

# Arizona Health Care Cost Containment System

## EDIT STATUS REPORT

Claim Type: E

Edit Status Code : D , Y

Run Date: Jan 3, 2024

		A			C			D			I			L			O			
		S	LV	LC	S	LV	LC	S	LV	LC	S	LV	LC	S	LV	LC	S	LV	LC	
A580	RECIPIENT HAS OTHER COVERAGE THAT MUST BE BILLED FIRST	E	D	50	91	D	50	91	D	50	91	D	50	91	D	50	91	D	50	91
A600	MDC ALLOWED LESS THAN MDC PAID PLUS MDC DEDUCT PLUS MDC COIN	E	D	80	91						D	80	91				D	80	91	
A630	PROV NOT QUAL FOR DOS FOR THIS SERVICE	E	Y	91	91															
A631	CAN'T BILL > THAN 1 SVC 4 SAME MEM/DOS	E	Y	91	91															
A632	ALREADY BILLED BY ANOTHER PROVIDER	E	Y	91	91															
A633	NOT EPD ELIGIBLE & ENROLLED	E	Y	91	91															
A634	CANNOT BE MORE THAN 30 CUMULATIVE DAYS	E	Y	91	91															
A905	UNREASONABLE AHCCCS ALLOWED AMT IN RELATION TO BILLED AMT	E	Y	50	91	Y	50	91	Y	50	91	Y	50	91	Y	50	91	Y	50	91
A950	DATA GATHERING ERROR	E	Y	80	91	Y	80	91	Y	80	91	Y	50	91	Y	50	91	Y	50	91
A951	FORCE PEND FOR CONTRACTOR CORRECTIONS	E	Y	50	91	Y	50	91	Y	50	91	Y	50	91	Y	50	91	Y	50	91
A956	DRG - DOES NOT MEET CRITERIA FOR ANY DRG	E										Y	80	30						
C010	NDC MISSING OR INVALID	E			D	3	91													
C020	PRESCRIBE DATE IS MISSING OR INVALID	E			Y	3	91													
C030	QUANTITY MISSING OR INVALID	E			Y	3	91													
C040	DAYS SUPPLY IS INVALID	E			Y	3	91													
C300	DISPENSE DATE IS PRIOR TO PRESCRIBE DATE	E			D	3	91													
D004	PRIMARY DIAGNOSIS CD NOT ON FILE	E	Y	80	91						Y	80	91	Y	80	91	Y	80	91	Y
D005	PRIMARY DIAGNOSIS CD IN PENDED RECORD STATUS	E	Y	80	30						Y	80	30	Y	80	30	Y	80	30	Y
D010	PRIMARY DIAGNOSIS CD NOT ON FILE FOR DOS	E	Y	3	91						Y	3	91	Y	3	91	Y	3	91	Y
D015	PRIMARY DIAGNOSIS CD NOT AVAILABLE ON DOS	E	Y	3	91						Y	3	91	Y	3	91	Y	3	91	Y
D029	SOCIAL DETERMINANTS OF HEALTH INVALID AS A PRIMARY DIAGNOSIS	E	Y	85	91						Y	85	91	Y	85	91	Y	85	91	Y
D035	RECIPIENT AGE EXCEEDS PRIMARY DIAGNOSIS MAX AGE	E	Y	50	91						Y	50	91	Y	50	91	Y	50	91	Y
D040	RECIPIENT AGE LESS THAN PRIMARY DIAGNOSIS MIN AGE	E	Y	50	91						Y	50	91	Y	50	91	Y	50	91	Y
D045	RECIPIENT SEX INVALID FOR PRIMARY DIAGNOSIS	E	Y	50	91									Y	50	91	Y	50	91	Y
D093	OTHER DIAGNOSIS CD 1 NOT ON FILE	E	Y	3	91						Y	3	91	Y	3	91	Y	3	91	Y
D094	OTHER DIAGNOSIS CD 1 IN PENDED RECORD STATUS	E	Y	80	30						Y	80	30	Y	80	30	Y	80	30	Y
D095	OTHER DIAGNOSIS CD 1 NOT ON FILE FOR DOS	E	Y	3	91						Y	3	91	Y	3	91	Y	3	91	Y
D100	OTHER DIAGNOSIS CD 1 NOT AVAILABLE FOR DOS	E	Y	3	91						Y	3	91	Y	3	91	Y	3	91	Y
D120	RECIPIENT AGE EXCEEDS OTHER DIAGNOSIS 1 MAX AGE	E	Y	50	91						Y	50	91	Y	50	91	Y	50	91	Y

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D125	RECIPIENT AGE LESS THAN OTHER DIAGNOSIS 1 MIN AGE	E	Y	50	91						Y	50	91	Y	50	91	Y	50	91
D130	RECIPIENT SEX INVALID FOR OTHER DIAGNOSIS 1	E	Y	50	91						Y	50	91	Y	50	91	Y	50	91
D131	DIAGNOSIS IS NOT APPROPRIATE FOR THIS SERVICE	E	Y	50	91						Y	50	91	Y	50	91	Y	50	91
D220	DX NOT COVERED FOR FAMILY PLANNING	E	Y	80	91						Y	80	91	Y	80	91	Y	80	91
D235	OTHER DIAGNOSIS CD 2 NOT ON FILE	E	Y	3	91														
D240	OTHER DIAGNOSIS CD 2 IS IN PENDED RECORD STATUS	E	Y	80	30														
D245	OTHER DIAGNOSIS CD 2 NOT COVERED ON DOS	E	Y	3	91														
D250	OTHER DIAGNOSIS CD 2 NOT AVAILABLE ON DOS	E	Y	3	91														
D255	RECIPIENT AGE EXCEEDS OTHER DIAGNOSIS 2 MAX AGE	E	Y	50	91														
D260	RECIPIENT AGE LESS THAN OTHER DIAGNOSIS 2 MIN AGE	E	Y	50	91														
D265	RECIPIENT SEX INVALID FOR OTHER DIAGNOSIS 2	E	Y	50	91														
D266	OTHER DIAGNOSIS CD 2 NOT ON FILE FOR DOS	E	Y	3	91														
D270	OTHER DIAGNOSIS CD 3 NOT ON FILE	E	Y	3	91														
D275	OTHER DIAGNOSIS CD 3 IN PENDED RECORD STATUS	E	Y	80	30														
D280	OTHER DIAGNOSIS CD 3 NOT COVERED ON DOS	E	Y	3	91														
D285	OTHER DIAGNOSIS CD 3 NOT AVAILABLE ON DOS	E	Y	3	91														
D290	RECIPIENT AGE EXCEEDS OTHER DIAGNOSIS 3 MAX AGE	E	Y	3	91														
D295	RECIPIENT AGE LESS THAN OTHER DIAGNOSIS 3 MIN AGE	E	Y	50	91														
D300	RECIPIENT SEX INVALID FOR OTHER DIAGNOSIS 3	E	Y	3	91			Y	3	91									
D301	OTHER DIAGNOSIS CD 3 NOT ON FILE FOR DOS	E	Y	3	91														
D305	INAPPROPRIATE DIAGNOSIS SEQUENCE	E	Y	50	91														
D494	OTHER DIAGNOSIS CD 2 NOT ON FILE	E									Y	3	91	Y	3	91	Y	3	91
D495	OTHER DIAGNOSIS CD 2 IN PENDED RECORD STATUS	E									Y	80	30	Y	80	30	Y	80	30
D500	OTHER DIAGNOSIS CD 2 NOT ON FILE FOR DOS	E									Y	3	91	Y	3	91	Y	3	91
D505	OTHER DIAGNOSIS CD 2 NOT AVAILABLE ON DOS	E									Y	3	91	Y	3	91	Y	3	91
D535	RECIPIENT SEX INVALID FOR OTHER DIAGNOSIS 2	E									Y	3	91	Y	3	91	Y	3	91
D583	OTHER DIAGNOSIS CD 3 NOT ON FILE	E									Y	3	91	Y	3	91	Y	3	91
D584	OTHER DIAGNOSIS CD 3 IN PENDED RECORD STATUS	E									Y	80	30	Y	80	30	Y	80	30
D585	OTHER DIAGNOSIS CD 3 NOT ON FILE FOR DOS	E									Y	3	91	Y	3	91	Y	3	91

