7.2.4 TABLE D - SD/MC ERROR CODES CROSSWALK

SD/MC Error	SD/MC Message	Error Field Indicators	Adjustment Group Reason		Remark Code	Comments
01	Data element is BLANK	203-204 Gender	CO	31	MA39	
01	Data element is BLANK	205-206 DOB year	CO	31	MA38	
01	Data element is BLANK	207-208 Service YYYYMM	CO	B18	MA66	
01	Data element is BLANK	211-212 Mode of Service	CO	B7	M51	
01	Data element is BLANK	215-216 Service Function	CO	B7	M51	
01	Data element is BLANK	221-222 Total Billed Amount	CO	16	M54	
01	Data element is BLANK	223-224 Claim For Date Claim Submitted	CO	16	M58	
01	Data element is BLANK	229-230 Race/Ethnicity				Value will be populated from MEDS.
02	Not a valid date	205-206 DOB year	CO	31	MA38	
02	Not a valid date	207-208 Service YYYYMM	CO	16	MA66	
02	Not a valid date	231-232 Service/Treatment Date	CO	16	MA66	
03	Invalid code	199-200 Crossover Indicator	CO	16	MA85	
03	Invalid code	201-202 Welfare ID	CO	31	MA61	
03	Invalid code	203-204 Gender	CO	31	MA39	
03	Invalid code	209-210 Provider Code	CO	B7	M57	
03	Invalid code	211-212 Mode of Service	CO	B7	M51	
03	Invalid code	213-214 Program Code	CO	B7	M51	
03	Invalid code	215-216 Service Function	CO	B7	M51	
03	Invalid code	217-218 Units of Time	CO	16	MA102	
03	Invalid code	233-234 Discharge Indicator	CO	16	N50	
03	Invalid code	235-236 Diagnosis	CO	16	M81	
04	Late submission	207-208 Service YYYYMM	CO	29		
05	Not valid day	231-232 Service/Treatment Date	CO	16	MA66	
06	Not numeric	205-206 DOB year	CO	31	MA66	
06	Not numeric	207-208 Service YYYYMM	CO	16	MA66	
06	Not numeric	209-210 Provider Code	CO	B7	M57	
06	Not numeric	211-212 Mode of Service	CO	B7	M51	
06	Not numeric	217-218 Units of Time	CO	16	N59	
06	Not numeric	219-220 Units of Service	CO	16	N59	
06	Not numeric	221-222 Billed Amount	CO	16	M54	
06	Not numeric	227-228 Admit Date	CO	16	MA40	

Crosswalks

SD/MC Error	SD/MC Message	Error Field Indicators	Adjustment Group	Adjustment Reason	Remark Code	Comments
06	Not numeric	231-232 Service/Treatment Date	CO	16	MA66	
07	Zero Claimed	217-218 Units of Time	CO	16	M53	
07	Zero Claimed	221-222 Billed Amount	CO	16	M54	
08	Mode not authorized	211-212 Mode of Service	CO	B7	N65	
08	Mode not authorized	209-210 Provider Code	CO	B7	MA129	
09	Ineligible in month and year	201-202 Welfare ID	CO	26	N59	
09	Ineligible in month and year	207-208 Service YYYYMM	CO	26	N59	
09	Ineligible in month and year	209-210 Provider Code	CO	B7	MA129	
10	Conflicts with eligibility file	199-200 Crossover Indicator	CO	16	MA85	
10	Conflicts with eligibility file	203-204 Gender	CO	31	MA21	
10	Conflicts with eligibility file	205-206 DOB year	CO	31	MA38	
10	Conflicts with eligibility file	225-226 Name	CO	31	MA21	
11	Not on eligibility file.	201-202 Welfare ID	CO	31	N59	
12	Not on DHS provider file	209-210 Provider Code	PI	B7	M57	
13	Program not authorized in month and year	207-208 Service YYYYMM	CO	B7	N56	
13	Program not authorized in month and year	209-210 Provider Code	CO	B7	MA129	
13	Program not authorized in month and year	211-212 Mode of Service	CO	B7	N56	
14	Mode not authorized in month and year	207-208 Service YYYYMM	CO	B7	N56	
14	Mode not authorized in month and year	209-210 Provider Code	CO	B7	MA129	
14	Mode not authorized in month and year	211-212 Mode of Service	CO	B7	N56	
15	No secondary match	201-202 Welfare ID	CO	31	N59	
16	Service date greater than receipt date.	207-208 Service YYYYMM	CO	110	N59	
17	Healthy Families hold period.	201-202 Welfare ID	CO	16	M16	Counties receiving this combination should review ADP Information Letter 98-14 for additional

