ASSIGNMENT.TXT). This table contains every valid PROVIDER-TYPE and PROVIDER-SPECIALTY combination. This combination gives you the SUBFILE. For example: 1020E from the table means that PROVIDER-TYPE = ‘10’ and PROVIDER-SPECIAILTY = ‘20’ means your SUBFILE = ‘E’.  The attached file (REFFILE1.PROCEDUR.CODE.TXT) contains every valid SCDHHS procedure code. The first byte is the SUBFILE. The next five bytes are the PROCEDURE CODE, followed by it’s definition. For example, take the procedure code = ‘J2001’. This procedure code can only be used by the following subfiles K, P, Q, R, S, V and Y. So you will have an entry for every one of these subfiles in this file (KJ2001, PJ2001, QJ2001, etc.). |

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| **Edit Code** | **Edit Message** | **Claim Type** | **Encounter Type** | **Description** | **Resolution** |
| **V12** | Procedure code modifier not on file | A – NC | 837P | The procedure code listed on the encounter is not listed as a valid procedure code modifier. Use a valid procedure code modifier. | If the PROCEDURE-CODE-MODIFIER is not valid, SCDHHS will assign a non-critical edit and accept the encounter. To correct this for future encounter submissions, add a valid modifier in this field. SCDHHS currently processes a single modifier on an encounter. Table 07 Procedure Code Modifiers will have the valid modifiers. |
| **V13** | Unit/miles must be > 0 | A – NC  D – C | 837P  NCPDP | The quantitative measure of services for the procedure on the encounter is invalid. | If the UNITS-MILES is not numeric or greater than 0, SCDHHS will assign a non-critical edit to professional encounters and a critical edit to transportation encounters. To correct this, add a number greater than 0 in this field. |
| **V14** | Invalid first date of service | A – C  Z – C  C - C | 837P  837I  837P | The first (from) date of service on the encounter is invalid. | If the FIRST-DATE-OF-SERVICE is not valid, SCDHHS will assign a critical edit and reject the encounter. To correct this, add a valid first date of service in this field. The validity check on this field consists of ensuring the field contains numeric data that the month is between a value of 1 through 12 and a day check for each month (including leap year). |
| **V15** | Invalid last date of service | A – NC  Z – C | 837P  837I | The last (To) date of service on the encounter is invalid. | If the LAST-DATE-OF-SERVICE is not valid, SCDHHS will assign a non-critical edit if it is professional encounter and a critical edit if it is an institutional encounter. To correct this, add a valid last date of service in this field. The validity check on this field consists of ensuring the field contains numeric data that the month is between a value of 1 through 12 and a day check for each month (including leap year). |
| **V16** | Invalid place of service | A – NC | 837P | The code designating the place of service is invalid. | If the PLACE-OF-SERVICE is not valid, SCDHHS will assign a non-critical edit and accept the encounter. To correct this you will need to add a valid code in this field. SCDHHS recognized values for the place of service are found in table 08 Place of Service. |
| **V17** | Performing provider not on file | A – C  D – C  Z – C | 837P  NCPDP  837I | The identification number of the performing provider or the performing group number is invalid and not in the provider record file. | If the Performing/Servicing Provider is not a valid Medicaid provider or a valid non-par provider, SCDHHS will assign a critical edit and reject the encounter. To correct the edit a valid NPI and taxonomy code matched to a valid Medicaid legacy ID must be in this field (the ID must be in the SCDHHS Medicaid Provider File or in the non-par provider file submitted by the MCO).  \*The Performing/Servicing Provider in an Ambulatory/Professional encounter would be the Provider ID of whomever is performing the service. The Performing/Servicing Provider in a Hospital encounter would be the Hospital’s Provider ID. The Performing/Servicing Provider in a Drug encounter would be the Pharmacy’s Provider ID.  \*Whenever you get a V17 – PERFORMING PROVIDER NOT ON FILE The most likely cause of this issue are occasions when the MCO has not included the provider in the non-par provider file submitted and processed with the encounter file that day. MCOs must submit a FULL non-par provider file with every encounter submission. SCDHHS expects a complete file of all non-par providers with every encounter submission.  Other likely causes for this edit include an edit in the submitted provider ID or the performing provider is not a valid SC Medicaid Provider and they are not in your complete non-par provider file submitted with the encounter file. |