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		S	LV	LC	S	LV	LC	S	LV	LC	S	LV	LC	S	LV	LC	S	LV	LC
D590	OTHER DIAGNOSIS CD 3 NOT AVAILABLE ON DOS	E									Y	3	91	Y	3	91	Y	3	91
D595	OTHER DIAGNOSIS CD 3 NOT COVERED ON DOS	E									Y	3	91	Y	3	91	Y	3	91
D620	RECIPIENT SEX INVALID FOR OTHER DIAGNOSIS 3	E									Y	50	91	Y	50	91	Y	50	91
D668	OTHER DIAGNOSIS CD 4 NOT ON FILE	E									Y	3	91	Y	3	91	Y	3	91
D669	OTHER DIAGNOSIS CD 4 IN PENDED RECORD STATUS	E									Y	80	30	Y	80	30	Y	80	30
D670	OTHER DIAGNOSIS CD 4 NOT ON FILE FOR DOS	E									Y	3	91	Y	3	91	Y	3	91
D675	OTHER DIAGNOSIS CD 4 NOT AVAILABLE ON DOS	E									Y	3	91	Y	3	91	Y	3	91
D680	OTHER DIAGNOSIS CD 4 NOT COVERED ON DOS	E									Y	3	91	Y	3	91	Y	3	91
D695	RECIPIENT AGE EXCEEDS OTHER DIAGNOSIS 4 MAX AGE	E									Y	50	91	Y	50	91	Y	50	91
D700	RECIPIENT AGE LESS THAN OTHER DIAGNOSIS 4 MIN AGE	E									Y	50	91	Y	50	91	Y	50	91
D705	RECIPIENT SEX INVALID FOR OTHER DIAGNOSIS 4	E									Y	50	91	Y	50	91	Y	50	91
D760	OTHER DIAGNOSIS CD 5 NOT ON FILE	E									Y	3	91	Y	3	91	Y	3	91
D761	OTHER DIAGNOSIS CD 5 IN PENDED RECORD STATUS	E									Y	80	30	Y	80	30	Y	80	30
D762	OTHER DIAGNOSIS CD 5 NOT ON FILE FOR DOS	E									Y	3	91	Y	3	91	Y	3	91
D763	OTHER DIAGNOSIS CD 5 NOT AVAILABLE ON DOS	E									Y	3	91	Y	3	91	Y	3	91
D764	OTHER DIAGNOSIS CD 5 NOT COVERED ON DOS	E									Y	3	91	Y	3	91	Y	3	91
D765	MEMBER AGE EXCEEDS DIAGNOSIS 6 MAX	E									Y	3	91	Y	3	91	Y	3	91
D766	RECIPIENT AGE LESS THAN OTHER DIAGNOSIS 5 MIN AGE	E									Y	3	91	Y	3	91	Y	3	91
D767	RECIPIENT SEX INVALID FOR OTHER DIAGNOSIS 5	E									Y	3	91	Y	3	91	Y	3	91
D770	OTHER DIAGNOSIS CD 6 NOT ON FILE	E									Y	3	91	Y	3	91	Y	3	91
D771	OTHER DIAGNOSIS CD 6 IN PENDED RECORD STATUS	E									Y	80	30	Y	80	30	Y	80	30
D772	OTHER DIAGNOSIS CD 6 NOT ON FILE FOR DOS	E									Y	3	91	Y	3	91	Y	3	91
D773	OTHER DIAGNOSIS CD 6 NOT AVAILABLE ON DOS	E									Y	3	91	Y	3	91	Y	3	91
D774	OTHER DIAGNOSIS CD 6 NOT COVERED ON DOS	E									Y	3	91	Y	3	91	Y	3	91
D775	RECIPIENT AGE EXCEEDS OTHER DIAGNOSIS 6 MAX AGE	E									Y	3	91	Y	3	91	Y	3	91
D776	RECIPIENT AGE LESS THAN OTHER DIAGNOSIS 6 MIN AGE	E									Y	3	91	Y	3	91	Y	3	91
D777	RECIPIENT SEX INVALID FOR OTHER DIAGNOSIS 6	E									Y	3	91	Y	3	91	Y	3	91
D780	OTHER DIAGNOSIS CD 7 NOT ON FILE	E									Y	3	91	Y	3	91	Y	3	91
D781	OTHER DIAGNOSIS CD 7 IN PENDED RECORD STATUS	E									Y	80	30	Y	80	30	Y	80	30

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		S	LV	LC	S	LV	LC	S	LV	LC	S	LV	LC	S	LV	LC	S	LV	LC
D782	OTHER DIAGNOSIS CD 7 NOT ON FILE FOR DOS	E									Y	3	91	Y	3	91	Y	3	91
D783	OTHER DIAGNOSIS CD 7 NOT AVAILABLE ON DOS	E									Y	3	91	Y	3	91	Y	3	91
D784	OTHER DIAGNOSIS CD 7 NOT COVERED ON DOS	E									Y	3	91	Y	3	91	Y	3	91
D785	RECIPIENT AGE EXCEEDS OTHER DIAGNOSIS 7 MAX AGE	E									Y	3	91	Y	3	91	Y	3	91
D786	RECIPIENT AGE LESS THAN OTHER DIAGNOSIS 7 MIN AGE	E									Y	3	91	Y	3	91	Y	3	91
D787	RECIPIENT SEX INVALID FOR OTHER DIAGNOSIS 7	E									Y	3	91	Y	3	91	Y	3	91
D790	OTHER DIAGNOSIS CD 8 NOT ON FILE	E									Y	3	91	Y	3	91	Y	3	91
D791	OTHER DIAGNOSIS CD 8 IN PENDED RECORD STATUS	E									Y	80	30	Y	80	30	Y	80	30
D792	OTHER DIAGNOSIS CD 8 NOT ON FILE FOR DOS	E									Y	3	91	Y	3	91	Y	3	91
D793	OTHER DIAGNOSIS CD 8 NOT AVAILABLE ON DOS	E									Y	3	91	Y	3	91	Y	3	91
D794	OTHER DIAGNOSIS CD 8 NOT COVERED ON DOS	E									Y	3	91	Y	3	91	Y	3	91
D795	RECIPIENT AGE EXCEEDS OTHER DIAGNOSIS 8 MAX AGE	E									Y	50	91	Y	50	91	Y	50	91
D796	RECIPIENT AGE LESS THAN OTHER DIAGNOSIS 8 MIN AGE	E									Y	3	91	Y	3	91	Y	3	91
D797	RECIPIENT SEX INVALID FOR OTHER DIAGNOSIS 8	E									Y	3	91	Y	3	91	Y	3	91
D810	OTHER DIAGNOSIS CD 9 NOT ON FILE	E									Y	50	91	Y	50	91	Y	50	91
D811	OTHER DIAGNOSIS CD 9 IN PENDED RECORD STATUS	E									Y	80	30	Y	80	30	Y	80	30
D812	OTHER DIAGNOSIS CD 9 NOT ON FILE FOR DOS	E									Y	3	91	Y	3	91	Y	3	91
D813	OTHER DIAGNOSIS CD 9 NOT AVAILABLE ON DOS	E									Y	3	91	Y	3	91	Y	3	91
D814	OTHER DIAGNOSIS CD 9 NOT COVERED ON DOS	E									Y	3	91	Y	3	91	Y	3	91
D815	RECIPIENT AGE EXCEEDS OTHER DIAGNOSIS 9 MAX AGE	E									Y	3	91	Y	3	91	Y	3	91
D816	RECIPIENT AGE LESS THAN OTHER DIAGNOSIS 9 MIN AGE	E									Y	3	91	Y	3	91	Y	3	91
D817	RECIPIENT SEX INVALID FOR OTHER DIAGNOSIS 9	E									Y	3	91	Y	3	91	Y	3	91
D818	OTHER DIAGNOSIS CD 10 NOT ON FILE	E									Y	3	91	Y	3	91	Y	3	91
D819	OTHER DIAGNOSIS CD 10 IN PENDED REC STATUS	E									Y	80	30	Y	80	30	Y	80	30
D820	OTHER DIAGNOSIS CD 10 NOT ON FILE FOR DOS	E									Y	3	91	Y	3	91	Y	3	91
D821	OTHER DIAGNOSIS CD 10 NOT AVAILABLE FOR DOS	E									Y	3	91	Y	3	91	Y	3	91
D822	OTHER DIAGNOSIS CD 10 NOT COVERED ON DOS	E									Y	3	91	Y	3	91	Y	3	91
D823	RECIPIENT AGE EXCEEDS OTHER DIAGNOSIS 10 MAX AGE	E									Y	3	91	Y	3	91	Y	3	91
D824	RECIPIENT AGE LESS THAN OTHER DIAGNOSIS 10 MIN AGE	E									Y	3	91	Y	3	91	Y	3	91

