

Top 837 Rejections for All Claim Types

Count	PW Error Nbr	Error Description
2,387	PW00157	The member was not eligible for services based on the service date on the claim.
598	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.
421	PW00105	The combination of the billing provider's Tax Identification Number (TIN) and NPI/UMPIs does not exist in the payer's system.
322	PW00154	No subscriber match in the payer system. The subscriber ID does not exist
200	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.
169	PW00309	When 837 Professional or 837 OP Institutional claims (excluding nonpayment and voids) are submitted from a provider and the prior payer was Medicare or a Medicare replacement payer, the prior payment information must be reported at the line level or the claim will be rejected.
109	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.
107	PW00129	NDC code is required for specified service line HCPCS codes, unless a "UD" modifier is submitted for the HCPCS code. Medicare and/or Medicaid require NDC codes for specific service line HCPCS codes.
92	PW00152	When a critical access hospital (CAH) submits an 837I claim and the claim contains the TOB 13x or 83x, the claim will be rejected back to the provider, except when the TOB = 13J.
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.
From: 04/20/2025 - To: 04/27/2025		