| **V18** | Invalid EPSDT indicator | A – NC | 837P | The EPSDT indicator utilized to indicate a well child visit that required follow-up and/or referral is invalid. Use value “Y” to indicate that the encounter was for a well child visit that required follow-up and/or referral. | If the EPSDT-INDICATOR is not equal to ‘Y’, ‘N’ or blank, SCDHHS will assign a non-critical edit and accept the encounter. To correct this on future encounter submissions, add a valid code of ‘Y’, ‘N’ or blank in this field. |
| **V19** | Invalid reimbursement indicator | A – C  D – C  Z – C | 837P  NCPDP  837I | The code for indicating the method of reimbursement to the provider of service is invalid. Use “C” to indicate capitated reimbursement or “F” for fee for service reimbursement. T for TPL | If the REIMBURSE-IND is not equal to “T”, ‘F’ or ‘C’, SCDHHS will assign a critical edit and reject the encounter. To correct this, add a “T”, ‘F’ or ‘C’ in this field depending on reimbursement type. |
| **V20** | Dollar amount billed not > 0 | A – C  D – C  Z – C | 837P  NCPDP  837I | The dollar amount billed on the encounter is an invalid amount. For capitated services and TPL (reimbursement indicator=C or T), a zero is allowed. For fee-for-service (reimbursement indicator=F), a valid amount must be entered. | If the dollar amount billed on the encounter is invalid or zero and the reimbursement code equals “F” SCDHHS will assign a critical edit and reject the encounter. To correct this, add a billed amount greater than zero for any encounters with a reimbursement indicator equal to “F”. If the reimbursement indicator is either “C” or “T” the amount must be a numeric value but could be zero. |
| **V22** | National Drug Code (NDC) not on file | D – C | NCPDP | The code on the encounter is not a valid National Drug Code (NDC). | If the DRUG-CODE is not valid, SCDHHS will assign a critical edit and reject the encounter. To correct this, add a valid National Drug Code in this field. The file called REFFILE5.NDC.DRUGCODE in your ‘common’ high level/folder has valid SCDHHS recognized NDC codes. |
| **V23** | Invalid drug unit type | D – C | NCPDP | The unit type assigned the drug is invalid. Use one of the unit types identified in the drug encounter record layout. | If the UNIT-TYPE is not valid, SCDHHS will assign a critical edit and reject the encounter. To correct this, add a valid unit type in this field.  Common examples of valid drug unit types include:  AHF – ANTI-HEMOPHILIC FACTOR INJECTABLES  CAP – CAPSULES  EA - NOT IDENTIFIABLE BY ANOTHER UNIT TYPE  GM - GRAMS  ML - MILLILITERS  SUP – SUPPOSITORIES  TAB – TABLETS  TDP – TRANSDERMAL PATCHES |
| **V24** | Quantity/units not greater than 0 | D – C | NCPDP | The quantitative measure of the medication on the encounter is invalid. | If QUANTITY-DISPENSED field is not greater than 0, SCDHHS will assign a critical edit and reject the encounter. To correct this, add a value greater than 0. |
| **V25** | Day supply not greater than 0 | D – C | NCPDP | The number of days for which the drug was dispensed is invalid. | If DAYS-SUPPLY field is not greater than 0, SCDHHS will assign a critical edit and reject the encounter. To correct this, add a value greater than 0. |
| **V27** | Date of admission invalid | Z – C | 837I | The date of admission on the institutional encounter is invalid. | If ADMISSION-DATE field is not valid, SCDHHS will assign a critical edit and reject the encounter. To correct this, add a valid date of admission. The date must be a valid, numeric and must be prior to or before the last date of service. |
| **V28** | Date of discharge invalid | Z – C | 837I | The date of discharge on the institutional encounter is invalid. | If DISCHARGE-DATE field is not valid, SCDHHS will assign a critical edit and reject the encounter. To correct this, add a valid date of admission. The date must be a valid, numeric and must not be before the first date of service. |
| **V29** | Patient status invalid | Z – C | 837I | Patient status on the institutional encounter is invalid. Use one of the patient status values identified on the hospital encounter record layout. | If PATIENT-STATUS field is not valid, SCDHHS will assign a critical edit and reject the encounter. To correct this, add a valid patient status. The table with the valid patient status codes is Table 8Z PATIENT STATUS. |
