CareFirst
Family of health care plans

Consolidated Gateway Submitter Guide

Version: 9.0

Disclosure Statement

This document has been designed to assist both technical and business areas of our trading partners who wish to submit Health Insurance Portability and Accountability Act (HIPAA) standard transactions to the CareFirst Consolidated Gateway. All instructions in this document were written using information known at the time of publication and may change. The most up-to-date version of the Companion Guide is available on the CareFirst, Inc. (CareFirst) website at **carefirst.com/electronicclaims**.

Please be sure that any printed version you use is the same as the latest version available at the CareFirst website.

Change Summary—Document History

Version	Date	Description
1.00	02/08/2011	Initial version
1.1	02/18/2011	Updated file size, format for TPXREF files, naming conventions
2.0	03/03/2011	Updated formats for DAR report and TPXREF files
3.0	06/13/2011	Update Sections 2, 3, 4, 5
4.0	02/10/2012	Update documents to reflect HIPAA values on rejections
4.1	03/06/2012	Add 2 new PPE edits
5.0	08/24/2012	Replace PPE Edits with most recent including COB
6.0	01/10/2014	Added EDI troubleshooting section, PPE edits for ancillary project, TPXREF enrollment changes, DAR file changes, ICD-10 PPE edits, dental PPE edits
7.0	11/04/2014	Update PPE edits
8.0	05/01/2015	Update ICD-10 edits, update new PPE edits
9.0	12/22/2021	Update new PPE edits

Table of Contents

1. Purpose of the Submitter Guide

This document is intended to provide information to our trading partners about the submission of standard transactions to CareFirst. This document includes substantial technical information and should be shared with both technical and business staff.

2. General Requirements
Effective 08/27/2011

- Claim files will be submitted with one claim per ST/SE segment.
- A DAR file will be submitted with each claim file (see Section A).
- CareFirst expects to receive a file advising who will be receiving 835s (see Section B).
- The CareFirst proprietary edits will be applied by trading partners before claims are submitted (see Section C).
- CareFirst expects claim files will pass an industry standard compliance program at levels 1–5 minimum.
- Acknowledgement response will be 277CA. This file will be pushed to the trading partner via AS2 every evening.
- The preferred communication protocol for sending and receiving files is AS2. Maximum file size for AS2 is 5MB.
- Naming convention for all files:
  - SubmitterID_transaction type_version/Prod or TEST/ datetime stamp
- NPI is the primary identifier for all claims. Tax ID will no longer be accepted as the primary identifier.

3. Hours of Operation for Claims

CareFirst will accept claims for same day processing between 2 a.m. and 4 p.m. EST, Monday–Friday. Files received after that time will be returned to the trading partner.

4. Section A: Submitting a DAR Report

This is a requirement starting 08/27/2011.

The DAR file will be submitted by trading partners with each 837 claims file. This file will be used to balance claims through the CareFirst process and as part of the invoice validation. The detail DAR file shall consist of the following fields with each field delimited by a bar "|." Each DAR file will end with a summary record totaling the number of claims and total dollars.

The DAR detail file

Name	Location in 837 File	Length	Format
DAR Detail Record			
RECORD TYPE	Value of D	1	Character
FILE TYPE	Value of DAR	3	Character
RECEIPT DATE	CCYY-MM-DD	10	Character
SUBMITTER ID	ISA06	1-15	Character
ISA CONTROL NUMBER	ISA13	1-9	Character
GS CONTROL NUMBER	GS06	1-9	Character
ST CONTROL NUMBER	ST02	4-9	Character
UNIQUE ICN ASSIGNED BY TRADING PARTNER	Loop 2300, Ref*D9	1-50	Character
SUBSCRIER ID	2010BA *NM109	1-80	Character
BILLING PROVIDER NAME	2010AA*NM1	1-60	Character
BILLING PROVIDER NPI	2010AA*NM109	2-80	Character
TOTAL AMOUNT OF CLAIM	2300*CLM02	1-18 S9(16)v99	Signed Numeric
DAR Summary Record			
RECORD TYPE	Value of S	1	Character
RECEIPT DATE	CCYY-MM-DD	10	Character
SUBMITTER ID	ISA06	1-15	Character
ISA CONTROL NUMBER	ISA13	1-9	Character
CAREFIRST RECEIVER ID	ISA08	1-15	Character
TOTAL NUMBER OF CLAIMS WITHIN ISA	Counter	99999	Numeric
TOTAL DOLLARS OF CLAIMS WITHIN ISA	Accumulation 2300*CLM02	1-18 S9(16)V99	Signed Numeric

Sample file—detail records

D|COBA|110490066|100000712|000000001|ICN-IIII|R12345678|XYZ University|8498741203|25.00 D|COBA|110490066|100000712|000000001|ICN-OOOO|XIP901456789|Smith Physicians|4567896542|46.25 D|COBA|110490066|100000712|000000002|ICN-UUUU|R87654321|XYZ University|8498741203|50.00 D|COBA|110490066|100000712|000000002|ICN-AAAA|XIP902987654|Smith Physicians|4567896542|49.50 S|COBA|110490066|00580C|4|170.75

Naming convention

Submitter ID_Transaction Type_Version/Prod or TEST_DateTime Stamp 123456789_DARI_P_201011111018

5. Section B: 835 Enrollment Files

Effective 08/27/2011, CareFirst requires the provider TPXREF data file be submitted by the trading partners in the layout defined below. The file will contain data for the providers requesting enrollment with the Trading Partner for 835 transactions.

Note: Fields will be separated by "|" symbol.

File Input Field Name	Max Length	Required?	Field Description and Rule
			Header Record
RECORD TYPE	2	Y	HR—header record
FILETYPE	10	Y	TPXREF
TRADING PARTNER ID	12	Y	Trading partner ID
DATE AND TIME	19	Y	Date and time of file generation FORMAT CCYY-MM-DD hh:mm:ss
NUMBER OF RECORDS	5	Y	Number of records in the file; maximum file size 50000
			Provider Records
RECORD TYPE	2	Y	DR—detail record
ACTION	1	Y	I for insert U for update
TAX ID	9	Y	Required field, no hyphen
FILLER	3 or 4	Y	
NPI	10	Y	Billing NPI
EFFECTIVE DATE	10	Y	FORMAT CCYY-MM-DD
EXPIRATION DATE	10		FORMAT CCYY-MM-DD
PRACTICE NAME	40	Y	
X12 TRANSACTION TYPE	3	Y	835 or 837; submit a record for each as needed
X12 HIPAA VERSION	4	Y	5010—required, 4 char

Naming convention

Submitter id_ file type_production/test_datetime123456789_TPXRF_P_201011111018

6. Section C: Payer Specific Edits

Trading partners are requested to submit "Clean Claims" to CareFirst.

