Claims Edits List - Medicaid

Below are the edits that can be produced based on information from a claim data entered into the Compliance Edit add-on. The severity of each edit is determined by the color of the mnemonic abbreviation.

- **CLEAN** - A green mnemonic indicates that the claim line is correctly billed and should pose no problems in the claims submission process.
- **ACW** - An orange mnemonic indicates that the claim line has a CAUTION or a PROFILE status. This means that if the claims line is submitted, it may or may not cause a denial or rejection. This message is for your information only as cautionary to be reviewed, however, typically does not result in a claim denial.
- **ANE** - A red mnemonic indicates that the claim line has a REVIEW status. This means that if the claim line is submitted, it typically would cause a denial or rejection. You should review the claim line and consider correcting it before submitting the claim to the payer.

Flag	Status	Description
ACW	Caution	Anesthesia Crosswalk - Direct Crosswalk Flag Message(s): "The surgical procedure code [XXXXX] has been cross walked to anesthesia procedure code YYYYY for editing of the claim."
ASD	Review	Anesthesia Secondary Procedure Flag Message(s): "An anesthesia service with an equal or higher base unit value than [XXXXX] was billed on [mm/dd/yyyy] on claim ID [XYZ], Ext/Int Line ID [1/2]. Only the anesthesia code with the higher base unit value should be billed per operative session."
BDS	Review	Missing or Invalid Date of Service Flag Message(s): The beginning or ending Date of Service (DOS) is invalid or missing."
BRR	Review	Anesthesia Crosswalk - By Report Flag Message(s): "The system was unable to crosswalk this surgical code [XXXXX] to an anesthesia code since the Anesthesia Crosswalk status is By Report. Review the claim and enter the appropriate anesthesia code in place of the surgical CPT code."
CAG	Review	Procedure Not Typical with Patient Age Flag Message(s):rocedure Code [XXXXX] is not typical for a patient whose age is XX. The typical age range for this procedure is YY - ZZ."
CAG1	Review	Inappropriate Procedure Age Message: Procedure code 99100 is not typical for age of patient.
CCI	Review	Inj Proc Without Cardiac Cath Flag Message(s): "[XXXXX], a selective injection procedure, was performed without a cardiac catheterization. This injection service should be reported along with a cardiac catheterization. For 93539-93545 the appropriate catheterization codes include YYYYY <CCI Target List>. Review documentation and add if appropriate."
CCR	Review	Cardiac Cath Injection Without Radiologic Supervision Flag Message(s): "When injection procedures are performed in conjunction with cardiac catheterization, supervision of filming and processing, interpretation and report are not included and may be billed separately using the appropriate codes [XXXXX] <CCR Target List>. Review documentation and add the appropriate service(s) to the claim."

CDL	Review	Deleted Procedure Code Flag Message(s): "Procedure Code [XXXXX] has been deleted as of mm/dd/yyyy."
CPT	Review	Invalid Procedure Code Flag Message(s): ● "Procedure code [XXXXX] is invalid." ● "Procedure code [XXXXX] is disabled."
CSX	Review	Gender Procedure Edits with KX Modifier Override Message: Procedure code [XXXXX] is not typically performed for a patient whose gender is [XXXXX].
DLP	Review	Duplicate Line by Provider Flag Message(s): "This line is a possible duplicate of Claim ID-Ext/Int Line ID [XYZ-1/2]."
DOB	Review	Missing or Invalid Date of Birth Flag Message(s): "Patients Date of Birth is missing or invalid."
FCRP	Review	HCPCS G0466-G0470 Reported on a Professional Claim Flag Message: Procedure code <XXXXX> found on claim is a facility service code. This service is not to be reported on a professional claim.
IAG	Review	Diagnosis Not Typical with Patient Age Flag Message(s): "Dx XXXYY is not typical for a patient whose age is (XX). The typical age range for this diagnosis is X-Y."
ICD	Review	Invalid Diagnosis Code Message: The diagnosis code(s) [XXXXX] are invalid.
ICM	Review	Missing Diagnosis Code Flag Message(s): "There is no Primary Diagnosis listed for this procedure."
ICR	Review	Anesthesia Crosswalk - Individual Review Flag Message(s): "Procedure Code [XXXXX] requires a crosswalk to an anesthesia code prior to editing. Replace the surgical CPT code with the appropriate anesthesia code YYYYY."
IDCD	Review	Inappropriate Diagnosis Combination - Definitive Message: Per the ICD-10-CM Excludes1 note guideline, diagnosis codes [XXXXX] identify two conditions that cannot be reported together.
IDL	Review	Deleted Diagnosis Code Flag Message(s): "Dx XXXYY has been deleted."
IDX	Review	Nonspecific Diagnosis Code Message: Additional digits are required for nonspecific diagnosis code(s) [XXXXX].