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		S	LV	LC	S	LV	LC	S	LV	LC	S	LV	LC	S	LV	LC	S	LV	LC
D825	RECIPIENT SEX INVALID FOR OTHER DIAGNOSIS 10	E									Y	3	91	Y	3	91	Y	3	91
D826	OTHER DIAGNOSIS CD 11 NOT ON FILE	E									Y	3	91	Y	3	91	Y	3	91
D827	OTHER DIAGNOSIS CD 11 IN PENDED REC STATUS	E									Y	80	30	Y	80	30	Y	80	30
D828	OTHER DIAGNOSIS CD 11 NOT ON FILE FOR DOS	E									Y	3	91	Y	3	91	Y	3	91
D829	OTHER DIAGNOSIS CD 11 NOT AVAILABLE FOR DOS	E									Y	3	91	Y	3	91	Y	3	91
D830	OTHER DIAGNOSIS CD 11 NOT COVERED ON DOS	E									Y	3	91	Y	3	91	Y	3	91
D831	RECIPIENT AGE EXCEEDS OTHER DIAGNOSIS 11 MAX AGE	E									Y	3	91	Y	3	91	Y	3	91
D832	RECIPIENT AGE LESS THAN OTHER DIAGNOSIS 11 MIN AGE	E									Y	3	91	Y	3	91	Y	3	91
D833	RECIPIENT SEX INVALID FOR OTHER DIAGNOSIS 11	E									Y	3	91	Y	3	91	Y	3	91
D834	OTHER DIAGNOSIS CD 12 NOT ON FILE	E									Y	3	91	Y	3	91	Y	3	91
D835	OTHER DIAGNOSIS CD 12 IN PENDED REC STATUS	E									Y	80	30	Y	80	30	Y	80	30
D836	OTHER DIAGNOSIS CD 12 NOT ON FILE FOR DOS	E									Y	3	91	Y	3	91	Y	3	91
D837	OTHER DIAGNOSIS CD 12 NOT AVAILABLE FOR DOS	E									Y	3	91	Y	3	91	Y	3	91
D838	OTHER DIAGNOSIS CD 12 NOT COVERED ON DOS	E									Y	3	91	Y	3	91	Y	3	91
D839	RECIPIENT AGE EXCEEDS OTHER DIAGNOSIS 12 MAX AGE	E									Y	3	91	Y	3	91	Y	3	91
D840	RECIPIENT AGE LESS THAN OTHER DIAGNOSIS 12 MIN AGE	E									Y	3	91	Y	3	91	Y	3	91
D841	RECIPIENT SEX INVALID FOR OTHER DIAGNOSIS 12	E									Y	3	91	Y	3	91	Y	3	91
D850	ADMIT DIAGNOSIS NOT ON FILE	E									Y	3	91	Y	3	91	Y	3	91
D851	ADMIT DIAGNOSIS IN PENDED RECORD STATUS	E									Y	80	30	Y	80	30	Y	80	30
D852	ADMIT DIAGNOSIS NOT ON FILE FOR DOS	E									Y	3	91	Y	3	91	Y	3	91
D853	ADMIT DIAGNOSIS NOT AVAILABLE ON DOS	E									Y	3	91	Y	3	91	Y	3	91
D854	ADMIT DIAGNOSIS NOT COVERED ON DOS	E									Y	3	91	Y	3	91	Y	3	91
D855	MEMBER AGE EXCEEDS ADMIT DIAGNOSIS MAX	E									Y	3	91	Y	3	91	Y	3	91
D856	MEMBER AGE LESS THAN ADMIT DIAGNOSIS	E									Y	3	91	Y	3	91	Y	3	91
D857	MEMBER SEX INVALID FOR ADMIT DIAGNOSIS	E									Y	3	91	Y	3	91	Y	3	91
D860	OTHER DIAGNOSIS CD 13 NOT ON FILE	E									Y	3	91	Y	3	91	Y	3	91
D861	OTHER DIAGNOSIS CD 13 IN PENDED REC STATUS	E									Y	80	30	Y	80	30	Y	80	30
D862	OTHER DIAGNOSIS CD 13 NOT ON FILE FOR DOS	E									Y	3	91	Y	3	91	Y	3	91
D863	OTHER DIAGNOSIS CD 13 NOT AVAILABLE FOR DOS	E									Y	3	91	Y	3	91	Y	3	91

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D864	OTHER DIAGNOSIS CD 13 NOT COVERED ON DOS	E										Y	3	91	Y	3	91	Y	3	91
D865	RECIPIENT AGE EXCEEDS OTHER DIAGNOSIS 13 MAX AGE	E										Y	3	91	Y	3	91	Y	3	91
D866	RECIPIENT AGE LESS THAN OTHER DIAGNOSIS 13 MIN AGE	E										Y	3	91	Y	3	91	Y	3	91
D867	RECIPIENT SEX INVALID FOR OTHER DIAGNOSIS 13	E										Y	3	91	Y	3	91	Y	3	91
D868	OTHER DIAGNOSIS CD 14 NOT ON FILE	E										Y	3	91	Y	3	91	Y	3	91
D869	OTHER DIAGNOSIS CD 14 IN PENDED REC STATUS	E										Y	80	30	Y	80	30	Y	80	30
D870	OTHER DIAGNOSIS CD 14 NOT ON FILE FOR DOS	E										Y	3	91	Y	3	91	Y	3	91
D871	OTHER DIAGNOSIS CD 14 NOT AVAILABLE FOR DOS	E										Y	3	91	Y	3	91	Y	3	91
D872	OTHER DIAGNOSIS CD 14 NOT COVERED ON DOS	E										Y	3	91	Y	3	91	Y	3	91
D873	RECIPIENT AGE EXCEEDS OTHER DIAGNOSIS 14 MAX AGE	E										Y	3	91	Y	3	91	Y	3	91
D874	RECIPIENT AGE LESS THAN OTHER DIAGNOSIS 14 MIN AGE	E										Y	3	91	Y	3	91	Y	3	91
D875	RECIPIENT SEX INVALID FOR OTHER DIAGNOSIS 14	E										Y	3	91	Y	3	91	Y	3	91
D876	OTHER DIAGNOSIS CD 15 NOT ON FILE	E										Y	3	91	Y	3	91	Y	3	91
D877	OTHER DIAGNOSIS CD 15 IN PENDED REC STATUS	E										Y	80	30	Y	80	30	Y	80	30
D878	OTHER DIAGNOSIS CD 15 NOT ON FILE FOR DOS	E										Y	3	91	Y	3	91	Y	3	91
D879	OTHER DIAGNOSIS CD 15 NOT AVAILABLE FOR DOS	E										Y	3	91	Y	3	91	Y	3	91
D880	OTHER DIAGNOSIS CD 15 NOT COVERED ON DOS	E										Y	3	91	Y	3	91	Y	3	91
D881	RECIPIENT AGE EXCEEDS OTHER DIAGNOSIS 15 MAX AGE	E										Y	3	91	Y	3	91	Y	3	91
D882	RECIPIENT AGE LESS THAN OTHER DIAGNOSIS 15 MIN AGE	E										Y	3	91	Y	3	91	Y	3	91
D883	RECIPIENT SEX INVALID FOR OTHER DIAGNOSIS 15	E										Y	3	91	Y	3	91	Y	3	91
D884	OTHER DIAGNOSIS CD 16 NOT ON FILE	E										Y	3	91	Y	3	91	Y	3	91
D885	OTHER DIAGNOSIS CD 16 IN PENDED REC STATUS	E										Y	80	30	Y	80	30	Y	80	30
D886	OTHER DIAGNOSIS CD 16 NOT ON FILE FOR DOS	E										Y	3	91	Y	3	91	Y	3	91
D887	OTHER DIAGNOSIS CD 16 NOT AVAILABLE FOR DOS	E										Y	3	91	Y	3	91	Y	3	91
D888	OTHER DIAGNOSIS CD 16 NOT COVERED ON DOS	E										Y	3	91	Y	3	91	Y	3	91
D889	RECIPIENT AGE EXCEEDS OTHER DIAGNOSIS 16 MAX AGE	E										Y	3	91	Y	3	91	Y	3	91
D890	RECIPIENT AGE LESS THAN OTHER DIAGNOSIS 16 MIN AGE	E										Y	3	91	Y	3	91	Y	3	91
D891	RECIPIENT SEX INVALID FOR OTHER DIAGNOSIS 16	E										Y	3	91	Y	3	91	Y	3	91
D892	OTHER DIAGNOSIS CD 17 NOT ON FILE	E										Y	3	91	Y	3	91	Y	3	91

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D893	OTHER DIAGNOSIS CD 17 IN PENDED REC STATUS	E										Y	80	30	Y	80	30	Y	80	30
D894	OTHER DIAGNOSIS CD 17 NOT ON FILE FOR DOS	E										Y	3	91	Y	3	91	Y	3	91
D895	OTHER DIAGNOSIS CD 17 NOT AVAILABLE FOR DOS	E										Y	3	91	Y	3	91	Y	3	91
D896	OTHER DIAGNOSIS CD 17 NOT COVERED ON DOS	E										Y	3	91	Y	3	91	Y	3	91
D897	RECIPIENT AGE EXCEEDS OTHER DIAGNOSIS 17 MAX AGE	E										Y	3	91	Y	3	91	Y	3	91
D898	RECIPIENT AGE LESS THAN OTHER DIAGNOSIS 17 MIN AGE	E										Y	3	91	Y	3	91	Y	3	91
D899	RECIPIENT SEX INVALID FOR OTHER DIAGNOSIS 17	E										Y	3	91	Y	3	91	Y	3	91
D900	TRAUMA DIAGNOSIS NOT ON FILE	E										Y	3	91	Y	3	91	Y	3	91
D901	TRAUMA DIAGNOSIS IN PENDED RECORD STATUS	E										Y	80	30	Y	80	30	Y	80	30
D902	TRAUMA DIAGNOSIS NOT ON FILE FOR DOS	E										Y	3	91	Y	3	91	Y	3	91
D903	TRAUMA DIAGNOSIS NOT AVAILABLE ON DOS	E										Y	3	91	Y	3	91	Y	3	91
D904	TRAUMA DIAGNOSIS NOT COVERED ON DOS	E										Y	3	91	Y	3	91	Y	3	91
D905	MEMBER AGE EXCEEDS TRAUMA DIAGNOSIS MAX	E										Y	3	91	Y	3	91	Y	3	91
D906	MEMBER AGE LESS THAN TRAUMA DIAGNOSIS MIN	E										Y	3	91	Y	3	91	Y	3	91
D907	MEMBER SEX INVALID FOR TRAUMA DIAGNOSIS	E										Y	3	91	Y	3	91	Y	3	91
D910	OTHER DIAGNOSIS CD 18 NOT ON FILE	E										Y	3	91	Y	3	91	Y	3	91
D911	OTHER DIAGNOSIS CD 18 IN PENDED REC STATUS	E										Y	80	30	Y	80	30	Y	80	30
D912	OTHER DIAGNOSIS CD 18 NOT ON FILE FOR DOS	E										Y	3	91	Y	3	91	Y	3	91
D913	OTHER DIAGNOSIS CD 18 NOT AVAILABLE FOR DOS	E										Y	3	91	Y	3	91	Y	3	91
D914	OTHER DIAGNOSIS CD 18 NOT COVERED ON DOS	E										Y	3	91	Y	3	91	Y	3	91
D915	RECIPIENT AGE EXCEEDS OTHER DIAGNOSIS 18 MAX AGE	E										Y	3	91	Y	3	91	Y	3	91
D916	RECIPIENT AGE LESS THAN OTHER DIAGNOSIS 18 MIN AGE	E										Y	3	91	Y	3	91	Y	3	91
D917	RECIPIENT SEX INVALID FOR OTHER DIAGNOSIS 18	E										Y	3	91	Y	3	91	Y	3	91
D918	OTHER DIAGNOSIS CD 19 NOT ON FILE	E										Y	3	91	Y	3	91	Y	3	91
D919	OTHER DIAGNOSIS CD 19 IN PENDED REC STATUS	E										Y	80	30	Y	80	30	Y	80	30
D920	OTHER DIAGNOSIS CD 19 NOT ON FILE FOR DOS	E										Y	3	91	Y	3	91	Y	3	91
D921	OTHER DIAGNOSIS CD 19 NOT AVAILABLE FOR DOS	E										Y	3	91	Y	3	91	Y	3	91
D922	OTHER DIAGNOSIS CD 19 NOT COVERED ON DOS	E										Y	3	91	Y	3	91	Y	3	91
D923	RECIPIENT AGE EXCEEDS OTHER DIAGNOSIS 19 MAX AGE	E										Y	3	91	Y	3	91	Y	3	91