7CA CLM_STUS_CD	Field	Edit	Effective Date
589	Accept Assignment	Provider must accept assignment to send Medicare crossover electronically	7/27/2012
188	Admission Date	If inpatient, must be less than or equal to earliest date of service on any bill line where the facility type code is inpatient	1/1/2012
229	Admission Source	If type of admission = 4 (newborn), source of admission must be 5, 6	1/1/2012
229	Admission Source	If claim is INPATIENT must be entered, must be valid. Valid values '1' '2' '4' thru '9' 'B' thru 'F'	1/1/2012
158	Admission Type Codes	If admit type = 4 (newborn), patient DOB must be within 30 days of admission.	1/1/2012
231	Admission Type Codes	If claim is INPATIENT, type of admission must be any of the following values: '1' thru '5' and '9'.	1/1/2012
510	Admission/Start of Care Date	If present, cannot be greater than current system date.	1/1/2012
189	Admission/Start of Care Date	If present must be greater than or equal to patient birth date	1/1/2012
189	Admission/Start of Care Date	If facility type code = INPATIENT, admission date is required IP professional = 21,51,61	1/1/2012
189	Admission/Start of Care Date	If admission date and discharge date are present, admission date must be less than or equal to discharge date.	1/1/2012
188	Admission/Start of Care Date	Institutional only: If inpatient, if claim frequency code = 3 or 4, then statement covers from date must be greater than admission date. If inpatient, if claim frequency code = 1 or 2, then statement covers from cate must = admission date.	1/1/2012
255	Admitting Diagnosis Code	Institutional only. Must be a valid 3 to 5 position ICD-9-CM code. DC must be a specific code.	1/1/2012
232	Admitting Diagnosis Code	Institutional inpatient only. Must be valid code for patient's gender.	1/1/2012

277CA CLM_STUS_CD	Field	Edit	Effective Date
251	Anesthesia Time	If procedure code equals "00100 THRU 01995" or "01999," "02100 thru 02101," excluding temp. codes (anesthesia minutes), then unit count must be greater than zero (0).	1/1/2012
116	Billing Provider Address	Billing provider outside of CareFirst service area for DME claims	10/12/2012
286	CAS Segment	COB professional and outpatient institutional claims must have at least one CAS segment	7/27/2012
535	Claim Frequency	Claim frequency cannot = 0 (encounters)	1/1/2012
464	Claim Original Reference Number (Claim Number)	If adjustment (claim frequency NE 1-5), claim original refernce number must be present	1/1/2012
530	CLM05-3	Secondary adjustments cannot be sent electronically	7/27/2012
521	Coinsurance	Coinsurance does not apply when there is no payment	
455	Condition Codes	If present must be valid values.	1/1/2012
191	Date of Accident	Professional only. If present, must be valid date prior to or equal to the first date of service.	1/1/2012
191	Date of LMP	Professional only. If present, must be valid date prior to or equal to the first date of service.	1/1/2012
191	Date of Onset	Professional only. If present, must be valid date prior to or equal to the first date of service.	1/1/2012
187	Dates of Service	Service begin date must be greater than or equal to date of onset or claim first service date if present; if revenue code 050 or 051 is present allow service date up to 3 days prior to date of onset or claim first service date.	1/1/2012
188	Dates of Service	If institutional, statement cover thru date must be greater than or equal to statement cover from date.	1/1/2012
188	Dates of Service	If professional, service end date must be greater than or equal to service begin date.	01/01/2012
510	Dates of Service	If institutional, statement covers thru date cannot be greater than current system date. If professional, service end date cannot be greater than current system date.	1/1/2012
188	Dates of Service	If institutional, service end date must less than or equal to statement covers thru date.	1/1/2012
556	Demonstration Project Claims Cannot Be Sent Electronically	If claim is inpatient Medicare crossover claim and loop 2300 HI BH = Y1 reject claim	09/29/2014
189	Discharge Date	Professional only; If present, must be greater than or equal to the admission date.	1/1/2012
190	Discharge Date	If inpatient, must be less than or equal to earliest date of service on any bill line where the facility type code is inpatient.	1/1/2012

277CA CLM_STUS_CD	Field	Edit	Effective Date
233	Discharge Hour	If inpatient and admission date is equal to statement covers thru date, then discharge hour must be greater than or equal to admission hour.	1/1/2012
249	Facility Code Value, Place of Service	Service Line Number [='X'], line-level Place of Service ['X'] does not equal claim-level Place of Service ['X'].	02/14/22
228	Facility Type Code	Must be present, must be valid.	1/1/2012
455	Facility Type Code	If Facility Type Code = 83X, then revenue codes 0490 or 079X must be present.	1/1/2012
21	Facility Type Code (Place of Service or Treatment)	Must be a valid HCFA facility type code.	1/1/2012
285	Frequency (Units)	Must be numeric and > zero.	1/1/2012
191	Initial Treatment Date	Professional only. If present, must be valid date prior to or equal to the first date of service.	1/1/2012
505	Insured's First Name	Cannot be numeric: cannot be all blank.	1/1/2012
504	Insured's Last Name	Cannot be numeric: cannot be all blank.	1/1/2012
453	Modifier	If present, procedure code modifier must be valid.	1/1/2012
21	NOC/IC Procedure Code without Narrative (Line Note)	A "Not Otherwise Classified" or "Individual Consideration" procedure code was submitted electronically without a narrative explanation.	1/1/2012
455	Notes (Remarks)	Claim header notes cannot be blank if revenue code requires remarks for codes 0189, 0229, 0259, 0299, 0459, 0519, 0529, 0679, 0689, 0769, 0779, 0789, 0799, 0809, 0819, 0919, 0949.	1/1/2012
187	Number of Services	Must be greater than '0001' if to date of service is greater than from date of service. If HCPCS code is on the DME code list (HCPCS column), allow units to equal 0001 even if to date of service is greater than from date of service.	1/1/2012
461	Occurrence Code	If principal diagnosis code = MATERNITY = '630' THRU '677' 'V22' THRU 'V242' 'V27' THRU 'V279' 'V28 THRU V289' 'V615' THRU 'V617' 'V724' then there must be one occurrence code equal to 10.	1/1/2012
461	Occurrence Code	If occurrence code = 01-06, value code must equal 45.	1/1/2012
461	Occurrence Code	Only one occurrence code = 01-06, can be entered per claim.	1/1/2012
461	Occurrence Code	If present must be valid values.	1/1/2012
461	Occurrence Date	If occurrence code is 01-06, (accident related), occurrence date must be less than or equal to statement from date.	1/1/2012
476	Occurrence Date	If inpatient, and if occurrence code is 10 (last menstrual period), then occurrence date must be less than or equal to admission date.	1/1/2012
672	Other Carrier Paid	The "Other Insurance Paid" amount must be less than or equal to total charge amount.	1/1/2012