Crosswalks

SD/MC Error	SD/MC Message	Error Field Indicators	Adjustment Group	Adjustment Reason	Remark Code	Comments
						information.
17	Healthy Families hold period.	207-208 Service YYYYMM	CO	16	M16	Counties receiving this combination should review ADP Information Letter 98-14 for additional information.
18	Claim too old for eligibility check	201-202 Welfare ID	CO	31	N1	
19	Invalid Service Function Code	215-216 Service Function	CO	B7	N65	
20	Units of service are not less than or equal to the units of time	217-218 Units of Time	CO	16	M53	
20	Units of service are not less than or equal to the units of time	219-220 Units of Service	CO	16	M53	
21	Invalid drug code	235-236 Diagnosis	CO	11	MA63	
22	Date range not allowed	231-232 Service/Treatment Date	CO	16	N74	
23	Units of service are greater than allowed (in Duplicate Error Column - Duplicate service, in ADP Error Column - Units are greater than allowed, and Units of Service Error Column - number of service units greater than allowed).	197-198 Duplicate	CO	119	M86	
23	Units of service are greater than allowed (in Duplicate Error Column - Duplicate service, in ADP Error Column - Units are greater than allowed, and Units of Service Error Column - number of service units greater than allowed).	217-218 Units of Time	CO	119	M53	
23	Units of service are greater than allowed (in Duplicate Error Column - Duplicate service, in ADP Error Column - Units are greater than allowed, and Units of Service Error Column - number of service units	219-220 Units of Service	CO	119	M53	

Crosswalks

SD/MC Error	SD/MC Message	Error Field Indicators	Adjustment Group	Adjustment Reason	Remark Code	Comments
	greater than allowed).					
24	To date is greater than from date.	231-232 Service/Treatment Date	CO	16	MA31	
25	Units not equal to days.	217-218 Units of Time	CO	16	M53	
25	Units not equal to days.	219-220 Units of Service	CO	16	M53	
25	Units not equal to days.	221-222 Billed Amount	CO	42	M54	
25	Units not equal to days	231-232 Service /Treatment Date	CO	16	MA31	
25	Units not equal to days.	233-234 Discharge Indicator	CO	16	M53	
26	Duplicate Service - No Override	197-198 Duplicate	CO	18	M86	
27	Multiple Service - Override OK	197-198 Duplicate	CO	18	M80	
28	Greater than two outpatient services	197-198 Duplicate	CO	119	N59	
29	Service Function Not Authorized	209-210 Provider Code	CO	B7	MA129	
29	Service Function Not Authorized	211-212 Mode of Service	CO	B7	N56	
29	Service Function Not Authorized	215-216 Service Function	CO	B7	N65	
30	Service Function Not Authorized in month and year	207-208 Service YYYYMM	CO	B7	N56	
30	Service Function Not Authorized in month and year	209-210 Provider Code	CO	B7	MA129	
30	Service Function Not Authorized in month and year	211-212 Mode of Service	CO	B7	N56	
30	Service Function Not Authorized in month and year	215-216 Service Function	CO	B7	N65	
31	Medicare Coverage Part, HIC #	199-200 Crossover Indicator	CO	16	MA85	
31	Medicare Coverage Part, HIC #	221-222 Billed Amount	CO	16	MA85	
32	Other Coverage Indicator	199-200 Crossover Indicator	CO	16	MA92	
32	Other Coverage Indicator	221-222 Billed Amount	CO	16	MA92	
33	Claims less than two days of LAAM dose	197-198 Duplicate	CO	B5	N14	
34	Dollars greater than allowed	197-198 Duplicate	CO	18	N20	
34	Dollars greater than	217-218 Units of Time	CO	42	N14	

Crosswalks

SD/MC Error	SD/MC Message	Error Field Indicators	Adjustment Group Reason		Remark Code	Comments
	allowed					
34	Dollars greater than allowed	219-220 Units of Service	CO	42	N14	
34	Dollars greater than allowed	221-222 Billed Amount	CO	42	N14	
35	Two doses in one day not allowed	197-198 Duplicate	CO	119	M86	