# Arizona Health Care Cost Containment System

## EDIT STATUS REPORT

Claim Type: E

Edit Status Code : D , Y

Run Date: Jan 3, 2024

		A			C			D			I			L			O		
		S	LV	LC	S	LV	LC	S	LV	LC	S	LV	LC	S	LV	LC	S	LV	LC
D924	RECIPIENT AGE LESS THAN OTHER DIAGNOSIS 19 MIN AGE	E									Y	3	91	Y	3	91	Y	3	91
D925	RECIPIENT SEX INVALID FOR OTHER DIAGNOSIS 19	E									Y	3	91	Y	3	91	Y	3	91
D926	OTHER DIAGNOSIS CD 20 NOT ON FILE	E									Y	3	91	Y	3	91	Y	3	91
D927	OTHER DIAGNOSIS CD 20 IN PENDED REC STATUS	E									Y	80	30	Y	80	30	Y	80	30
D928	OTHER DIAGNOSIS CD 20 NOT ON FILE FOR DOS	E									Y	3	91	Y	3	91	Y	3	91
D929	OTHER DIAGNOSIS CD 20 NOT AVAILABLE FOR DOS	E									Y	3	91	Y	3	91	Y	3	91
D930	OTHER DIAGNOSIS CD 20 NOT COVERED ON DOS	E									Y	3	91	Y	3	91	Y	3	91
D931	RECIPIENT AGE EXCEEDS OTHER DIAGNOSIS 20 MAX AGE	E									Y	3	91	Y	3	91	Y	3	91
D932	RECIPIENT AGE LESS THAN OTHER DIAGNOSIS 20 MIN AGE	E									Y	3	91	Y	3	91	Y	3	91
D933	RECIPIENT SEX INVALID FOR OTHER DIAGNOSIS 20	E									Y	3	91	Y	3	91	Y	3	91
D934	OTHER DIAGNOSIS CD 21 NOT ON FILE	E									Y	3	91	Y	3	91	Y	3	91
D935	OTHER DIAGNOSIS CD 21 IN PENDED REC STATUS	E									Y	80	30	Y	80	30	Y	80	30
D936	OTHER DIAGNOSIS CD 21 NOT ON FILE FOR DOS	E									Y	3	91	Y	3	91	Y	3	91
D937	OTHER DIAGNOSIS CD 21 NOT AVAILABLE FOR DOS	E									Y	3	91	Y	3	91	Y	3	91
D938	OTHER DIAGNOSIS CD 21 NOT COVERED ON DOS	E									Y	3	91	Y	3	91	Y	3	91
D939	RECIPIENT AGE EXCEEDS OTHER DIAGNOSIS 21 MAX AGE	E									Y	3	91	Y	3	91	Y	3	91
D940	RECIPIENT AGE LESS THAN OTHER DIAGNOSIS 21 MIN AGE	E									Y	3	91	Y	3	91	Y	3	91
D941	RECIPIENT SEX INVALID FOR OTHER DIAGNOSIS 21	E									Y	3	91	Y	3	91	Y	3	91
D942	OTHER DIAGNOSIS CD 22 NOT ON FILE	E									Y	3	91	Y	3	91	Y	3	91
D943	OTHER DIAGNOSIS CD 22 IN PENDED REC STATUS	E									Y	80	30	Y	80	30	Y	80	30
D944	OTHER DIAGNOSIS CD 22 NOT ON FILE FOR DOS	E									Y	3	91	Y	3	91	Y	3	91
D945	OTHER DIAGNOSIS CD 22 NOT AVAILABLE FOR DOS	E									Y	3	91	Y	3	91	Y	3	91
D946	OTHER DIAGNOSIS CD 22 NOT COVERED ON DOS	E									Y	3	91	Y	3	91	Y	3	91
D947	RECIPIENT AGE EXCEEDS OTHER DIAGNOSIS 22 MAX AGE	E									Y	3	91	Y	3	91	Y	3	91
D948	RECIPIENT AGE LESS THAN OTHER DIAGNOSIS 22 MIN AGE	E									Y	3	91	Y	3	91	Y	3	91
D949	RECIPIENT SEX INVALID FOR OTHER DIAGNOSIS 22	E									Y	3	91	Y	3	91	Y	3	91
D950	OTHER DIAGNOSIS CD 23 NOT ON FILE	E									Y	3	91	Y	3	91	Y	3	91
D951	OTHER DIAGNOSIS CD 23 IN PENDED REC STATUS	E									Y	80	30	Y	80	30	Y	80	30
D952	OTHER DIAGNOSIS CD 23 NOT ON FILE FOR DOS	E									Y	3	91	Y	3	91	Y	3	91



# Arizona Health Care Cost Containment System

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		A			C			D			I			L			O		
		S	LV	LC	S	LV	LC	S	LV	LC	S	LV	LC	S	LV	LC	S	LV	LC
D953	OTHER DIAGNOSIS CD 23 NOT AVAILABLE FOR DOS	E									Y	3	91	Y	3	91	Y	3	91
D954	OTHER DIAGNOSIS CD 23 NOT COVERED ON DOS	E									Y	3	91	Y	3	91	Y	3	91
D955	RECIPIENT AGE EXCEEDS OTHER DIAGNOSIS 23 MAX AGE	E									Y	3	91	Y	3	91	Y	3	91
D956	RECIPIENT AGE LESS THAN OTHER DIAGNOSIS 23 MIN AGE	E									Y	3	91	Y	3	91	Y	3	91
D957	RECIPIENT SEX INVALID FOR OTHER DIAGNOSIS 23	E									Y	3	91	Y	3	91	Y	3	91
D958	OTHER DIAGNOSIS CD 24 NOT ON FILE	E									Y	3	91	Y	3	91	Y	3	91
D959	OTHER DIAGNOSIS CD 24 IN PENDED REC STATUS	E									Y	80	30	Y	80	30	Y	80	30
D960	OTHER DIAGNOSIS CD 24 NOT ON FILE FOR DOS	E									Y	3	91	Y	3	91	Y	3	91
D961	OTHER DIAGNOSIS CD 24 NOT AVAILABLE FOR DOS	E									Y	3	91	Y	3	91	Y	3	91
D962	OTHER DIAGNOSIS CD 24 NOT COVERED ON DOS	E									Y	3	91	Y	3	91	Y	3	91
D963	RECIPIENT AGE EXCEEDS OTHER DIAGNOSIS 24 MAX AGE	E									Y	3	91	Y	3	91	Y	3	91
D964	RECIPIENT AGE LESS THAN OTHER DIAGNOSIS 24 MIN AGE	E									Y	3	91	Y	3	91	Y	3	91
D965	RECIPIENT SEX INVALID FOR OTHER DIAGNOSIS 24	E									Y	3	91	Y	3	91	Y	3	91
F005	FACILITY NPI IS INVALID	E	Y	3	91			Y	3	91									
F010	FACILITY ID IS INVALID	E	Y	3	91			Y	3	91									
F020	FACILITY LOCATION INVALID	E	Y	3	91														
F105	PROC CODE IS MISSING OR NOT ON FILE (FOR DOS)	E	Y	3	91			Y	3	91									
F110	UNITS MISSING OR INVALID	E	Y	3	91			Y	3	91									
F320	FACILITY PROV ID AND LOCATION NOT BOTH PRESENT	E	Y	3	91														
F340	DATES OF SERVICE HAVE SAME MONTH BUT DIFFERENT YEARS	E	Y	3	91														
F400	SERVICE PROVIDER ID AND PROCEDURE CODE ARE NOT BOTH "LARC"	E	Y	3	91														
F915	PROCEDURE MODIFIER IS INVALID	E	Y	3	91			Y	3	91									
G010	INVALID TOOTH NUMBER	E						Y	3	91									
G050	INVALID TOOTH SURFACE	E						Y	3	91									
G055	INVALID TOOTH SURFACE	E						Y	3	91									
G060	INVALID TOOTH SURFACE	E						Y	3	91									
G065	INVALID TOOTH SURFACE	E						Y	3	91									
G070	INVALID TOOTH SURFACE	E						Y	3	91									
G100	INVALID ORAL CAVITY	E						Y	3	91									