| **V30** | Admit diagnosis not on file | Z – NC | 837I | The admitting diagnosis code on the encounter is not listed as a valid diagnosis code. Use a valid diagnosis code on the encounter. | If ADMISSION-DIAGNOSIS field is not valid, SCDHHS will assign a non-critical edit and accept the encounter. To correct this for future encounter submissions, add a valid diagnosis code. |
| **V31** | Invalid surgical procedure code | Z – NC | 837I | The principal surgical procedure code on the institutional encounter is invalid. Use a valid surgical procedure code. | If PRIM-SURG-PROC field is not valid, SCDHHS will assign a non-critical edit and accept the encounter. To correct this, add a valid surgical procedure code. |
| **V32** | Invalid surgical procedure date | Z –C | 837I | The principal surgical procedure code date on the institutional encounter is invalid. | If PRIM-SURG-DATE field is not valid, SCDHHS will assign a non-critical edit and accept the encounter. To correct this, add a valid date. |
| **V33** | Invalid other surgical procedure code | Z – NC | 837I | The other surgical procedure code on the institutional encounter is invalid. Use a valid surgical procedure code. | If OTHER-SURG-PROC field is not valid, SCDHHS will assign a non-critical edit and accept the encounter. To correct this in future encounter submissions, add a valid surgical code. |
| **V34** | Other surgical procedure date invalid | Z –C | 837I | The other surgical procedure code date on the institutional encounter is invalid. | If OTHER-SURG-DATE field is not valid, SCDHHS will assign a non-critical edit and accept the encounter. To correct this in future encounter submissions, add a valid date. |
| **V36** | Revenue code not on file | Z – C | 837I | The revenue code identifying the specific institutional service is invalid. | If REVENUE-CODE field is not valid, SCDHHS will assign a critical edit and reject the encounter. To correct this, add a valid revenue code. |
| **V37** | Dispense date invalid | D – C | NCPDP | The dispense date or the date of service on the drug encounter is invalid. | If DEI-DD field is not valid, SCDHHS will assign a critical edit and reject the encounter. To correct this, add a valid date. |
| **V40** | Adjustment Indicator must be blank or ‘V’ | A – C  D – C  Z – C | 837P  NCPDP  837I | The adjustment indicator field on the encounter is missing or invalid. | If ADJUSTMENT-IND field is missing or not valid, SCDHHS will assign a critical edit and reject the encounter. To correct this, add a ‘V” if it is a void or leave blank. |
| **V42** | Rendering Provider Name Missing | C – C | 837P | The name of the rendering (transporting) provider is missing. | If RENDERING-PROVIDER-NAME field is not populated, SCDHHS will assign a critical edit and reject the encounter. To correct this, add a rendering name. |
| **V44** | New/Refill Indicator must be numeric | D – NC | NCPDP | The new/refill indicator field on the encounter is invalid. | If DEI-REFILL-IND field is not numeric or blank, SCDHHS will assign a non-critical edit and accept the encounter. To correct this for future encounter submissions, add a numeric value in this field or leave it blank.  \*BLANK= NEW RX  NUMBERS=REFILLS USED |
| **V45** | INVALID ORIGIN CODE | C - C | 837P | The Origin field is invalid. | If ORIGIN field is not valid, SCDHHS will assign a critical edit and reject the encounter. To correct this enter a valid claim paid date. |
| **V48** | Invalid Claim Paid Date | A – C  D – C  Z – C | 837P  NCPDP  837I | The paid claim date field is invalid. | If CLAIM-PAID-DATE field is not valid, SCDHHS will assign a critical edit and the reject encounter. To correct this enter a valid claim paid date. |
| **Edit Code** | **Edit Message** | **Claim Type** | **Encounter Type** | **Description** | **Resolution** |
| **V50** | Referring NPI invalid | A – C | 837P | The referring provider NPI field on the encounter is in an invalid NPI format. | If the REFERRING-NPI field is not in the valid NPI format, SCDHHS will assign a critical edit and reject the encounter. To correct this, add a valid NPI in the valid NPI format in this field, |
| **V51** | Referring NPI not on file for Legacy Number | A – NC | 837P | The referring provider NPI on the encounter is not on file for the legacy ID. | If the REFERRING-NPI field does not match up with any legacy ID, SCDHHS will assign a non-critical edit and accept the encounter. To correct this for future encounters, add a valid NPI in this field that corresponds with a legacy ID.  \*The reason this is non critical is because not all providers will have an NPI. |
