

Pre-Adjudicated Claims Data Reporting: 837 P / I (005010)							
277CA Error Code and Description							
Health Care Claim Status Code	Health Care Claim Status Code Description	Reason for Error	Incedo Provider Portal Exception / Adjudication Reasons	Optum Manual Process	Provider Action Required today based on 277CA Rejection Reason	If claim accepted for processing (may be Paid or Denied)	If claim rejected and can not be processed
20	Accepted for processing	Applicable for VOID transactions only. A '20' status code with a 'U' (Rejection) indicates that the VOID was successfully processed.	Voided	N/A	No provider action is needed.	PRA/ 835 reflects targeted claim # that was VOIDED	N/A
85:26	Entity not found (85 indicates Billing Provider loop)	Invalid NPI – (not 10 digits)	Invalid NPI – (not 10 digits)	Rejection	Review your Billing NPI # on EDI file	N/A	Reject Report - Invalid NPI – (not 10 digits)
85:677	Entity not affiliated	NPI is in NOT ACTIVE status (effective dates)	NPI is in NOT ACTIVE status (effective dates)	Contact provider to get license info updated	Resolve effective dates on that NPI #	PRA/ 835	
85:153	Entity's id number	NPI is 10 digit but not found in Incedo	Billing ProviderNPI not found.	Rejection	Review your Billing NPI # on EDI file	N/A	Reject Report - Billing ProviderNPI Not Found
85:478	Claim submitter's identifier	More than 1 provider record with that Billing NPI	More than 1 provider record with that Billing NPI	Manual attempt to choose the correct NPI / Provider	No provider action is needed now. Monitor for outcome (Column G / H)	PRA/ 835	
33	Subscriber and subscriber id not found	Provider does not send a valid member number (Medicaid or Incedo ID or Beacon ID)	Unable to match a member	Rejection	Review your Subscriber # on EDI file	N/A	Reject Report - Unable to match a member
30	Subscriber and subscriber id mismatched	Provider sends in a valid Member # but neither the DOB or Member Name (exact match) goes into separate ECP message	Valid Member # but neither the DOB or Member Name (exact match)	Research to see if the subscriber can be found using other	No provider action is needed now. Monitor for outcome (Column G / H)	PRA/ 835 reflects UNKNOWN MEMBER denial if match was not determined	
35	Claim/encounter not found	System is unable to automatically match the claim that you are trying to void.	Voided Claim Cannot Be Matched	Manual attempt to determine the intended claim	No provider action is needed now. Monitor for outcome (Column G / H)	PRA/ 835	Reject Report - Voided Claim Cannot Be Matched
35	Claim/encounter not found	System is unable to automatically match the claim that you are trying to replace / correct.	Corrected Claim Cannot Be Matched	Manual attempt to determine the intended claim	No provider action is needed now. Monitor for outcome (Column G)	PRA/ 835	N/A
93	Entity is not selected primary care provider.	Missing info (Name or NPI) for the Rendering Provider (NM1*82 loop )	Missing Rendering Provider Primary Identifier	Send to Adjudication	No provider action is needed now. Monitor for outcome (Column G)	PRA/ 835	N/A
138	Entity Site ID	Multiple sites with Provider setup	Unable to match treatment provider site.	Manual attempt to choose the correct Provider site location	No provider action is needed now. Monitor for outcome (Column G)	PRA/ 835	N/A
171	Other insurance coverage information (health, liability, auto, etc.).	TPL mismatch. No TPL info on file in Incedo when present on the incoming claim file	Claim cannot be created, no matching COB record for the member.	Send to Adjudication	No provider action is needed now. Monitor for outcome (Column G)	PRA/ 835	N/A
171	Other insurance coverage information (health, liability, auto, etc.).	TPL mismatch. TPL on file but not presented with the claim file	Claim cannot be created, no matching COB record for the member.	Send to Adjudication	No provider action is needed now. Monitor for outcome (Column G)	PRA/ 835	N/A
187	Date(s) of service	UB outpatient bill or Professional claim that spans multiple days. Must be single day	Claim detail lines cannot span dates. Must be single-day spans.	Send to Adjudication for Denial	New claim submission without date spans is required.	PRA/ 835	N/A
216	Drug Information	NDC is required for 1 or more services submitted but was not billed.	NDC is required for submitted Code/Modifier	Send to Adjudication for Denial	New claim submission including required NDC is required.	PRA/ 835	N/A
218	NDC number	NDC submitted is not valid, either in length or substance. If the National Drug Code Qualifier is "N4", must be valid NDC code	NDC is invalid for submitted Code/Modifier	Send to Adjudication for Denial	New claim submission including valid NDC is required.	PRA/ 835	N/A
228	Type of bill for UB Claim	UB outpatient bill that spans multiple days.	Invalid Billed Facility Type for Provider Type.	Send to Adjudication for Denial	New claim submission with single day span required.	PRA/ 835	N/A
255	Diagnosis code	Invalid Diagnosis Code per CMS	Invalid Diagnosis Code	Rejection	New claim submission with valid diagnosis is required.	N/A	Reject Report - Invalid Diagnosis Code
345	Treatment plan for service/diagnosis	Authorization issue. Authorization not on record.	Member does not have a treatment for specified provider and level of care	Send to Adjudication	No provider action is needed now. Monitor for outcome (Column G)	PRA/ 835	N/A
454	Procedure code for services rendered	Missing or invalid Procedure Code per CMS	Invalid CPT Code	Send to Adjudication for Denial	New claim submission with valid service is required.	PRA/ 835	N/A
488	Diagnosis code(s) for the services rendered.	Diagnosis submitted is not covered by ASO or primary diagnosis submitted on claim is not consistent with service submitted	Invalid Diagnosis for Service Provided	Send to Adjudication for Denial	Provider Review Required. New claim submission w valid diagnosis and service combination	PRA/ 835	N/A
674	Authorization exceeded	Multiple service, level of care, and authorization matches exist; manual matching is required.	Member has multiple treatments for the specified provider and level of care	Manual attempt to determine the intended treatment	No provider action is needed now. Monitor for outcome (Column G)	PRA/ 835	N/A
755	Entity's primary identifier	Missing required Rendering identifier. Rendering provider is required if billing provider is a group.	Claims from Provider Types 20, AB, 27, & 34 MUST have a Rendering Provider	Send to Adjudication for Denial	New claim submission with a rendering provider is required if provider is a group.	PRA/ 835	N/A