# Arizona Health Care Cost Containment System

## EDIT STATUS REPORT

Claim Type: E

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Run Date: Jan 3, 2024

		A			C			D			I			L			O			
		S	LV	LC	S	LV	LC	S	LV	LC	S	LV	LC	S	LV	LC	S	LV	LC	
G105	INVALID ORAL CAVITY	E						Y	3	91										
G110	INVALID ORAL CAVITY	E						Y	3	91										
G115	INVALID ORAL CAVITY	E						Y	3	91										
G120	INVALID ORAL CAVITY	E						Y	3	91										
G150	PROCEDURE REQUIRES TOOTH NUMBER	E						Y	3	91										
G160	PROCEDURE REQUIRES SURFACE	E						Y	3	91										
G210	INCONSISTENCY BETWEEN PROCEDURE AND TOOTH OR SURFACE	E						Y	3	91										
H010	REFERRING PROVIDER ID IS INVALID	E	Y	3	91			Y	3	91	Y	3	91	Y	3	91	Y	3	91	
H020	REFERRING PROVIDER LOCATION INVALID	E	Y	3	91			Y	3	91	Y	3	91	Y	3	91	Y	3	91	
H050	PARTICIPATING PROVIDER NPI NOT PROVIDED OR INVALID	E	Y	80	91															
H051	PARTICIPATING PROVIDER NPI NOT PROVIDED OR INVALID - TYPES 05,77,IC	E	Y	80	91															
H060	PATIENT STATUS MUST BE NUMERIC	E	Y	3	91			Y	3	91	Y	3	91	Y	3	91	Y	3	91	
H110	ADMIT DATE IS INVALID	E	Y	3	91						Y	3	91	Y	3	91	Y	3	91	
H120	DISCHARGE DATE MUST BE A VALID DATE	E	Y	3	91															
H140	PICKUP INFORMATION MISSING	E	Y	3	91															
H141	DROPOFF INFORMATION MISSING	E	Y	3	91															
H192	COMPOUND CODE MUST BE 0, 1, 2, 3, OR 4	E				Y	3	91												
H193	OTHER PAYER DISPENSING FEE PAID IS NOT NUMERIC	E				D	3	91												
H194	OTHER PAYER INGREDIENT COST PAID IS NOT NUMERIC	E				D	50	91												
H195	OTHER PAYER CO PAYMENT AMOUNT IS NOT NUMERIC	E				D	3	91												
H196	INGREDIENT COST SUBMITTED BY PHARMACY IS NOT NUMERIC	E				D	3	91												
H197	DISPENSING FEE SUBMITTED BY PHARMACY IS NOT NUMERIC	E				D	3	91												
H199	INGR COST PD + (DISP OR INCENT)FEE PD + SALES TAX < HP PAID	E				Y	3	91												
H201	AMOUNT PAID IS NOT NUMERIC	E				Y	3	91												
H230	PRIMARY DIAGNOSIS CODE MISSING OR INVALID	E	Y	3	91						Y	3	91	Y	3	91	Y	3	91	
H235	E-DX FIELD MUST CONTAIN TRAUMA DX	E									Y	3	91	Y	3	91	Y	3	91	
H241	PLACE OF SERVICE IS REQUIRED	E	Y	3	91			Y	3	91										
H270	PRIOR CRN NOT FOUND OR MISMATCHED - RESUBMIT	E	D	3	91	D	3	91	D	3	91	D	3	91	D	3	91	D	3	91
H280	ORIGINAL ENCOUNTER NOT ELIGIBLE TO ADJUST - RESUBMIT	E	D	3	91	D	3	91	D	3	91	D	3	91	D	3	91	D	3	91

# Arizona Health Care Cost Containment System

## EDIT STATUS REPORT

Claim Type: E

Edit Status Code : D , Y

Run Date: Jan 3, 2024

		A			C			D			I			L			O			
		S	LV	LC	S	LV	LC	S	LV	LC	S	LV	LC	S	LV	LC	S	LV	LC	
H290	ADJUSTMENT/VOID CODE INVALID	E	D	3	91	D	3	91	D	3	91	D	3	91	D	3	91	D	3	91
H300	BILL CHARGE MISSING OR NOT NUMERIC OR INVALID	E	D	80	91	D	80	91	D	80	91	D	80	91	D	80	91	D	80	91
H330	MEDICARE PAID AMOUNT NOT NUMERIC OR INVALID	E	D	80	91	D	80	91				D	80	91	D	80	91	D	80	91
H340	MEDICARE DEDUCTIBLE MUST BE NUMERIC	E	D	80	91	D	80	91				D	80	91	D	80	91	D	80	91
H345	MDC COINSURANCE NOT NUMERIC	E										D	80	91	D	80	91	D	80	91
H350	OTHER PAY AMOUNT 1 NOT NUMERIC	E	D	80	91	D	80	91	D	80	91	D	80	91	D	80	91	D	80	91
H360	PLAN PAID AMOUNT IS INVALID	E	D	80	91	D	80	91	D	80	91	D	80	91	D	80	91	D	80	91
H370	PREVIOUS CLAIM REFERENCE NUMBER (CRN) IS INVALID	E										D	3	91	D	3	91	D	3	91
H425	DOS AFTER CLAIM RCPT DATE	E	D	3	91	D	3	91	D	3	91	D	3	91	D	3	91	D	3	91
H430	FROM DATE OF SERVICE IS AFTER THRU DATE OF SERVICE	E	D	3	91				D	3	91	D	3	91	D	3	91	D	3	91
H440	DATE OF SERVICE IS PRIOR TO 10/01/82	E	D	3	91	D	3	91				D	3	91	D	3	91	D	3	91
H470	DATE OF SERVICE IS PRIOR TO DATE OF BIRTH	E	D	3	91	D	3	91	D	3	91	D	3	91	D	3	91	D	3	91
H490	FROM DATE OF SERVICE IS PRIOR TO ADMIT DATE	E												Y	50	91				
H610	PREVIOUS CRN AND ADJUSTMENT/VOID CODE NOT BOTH PRESENT	E	D	3	91	D	3	91	D	3	91	D	3	91	D	3	91	D	3	91
H641	MEDICARE DEDUCTIBLE AND COINSURANCE EXCEEDS BILL CHARGES	E										Y	80	91			Y	80	91	
H690	ENCOUNTERS, DL AND RI CLAIMS MUST HAVE PLAN ID	E	D	3	91	D	3	91	D	3	91	D	3	91	D	3	91	D	3	91
H740	FORCE PEND CODE IS INVALID	E	Y	80	30	Y	80	30	Y	80	30									
H741	FORCE ADJUDICATION NOT ALLOWED	E	Y	80	30	Y	80	30	Y	80	30									
H750	FORCE PEND CODE NOT ON FILE	E	Y	50	91	Y	50	91	Y	50	91	Y	50	91	Y	50	91	Y	50	91
H775	NBR OF COVERED DAYS MISSING FROM SUBMISSION	E										Y	3	91						
H780	PLACE OF SERVICE IS NOT ON FILE	E	Y	3	91				Y	3	91									
H790	PATIENT STATUS IS NOT ON FILE	E										Y	3	91	Y	3	91			
I003	PRIMARY ICD PROC CODE NOT ON FILE	E										Y	3	91	Y	3	91	Y	3	91
I004	PRIMARY ICD PROC CODE IN PENDED RECORD STATUS	E										Y	80	30	Y	80	30	Y	80	30
I005	PRIMARY ICD PROC CODE NOT COVERED	E										Y	3	91	Y	3	91	Y	3	91
I010	PRIMARY ICD PROC CODE NOT AVAILABLE ON DOS	E										Y	50	91	Y	80	91	Y	80	91
I015	PRIMARY ICD PROC CODE NOT COVERED ON DOS	E										Y	3	91	Y	3	91	Y	3	91
I040	RECIPIENT AGE LESS THAN PRIMARY ICD PROC MIN AGE	E										Y	50	91	Y	50	91	Y	50	91
I045	RECIPIENT EXCEEDS PRIMARY ICD PROC MAX AGE	E										Y	50	91	Y	50	91	Y	50	91