277CA CLM_STUS_CD	Field	Edit	Effective Date
672	Other Carrier Paid	The “Other Insurance Paid” amount must be less than or equal to total charge amount.	1/1/2012
255	Other Diagnosis Code	If present, must be a valid 3 to 5 position ICD-9-CM code. DC must be a specific code.	1/1/2012
232	Other Diagnosis Code	Institutional inpatient only. Must be valid code for patient’s gender.	1/1/2012
181	Other Principal Procedure Code	Institutional inpatient only. If present, must be a valid 3 or 4 position ICD-9-CM code.	1/1/2012
474	Other Principal Procedure Code	Institutional only. If present, must be valid code for patient’s gender.	1/1/2012
492	Other Procedure Dates	Institutional only. Must be present if other procedure code is present.	1/1/2012
672	Out of Balance	The sum of loop 2320 AMT*D plus the sum of loop 2320 CAS segments must equal loop 2300 CLM02, otherwise reject.	09/29/2014
188	Patient Date of Birth	If institutional, must be less than or equal to statement covers from date. If professional, must be less than or equal to first date of service.	1/1/2012
188	Patient Date of Birth	Cannot be greater than current system date.	1/1/2012
234	Patient Discharge Status	If inpatient, if claim frequency code = 2 or 3, patient status must equal 30.	1/1/2012
234	Patient Discharge Status	If inpatient, if claim frequency code = 1 or 4, patient status cannot equal 30.	1/1/2012
234	Patient Discharge Status	If inpatient must be present, must be valid.	1/1/2012
116	Patient/Subscriber Address	Patient /subscriber outside of CareFirst service area on DME claim	10/12/2012
156	Patient’s Relationship to Insured	Must be a valid patient relationship code.	1/1/2012
505	Patient’s First Name	Cannot be numeric: cannot be all blank.	1/1/2012
504	Patient’s Last Name	Cannot be numeric: cannot be all blank.	1/1/2012
255	Primary Diagnosis Code	Professional only. Must be entered, must be a valid 3 or 5 position ICD-9-CM code.	1/1/2012
86	Primary Diagnosis Code	Professional only. Must be valid code for patient’s gender.	1/1/2012
286	Primary Payer Information	For Medicare crossover loop 2320 segment SBR01 must = P and SBR09 must equal MB for professional claims and MA for institutional claims.	7/27/2012
286	Primary Payer Payment Information	SVD loop must be present for COB professional and outpatient institutional claims	7/27/2012
255	Principal Diagnosis Code	Institutional only. Must be a valid 3 to 5 position ICD-9-CM code. DC must be a specific code.	1/1/2012
86	Principal Diagnosis Code	For institutional only. Must be valid code for patient’s gender.	1/1/2012
474	Principal Procedure Code	Institutional only. If present, must be valid code for patient’s gender.	1/1/2012

277CA CLM_STUS_CD	Field	Edit	Effective Date
454	Principal Procedure Code	Institutional Inpatient only. If present, must be a valid 3 or 4 position ICD-9-CM procedure code.	1/1/2012
462	Principal Procedure Date	Institutional only. Must be present if principal procedure code is present.	1/1/2012
474	Procedure Code	Professional only. Procedure code must be compatible with patient's gender to validate CPT and HCPCS.	1/1/2012
475	Procedure Code	Professional only. Procedure code must be compatible with patient's age to validate CPT and HCPCS.	1/1/2012
454	Procedure Code	Professional only. For all destinations must be a valid 5 position CPT-4 or HCPCS procedure code. At least one required.	1/1/2012
476	Procedure Code	Professional only. If procedure code not equal to anesthesia procedure code (00100-01995, 01999, 02100-02101), qualifier must not equal MJ.	1/1/2012
116	Referring NPI	No referring NPI on independent lab claims	10/12/2012
116	Referring Provider	Referring provider not found on specialty pharmacy claim	10/12/2012
116	Referring Provider Address	Referring provider outside CareFirst area on independent lab claim	10/12/2012
116	Referring Provider Address	Referring provider outside of CareFirst service area on specialty pharmacy claims	10/12/2012
116	Referring Provider Not Present	Referring provider not found on independent lab claim	10/12/2012
116	Referring Provider NPI	No referring provider NPI for specialty pharmacy	10/12/2012
117	Release of Information	If subscriber signature is not on file (NE Y), reject the claim. 5010 VALUES ARE I and Y.	1/1/2012
732	Rendering NPI	Only one rendering provider is permitted per claim	6/15/2012
455	Revenue Code	If condition code equals 38 or 39 (private room explanation), then revenue code must equal 011x or 014x or 0164 on one or more lines.	1/1/2012
455	Revenue Code	Institutional only. If inpatient and claim frequency type code is not '5' or facility type code is not 81X, then there must be at least one room & board revenue code (010X-021X).	1/1/2012
455	Revenue Code	Institutional only. At least one must be present and a valid 3 to 4 position revenue code.	1/1/2012
116	Service Facility Address	Service facility outside of CareFirst service area for DME claims.	10/12/2012
402	Total Charges	Total charges must be > zero.	1/1/2012
181	Total Claim Charges	Total charges must be numeric and balance to BILLED LINE CHARGES.	1/1/2012

277CA CLM_STUS_CD	Field	Edit	Effective Date
258	Units of Service	Units/days for revenue code 038X and value amount for value code 39 must be less than or equal to value amount for value code 37. If value code 39 is not present assume value equal to 0.	1/1/2012
463	Value Amount	If value code is present and is not equal to 02, 12, 13 or 45, value amount must be greater than zero (0).	1/1/2012
463	Value Amount	Value amount for value code 45 must be in whole dollars and must be 00-23 or 99.	1/1/2012
463	Value Codes	If revenue code 038X present, then value code 37 is required.	1/1/2012
463	Value Codes	If revenue code 011x, 014x or 0164 is present, value codes 01or 02 are required.	1/1/2012
463	Value Codes	Must be present, must be valid.	1/1/2012
500	Zip Code	Out of area for federal claims.	01/01/2012

