Top 837 Rejections for Professional Claim Type			
Claim Type	**Count**	**PW Error Nbr**	**Error Description**
Professional	1,897	PW00157	The member was not eligible for services based on the service date on the claim.
Professional	457	PW00155	The subscriber's date of birth does not exist or does not match the member's date of birth from the DHS enrollment file.
Professional	282	PW00105	The combination of the billing provider's Tax Identification Number (TIN) and NPI/UMPIs does not exist in the payer's system.
Professional	216	PW00154	No subscriber match in the payer system. The subscriber ID does not exist
Professional	100	PW00221	If the subscriber's gender does not exist or does not match the gender from the DHS enrollment file for the member, the claim will be rejected unless the condition code 45 is on the Institutional claim or the KX modifier is on one of the Professional/Dental claim service lines.
Professional	99	PW00243	Claims that include service dates billed across multiple months are rejected unless Medicare is the primary payer and has paid, or the claim includes one of the following HCPCS codes: B9000-B9999, S0012-S0208, S0210-S0214, S0216-S5099, S5200-S9122, S9124-S9999, E0776-E0791, B4034-B5200, A4238, A4239, A4244-A4290, E0910-E0948 without the modifier PZ or S3.
Professional	82	PW00421	When duplicate claims are received in the same Professional claim file, both claims will need to be rejected. Duplicate claims are determined by checking subscriber PMI, service dates, billing provider (TIN/NPI or UMPI), rendering provider (NPI-UMPI), referring provider (NPI-UMPI), service facility, POS, frequency, charge amount, procedure, modifier, service line descriptions, units, diagnosis codes, NDC, authorization number, and minutes.
Professional	52	PW00466	All 837 Professional ambulance claims that include Procedure Codes A0100, A0130, S0215, T2003, T2005, or T2049 must include both pickup and drop-off addresses if the claim does not have a UC or PZ modifier in any position. Claims missing either address will be rejected.
Professional	51	PW00194	If the 837P or 837D claim includes a referring provider at the claim or service level, the referring provider must be set up in the payer system or currently registered within the MN-ITS database file (PECD) with an enrollment status of 1, 2, 3, or 4. If not, the claim will be rejected.
Professional	47	PW00042	Referring provider's NPI must be valid on the NPPES Registry. The EDI entity type qualifier and the NPI type in the NPPES Registry must be a person. If the NPI in the NPPES Registry has a deactivated or reactivated date, the service dates or statement date on the claim will be validated to these dates.

From: 04/20/2025 - To: 04/27/2025