# Arizona Health Care Cost Containment System

## EDIT STATUS REPORT

Claim Type: E

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Run Date: Jan 3, 2024

			A			C			D			I			L			O		
			S	LV	LC	S	LV	LC	S	LV	LC	S	LV	LC	S	LV	LC	S	LV	LC
I050	RECIPIENT SEX INVALID FOR PRIMARY ICD PROC CD	E										Y	50	91	Y	50	91	Y	50	91
I118	OTHER ICD PROC CODE 1 NOT ON FILE	E										Y	3	91	Y	3	91			
I119	OTHER ICD PROC CODE 1 IN PENDED RECORD STATUS	E										Y	80	30	Y	80	91			
I120	OTHER ICD PROC CODE 1 NOT COVERED	E										Y	3	91	Y	3	91			
I125	OTHER ICD PROC CODE 1 NOT AVAILABLE ON DOS	E										Y	50	91	Y	50	91			
I130	OTHER ICD PROC CODE 1 NOT COVERED ON DOS	E										Y	3	91	Y	3	91			
I155	RECIPIENT AGE LESS THAN OTHER ICD PROC CD 1 MIN AGE	E										Y	50	91	Y	50	91			
I160	RECIPIENT AGE EXCEEDS OTHER ICD PROC CD 1 MAX AGE	E										Y	50	91	Y	50	91			
I165	RECIPIENT SEX INVALID FOR OTHER ICD PROC CD 1	E										Y	50	91	Y	50	91			
I228	OTHER ICD PROC CODE 2 NOT ON FILE	E										Y	3	91	Y	3	91			
I229	OTHER ICD PROC CODE 2 IN PENDED RECORD STATUS	E										Y	80	30						
I230	OTHER ICD PROC CODE 2 NOT COVERED	E										Y	3	91	Y	3	91			
I235	OTHER ICD PROC CODE 2 NOT AVAILABLE ON DOS	E										Y	50	91	Y	80	91			
I240	OTHER ICD PROC CODE 2 NOT COVERED ON DOS	E										Y	3	91	Y	3	91			
I265	RECIPIENT AGE LESS THAN OTHER ICD PROC CD 2 MIN AGE	E										Y	50	91	Y	50	91			
I270	RECIPIENT AGE EXCEEDS OTHER ICD PROC CD 2 MAX AGE	E										Y	50	91	Y	50	91			
I275	RECIPIENT SEX INVALID FOR OTHER ICD PROC CD 2	E										Y	50	91	Y	50	91			
I400	OTHER ICD PROC CODE 3 NOT ON FILE	E										Y	3	91	Y	3	91			
I405	OTHER ICD PROC CODE 3 IN PENDED RECORD STATUS	E										Y	80	30	Y	80	30			
I410	OTHER ICD PROC CODE 3 NOT COVERED	E										Y	3	91	Y	3	91			
I411	OTHER ICD PROC CODE 3 NOT AVAILABLE ON DOS	E										Y	50	91	Y	80	91			
I412	OTHER ICD PROC CODE 3 NOT COVERED ON DOS	E										Y	3	91						
I425	RECIPIENT AGE LESS THAN OTHER ICD PROC CD 3 MIN AGE	E										Y	50	91	Y	50	91			
I426	RECIPIENT AGE EXCEEDS OTHER ICD PROC CD 3 MAX AGE	E										Y	50	91	Y	50	91			
I427	RECIPIENT SEX INVALID FOR OTHER ICD PROC CD 3	E										Y	50	91	Y	50	91			
I500	OTHER ICD PROC CODE 4 NOT ON FILE	E										Y	3	91	Y	3	91			
I505	OTHER ICD PROC CODE 4 IN PENDED RECORD STATUS	E										Y	80	30	Y	80	30			
I510	OTHER ICD PROC CODE 4 NOT COVERED	E										Y	3	91	Y	3	91			
I511	OTHER ICD PROC CODE 4 NOT AVAILABLE ON DOS	E										Y	50	91						

# Arizona Health Care Cost Containment System

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			A			C			D			I			L			O		
			S	LV	LC	S	LV	LC	S	LV	LC	S	LV	LC	S	LV	LC	S	LV	LC
I512	OTHER ICD PROC CODE 4 NOT COVERED ON DOS	E										Y	3	91						
I525	RECIPIENT AGE LESS THAN OTHER ICD PROC CD 4 MIN AGE	E										Y	50	91	Y	50	91			
I526	RECIPIENT AGE EXCEEDS OTHER ICD PROC CD 4 MAX AGE	E										Y	50	91	Y	50	91			
I527	RECIPIENT SEX INVALID FOR OTHER ICD PROC CD 4	E										Y	50	91	Y	50	91			
I600	OTHER ICD PROC CODE 5 NOT ON FILE	E										Y	3	91	Y	3	91			
I605	OTHER ICD PROC CODE 5 IN PENDED RECORD STATUS	E										Y	80	30	Y	80	30			
I610	OTHER ICD PROC CODE 5 NOT COVERED	E										Y	3	91	Y	3	91			
I611	OTHER ICD PROC CODE 5 NOT AVAILABLE ON DOS	E										Y	50	91						
I612	OTHER ICD PROC CODE 5 NOT COVERED ON DOS	E										Y	3	91						
I625	RECIPIENT AGE LESS THAN OTHER ICD PROC CD 5 MIN AGE	E										Y	50	91	Y	50	91	Y	50	91
I626	RECIPIENT AGE EXCEEDS OTHER ICD PROC CD 5 MAX AGE	E										Y	50	91	Y	50	91			
I627	RECIPIENT SEX INVALID FOR OTHER ICD PROC CD 5	E										Y	50	91	Y	50	91			
I686	OTHER ICD PROC CODE 13 NOT ON FILE	E										Y	3	91						
I687	OTHER ICD PROC CODE 13 PENDED RECORD STATUS	E										Y	3	91						
I688	OTHER ICD PROC CODE 13 NOT ON FILE FOR DOS	E										Y	3	91						
I689	OTHER ICD PROC CODE 13 NOT AVAILABLE ON DOS	E										Y	3	91						
I690	OTHER ICD PROC CODE 13 NOT COVERED ON DOS	E										Y	3	91						
I691	RECIPIENT AGE LESS THAN OTHER ICD PROC CD 13 MIN	E										Y	3	91						
I692	RECIPIENT AGE EXCEEDS OTHER ICD PROC CD 13 MAX	E										Y	3	91						
I693	RECIPIENT SEX INVALID FOR OTHER ICD PROC CD 13	E										Y	3	91						
I694	OTHER ICD PROC CODE 14 NOT ON FILE	E										Y	3	91						
I695	OTHER ICD PROC CODE 14 PENDED RECORD STATUS	E										Y	3	91						
I696	OTHER ICD PROC CODE 14 NOT ON FILE FOR DOS	E										Y	3	91						
I697	OTHER ICD PROC CODE 14 NOT AVAILABLE ON DOS	E										Y	3	91						
I698	OTHER ICD PROC CODE 14 NOT COVERED ON DOS	E										Y	3	91						
I699	RECIPIENT AGE LESS THAN OTHER ICD PROC CD 14 MIN	E										Y	3	91						
I700	RECIPIENT AGE EXCEEDS OTHER ICD PROC CD 14 MAX	E										Y	3	91						
I701	RECIPIENT SEX INVALID FOR OTHER ICD PROC CD 14	E										Y	3	91						
I702	OTHER ICD PROC CODE 15 NOT ON FILE	E										Y	3	91						

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			A			C			D			I			L			O		
			S	LV	LC	S	LV	LC	S	LV	LC	S	LV	LC	S	LV	LC	S	LV	LC
I703	OTHER ICD PROC CODE 15 PENDED RECORD STATUS	E										Y	3	91						
I704	OTHER ICD PROC CODE 15 NOT ON FILE FOR DOS	E										Y	3	91						
I705	OTHER ICD PROC CODE 15 NOT AVAILABLE ON DOS	E										Y	3	91						
I706	OTHER ICD PROC CODE 15 NOT COVERED ON DOS	E										Y	3	91						
I707	RECIPIENT AGE LESS THAN OTHER ICD PROC CD 15 MIN	E										Y	3	91						
I708	RECIPIENT AGE EXCEEDS OTHER ICD PROC CD 15 MAX	E										Y	3	91						
I709	RECIPIENT SEX INVALID FOR OTHER ICD PROC CD 15	E										Y	3	91						
I710	OTHER ICD PROC CODE 16 NOT ON FILE	E										Y	3	91						
I711	OTHER ICD PROC CODE 16 PENDED RECORD STATUS	E										Y	3	91						
I712	OTHER ICD PROC CODE 16 NOT ON FILE FOR DOS	E										Y	3	91						
I713	OTHER ICD PROC CODE 16 NOT AVAILABLE ON DOS	E										Y	3	91						
I714	OTHER ICD PROC CODE 16 NOT COVERED ON DOS	E										Y	3	91						
I715	RECIPIENT AGE LESS THAN OTHER ICD PROC CD 16 MIN	E										Y	3	91						
I716	RECIPIENT AGE EXCEEDS OTHER ICD PROC CD 16 MAX	E										Y	3	91						
I717	RECIPIENT SEX INVALID FOR OTHER ICD PROC CD 16	E										Y	3	91						
I718	OTHER ICD PROC CODE 17 NOT ON FILE	E										Y	3	91						
I719	OTHER ICD PROC CODE 17 PENDED RECORD STATUS	E										Y	3	91						
I720	OTHER ICD PROC CODE 17 NOT ON FILE FOR DOS	E										Y	3	91						
I721	OTHER ICD PROC CODE 17 NOT AVAILABLE ON DOS	E										Y	3	91						
I722	OTHER ICD PROC CODE 17 NOT COVERED ON DOS	E										Y	3	91						
I723	RECIPIENT AGE LESS THAN OTHER ICD PROC CD 17 MIN	E										Y	3	91						
I724	RECIPIENT AGE EXCEEDS OTHER ICD PROC CD 17 MAX	E										Y	3	91						
I725	RECIPIENT SEX INVALID FOR OTHER ICD PROC CD 17	E										Y	3	91						
I726	OTHER ICD PROC CODE 18 NOT ON FILE	E										Y	3	91						
I727	OTHER ICD PROC CODE 18 PENDED RECORD STATUS	E										Y	3	91						
I728	OTHER ICD PROC CODE 18 NOT ON FILE FOR DOS	E										Y	3	91						
I729	OTHER ICD PROC CODE 18 NOT AVAILABLE ON DOS	E										Y	3	91						
I730	OTHER ICD PROC CODE 18 NOT COVERED ON DOS	E										Y	3	91						
I731	RECIPIENT AGE LESS THAN OTHER ICD PROC CD 18 MIN	E										Y	3	91						