ICD-10 Edits

HIPAA Code	Field Edit	Error Message	Effective Date
255,700	Admitting Diagnosis Code (837I)	Admitting Diagnosis Code [ ] must be valid for Date of Service	10/1/2015
232,700	Admitting Diagnosis Code (837I)	Admitting Diagnosis Code [ ] must be valid for Patient Gender [ ]	10/1/2015
86,700	Other Diagnosis Code (837P)	Other Diagnosis Code [ ] must be valid for Patient Gender [ ]	10/1/2015
255,700	Other Diagnosis Code (837P)	Other Diagnosis Code [ ] must be valid for Date of Service	10/1/2015
232,700	Other Diagnosis Code (837I)	Other Diagnosis Code [ ] must be Patient Gender [ ]	10/1/2015
474,700	Other Principal Procedure Code	Other Principal Procedure Code [ ] must be valid for Patient Gender	10/1/2015
255,700	Primary Diagnosis Code (837P)	Primary Diagnosis Code [ ] must be valid for Date of Service	10/1/2015
86,700	Primary Diagnosis Code (837P)	Primary Diagnosis Code [ ] must be valid for Patient Gender [ ]	10/1/2015
255,700	Principal Diagnosis Code (837I)	Principal Diagnosis Code [ ] must be valid for Date of Service	10/1/2015
454,700	Principal Procedure Code (837I)	Principal Procedure Code [ ] must be valid for Date of Service	10/1/2015
474,700	Principal Procedure Code (837I)	Principal Procedure Code [ ] must be valid for Patient Gender [ ]	10/1/2015
508,700	Validate all other claim qualifiers against Principal diagnosis (837I Inpatient)	Claim Cannot Contain ICD-9 and ICD-10 Qualifiers	10/1/2015
508,700	Validate claim qualifiers (837I Outpatient)	Claim Cannot Contain ICD-9 and ICD-10 Qualifiers	10/1/2015
508,700	Validate claim qualifiers (837P)	Claim Cannot Contain ICD-9 and ICD-10 Qualifiers	10/1/2015
557,700	Validate ICD-10 Institutional claim is within compliance dates (837I)	Service End Date [ ] must be on or after Compliance Date [10-01-2015] for ICD-10	10/1/2015
557,700	Validate ICD-10 Professional claim is within compliance date (837P)	Service End Date [ ] must be on or after Compliance Date [10-01-2015] for ICD-10	10/1/2015
557,700	Validate Institutional claim is ICD-10 using compliance date and determine if inpatient or outpatient (837I)	Service End Date [ ] must be before Compliance Date [10-01-2015] for ICD-9	10/1/2015
557,700	Validate Professional claim is ICD-10 using compliance date (837P)	Service End Date [ ] must be before Compliance Date [10- 01-2015] for ICD-9	10/1/2015

Dental Edits

Note: Refer to ICD-10 section for applicable edits.

HIPAA Code	Field	Edit	Effective Date
737	Loop 2400 SV301-2 Loop 2400 DTP*472	Must be a valid ADA code for the Date of Service.	04/01/2014
669	Loop 2400 SV301-2 Loop 2300 NTE01 and NTE02 Loop 2400 SV301-7	When Subscriber does not equal R + 8 numbers execute this edit: When the ADA code equals D0999, D1999, D2999, D3999, D4999, D5999, D6999, D7999, D8999, a claim must contain an NTE segment or SV301-7 segment.	04/01/2014
242	Loop 2400 SV301-2 Loop 2400 TOO01 & TOO02	Using the procedure code extract file provided by CareFirst execute this edit. When the ADA code equals Tooth Level (T) there must be a TOO segment present with valid tooth number. Valid Tooth Numbers are: 1–32, 51–82, A–T, AS–TS (AS, BS, CS, DS).	04/01/2014
242	Loop 2400 SV301-2 Loop 2400 TOO03-1 Loop 2400 TOO03-2 Loop 2400 TOO03-3 Loop 2400 TOO03-4 Loop 2400 TOO03-5	Using the procedure code extract file provided by CareFirst, execute this edit. When the ADA code equals Surface level (S) there must be a TOO segment that includes a Surface(s) in the TOO03.	04/01/2014
242	Loop 2400 SV301-2 Loop 2400 SV304 Loop 2400 TOO01	For Facets only, When the ADA code equals Quadrant level (Q) there must be a Quadrant(s) present in the SV304 segment Using Facets table CMC_DPDS_DESC search for procedure code in DPDP_ID field When DPDP_DP_LVL = “Q” then the procedure code will require a quadrant in SV304 segment in addition to the tooth number in TOO segment. Valid Values for Quadrant are: 00, 01, 02, 03, 04, 05, 06, 07, 08, 10, 20, 30, 40, UR, UL, LL, LR.	
242	Loop 2400 SV301-2 Loop 2400 SV304 Loop 2400 TOO01	For Facets only, When the ADA code equals Arch level (A) an Arch(s) must be present in the SV304 segment Using Facets table CMC_DPDS_DESC search for procedure code in DPDP_ID field When DPDP_DP_LVL = “A” then the procedure code will require an Arch in SV304 in addition to the tooth number in TOO segment. Valid values for (A)rch are 01,17	
242	Loop 2400 SV301-2 Loop 2400 SV304 Loop 2400 TOO01	When Subscriber does not equal R + 8 numbers and using the procedure code extract file provided by CareFirst execute this edit: When the ADA code equals Quadrant level (Q) there must be a Quadrant(s) present in the SV304 segment.	

HIPAA Code	Field	Edit	Effective Date
245	Loop 2400 SV301-2 Loop 2400 SV304 Loop 2400 TOO01	When Subscriber does not equal R + 8 numbers and using the procedure code extract file provided by CareFirst execute this edit: When the ADA code equals Arch level (A) an Arch(s) must be present in the SV304 segment.	04/01/2014
664	Loop 2400 SV301-2 Loop 2300 DN101 & DN102 Loop 2300 DTP*452*D*	When Subscriber does not equal R + 8 numbers execute this edit: When the ADA code equals D8070, D8080 and D8090 a DN segment and DTP segment are required.	
188	Loop 2010BA DMG01 & DMG02 Loop 2010CA DMG01 & DMG02 Loop 2400 DTP*472	Patient's date of birth must be equal to or less than Date of Service.	04/01/2014
625	Claim submission Reason Code CLM19	When subscriber id is equal to R + 8 numbers do not accept the transaction if the entire claim is being submitted as a	04/01/2014

7. Section D: AS2 Enrollment Information

CareFirst will need this information to get AS2 configured:

Trading Partner Name:	
Primary EDI Support Contact:	
Primary EDI Support Contact Phone #:	
Primary EDI Support Contact Email:	
Primary EDI Support Contact Address: City, State, Zip:	
TP Test/Production IP Addresses Submitting Transactions to CareFirst Gateway:	
Trading Partner Test/Production SSL Certificate:	
Trading Partner Test/Production URLs:	

Apendix A: EDI Troubleshooting

Ancillary claim filing rules—error 116

There are rules governing which plan to file claims to for Independent Lab, DME, HIT and Specialty Pharmacy Providers. The rules are as follows:

INDEPENDENT CLINICAL LABORATORIES: You must bill the BCBS Plan in whose service area the specimen is collected.