IMC	Review	Inappropriate Modifier Combination Flag Message(s): "Modifier XX cannot be billed on the same claim line as modifier YY.
IMO	Review	Invalid Modifier Code Flag Message(s): "Modifier XX is invalid or disabled."
INJ	Review	Supply Code not Reported with Reported Injection Procedure Message: Separate reporting is allowed for the supply code of the drug or substance administered in POS [XXXXX] when Procedure Code [XXXXX] is reported.
INJ1	Review	Injection Procedure not Reported with Reported Supply Message: Separate reporting is allowed for the injection or infusion procedure performed in POS [XXXXX] when the administered drug or substance is reported with code [XXXXX].
ISX	Review	Diagnosis Not Typical for Gender Message: Diagnosis code(s) [XXXXX] typically would not be reported for a patient whose gender is [XXXXX].
LNM	Review	Inappropriate Use of Repeat Modifier 91 with Lab Codes-Professional Component Message: Inappropriate use of a repeat modifier 91 with laboratory procedure code [XXXXX].
LPR	Review	Repeat Lab Procedure Flag Message(s): "Repeat lab procedure [XXXXX] may require a repeat modifier."
mI10	Review	Medicare ICD-10 Rule Flag Message: Per CMS guidelines ICD9 codes and ICD10 codes cannot be billed on the same claim.
mI9	Review	Medicare ICD9 Code Rule Flag Message: Per CMS guidelines ICD-9 codes cannot be billed with dates of service after September, 30, 2015.
MOD	Review	Modifier Not Appropriate With Procedure Flag Message(s): "Use of modifier XX (crosswalks to YY), is not typical for procedure [XXXXX]."
NPD	Review	Not a Primary Diagnosis Code Flag Message(s): "Dx1 XXXYY describes an external cause, or requires the ICD code for the first underlying disease, and should never be listed as the primary diagnosis for a procedure."
PAY	Review	Missing Payer ID Flag Message(s): "The Payer ID is missing."
PCM	Review	Invalid Professional Component Modifier Flag Message(s): "Modifier -26 is not appropriate with Procedure Code [XXXXX] because that procedure is defined as 100% professional or 100% technical."

PDO	Review	ICD-10-CM Primary Diagnosis Only Message: The ICD-10-CM code [XXXXX] may only be used as first-listed or primary diagnosis position.
PRS	Review	Missing or Invalid Provider Specialty Flag Message(s): ● "The Provider Specialty is missing." ● "The Provider Specialty is invalid."
PSX	Review	Missing Patient Gender Flag Message(s): "The Gender for this patient is either missing or invalid."
RDL	Review	Repeat Radiology Requires Repeat Modifier Flag Message(s): "Repeat radiology procedure [XXXXX] may require a repeat procedure modifier."
RNM	Review	Inappropriate Use of Repeat Modifier Flag Message(s): "Inappropriate use of a repeat modifier with a radiology procedure."
sAG	Review	Stair-Climbing Wheelchair-Age Message: Per Medicaid guidelines, the patient's age does not meet policy requirements for the procedure code and/or a diagnosis code.
sAM	Review	Ambulance Modifiers Message: Per Medicaid guidelines, HCPCS Code [XXXXX] is identified as an ambulance code and requires an ambulance modifier appended.
sANM	Review	Medicaid Anesthesia Modifiers Message: Per Medicaid guidelines, anesthesia code [XXXXX] on claim line ID [XXXXX] requires an appropriate modifier.
sAR	Review	Ambulance Payment Reduction for Non-Emergency Basic Life Support (BLS) Transports to and from Renal Dialysis Facilities Message: Per Medicaid guidelines, apply a 10% reduction to claim lines containing HCPCS code A0425 and A0428 when billed with an origin/destination modifier that contains G or J in any position.
sAS	Review	Medicaid No Payment For Assistant Surgeons Procedure Edits Message: Per Medicaid guidelines, a statutory payment restriction for assistants at surgery applies to procedure code [XXXXX].
sBC	Review	Medicaid Bundled Codes Message: Per Medicaid guidelines, payment for procedure code [XXXXX] on the current line is always bundled into payment for other services not specified; no separate payment is made.
sBI	Review	Medicaid Bundled Code Policy- Ohio Message: Per Medicaid guidelines, procedure code [XXXXX] is an item or service that has no separate payment under the physician fee schedule and not payable.

