Reject Code	Reject Code Description
01	Invalid Provider ID - Billing Physician (EDS Table)
02	Invalid Provider ID - Billing Physician (EDS Table)
05	Date prior to receipt date
07	Invalid Subscriber/Member ID
08	Invalid Member Date of Birth
09	Member Invalid on Date of Service
17	One or more of the diagnosis codes are invalid or missing.
21-26	One or more of the CPT-Procedure codes submitted is invalid or missing.
27	Member's DOB is missing or invalid; Member not eligible for date of service; One or more of the diagnosis codes are invalid or missing.
29	Provider not valid at date of service; One or more of the diagnosis codes are invalid or missing.
34	One or more of the CPT-Procedure codes submitted is invalid or missing.
37	A required date field(s) was not submitted, invalid, or a future date. (Date of Service)
40-64	One or more of the diagnosis codes are invalid or missing.
68	COB information required when submitted
69	Accident information required when submitted
70	Invalid or missing EPSDT
75	Service Unit code or quantity invalid for type of service.
76	Original claim number required.
77	Type of bill or place of service invalid or missing.
78	Invalid date should be within the statement date range.
79	Signature and date required
80	Charge amount invalid or negative.
82	Member's DOB is after the date of service entered on the claim.
84	Service Unit code invalid for type of service
85	Patient admit date/hour is missing or invalid.
86	Patient status is either missing or invalid on claim form.
87	One or more of the REV codes submitted is invalid or missing.
90	One or more of the modifiers are invalid or missing.
92	Invalid or missing NPI.
93	Patient admit type is either missing or invalid on claim form.
94	Discharge hour is required on inpatient claims.
95	Operating/Purchasing provider information invalid or missing
96	Referring Provider information invalid or missing
97	Service Facility information invalid or missing
98	Invalid provider SSN at any level
99	City, State or Zip Code invalid at any level
A1	We cannot process multiple providers on the same claim, please re-bill separately.
A2	Diagnosis pointer invalid
A4	At least one service line detail must be submitted.
A5	NDC/units/quantity invalid or missing
A6	Total charges billed does not equal total of service lines billed.
A8	Auto Accident State Required
A9	Provider name and address required at all levels
AA	Provider UPIN number invalid
AC	Admission date required on Inpatient claims
AD	Member Number missing
AE	Member First and Last name required
AF	Other Plan Payer Info invalid or Missing
AG	Admission type code required on Inpatient claims
AH	Admission type, Admission Source, Patient Status Code invalid or missing
AI	Invalid/missing/duplicate Condition Code
AJ	Invalid/missing/duplicate Value Code
AK	Original Claim number sent when claim not an adjustment
AL	Related Causes Code sent not required
AM	Anesthesia data invalid or missing
AO	E-CODE required on claim.
AP	Referring provider not required on inpatient claims.
AR	Patient signature required and must be valid
AS	Claim frequency code required
AU	ICD-10 Usage is not yet available
AV	Patient Reason for visit should not be used when claim is inpatient.
AW	Principal procedure code required.
AX	Invalid, missing or duplicate occurrence code.

1-877-647-4848 I TTY/TDD: 1-800-743-3333 I mhsindiana.com
Allwell from MHS I Ambetter from MHS I Healthy Indiana Plan (HIP) I Hoosier Care Connect I Hoosier Healthwise
1116.CL.P.FL 11/16

Reject Code	Reject Code Description
AY	Invalid provider email, telephone or fax number at any level.
AZ	Invalid Taxonomy at any provider Level
B1	Rendering and Billing NPI are not tied on state file
B2	Not enrolled with MHS with rendering NPI/TIN on DOS for the Members Program. Enroll with MHS and resubmit claim.
B4	"Other Insured's Name and Policy Number required."
B5	Missing/incomplete/invalid CLIA certification number
B6	Invalid or Missing Qualifier
B7	Data not properly aligned within new claim form fields.
B8	Effective 4/01/2014, we only accept
B8	Effective 04/01/2014, we only accept the CMS 1500 (02/12) version. Please resubmit the claim via your Health Plan Web Portal, Electronic Clearing House or the correct paper form in accordance with the CMS guidelines.
B9	ICD9/10 indicator invalid or missing
BA	Priority type admission/visit invalid
BB	Missing Group ID
BC	Release of Information Code indicator is invalid/missing
BD	Over 50 lines on HCFA
BE	Admitting Diagnosis may be used only when claim involves inpatient
C1	Invalid DRG
C2	Property and Casualty Date of First Contact should not be used without Property and Casualty Claim Number in box 11b with Y4 qualifier
C4	Invalid Type of Bill for Patient Status 30
C5	Invalid CLIA Certification Number
C6	Other Insurance fields 9, 9a, 9d and 11d are missing appropriate data.
C7	Rendering, Prescribing, Ordering, Referring or billing NPI is missing or not registered with the state
C8	POA required on all DX fields
D5	Inappropriate CLIA Certification Number
HP	ICD10 is mandated for this date of service.
H1	ICD9 is mandated for this date of service.
H2	Incorrect use of the ICD9/ICD10 codes
RE	The claim(s) submitted was black and white or handwritten. Only claim forms that are printed in Flint OCR Red, J6983 (or exact match) ink are accepted as of 4/1/13. Please submit your claims via the Centene Web Portal, Electronic Clearing House or the correct paper form in accordance with the CMS guidelines.
ZA	Manual sent letters as Provider address incomplete or missing
ZB	Manually keyed into Amisys as field failed data length.