Field/Loop Name	Location on 837P	Location on CMS-1500
Place of Service (place of service 81 identifies a claim where independent lab rules apply)	Loop 2300, CLM05-1	Field 24B
Name of Referring Provider or Other Source (referring provider information required on each claim)	Loop 2310A (claim level)	Fields 17, 17b
Referring Provider NPI (ZIP code of the referring provider, as registered at CareFirst or at NPPES is used to identify claims that process at CareFirst)	Loop 2310A, NM109	Field 17b
Service Facility Location Information (not used by CareFirst to determine service area for independent clinical lab)	Loop 2310C (claim level)	Field 32

DME PROVIDERS: You must bill the BCBS Plan in whose service area the equipment was shipped to or purchased at a retail store.

Field/Loop Name	Location on 837P	Location on CMS-1500
Billing Provider Taxonomy Code (defines if the DME rules apply to a claim)	Loop 2000A, PRV03	Field 33B
Patient's Address (used to determine if claim should process at CareFirst when place of service = home)	Loop 2010CA	Field 5
Place of Service (if place of service = home 04, 09, 12, 13, 14, 34, 55, patient address is used to determine if claim should process at CareFirst. If place of service is not equal to home the service facility ZIP or the billing provider ZIP is used)	Loop 2300, CLM05-1	Field 24B
Service Facility Location Information (when place of service is not home, service facility is used to define service area)	Loop 2310C (claim level)	Field 32

SPECIALTY PHARMACIES: You must bill the BCBS Plan according to the service area where the ordering (referring) physician is located.

Field/Loop Name	Location on 837P	Location on CMS-1500
Billing Provider Taxonomy Code (defines if the specialty pharmacy rules apply to a claim)	Loop 2000A, PRV03	Field 33B
Name of Referring Provider (referring provider information required on each claim)	Loop 2310A (claim level)	Fields 17, 17b
Referring Provider NPI (ZIP code of the referring provider, as registered at CareFirst, is used to identify claims that process at CareFirst)	Loop 2310A, NM109	Field 17b
Service Facility Location Information (not used by CareFirst to determine service area for specialty pharmacy)	Loop 2310C (claim level)	Field 32

FEP local plan rules (out-of-area ZIP code)—error 500

FEP claims must be processed by the plan in whose area services were rendered. Most of the time this is determined to be the Service Facility Loop (Box 32 or 2310E) or if that is absent the address of the Billing Provider (Box 33 or 2010AA Loop). The following chart outlines exceptions to this rule.

Claim Type	Validation Criteria	Address
DME	Place of Service 12 and Taxonomy Code in the Billing Provider Loop equal to : 183500000X, 1835G0000X, 1835N0905X, 1835N1003X, 1835X0200X, 1835P0018X, 1835P1200X, 1835P1300X, 183700000X, 251F00000X, 332B00000X, 332BC3200X, 332BD1200X, 332BN1400X, 332BX2000X, 332BP3500X, 332000000X, 333600000X, 3336C0002X, 3336C0003X, 3336C0004X, 3336H0001X, 3336I0012X, 3336L0003X, 3336N0002X, 3336N0003X,3336N0007X, 3336S0011X	Service facility or billing provider ZIP code is used to determine the plan.
Home Health Care or HIT Nursing Visits	Type of Service 12 on the claim and not a DME or HIT Provider	Patient ZIP code is used to determine the plan
HIT other than Nursing Visits	Taxonomy Code in the Billing Provider Loop as per DME	Service facility or billing provider ZIP code is used to determine the plan.
Ambulance Claims	Type of Service 41	Ambulance pick up location if present or service facility ZIP if not

ZIP codes for ancillary and FEP validation—error 116 and error 500

ZIP codes labeled FEP are within the CareFirst plan area for both FEP and ancillary claims. ZIP codes labeled ANC are only within the CareFirst plan area for ancillary claims.

20000	ANC		20500	FEP		20913	FEP		21713	FEP
20001	FEP		20501	FEP		20914	FEP		21714	FEP
20002	FEP		20502	FEP		20915	FEP		21715	FEP
20003	FEP		20503	FEP		20916	FEP		21716	FEP
20004	FEP		20504	FEP		20918	FEP		21717	FEP
20005	FEP		20505	FEP		20990	FEP		21718	FEP
20006	FEP		20506	FEP		20993	FEP		21719	FEP
20007	FEP		20507	FEP		20997	FEP		21720	FEP
20008	FEP		20508	FEP		21001	FEP		21721	FEP
20009	FEP		20509	FEP		21005	FEP		21722	FEP
20010	FEP		20510	FEP		21009	FEP		21723	FEP
20011	FEP		20511	FEP		21010	FEP		21727	FEP
20012	FEP		20515	FEP		21012	FEP		21733	FEP
20013	FEP		20520	FEP		21013	FEP		21734	FEP
20015	FEP		20521	FEP		21014	FEP		21736	ANC
20016	FEP		20522	FEP		21015	FEP		21737	FEP
20017	FEP		20523	FEP		21017	FEP		21738	FEP
20018	FEP		20524	FEP		21018	FEP		21740	FEP
20019	FEP		20525	FEP		21020	FEP		21741	FEP
20020	FEP		20526	FEP		21021	ANC		21742	FEP
20022	FEP		20527	FEP		21022	FEP		21746	FEP
20023	FEP		20528	FEP		21023	FEP		21747	FEP
20024	FEP		20529	FEP		21024	ANC		21748	FEP
20026	FEP		20530	FEP		21027	FEP		21749	FEP
20027	FEP		20531	FEP		21028	FEP		21750	FEP
20029	FEP		20532	FEP		21029	FEP		21754	FEP
20030	FEP		20533	FEP		21030	FEP		21755	FEP
20032	FEP		20534	FEP		21031	FEP		21756	FEP
20033	FEP		20535	FEP		21032	FEP		21757	FEP
20035	FEP		20536	FEP		21034	FEP		21758	FEP
20036	FEP		20537	FEP		21035	FEP		21759	FEP
20037	FEP		20538	FEP		21036	FEP		21762	FEP
20038	FEP		20539	FEP		21037	FEP		21764	ANC
20039	FEP		20540	FEP		21040	FEP		21765	FEP
20040	FEP		20541	FEP		21041	FEP		21766	FEP
20041	FEP		20542	FEP		21042	FEP		21767	FEP
20042	FEP		20543	FEP		21043	FEP		21769	FEP
20043	FEP		20544	FEP		21044	FEP		21770	FEP
20044	FEP		20546	FEP		21045	FEP		21771	FEP
20045	FEP		20547	FEP		21046	FEP		21773	FEP
20046	FEP		20548	FEP		21047	FEP		21774	FEP

