Partnership Healthplan of California - Claims Department
Regular Electronics 277 Transaction - Reject Reasons and Codes
Updated 06/01/2021

STATUS CATEGORY CODE	DESCRIPTION	STATUS CODE	DESCRIPTION	REASON
A3	Acknowledgement/ Returned	33	Subscriber and Subscriber ID Not Found	Member could not be identified in eligibility system.
A7	Acknowledgement/ Rejected for Invalid Information	33	Subscriber and Subscriber ID Not Found	Invalid Member Identification Number - Claims submitted with a member's SSN will be rejected. Refer to Important Provider Notice dated 1/27/09 effective 2/1/09. CHDP Claims ~ Patient Client Index Number (CIN) must match system information exactly.
A7	Acknowledgement/ Rejected for Invalid Information	158	Entity's Date of Birth	Invalid patient birth date. CHDP Claims ~ Must match system information exactly.
A6	Acknowledgement/ Rejected for Missing Information.	232	Admitting Diagnosis	Hospital claim is missing the Admit Diagnosis code.
A7	Acknowledgement/ Rejected for Invalid Information	232	Admitting Diagnosis	Admit Diagnosis code is invalid.
A6	Acknowledgement/ Rejected for Missing Information.	255	Diagnosis Code	Missing the Diagnosis code.
A7	Acknowledgement/ Rejected for Invalid Information	255	Diagnosis Code	Invalid Diagnosis code.
A6	Acknowledgement/ Rejected for Missing Information.	688	Present on Admission Indicator for reported diagnosis code(s).	Partnership*Advantage* Inpatient Admission claim is missing the principal and/or secondary diagnosis POA Indicator.

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STATUS CATEGORY CODE	DESCRIPTION	STATUS CODE	DESCRIPTION	REASON
A6	Acknowledgement/ Rejected for Missing Information.	455	Revenue Code for Services Rendered	Hospital inpatient/outpatient claim is missing a Revenue code.
A7	Acknowledgement/ Rejected for Invalid Information	455	Revenue Code for Services Rendered	Invalid Revenue code.
A7	Acknowledgement/ Rejected for Invalid Information	228	Type of bill for UB claim	Invalid Revenue code and Type of Bill Combination.
A6	Acknowledgement/ Rejected for Missing Information.	454	Procedure Code for Services Rendered	Missing the Procedure code.
A7	Acknowledgement/ Rejected for Invalid Information	454	Procedure Code for Services Rendered	Invalid Procedure code.
A7	Acknowledgement/ Rejected for Invalid Information	510	Future Date	Service date(s) are greater than received date.
A7	Acknowledgement/ Rejected for Invalid Information	187	Date(s) of Service	Service date(s) are not within statement covers period.
A7	Acknowledgement/ Rejected for Invalid Information	234	Patient Discharge Status	Hospital Status Code is invalid.
A6	Acknowledgement/ Rejected for Missing Information.	234	Patient Discharge Status	Hospital Inpatient (claim type = H) Discharge Status Code Missing

STATUS CATEGORY CODE	DESCRIPTION	STATUS CODE	DESCRIPTION	REASON
A7	Acknowledgement/ Rejected for Invalid Information	258	Days/Units for Procedure/Revenue Code	Count/Quantity of Service = 0 or is a negative value.
A7	Acknowledgement/ Rejected for Invalid Information	178	Submitted Charges	Total charges do not equal the sum of the service lines.
A7	Acknowledgement/ Rejected for Invalid Information	178	Submitted Charges	Total charge amount is 0 or negative.
A7	Acknowledgement/ Rejected for Invalid Information	583	Line Item Charge Amount	Service line charge amount is 0 or negative.
A7	Acknowledgement/ Rejected for Invalid Information	249	Place of Service	Professional claim location code is invalid.
A7	Acknowledgement/ Rejected for Invalid Information	250	Type of Service	Institutional claim type of bill code is invalid.
A6	Acknowledgement/ Rejected for Missing Information.	218	NDC Number	NDC Number Missing from Physician-Administered Drug[1]
A7	Acknowledgement/ Rejected for Invalid Information	218	NDC Number	NDC Number is invalid <u>or</u> the NDC Number to HCPCS Combination is Invalid[1]
A6	Acknowledgement/ Rejected for Missing Information.	660	Universal Product Number	UPN is Missing[2]