| **V52** | Service/Performing Provider NPI invalid | A – C  D – C  Z – C | 837P  NCPDP  837I | The service/performing provider NPI field on the encounter is in an invalid NPI format.  The Service/Performing provider NPI field would be the RENDERING-NPI in the ambulatory, the SERV-PROV-NPI in the drug and the SERVICE-PROVIDER-NPI in the hospital encounter. | If the RENDERING-NPI field is not in the valid NPI format, SCDHHS will assign a critical edit and reject the encounter. To correct this, add a valid NPI in the valid NPI format in this field, | |
| **V53** | Service/Performing Provider NPI not on file for Legacy Number | A – NC  D – NC  Z – NC | 837P  NCPDP  837I | The service/performing provider NPI on the encounter is not on file for the legacy ID. | If the RENDERING-NPI is not on file for the legacy ID, SCDHHS will assign a non-critical edit and accept the encounter. To correct this for future encounter submissions, add a valid NPI in this field.  \* This edit will appear with all non-par provider submission when you submit their NPI in this field if SCDHHS does not have the NPI stored in the database. | |
| **V54** | Physician/Prescribing NPI not valid | D – NC | NCPDP | The Physician/Prescribing NPI field on the encounter is not valid. | If the Physician/Prescribing NPI field is not valid, SCDHHS will assign a non-critical edit and accept the encounter. To correct this for future encounter submissions, you will need to add a valid NPI in this field. | |
| **V55** | Physician/Prescribing NPI not on file for Legacy Number | D – NC | NCPDP | The Physician/Prescribing NPI field on the encounter is not on file for the legacy ID. | If the Physician/Prescribing NPI field is not on file for the legacy ID. SCDHHS will assign a non-critical edit and accept the encounter. To correct this you will need to add a valid NPI in this field. | |
| **V57** | VOID ECN CANNOT EQUAL REPLACED ECN | A – NC  D – NC  Z – NC | 837P  NCPDP  837I | When voiding an encounter, the void ECN cannot be the same as the ECN you are trying to void. | Assign a different ECN (encounter ID to the Void encounter). The ECN of the void must be a unique ID that has never been used before. | |
| **Edit Code** | **Edit Message** | **Claim Type** | **Encounter Type** | **Description** | **Resolution** | |
| **V58** | PROC-IND USED FOR VALID PROC CODE | A – NC | 837P | This edit indicates that the MCO has used the PROC-CODE-EDIT-IND on a valid Medicaid procedure. | The procedure code submitted is valid in the Medicaid system; therefore, a ‘Y’ in the PROC-CODE-EDIT-IND is not necessary. If a “Y” indicator is utilized where it is not necessary SCDHHS assigns a non-critical edit and accept the encounter. This edit was added to monitor use of the indicator by entities submitting encounters to SCDHHS. | |
| **V59** | NOT A VALID NDC/PROCEDURE CODE COMBINATION | A – NC | 837P | **The combination that utilized for the NDC and the procedure code are not valid in the Medicaid system.** | The procedure code and NDC submitted is not a valid combination in the Medicaid system. SCDHHS will assign a non-critical edit and accept the encounter. To correct this for future encounter submissions check the combination to ensure that it is a valid combination recognized by SCDHHS. There will be occurrences where you cannot correct this edit if it is outside of Medicaid coverage criteria. | |
| **V60** | Rendering County not on valid | C – C | 837P | Then rendering county code is not valid. | The rendering provider county code is not valid. SCDHHS will assign a critical edit and reject the encounter. To correct this edit, see table 3 for all the valid county code values. | |
| **V61** | Dollar amount paid not > 0 | C – NC | 837P | The amount the broker paid is not greater than 0. | Insert the appropriate paid amount based on the dollar value reimbursed on the original claim. Transportation encounters may be submitted with paid amounts that equal zero but SCDHHS will assign a non-critical edit and flag these submissions that indicate a zero payment. In order to correct this in future encounter submissions, add a numeric value greater than zero to the encounter. | |
| **V62** | PRINCIPAL DIAG POA IND INVALID | Z – NC | 837I | The principal diagnosis present on admission code is invalid on the institutional encounter. | If the principal diagnosis present on admission code is invalid, SCDHHS will assign a non-critical edit and accept the encounter. To correct this in future encounter submissions, add a valid principal diagnosis present on admission code recognized by SCDHHS. | |