20047	FEP		20549	FEP		21048	FEP		21775	FEP
20048	FEP		20550	FEP		21050	FEP		21776	FEP
20049	FEP		20551	FEP		21051	FEP		21777	FEP
20050	FEP		20552	FEP		21052	FEP		21778	FEP
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20052	FEP		20554	FEP		21054	FEP		21780	FEP
20053	FEP		20555	FEP		21055	ANC		21781	FEP
20055	FEP		20557	FEP		21056	FEP		21782	FEP
20056	FEP		20558	FEP		21057	FEP		21783	FEP
20057	FEP		20559	FEP		21060	FEP		21784	FEP
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20066	FEP		20576	FEP		21078	FEP		21797	FEP
20067	FEP		20577	FEP		21080	ANC		21798	FEP
20068	FEP		20578	FEP		21082	FEP		21801	FEP
20069	FEP		20579	FEP		21084	FEP		21802	FEP
20070	FEP		20580	FEP		21085	FEP		21803	FEP
20071	FEP		20581	FEP		21087	FEP		21804	FEP
20073	FEP		20585	FEP		21088	FEP		21810	FEP
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20075	FEP		20588	FEP		21092	FEP		21813	FEP
20076	FEP		20590	FEP		21093	FEP		21814	FEP
20077	FEP		20591	FEP		21094	FEP		21816	ANC
20078	FEP		20593	FEP		21098	ANC		21817	FEP
20080	FEP		20594	FEP		21101	ANC		21820	ANC
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20088	FEP		20599	FEP		21106	FEP		21826	FEP
20090	FEP		20601	FEP		21107	ANC		21829	FEP
20091	FEP		20602	FEP		21108	FEP		21830	FEP
20097	FEP		20603	FEP		21111	FEP		21835	FEP
20098	FEP		20604	FEP		21113	FEP		21836	FEP
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20101	ANC		20607	FEP		21117	FEP		21838	FEP
20102	ANC		20608	FEP		21120	FEP		21840	FEP
20103	ANC		20609	FEP		21122	FEP		21841	FEP
20104	ANC		20610	FEP		21123	FEP		21842	FEP

20105	ANC		20611	FEP		21128	FEP		21843	FEP
20107	ANC		20612	FEP		21130	FEP		21849	FEP
20108	ANC		20613	FEP		21131	FEP		21850	FEP
20109	ANC		20615	FEP		21132	FEP		21851	FEP
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20111	ANC		20617	FEP		21136	FEP		21853	FEP
20112	ANC		20618	FEP		21139	FEP		21856	FEP
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20124	ANC		20625	FEP		21154	FEP		21866	FEP
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20131	ANC		20627	FEP		21156	FEP		21868	ANC
20132	ANC		20628	FEP		21157	FEP		21869	FEP
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20143	ANC		20635	FEP		21163	FEP		21875	FEP
20146	ANC		20636	FEP		21200	ANC		21890	FEP
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20149	ANC		20640	FEP		21203	FEP		21903	FEP
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20165	ANC		20661	FEP		21214	FEP		21920	FEP
20166	ANC		20662	FEP		21215	FEP		21921	FEP
20167	ANC		20664	FEP		21216	FEP		21922	FEP
20168	ANC		20667	FEP		21217	FEP		21930	FEP
20169	ANC		20670	FEP		21218	FEP		22003	FEP
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20176	ANC		20678	FEP		21223	FEP		22026	ANC
20177	ANC		20680	FEP		21224	FEP		22027	FEP
20178	ANC		20682	FEP		21225	FEP		22030	FEP
20180	ANC		20684	FEP		21226	FEP		22031	FEP
20181	ANC		20685	FEP		21227	FEP		22032	FEP
20182	ANC		20686	FEP		21228	FEP		22033	ANC
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20205	ANC		20708	FEP		21252	FEP		22066	ANC
20206	FEP		20709	FEP		21260	ANC		22067	FEP
20207	FEP		20710	FEP		21261	ANC		22079	FEP
20208	FEP		20711	FEP		21263	FEP		22081	FEP
20209	ANC		20712	FEP		21264	FEP		22082	FEP
20210	FEP		20714	FEP		21265	ANC		22092	ANC
20211	FEP		20715	FEP		21268	ANC		22093	ANC
20212	FEP		20716	FEP		21270	FEP		22095	ANC
20213	FEP		20717	FEP		21271	ANC		22096	FEP
20214	FEP		20718	FEP		21273	FEP		22101	FEP
20215	FEP		20719	FEP		21274	ANC		22102	FEP
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20217	FEP		20721	FEP		21276	ANC		22106	FEP
20218	FEP		20722	FEP		21278	FEP		22107	ANC
20219	FEP		20723	FEP		21279	FEP		22108	ANC
20220	FEP		20724	FEP		21280	FEP		22109	FEP
20221	FEP		20725	FEP		21281	FEP		22116	FEP
20222	FEP		20726	FEP		21282	FEP		22118	FEP
20223	FEP		20731	FEP		21283	ANC		22119	FEP
20224	FEP		20732	FEP		21284	FEP		22120	FEP
20225	FEP		20733	FEP		21285	FEP		22121	FEP
20226	FEP		20735	FEP		21286	FEP		22122	FEP
20227	FEP		20736	FEP		21287	FEP		22124	FEP

