

## Front-End Rejections for Medicare Secondary Claims

CareFirst Rejection Code	HIPAA Rejection Code	Rejection Code Verbiage	Reason for Rejections
53815	286	Missing primary payer payment information	If Loop 2430 CAS segment is missing
53816	530	Adjustments cannot be sent electronically	If CLM05-3 segment is not equal to 1,2,3, or 4
53817	286	Invalid Primary Payer Information	If Loop 2320, Segment SBR01 is not 'P' and Segment SBR09 is not 'MB'
53818	286	Missing primary payer payment information	If Loop 2430, Segment SVD02 is missing
53819	589	Provider must Accept Assignment to send Medicare Crossover electronically	If CLM07 segment is not equal to 'A'
53826	672	Out of Balance	Loop 2320 AMT*D plus the sum of 2320 CAS Segments must equal Loop 2300 CLM02
53826	556	Demonstration Project Claims cannot be sent electronically	If Claim is Inpatient Medicare Crossover Claim and Loop 2300 HI BH = Y1

**Note:** The rejection verbiage may differ depending on the trading partner. Please contact your trading partner for details.