| **V63** | OTHER DIAG POA IND INVALID | Z - NC | 837I | The other diagnosis present on admission code is invalid on the institutional encounter. | If the other diagnosis present on admission code is missing, SCDHHS will assign a non-critical edit and accept the encounter. To correct this in future encounter submissions, add a valid other diagnosis present on admission code recognized by SCDHHS. | |

| **Edit**  **Code** | **Edit Message** | **Claim**  **Type** | **Encounter Type** | **Description** | **Resolution** |
| --- | --- | --- | --- | --- | --- |
| **Consistency Edits** | | | | | |
| **C02** | Recipient not in the MCO on date of service | A – C  D -- C  Z -- C | 837P  NCPDP  837I | The recipient is not enrolled in the MCO for the date of service on the encounter. | If the recipient was not in the MCO on the date of service, SCDHHS will assign a critical edit and reject the encounter. If the recipient was not in the MCO on the service date the encounter cannot be accepted by SCDHHS. |
| **C03** | Corresponding third party information missing | A – NC  D -- NC  Z -- NC | 837P  NCPDP  837I | When indicating a third party amount was collected on the encounter, all third party informational fields need to be completed. | The C03 edit is used on several TPL fields. If TPL-RECOVERY-INDICATOR = ‘R’ and all the TPL fields are not populated, SCDHHS will assign a non-critical error and accept the encounter. To correct this for future encounter submissions, populate all the TPL fields if the TPL-RECOVERY-INDICATOR = ‘R’. |
| **C08** | First date of service after submit date | A – C  Z – C  C - C | 837P  837I  837P | First date (from) date of service must be before or equal to submit date. | SCDHHS will assign a critical edit and reject the encounter when the submit date is before the first date of service. To correct this, correct either the submit date or the first date of service (both need to be valid). |
| **C09** | Last date of service after submit date. | A -- NC | 837P | Last date (To) date of service must be before or equal to submit date. | SCDHHS will assign a non-critical edit and accept the encounter if the submit date is before the last date of service. To correct this, correct either the submit date or the last date of service (both need to be valid). |
| **C10** | Last date of service before first date of service | A – NC  Z -- C | 837P  837I | Last date or to date of service must be after the first date or from date of service. | SCDHHS will assign a non-critical edit to professional claims and a critical edit to institutional claims if the submit date of the encounter is before the last date of service. To correct this, the last date of service must be the same as or after the first date of service. |
| **C11** | Reimbursement indicator is “F” and dollar amount paid not > 0 | A – C  Z – C  D -- NC | 837P  837I  NCPDP | The reimbursement indicator on the encounter is “F” indicating there must be an amount paid on the encounter. | If the REIMBURSE-IND = ‘F’ (Fee for Service), the AMOUNT-PAID field must be greater than $0.00. To correct this, either correct the REIMBURSE-IND value or populate the correct paid amount (greater than $0.00) in the AMOUNT-PAID field. |
| **C12** | Admit date must be prior or equal to first date of service | Z – NC | 837I | Date of admission on encounter must be prior or equal to the first date of service. | SCDHHS will assign a non-critical edit and accept the encounter if the date of admission is after the first date of service. To correct this, the first date of service must be on or after your date of admission. |
| **C13** | Discharge date must not be before first date of service | Z – C | 837I | Discharge date on the encounter must be after the first or from date of service. | SCDHHS will assign a critical edit and reject the encounter if the date of discharge is before the first date of service. To correct this the discharge date must be after the first date of service. |
| **C19** | Surgical code present, but date missing | Z -- NC | 837I | Principal surgical procedure code or other surgical procedure code needs corresponding surgical or other surgical procedure code date. | SCDHHS will assign a non-critical edit and accept the encounter when the PRIM-SURG-PROC is populated and the PRIM-SURG-DATE is not populated on the encounter. To correct this populate the PRIM-SURG-DATE with a valid date. |