20228	FEP		20737	FEP		21288	FEP		22125	ANC
20229	FEP		20738	FEP		21289	FEP		22134	ANC
20230	FEP		20740	FEP		21290	FEP		22150	FEP
20231	FEP		20741	FEP		21297	FEP		22151	FEP
20232	FEP		20742	FEP		21298	FEP		22152	FEP
20233	FEP		20743	FEP		21299	ANC		22153	FEP
20235	FEP		20744	FEP		21400	ANC		22156	FEP
20237	FEP		20745	FEP		21401	FEP		22158	FEP
20238	FEP		20746	FEP		21402	FEP		22159	FEP
20239	FEP		20747	FEP		21403	FEP		22160	FEP
20240	FEP		20748	FEP		21404	FEP		22161	FEP
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20245	FEP		20752	FEP		21412	FEP		22183	FEP
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20251	FEP		20754	FEP		21502	FEP		22185	FEP
20254	FEP		20755	FEP		21503	FEP		22191	ANC
20260	FEP		20757	FEP		21504	FEP		22192	ANC
20261	FEP		20758	FEP		21505	FEP		22193	ANC
20262	FEP		20759	FEP		21520	FEP		22194	ANC
20265	FEP		20762	FEP		21521	FEP		22195	ANC
20266	FEP		20763	FEP		21522	FEP		22199	FEP
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20270	FEP		20765	FEP		21524	FEP		22201	FEP
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20299	FEP		20771	FEP		21531	FEP		22205	FEP
20301	FEP		20772	FEP		21532	FEP		22206	FEP
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20306	FEP		20775	FEP		21539	FEP		22210	FEP
20307	FEP		20776	FEP		21540	FEP		22211	FEP
20310	FEP		20777	FEP		21541	FEP		22212	FEP
20314	FEP		20778	FEP		21542	FEP		22212	FEP
20315	FEP		20779	FEP		21543	FEP		22213	FEP
20317	FEP		20780	FEP		21545	FEP		22214	FEP
20318	FEP		20781	FEP		21546	ANC		22215	FEP
20319	FEP		20782	FEP		21550	FEP		22216	FEP
20324	FEP		20783	FEP		21555	FEP		22217	FEP
20330	FEP		20784	FEP		21556	FEP		22218	FEP
20331	ANC		20785	FEP		21557	FEP		22219	FEP
20332	FEP		20787	FEP		21560	FEP		22222	FEP

20333	FEP		20788	FEP		21561	FEP		22223	FEP
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20335	ANC		20790	FEP		21601	FEP		22226	FEP
20336	FEP		20791	FEP		21606	ANC		22227	FEP
20337	FEP		20792	FEP		21607	FEP		22229	FEP
20338	FEP		20794	FEP		21609	FEP		22230	FEP
20340	FEP		20797	FEP		21610	FEP		22234	FEP
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20355	FEP		20799	FEP		21613	FEP		22241	FEP
20360	FEP		20800	FEP		21617	FEP		22242	FEP
20361	FEP		20810	FEP		21619	FEP		22243	FEP
20362	FEP		20811	FEP		21620	FEP		22244	FEP
20363	FEP		20812	FEP		21622	FEP		22245	FEP
20370	FEP		20813	FEP		21623	FEP		22246	FEP
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20375	FEP		20818	FEP		21628	FEP		22304	FEP
20376	FEP		20824	FEP		21629	FEP		22305	FEP
20380	FEP		20825	FEP		21631	FEP		22306	FEP
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20389	FEP		20830	FEP		21634	FEP		22308	FEP
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20392	FEP		20837	FEP		21637	ANC		22311	FEP
20393	FEP		20838	FEP		21638	FEP		22312	FEP
20394	FEP		20839	FEP		21639	FEP		22313	FEP
20395	FEP		20841	FEP		21640	FEP		22314	FEP
20396	FEP		20842	FEP		21641	FEP		22315	FEP
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20398	FEP		20848	FEP		21644	FEP		22321	FEP
20401	FEP		20849	FEP		21645	FEP		22331	FEP
20402	FEP		20850	FEP		21646	ANC		22332	FEP
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20404	FEP		20852	FEP		21648	FEP		22334	FEP
20405	FEP		20853	FEP		21649	FEP		22336	FEP
20406	FEP		20854	FEP		21650	FEP		22505	ANC
20407	FEP		20855	FEP		21651	FEP		22721	ANC
20408	FEP		20857	FEP		21652	FEP		23301	ANC
20409	FEP		20858	ANC		21653	FEP		23302	ANC
20410	FEP		20859	FEP		21654	FEP		23303	ANC
20411	FEP		20860	FEP		21655	FEP		23306	ANC
20412	FEP		20861	FEP		21656	FEP		23308	ANC

20413	FEP		20862	FEP		21657	FEP		23336	ANC
20414	FEP		20866	FEP		21658	FEP		23337	ANC
20415	FEP		20868	FEP		21659	FEP		23341	ANC
20416	FEP		20871	FEP		21660	FEP		23345	ANC
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20419	FEP		20874	FEP		21662	FEP		23357	ANC
20420	FEP		20875	FEP		21663	FEP		23358	ANC
20421	FEP		20876	FEP		21664	FEP		23359	ANC
20422	FEP		20877	FEP		21665	FEP		23389	ANC
20423	FEP		20878	FEP		21666	FEP		23395	ANC
20424	FEP		20879	FEP		21667	FEP		23396	ANC
20425	FEP		20880	FEP		21668	FEP		23399	ANC
20426	FEP		20882	FEP		21669	FEP		23401	ANC
20427	FEP		20883	FEP		21670	FEP		23404	ANC
20428	FEP		20884	FEP		21671	FEP		23407	ANC
20429	FEP		20885	FEP		21672	FEP		23409	ANC
20430	FEP		20886	FEP		21673	FEP		23410	ANC
20431	FEP		20889	FEP		21675	FEP		23412	ANC
20433	FEP		20890	FEP		21676	FEP		23414	ANC
20434	FEP		20891	FEP		21677	FEP		23415	ANC
20435	FEP		20892	FEP		21678	FEP		23416	ANC
20436	FEP		20894	FEP		21679	FEP		23417	ANC
20437	FEP		20895	FEP		21681	ANC		23418	ANC
20439	FEP		20896	FEP		21682	ANC		23420	ANC
20440	FEP		20897	FEP		21683	ANC		23421	ANC
20441	FEP		20898	FEP		21684	ANC		23422	ANC
20442	FEP		20899	FEP		21685	ANC		23423	ANC
20444	FEP		20900	ANC		21686	ANC		23426	ANC
20447	FEP		20901	FEP		21687	ANC		23427	ANC
20451	FEP		20902	FEP		21688	ANC		23440	ANC
20453	FEP		20903	FEP		21690	FEP		23441	ANC
20456	FEP		20904	FEP		21701	FEP		23442	ANC
20460	FEP		20905	FEP		21702	FEP		23480	ANC
20463	FEP		20906	FEP		21703	FEP		23483	ANC
20468	FEP		20907	FEP		21704	FEP		23488	ANC
20469	FEP		20908	FEP		21705	FEP			
20470	FEP		20910	FEP		21709	FEP			
20472	FEP		20911	FEP		21710	FEP			
			20912	FEP		21711	FEP			

Revenue codes that require remarks—error 21

0189	0769
0229	0779
0259	0789
0299	0799
0459	0809
0519	0819
0529	0919
0679	0949
0689	0990