STATUS CATEGORY CODE	DESCRIPTION	STATUS CODE	DESCRIPTION	REASON
A7	Acknowledgement/ Rejected for Invalid Information	660	Universal Product Number	UPN is Invalid[2]
A6	Acknowledgement/ Rejected for Missing Information.	145	Specialty/Taxonomy Code	Provider of Service Additional ID (Specialty/Taxonomy) Number Missing
A6	Acknowledgement/ Rejected for Missing Information.	110	Claim requires pricing information.	UPN pricing attachment required[2] - Cannot accept claim electronically. Claim must be submitted on paper.
A7	Acknowledgement/ Rejected for Invalid Information	145	Specialty/Taxonomy Code	Provider of Service Additional ID (Specialty/Taxonomy) Number Missing
A3	Acknowledgement/ Returned	24	Entity not approved as an electronic submitter.	Provider of Service not approved as an electronic submitter, based on the NPI number received.
A3	Acknowledgement/ Returned	91	Entity not eligible/not approved for dates of service.	NPI submitted is not effective for the claim date(s) of service.
A6	Acknowledgement/ Rejected for Missing Information.	562	Entity's National Provider Identifier (NPI)	Rendering provider information missing.
A7	Acknowledgement/ Rejected for Invalid Information	379	Were services performed supervised by a physician?	Non-Physician Medical Practitioner (NMP): Nurse Practitioner (NP), Physician's Assistant (PA), or Certified Nurse Midwife (48) billing with modifier 80 NPI received as rendering physician. Supervising physician's NPI number must be entered as the rendering physician. NMP name, NPI and type of NMP must be included in claim remark.

STATUS CATEGORY CODE	DESCRIPTION	STATUS CODE	DESCRIPTION	REASON
A6	Acknowledgement/ Rejected for Missing Information.	229	Hospital Admission Source	Point of Origin for Admission (Admission Source) or Visit on Inpatient and Outpatient Hospital Claims - Must be present and = 1, 2, 3, 4, 5, 6, 7, 8, 9, A, B, C, or D.3 Effective for Medi-Cal claims with a DOS on or after 7/1/13. If admission type equals 4, the admission source must be 4, 5, or 6 for received dates prior to 11/1/16. If admission type equals 4, the admission source must be 5 or 6 for received dates 11/1/16 forward.
A6	Acknowledgement/ Rejected for Missing Information.	333	Patient Release of Information Authorization	Patient Release of Information Authorization - Must be present and = Y, R, or N.
A3	Acknowledgement/ Returned	25	Entity not approved.	Billing provider has not successfully completed ICD-10 electronic claim submission testing.
A7	Acknowledgement/ Rejected for Invalid Information	508	ICD9	Claim received with ICD-9 diagnosis code that is not effective for the date of service.
A7	Acknowledgement/ Rejected for Invalid Information	700	ICD10	Claim received with ICD-10 diagnosis code that is not effective for the date of service.
A3	Acknowledgement/ Returned	650	Special Program Indicator	Member is eligible for Healthy Kids or Healthy Families program on this date of service. CHDP claim must be billed as an electronic professional claim or on paper CMS1500.
A6	Acknowledgement/ Rejected for Missing Information.	230	Hospital Admission Hour	Inpatient Admission Hour Missing or Invalid
A6	Acknowledgement/ Rejected for Missing Information.	189	Facility Admission Date	Inpatient Admission Date Missing or Invalid

STATUS CATEGORY CODE	DESCRIPTION	STATUS CODE	DESCRIPTION	REASON
A6	Acknowledgement/ Rejected for Missing Information.	666	Surgical Procedure Code	Surgical Procedure Code is Missing
A7	Acknowledgement/ Rejected for Invalid Information	666	Surgical Procedure Code	Surgical Procedure Code is Invalid
A6	Acknowledgement/ Rejected for Missing Information	254	Principal diagnosis code	Principal diagnosis code is Missing
A7	Acknowledgement/ Rejected for Invalid Information	254	Principal diagnosis code	Principal diagnosis code is Invalid
A7	Acknowledgement/ Rejected for Invalid Information	187	Date(s) of Service	Claim rejected because service dates on claim include more than one calendar month. Re-bill in separate claims for each calendar month of service
A6	Acknowledgement/ Rejected for Missing Information	453	Modifier	Procedure Code Modifier(s) for Service(s) Rendered
A7	Acknowledgement/ Rejected for Invalid Information	453	Modifier	Procedure Code Modifier(s) for Service(s) Rendered

Claims which pass through these edits should receive a Status Category code A2 (acknowledgement/acceptance into adjudication system) and Claim Status code 20 (accepted for processing).

[1] *Only applies to the Medi-Cal line of business. Effective for claims with Dates of Service on or after 4/1/09. Excludes vaccines, immunizations and drugs included in a global billing. Codes are validated using I.T. maintained NDC table.*

[2] *Only applies to the Medi-Cal line of business. Effective for claims with Dates of Service on or after 4/1/09. Excludes diabetic supplies, peak flow meters, inhalers, Family PACT medical supplies and enteral nutritional products. Codes are validated using I.T. maintained UPN table.*

STATUS CATEGORY CODE	DESCRIPTION	STATUS CODE	DESCRIPTION	REASON

[3]*Only applies to the PartnershipAdvantage line of business, Institutional claims. Effective for claims received on or after 1/1/2012 .* Excludes claims with Type of Bill Code 014x.