| **C20** | Date outside hospital date range | Z – NC | 837I | Principal surgical procedure code date or other surgical procedure code date is outside of hospital admission date range. | SCDHHS will assign a non-critical edit and accept the encounter when the PRIM-SURG-DATE is not within the admission and discharge dates. To correct this, populate the PRIM-SURG-DATE with a valid date on or between the admission and discharge dates. |
| **C21** | Accommodation revenue code on outpatient encounter | Z -- NC | 837I | Room and board charges cannot be billed on an outpatient hospital claim. | SCDHHS will assign a non-critical edit and accept the encounter when an encounter indicates room and board charges on an outpatient encounter. SCDHHS utilizes the submitted revenue code from the encounter and compares it to the revenue records in the SCDHHS database. If the REV-UNITS-IND field for that revenue code within the SCDHHS database has a value of 1, 3, 5 or 6, then the value entered on the submitted encounter (UNITS field on the incoming encounter to SCDHHS) will be put into a working storage field called WS-ACCOMODATION.  1 = Routine Care  3 = Nursery  5 = Neonatal  6 = Special Care  SCDHHS then checks to see if the provider type = '02. If provider type = '02' then SCDHHS assigns a non-critical edit 'C21'.  \*Provider type ‘02’ = outpatient |
| **C22** | Lab or radiology revenue code requires a procedure code | Z -- C | 837I | A lab or radiology revenue code requires a corresponding procedure code. | SCDHHS will assign a critical edit and reject the encounter when the following revenue codes are on the encounter with a corresponding procedure code:  300, 301, 302, 304, 305, 306, 307, 309, 310, 311, 312, 314, 319, 320-324, 329, 330, 340, 341, 342, 349-352, 400-403, 430, 434, 440, 444, 610, 611, 612, 615, 616, 618, 619, 634, 635, 636 and 923.  This list may also be found on page 4-2 of the Hospital Services Manual on the SCDHHS website. |
| **C23** | Revenue code requires units > 0 | Z -- C | 837I | Revenue code utilized on the hospital encounter requires corresponding units. Does not apply to revenue codes with revenue indicator = 4 or 5. | SCDHHS will assign this critical edit and reject the encounter unless the REV-UNITS-IND field is = ‘4’ or ‘5’. In all other instances the encounter must have a value greater than 0 in the corresponding UNITS field. |
| **C24** | Accommodation units not equal to length of stay | Z -- NC | 837I | The units for the room and board charge must equal the length of stay. | SCDHHS will assign this non-critical edit and accept the encounter when the units for the room and board charge are not equal to the length of stay. SCDHHS business rules for this edit include the following:  SCDHHS takes the submitted revenue code from the encounter and compares that to the revenue record in our database. If the REV-UNITS-IND field for that revenue code within the SCDHHS database has a value of 1, 3, 5 or 6, then the value entered on the submitted encounter (UNITS field on the incoming encounter to SCDHHS) will be put into a working storage field called WS-ACCOMODATION.  1 = Routine Care  3 = Nursery  5 = Neonatal  6 = Special Care  SCDHHS then checks to make sure the provider type = '01' and that the first and last dates of service are valid dates. If these conditions are met, SCDHHS then subtracts the first DOS from the last DOS giving a working storage field called WS-DAYS. SCDHHS then compares WS-DAYS to WS-ACCOMODATION to ensure the two values are equal. If WS-DAYS is not equal to WS-ACCOMODATION a 'C24' edit is assigned to the encounter. |
| **C25** | Line provider can not be group provider | A -- NC | 837P | The group provider ID number can not be used as the performing provider number on the encounter line detail. | SCDHHS will assign this non-critical edit and accept the encounter when the PROVIDER-TYPE = 10, 21, 31, 34, 36, 38, 41 or 62, on the rendering line of an 837P encounter.  The PROVIDER-TYPE field is listed in both the provider file from SCDHHS and the provider file the MCO sends to SCDHHS. |
| **C26** | Procedure indicates well-child screening indicator required | A -- NC | 837P | The procedure code listed for this encounter requires an EPSDT indicator “Y” to reflect procedure needed follow-up or referral. | SCDHHS will assign this non-critical edit and accept the encounter when the procedure code indicated on the encounter reflects additional follow-up and or referral is necessary. |
| **C27** | Dispense date after submit date | D -- C | NCPDP | The dispense date or the date of service on the encounter must be before or equal to the submit date. | SCDHHS will assign this critical edit and reject the encounter if the dispense date is after the submit date. To correct this edit, populate the dispense date with a valid date on or before the submit date. |