NOC codes that require remarks—error 21

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A0999’	‘E0193’	‘S9542	36299’	49999’	‘76999’	86999
‘A4641’	‘E0194’	’S9810	37501’	‘50549’	‘77299’	87450
‘A4649’	‘E0197’	‘V2199	37999’	‘50949’	‘77399’	87499
‘A4913’	‘E0277’	‘V2799	38129’	‘52899’	‘77499’	87797
‘A6512’	‘E0372’	‘V5298	38589’	‘53899’	‘77799’	87999
‘A9150’	‘E1399’	‘V5299	38999’	‘54699’	‘78099’	88099
‘A9270’	‘E1699’	‘01999	39499’	‘55559’	‘78199’	88199
‘A9699’	‘J3490’	‘15999	39599’	‘55599’	‘78299’	88299
‘A9900’	‘J3530’	‘17999	40799’	‘55899’	‘78399’	88399
‘B9998’	‘J3535’	‘19499	40899’	‘56399’	‘78499’	89399
‘B9999’	‘J7199’	‘20999	41599’	‘58578’	‘78599’	90399
‘E0184’	‘J7599’	‘21089	41899’	‘58579’	‘78699’	90749
‘E0193’	‘J7699’	‘21299	42299’	‘58679’	‘78799’	90799
	‘J7799’	‘21499	42699’	‘58999’	‘78999’	90830
	‘J8499’	‘21899	42999’	‘59898’	‘79999’	90899
	‘J8999’	‘22899	43289’	‘59899’	‘80299’	90939
	‘J9999’	‘22999	43499’	‘60659’	‘81099’	90999
	‘K0108’	‘23929	43659’	‘60659’	‘83520’	91299
	‘K0547’	‘24999	43659’	‘60699’	‘83520’	92499
	‘L0999’	‘25999	43999’	‘64999’	‘83890’	92599
	‘L1300’	‘26989	44209’	‘66999’	‘83891’	92700
	‘L1499’	‘26999	44238’	‘66999’	‘83892’	93799
	‘L2999’	‘27299	44239’	‘67299’	‘83893’	94799
	‘L3649’	‘27599	44799’	‘67399’	‘83894’	95199
	‘L3999’	‘27899	44899’	‘67599’	‘83896’	95999
	‘L5999’	‘28899	44979’	‘67999’	‘83897’	96117
	‘L7499’	‘29799	45999’	‘68399’	‘83901’	96549
	‘L8239’	‘29909	46999’	‘68899’	‘84591’	96999
	‘L8499’	‘29999	47379’	‘69399’	‘84999’	97039
	‘L8699’	‘30999	47399’	‘69799’	‘85999’	97139

	‘S2409’	‘31299	47579’	‘69949’	‘86316’	97799
	‘S5497’	‘31599	47999’	‘69979’	‘86317’	99070
	‘S8189’	‘31899	48999’	‘76496’	‘86586’	99199
	‘S9379’	‘32999	49329’	‘76497’	‘86671’	99429
	‘S9445’	‘33999	49329’	‘76498’	‘86689’	99499
	‘S9446’	‘35999	49659’	‘76499’	‘86849’	99539
						99600

ICD-10 troubleshooting—error nnn,700

HIPAA Code	Error Message	Action
508,700	Claim Cannot Contain ICD-9 and ICD-10 Qualifiers	Providers should submit two claims. Services with a date of service through September 30, 2015 are submitted on one claim using the ICD-9 code set. Services with dates of service beginning October 1, 2015 or later are submitted on another claim using ICD-10 codes.
557,700	Service End Date [ ] must be on or after Compliance Date [10-01-2015] for ICD-10	Inpatient Claims with a discharge and/or through date on or after October 1, 2015 consolidate all services into one claim using ICD-10 codes. Claims submitted with dates of service on or after October 1, 2015 must be submitted with ICD-10 codes.
557,700	Service End Date [ ] must be before Compliance Date [10- 01-2015] for ICD-9	Inpatient Claims with a discharge and/or through date prior to October 1, 2015 consolidate all services into one claim using ICD-9 codes. Professional Claims submitted for dates of service prior to October 1, 2015 must be submitted with ICD-9 codes.
255,700	Admitting Diagnosis Code (837I)	Make sure that the admitting diagnosis code is a valid ICD-10 diagnosis code.
232,700	Admitting Diagnosis Code (837I)	Make sure that the admitting diagnosis code is a valid ICD-10 diagnosis for the patient gender.
86,700	Other Diagnosis Code(837P)	Professional Claims: Make sure that the other diagnosis code is a valid ICD-10 diagnosis code.
255,700	Other Diagnosis Code (837P)	Professional Claims: Make sure that the other diagnosis code is a valid ICD-10 diagnosis for the patient gender.
232,700	Other Diagnosis Code (837I)	Institutional Claims: Make sure the ICD-10 other diagnosis code [ ] must be patient gender [ ].
474,700	Other Principal Procedure Code	Institutional Claims: Make sure the other principal procedure code [ ] is a valid ICD-10 diagnosis for patient gender.
255,700	Primary Diagnosis Code (837P)	Professional Claims: Make sure primary diagnosis code [ ] must be valid ICD-10 diagnosis code for date of service.
86,700	Primary Diagnosis Code (837P)	Professional Claims: Make sure the primary diagnosis code [ ] is valid ICD-10 diagnosis code for patient gender [ ].

HIPAA Code	Error Message	Action
255,700	Principal Diagnosis Code (837I)	Institutional Claims: Make sure the principal diagnosis code [ ] is valid ICD-10 diagnosis code for date of service.
454,700	Principal Procedure Code (837I)	Institutional Claims: Make sure the principal procedure code [ ] is valid ICD-10 procedure code for date of service.
474,700	Principal Procedure Code(837I)	Institutional Claims : Make sure the principal procedure code [ ] must be valid ICD-10 code for patient gender [ ]

999 response for claims received late

When an 837 file is received at the CareFirst Gateway after the 4pm cutoff time, the 999 looks like this:

ISA*00*. . . . . *00* *ZZ*00690 *ZZ*999999999 *120822*1614*^*00501*000007995*0*P*:
GS*FA*00690*999999999*20120822*1614*3995*X*005010X231A1
ST*999*0001*005010X231A1
AK1*HC*2772*005010X222A1
AK9*R*2882*2882*0*2
SE*4*0001
GE*1*3995
IEA*1*000007995

Segment	Data Values	Explanation
AK101	HC	Equal to the GS01 on the inbound file
AK102	2772	Equal to the GS06 on the inbound file
AK902	R	R for rejected
AK903	2882	Number of transaction sets included
AK904	2882	Number of transaction sets rejected
AK905	0	Number of transactions sets accepted
AK906	2	Functional version is not supported