# Arizona Health Care Cost Containment System

## EDIT STATUS REPORT

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		A			C			D			I			L			O		
		S	LV	LC	S	LV	LC	S	LV	LC	S	LV	LC	S	LV	LC	S	LV	LC
I732	RECIPIENT AGE EXCEEDS OTHER ICD PROC CD 18 MAX	E									Y	3	91						
I733	RECIPIENT SEX INVALID FOR OTHER ICD PROC CD 18	E									Y	3	91						
I734	OTHER ICD PROC CODE 19 NOT ON FILE	E									Y	3	91						
I735	OTHER ICD PROC CODE 19 PENDED RECORD STATUS	E									Y	3	91						
I736	OTHER ICD PROC CODE 19 NOT ON FILE FOR DOS	E									Y	3	91						
I737	OTHER ICD PROC CODE 19 NOT AVAILABLE ON DOS	E									Y	3	91						
I738	OTHER ICD PROC CODE 19 NOT COVERED ON DOS	E									Y	3	91						
I739	RECIPIENT AGE LESS THAN OTHER ICD PROC CD 19 MIN	E									Y	3	91						
I740	RECIPIENT AGE EXCEEDS OTHER ICD PROC CD 19 MAX	E									Y	3	91						
I741	RECIPIENT SEX INVALID FOR OTHER ICD PROC CD 19	E									Y	3	91						
I742	OTHER ICD PROC CODE 20 NOT ON FILE	E									Y	3	91						
I743	OTHER ICD PROC CODE 20 PENDED RECORD STATUS	E									Y	3	91						
I744	OTHER ICD PROC CODE 20 NOT ON FILE FOR DOS	E									Y	3	91						
I745	OTHER ICD PROC CODE 20 NOT AVAILABLE ON DOS	E									Y	3	91						
I746	OTHER ICD PROC CODE 20 NOT COVERED ON DOS	E									Y	3	91						
I747	RECIPIENT AGE LESS THAN OTHER ICD PROC CD 20 MIN	E									Y	3	91						
I748	RECIPIENT AGE EXCEEDS OTHER ICD PROC CD 20 MAX	E									Y	3	91						
I749	RECIPIENT SEX INVALID FOR OTHER ICD PROC CD 20	E									Y	3	91						
I750	OTHER ICD PROC CODE 21 NOT ON FILE	E									Y	3	91						
I751	OTHER ICD PROC CODE 21 PENDED RECORD STATUS	E									Y	3	91						
I752	OTHER ICD PROC CODE 21 NOT ON FILE FOR DOS	E									Y	3	91						
I753	OTHER ICD PROC CODE 21 NOT AVAILABLE ON DOS	E									Y	3	91						
I754	OTHER ICD PROC CODE 21 NOT COVERED ON DOS	E									Y	3	91						
I755	RECIPIENT AGE LESS THAN OTHER ICD PROC CD 21 MIN	E									Y	3	91						
I756	RECIPIENT AGE EXCEEDS OTHER ICD PROC CD 21 MAX	E									Y	3	91						
I757	RECIPIENT SEX INVALID FOR OTHER ICD PROC CD 21	E									Y	3	91						
I758	OTHER ICD PROC CODE 22 NOT ON FILE	E									Y	3	91						
I759	OTHER ICD PROC CODE 22 PENDED RECORD STATUS	E									Y	3	91						
I760	OTHER ICD PROC CODE 22 NOT ON FILE FOR DOS	E									Y	3	91						

# Arizona Health Care Cost Containment System

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			A			C			D			I			L			O		
			S	LV	LC	S	LV	LC	S	LV	LC	S	LV	LC	S	LV	LC	S	LV	LC
I761	OTHER ICD PROC CODE 22 NOT AVAILABLE ON DOS	E										Y	3	91						
I762	OTHER ICD PROC CODE 22 NOT COVERED ON DOS	E										Y	3	91						
I763	RECIPIENT AGE LESS THAN OTHER ICD PROC CD 22 MIN	E										Y	3	91						
I764	RECIPIENT AGE EXCEEDS OTHER ICD PROC CD 22 MAX	E										Y	3	91						
I765	RECIPIENT SEX INVALID FOR OTHER ICD PROC CD 22	E										Y	3	91						
I766	OTHER ICD PROC CODE 23 NOT ON FILE	E										Y	3	91						
I767	OTHER ICD PROC CODE 23 PENDED RECORD STATUS	E										Y	3	91						
I768	OTHER ICD PROC CODE 23 NOT ON FILE FOR DOS	E										Y	3	91						
I769	OTHER ICD PROC CODE 23 NOT AVAILABLE ON DOS	E										Y	3	91						
I770	OTHER ICD PROC CODE 23 NOT COVERED ON DOS	E										Y	3	91						
I771	RECIPIENT AGE LESS THAN OTHER ICD PROC CD 23 MIN	E										Y	3	91						
I772	RECIPIENT AGE EXCEEDS OTHER ICD PROC CD 23 MAX	E										Y	3	91						
I773	RECIPIENT SEX INVALID FOR OTHER ICD PROC CD 23	E										Y	3	91						
I774	OTHER ICD PROC CODE 24 NOT ON FILE	E										Y	3	91						
I775	OTHER ICD PROC CODE 24 PENDED RECORD STATUS	E										Y	3	91						
I776	OTHER ICD PROC CODE 24 NOT ON FILE FOR DOS	E										Y	3	91						
I777	OTHER ICD PROC CODE 24 NOT AVAILABLE ON DOS	E										Y	3	91						
I778	OTHER ICD PROC CODE 24 NOT COVERED ON DOS	E										Y	3	91						
I779	RECIPIENT AGE LESS THAN OTHER ICD PROC CD 24 MIN	E										Y	3	91						
I780	RECIPIENT AGE EXCEEDS OTHER ICD PROC CD 24 MAX	E										Y	3	91						
I781	RECIPIENT SEX INVALID FOR OTHER ICD PROC CD 24	E										Y	3	91						
N004	NDC CODE NOT ON FILE	E				Y	3	91												
N005	NDC IS IN PENDED RECORD STATUS	E				Y	80	30												
N010	NDC CODE IS INVALID; NOT ON FILE (FOR DOS)	E				D	3	91												
N020	NDC NOT COVERED ON DOS	E				Y	3	91												
N022	PROCEDURE IS MEDICARE ONLY	E				D	3	91												
N025	DRUG NOT AVAILABLE DOS	E				Y	3	91												
N027	DRUG NOT ELIGIBLE FOR MEDICAID COVERAGE	E				Y	80	91												
N033	DRUG OBSOLETE ON DOS	E				Y	3	91												