| **C31** | If the ADJUSTMENT-IND is populated then a replacement ECN must be present | A – C  Z – C  D -- C | 837P  837I  NCPDP | If the ADJUSTMENT-IND is populated then you have to have the REPLACED-ECN field populated. | SCDHHS will assign this critical edit and reject the encounter if the ADJUSTMENT-IND is populated and you leave the REPLACED-ECN blank. To correct this edit, populate the REPLACED-ECN with the ECN of the encounter you are adjusting. |
| **C33** | On a VOID, the replaced ECN does not match the ECN found | A – C  Z – C  D -- C | 837P  837I  NCPDP | The Encounter Claim Number (ECN) you are trying to adjust does not equal the ECN found. | SCDHHS will assign this critical edit and reject the encounter if the ECN of the encounter found in the system does not equal the ECN on the submitted encounter. To correct this edit, populate the REPLACED-ECN with the ECN of the encounter being adjusted by the MCO.  The C33 edit indicates the duplicate check fields matched but the ECN of the skeletal record and the replaced ECN from the void did not match. |
| **C34** | VOID is not needed, encounter was not found | A – C  Z – C  D -- C | 837P  837I  NCPDP | The Encounter Claim Number (ECN) you are trying to adjust cannot be found. | SCDHHS will assign this critical edit and reject the encounter if the ECN on the submitted encounter cannot be found by SCDHHS. To correct this edit/error, populate the REPLACED-ECN with the ECN of the encounter being adjusted by the MCO.  The C34 edit indicates there was not a duplicate encounter found. The duplicate fields did not match. |
| **C37** | On a VOID, the encounter has already been voided. | A – C  Z – C  D -- C | 837P  837I  NCPDP | The encounter you are trying to void has already been voided. | SCDHHS will assign this critical edit and reject the encounter if you are trying to void an encounter that has already been voided by the MCO.  The C37 edit indicates the duplicate check fields matched and the ECN of the skeletal record matched the ECN of the replaced ECN (the void) but there is already an exact void record stored with SCDHHS. This indicates the MCO submitted an encounter and then voided it and then later submitted the same original encounter using the same ECN and tried to void it a second time. |
| **C41** | PRIOR AUTH START DATE GT CURRENT DATE | D-NC | NCPDP | Your prior authorization start date is > the submit date of the encounter. | SCDHHS will assign this non-critical edit and accept the encounter if your prior authorization start date is greater than the submit date of the encounter. The prior authorization start date should always be less than or before the submit date of the encounter. |
| **C42** | PRIOR AUTH START DATE GT PRIOR AUTH END DATE | D-NC | NCPDP | Your prior authorization start date is > the prior authorization end date. | SCDHHS will assign this non-critical edit and accept the encounter if your prior authorization start date is greater than the prior authorization end date of the encounter. The prior authorization start date should always be less than or before the prior authorization end date of the encounter. |
|  |  |  |  |  |  |
| **C43** | DIAGNOSIS DATE GT PRIOR AUTH END DATE | D-NC | NCPDP | Your diagnosis date is > the PA end date. | SCDHHS will assign this non-critical edit and accept the encounter if your diagnosis date is greater than the prior authorization end date on the encounter. The diagnosis date should always be less than or before the prior authorization end date. |
| **C44** | PRIOR AUTH START DATE GT DIAGNOSIS DATE | D-NC | NCPDP | Your PA start date is > the diagnosis date. | SCDHHS will assign this non-critical edit and accept the encounter if your prior authorization start date is greater than the diagnosis date of the encounter. The diagnosis date should always be less than the prior authorization start date on the encounter. |
|  | **DUPLICATE EDITS** |  |  |  |  |
| **D01** | Encounter already submitted | A – NC  Z – NC  D -- NC | 837P  837I  NCPDP | This encounter has been identified as a duplicate of a previously submitted encounter. | SCDHHS will not accept duplicate encounters but does assign this informational edit to the encounter so that the submitting MCO is aware that we already have the encounter. SCDHHS determines duplicate encounters based on several fields including Medicaid ID of recipient, and encounter claim number. |