sBL	Review	Orthotic and Prosthetic Services, Modifier Billing Message: Per Medicaid guidelines, procedure code [XXXXX] on claim ID [XXXXX], line ID <3> and on claim ID <4> line ID <5> must be submitted on the same claim line when billed with modifiers RT and LT on the same date of service.
sBNS	Review	Oregon Medicaid Coverage Prioritized List Non Covered Below The Line Message: Per Oregon Medicaid Prioritized List, the procedure and diagnosis combination are below the line and are considered non-covered services.
sBP	Caution	(sBP) Medicaid Bilateral Payment Reduction Flag Message(s): "Based on the units for this claim line, " + the submitted units of 'the current line' adjusted for edit message + " procedures were performed bilaterally and reimbursement may be reduced by 50% for each procedure.""
sBUN	Review	MSE Services Bundled in Facility Per Diem Rate Message: Per Medicaid guidelines, payment for this procedure code is always bundled into payment for other services not specified; no separate payment is made.
sCFR	Review	Anesthesia - Hysterectomy Consent Message: Per Medicaid guidelines, a completed consent form is required. See Medicaid policy for specific details.
sCNA	Review	CA 2016 CPT-4 and HCPCS Codes Not Yet Adopted Message: Per Medicaid guidelines, this code has not yet been adopted and is not effective.
sCO	Review	Medicaid Co-Surgeons Not Permitted Procedure Message: Per Medicaid guidelines,billing for co-surgeons is not permitted for procedure code [XXXXX].
sD1	Review	Medicaid Assistant At Surgery Documentation Required Message: Per Medicaid guidelines, procedure code [XXXXX] requires review of documentation to establish the medical necessity of a surgical assistant.
sD2	Review	Medicaid Document Co-Surgeons Procedure Message: Per Medicaid guidelines, procedure code [XXXXX] requires a review of documentation to establish the medical necessity of two surgeons.
sD3	Review	Medicaid Document Team Surgery Message: Per Medicaid guidelines, procedure code [XXXXX] requires documentation to establish the medical necessity of a surgical team.
sDOC	Review	Incontinence Disposable - Documentation Message: Per Medicaid guidelines, appropriate documentation must be submitted or reviewed to ensure proper billing.
sDOCh	Review	Spinal Instrumentation (22850, 22852, 22855) Message: Per Medicaid guidelines, appropriate documentation must be submitted to ensure proper billing. Review Medicaid Policy.
sDR	Caution	Medicaid Diagnostic Radiology Reduction Flag Message(s): "This procedure code " + the adjusted procedure code of 'the current line' + " and procedure code " + the adjusted procedure code of 'the history line' + " on history line " + the line id of 'the history line' + " indicate that multiple imaging services were performed. Per Medicaid guidelines, a 50% reduction of the technical component applies for this line."
sDSP	Review	Eyeglass dispensing, single vision - 38 and younger Message: Per Medicaid guidelines, a primary diagnosis code, which meets medical necessity for the procedure code is missing or invalid.

sDSS	Review	Eyeglass dispensing, single vision - 38 and older - Secondary Diagnosis Message: Per Medicaid guidelines, a secondary diagnosis code, which meets medical necessity for the procedure code is missing or invalid.
sDT	Review	Medicaid Diagnostic Test in Hospital Message: Per Medicaid guidelines, procedure code [XXXXX] describes a diagnostic procedure that requires a professional component modifier in place of service [XXXXX].
sEM	Review	Medicaid E/M Without Appropriate Modifiers - Major Message: Per Medicaid guidelines, E/M code [XXXXX] billed on the same day of a minor procedure or the same day or day before a major procedure requires an appropriate modifier.
sER	Caution	Medicaid Multiple Endoscopy Reduction Flag Message(s): Per Medicaid guidelines, this procedure qualifies for a multiple endoscopy reduction and payment may be reduced by the value of base endoscopy code "+the base endoscopy code of 'the Medicare record'+"."
sIC	Review	Medicaid Incident-To Codes Message: Per Medicaid guidelines, procedure code [XXXXX] is a service covered incident to a physician's service and modifier TC or 26 is not appropriate.
sIM	Review	Medicaid Inappropriate Modifier - Professional/Technical Component Message: Per Medicaid guidelines, modifier [XXXXX] is not appropriate for procedure code [XXXXX].
sIN	Review	Medicaid Injection Service Message: Per Medicaid guidelines, procedure code [XXXXX] is considered a bundled service when other payable services are billed on the same day by the same provider.
sLP	Review	Medicaid Laboratory Physician Interpretation Message: Per Medicaid guidelines, procedure code [XXXXX] is inappropriate with Modifier TC. Performance of the test is paid under the lab fee schedule.
sM54	Caution	Medicaid Intra-Operative Care Only Reduction--Modifier 54 Message: Per Medicaid guidelines, the presence of modifier 54 indicates that only the intraoperative portion of the global fee should be reimbursed.
sM55	Caution	Medicaid Post-Operative Care Only Reduction Message: Per Medicaid guidelines, the presence of modifier 55 indicates that only the postoperative portion of the global fee should be reimbursed.
sM56	Caution	Medicaid Pre-Operative Care Only Reduction Message: Per Medicaid guidelines, the presence of modifier 56 indicates that only the preoperative portion of the global fee should be reimbursed.
sM78	Caution	Medicaid Return to Operating Room Reduction--Modifier 78 Message: Per Medicaid guidelines, the presence of modifier 78 indicates that only the intraoperative portion of the global fee may be reimbursed.
sMEY	Review	Medicaid Modifier EY Message: Per Medicaid guidelines, all claim lines on the same claim must contain the modifier EY.

sMGK	Review	Medicaid Modifier GK Rule Message: Per Medicaid guidelines, modifier GK cannot be submitted alone, another line with GA or GZ must be present on the same claim.
sMGY	Review	Medicaid Modifier GY Message: Per Medicaid guidelines, the presence of modifier GY indicates this is not eligible for payment.
sMGZ	Review	Medicaid Modifier GZ Message: Per Medicaid guidelines, the presence of modifier GZ indicates this service/item is not eligible for payment
sMPP	Review	Orthotic Labor, Code Requirement Message: Per Medicaid guidelines, procedure code [XXXXX] cannot be billed without first billing procedure code [XXXXX].
sMUE	Review	DME Medically Unlikely Edits 0 Units Message: Per Medicaid Medically Unlikely Edits, the units of service billed for procedure code [XXXXX] exceed the allowed number of units.
sMVC	Review	EPSDT Vaccine Procedures - Bundled with Administration (2013) Message: Per Medicaid guidelines, the associated vaccine code for administration procedure code [XXXXX] is missing or invalid.
sNBC	Review	CSHCN-Stereotactic Radiosurgery Procedures 61798 Billing restriction Message: Per Medicaid guidelines, procedure code [XXXXX] and procedure code [XXXXX] on claim ID <3> cannot be billed together on same claim form.
sNBT	Review	Orthopedic Footwear, Billing Message: Per Medicaid guidelines, procedure code [XXXXX] and procedure code [XXXXX] on claim ID <3> cannot be billed together.
sNCL	Review	Oregon Medicaid Coverage Procedure Code Not On Prioritized List Message: Per Oregon Medicaid guidelines, procedure code is not included in the prioritized list.
sNDC	Caution	Family PACT - Ulipristal Acetate and Levonorgestrel - NDC Message: Per Medicaid guidelines, this procedure code requires an appropriate NDC code.
sNP	Review	Medicaid Non Physician Service Message: Per Medicaid guidelines, procedure code [XXXXX] does not typically require performance by a physician in place of service [XXXXX].
sNS	Review	Frequency Limits for Orthotics - L0120 Message: Per Medicaid guidelines, this procedure is considered a non-covered service.
sNSI	Review	CCP Noncovered Prosthetic Services Message: Per Medicaid guidelines, the procedure code [XXXXX] is considered investigational and is a non-covered service.
sPA	Review	Automotic External Defribrillator Message: Per Medicaid guidelines, this procedure code requires prior authorization.

sPC	Review	Medicaid Professional Component Only Message: Per Medicaid guidelines, procedure code [XXXXX] describes the physician work portion of a diagnostic test. Modifier 26 or TC on current line ID [XXXXX] is not appropriate.
sPD	Review	Medicaid Professional Diagnostic Radiology Reduction Flag Message(s): "This procedure code " + the submitted procedure code of 'the current line' + " and procedure code " + the submitted procedure code of 'the highest RVU line' + " on history line " + the line id of 'the highest RVU line' + " indicate that multiple imaging services were performed. Per Medicaid guidelines, a 25% reduction of the professional component applies for this line"
sPEC	Review	CCP Seating Assessment Provider Specialty Message: Per Medicaid guidelines, the provider specialty does not meet the policy requirements for procedure code [XXXXX].
sPI	Review	Medicaid Physician Interpretation Only Policy Message: Per Medicaid guidelines, procedure code [XXXXX] describes a physician interpretation for a service and is not appropriate in place of service [XXXXX].
sPOS	Review	DME - Place of Service or Recipientâ€™s Place of Residence Message: Per Medicaid guidelines, the place of service code is missing or invalid for procedure code [XXXXX].
sPS	Review	Medicaid Physician Service Policy Message: Per Medicaid guidelines, procedure code [XXXXX] describes the physician service. Use of modifier 26 or TC is not appropriate.
sPT	Review	Medicaid Physical Therapy Service Message:Per Medicaid guidelines, procedure code [XXXXX] is a physical therapy service. No payment is made if provided in place of service [XXXXX].
sREV	Caution	Medical and Incontinence Supply A6196 Message: Per Medicaid guidelines, additional manual review may be required. Review Medicaid Policy.
sRM	Review	DME - Helmets Message: Per Medicaid guidelines, the required modifier is missing or the modifier is inappropriate for the procedure code.
sSB	Review	Medicaid Add-on Procedure without Primary Procedure Message: Per Medicaid guidelines, add-on procedure code [XXXXX] has been submitted without an appropriate primary procedure.
sSX	Review	Lupron Depot - Gender Message: Per Medicaid guidelines, the patient's gender does not meet policy requirements for the procedure code and/or a diagnosis code.
sTC	Review	Medicaid Technical Component Only Policy Message: Per Medicaid guidelines, procedure code [XXXXX] describes only the technical portion of a service or diagnostic test. Modifier 26 or TC is not appropriate.
sTF	Review	Georgia-Timely Filing Limit-Professional Message: Per Medicaid guidelines, this claim was not received within the established filing timeframe.
sTS	Review	Medicaid Team Surgeons Not Permitted Message: Per Medicaid guidelines, team surgery is not permitted for procedure code [XXXXX].

sUN	Review	Medicaid National Correct Coding Initiative Edits Flag Message(s): Per Medicaid National Correct Coding Initiative edits, Procedure Code [XXXXX] has an unbundle relationship with history Procedure Code [YYYYY], Ext/Int Line ID [1/2].
sUO	Review	Medicaid National Correct Coding Initiative Edits Flag Message(s): Per Medicaid National Correct Coding Initiative edits, Procedure Code [XXXXX] [description of adjusted procedure code on 'the current line'] has an unbundle relationship with Procedure Code [yyyyy] [description of adjusted procedure code on 'the history line'] on Claim 1234, Ext/Int Line ID [1/2]. Review documentation to determine if a modifier is appropriate.
sVP	Caution	Medicaid Venipuncture Policy Message: Per Medicaid guidelines, procedure code [XXXXX] has been billed without a corresponding venipuncture code.
TPL	Review	Third Party Liability Message: Diagnosis code(s) [XXXXX] could involve third-party liability and/or subrogation of benefits.
UNL	Review	(UNL) Unlisted Procedure Code The UNL System Rule identifies claim lines that contain a procedure code considered to be "Unlisted". Flag Message(s): "Procedure Code [XXXXX] is an unlisted procedure or service."
UNS	Caution	Unspecified and Not Otherwise Specified (NOS) ICD-10-CM Codes Message: The ICD-10-CM code(s) reported define an unspecified or Not Otherwise Specified (NOS) ICD-10-CM diagnosis code. Review documentation to verify whether or not a more specific ICD-10-CM diagnosis code is appropriate.
UNSL	Caution	Unspecified ICD-10-CM Codes - Laterality Only Message: The ICD-10-CM code(s) reported define an unspecified ICD-10-CM diagnosis code which has an equivalent code for laterality (right or left). Review documentation to verify whether or not a more specific ICD-10-CM diagnosis code is appropriate.