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		A			C			D			I			L			O			
		S	LV	LC	S	LV	LC	S	LV	LC	S	LV	LC	S	LV	LC	S	LV	LC	
N035	REPLACEMENT NDC AVAILABLE ON DOS	E			D	3	91													
N037	REPLACEMENT NDC NOT IN EFFECT ON DOS - USE OLD NDC	E			D	3	91													
N040	DRUG CANCELLED BY MANUFACTURER	E			D	3	91													
N050	DRUG CANCELLED BY FEDERAL REGULATION	E			D	3	91													
N060	DRUG CANCELLED BY STATE REGULATION	E			D	3	91													
N070	DRUG CANCELLED; NOW OTC	E			D	3	91													
N080	DRUG CANCELLED; NDC NUMBER CHANGED BY MANUFACTURER	E			D	3	91													
N090	DRUG CANCELLED; INVALID NDC NUMBER	E			D	3	91													
N100	DRUG CANCELLED FOR UNSPECIFIED REASON	E			D	3	91													
N320	RX NOT COVERED FOR FAMILY PLANNING	E			Y	80	91													
P015	SVC PROV TYPE INVALID FOR UNIFORM BILLING FORM	E									D	3	91	D	3	91	D	3	91	
P110	REVENUE CODE RATE SEGMENT NOT ON FILE FOR DOS	E									Y	80	91				Y	80	91	
P111	NO INITIAL BILL FOUND FOR LATE CHG BILL	E									Y	80	91				Y	80	91	
P112	INITIAL BILL DENIED-LATE CHG DISALLOWED	E									Y	3	91				Y	3	91	
P113	INITIAL BILL ADJUSTED/VOIDED	E									Y	3	91				Y	3	91	
P114	INITIAL BILL PENDING	E									Y	3	91				Y	3	91	
P210	IHS SERVICE PROVIDERS ARE FEE FOR SERVICE ONLY	E	Y	3	91						Y	3	91	Y	3	91	Y	3	91	
P227	COS ASSIGNMENT NOT FOUND FOR SERVICE CODE	E	Y	3	91	Y	3	91	Y	3	91	Y	3	91	Y	3	91	Y	3	91
P281	SERVICE PROVIDER NOT ENROLLED ON DOS	E	D	80	91	D	3	91	D	3	91	D	3	91	D	3	91	D	3	91
P282	HEADER SERVICE PROVIDER NOT ENROLLED ON DATE OF SERVICE	E	D	3	91				D	3	91									
P285	SPLIT BILL FOR PROVIDER ID CHANGE	E	D	3	91						D	3	91	D	3	91	D	3	91	
P290	SERVICE PROVIDER INACTIVE DURING SERVICE DATE SPAN	E	D	3	91				D	3	91	D	3	91	D	3	91	D	3	91
P291	HEADER SERVICE PROVIDER INACTIVE DURING SERVICE DATE SPAN	E	D	3	91				D	3	91									
P295	SERVICE PROVIDER TERMINATED	E	D	80	91	D	80	30	Y	85	30	D	80	91	D	80	91	D	80	91
P296	HEADER SERVICE PROVIDER TERMINATED	E	D	80	91				Y	80	91									
P300	SERVICE PROVIDER ENROLLMENT PENDING DURING DATE OF SERVICE	E	Y	30	91	Y	30	91	Y	30	91	Y	30	91	Y	30	91	Y	30	91
P301	HEADER SERVICE PROVIDER ENROLLMENT INACTIVE DURING SERVICE DATE SPAN	E	D	3	91				D	3	91									
P305	SERVICE PROVIDER ENROLLMENT DENIED DURING DOS	E	D	3	91	D	3	91	D	3	91	D	3	91	D	3	91	D	3	91
P306	HEADER SERVICE PROVIDER ENROLLMENT DENIED DURING DATE OF SERVICE	E	D	3	91				D	3	91									

# Arizona Health Care Cost Containment System

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		A			C			D			I			L			O			
		S	LV	LC	S	LV	LC	S	LV	LC	S	LV	LC	S	LV	LC	S	LV	LC	
P310	SERVICE PROVIDER ENROLLMENT SUSPENDED DURING DOS	E	D	80	91			D	80	91	D	80	91	D	80	91	D	80	91	
P311	HEADER SERVICE PROVIDER ENROLLMENT SUSPENDED DURING DATE OF SERVICE	E	D	3	91			D	3	91										
P330	PROVIDER NOT ELIGIBLE FOR CATEGORY OF SERVICE ON SERVICE DATE	E	Y	3	91	Y	3	91	Y	3	91	Y	3	91	Y	3	91	Y	3	91
P332	GROUP BILLERS NOT ALLOWED AS SVC PRVDR - RESUBMIT WITH SERVICE PRVDR	E	D	80	91	D	80	91	D	80	91	D	80	91	D	80	91	D	80	91
P336	ENC FLAGGED AS 340B FROM A NON-340B PROVIDER	E				D	80	91												
P340	PROVIDER SPECIFIC RATE NOT ON FILE FOR DOS	E	Y	3	91	Y	3	91						Y	80	91				
P353	PROVIDER TYPE NOT ELIGIBLE FOR SERVICE BILLED	E	Y	80	91	Y	80	91	Y	80	91									
P378	BILLING PROVIDER NOT ENROLLED ON DOS	E	D	3	91	D	3	91	D	3	91	D	3	91	D	3	91	D	3	91
P404	STATEWIDE C-T-C RATE NOT ON FILE	E									Y	3	30							
P426	RECIPIENT AGE 21 OR OVER FOR PROVIDER TYPE 17	E	Y	80	91															
P450	SERVICE CAN ONLY BE BILLED BY SPECIALTY CARE PROVIDERS	E	Y	3	91															
P468	PROVIDER ON REVIEW (RECIPIENT AGE)	E	Y	3	91	Y	3	91	Y	3	91	Y	3	91	Y	3	91	Y	3	91
P469	PROVIDER ON REVIEW (RECIPIENT GENDER)	E	Y	3	91	Y	3	91	Y	3	91	Y	3	91	Y	3	91	Y	3	91
P470	PROVIDER RESTRICTED(BILL TYPE)	E									Y	3	91	Y	3	91	Y	3	91	
P471	PROVIDER RESTRICTED(DIAGNOSIS CODE)	E	Y	3	91			Y	3	91	Y	3	91	Y	3	91	Y	3	91	
P474	PROVIDER RESTRICTED(REVENUE CODE)	E									Y	3	91	Y	3	91	Y	3	91	
P475	PROVIDER RESTRICTED(ICD9 PROCEDURE CODE)	E									Y	3	91	Y	3	91	Y	3	91	
P477	PROVIDER RESTRICTED (UNSPECIFIED)	E	Y	3	91	Y	3	91	Y	3	91	Y	3	91	Y	3	91	Y	3	91
P478	PROVIDER RESTRICTED (RECIPIENT AGE)	E	Y	3	91	Y	3	91	Y	3	91	Y	3	91	Y	3	91	Y	3	91
P479	PROVIDER RESTRICTED (RECIPIENT GENDER)	E	Y	3	91	Y	3	91	Y	3	91	Y	3	91	Y	3	91	Y	3	91
P600	PROVIDER TYPE NOT ELIGIBLE FOR KIDSCARE	E	Y	3	91															
P601	INVALID PRESCRIPTION ORIGIN CODE RECEIVED	E				Y	3	91												
P603	SCHOOL POS MUST INCLUDE VALID SCHOOL ID	E	Y	80	91															
R100	BIRTH WEIGHT IS REQUIRED	E									Y	50	91							
R105	BIRTH WEIGHT IS OUT OF RANGE	E									Y	50	91							
R280	MEDICARE COVERAGE INDICATED BUT NOT BILLED ON IN-PATIENT UB82	E									D	80	91							
R290	MEDICARE COVERAGE INDICATED BUT NOT PAID ON OUT-PATIENT UB82	E															D	80	91	
R350	DATE OF DEATH PRIOR TO DOS	E	D	3	91	D	3	91	D	3	91	D	3	91	D	3	91	D	3	91
R379	MEMBER NOT ELIGIBLE FOR NON-TRANSPLANT SERVICES	E	Y	3	91			Y	3	91	Y	3	91	Y	3	91	Y	3	91	

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		A			C			D			I			L			O			
		S	LV	LC	S	LV	LC	S	LV	LC	S	LV	LC	S	LV	LC	S	LV	LC	
R396	DOS SPANS AHCCCS AND STATE ONLY ELIG/ENRL PERIODS	E	Y	80	91	Y	80	91				Y	80	91	Y	80	91	Y	80	91
R410	RECIPIENT NOT ELIGIBLE FOR AHCCCS SERVICES ON SERVICE DATES	E	Y	80	91	Y	80	91	D	80	91	Y	80	91	D	80	91	Y	80	91
R411	RECIPIENT INELIGIBLE ON DOS - SPLIT BILL	E	D	3	91							D	3	91	D	3	91	D	3	91
R415	RECIPIENT IS QMB ONLY ELIGIBLE ON DOS	E	Y	3	91	Y	3	91	Y	3	91	Y	3	91	Y	3	91	Y	3	91
R416	RECIPIENT IS QMB ONLY ELIGIBLE ON DOS - SPLIT BILL	E	Y	3	91				Y	3	91	Y	3	91	Y	3	91	Y	3	91
R466	RECIPIENT INELIGIBLE FOR LTC SERVICES ON DOS	E												Y	30	91				
R470	RECIPIENT ENROLLED IN FEE FOR SERVICE NETWORK ON SERVICE DATES	E	Y	3	91	Y	3	91	D	3	91	Y	3	91	D	3	91	Y	3	91
R480	RECIPIENT NOT ENROLLED ON SERVICE DATES	E	Y	3	91	Y	3	91	D	3	91	Y	3	91	D	3	91	Y	3	91
R481	RECIPIENT NOT ENROLLED ON DOS - SPLIT BILL	E	D	80	91	D	3	91				D	80	91	D	3	91	D	3	91
R500	CLAIM PLAN ID DOES NOT MATCH ENROLLMENT	E	Y	50	91	Y	50	91	D	50	91	Y	50	91	D	50	91	Y	50	91
R535	ALTCS EPD NOT ALLOWED FOR HCPCS T1016	E	Y	80	91															
R582	OTHER INSURANCE REPORTED IS INVALID	E	D	3	91															
R600	MEDICARE COVERAGE INDICATED BUT NOT BILLED	E	D	80	91															
R660	DHS MHS ENC RCP MUST BE ON MHS ENROLL	E	Y	3	91				Y	3	91	Y	3	91	Y	3	91	Y	3	91
R670	RECIPIENT NOT ENROLLED WITH CRS FOR DATES OF SERVICE	E	Y	3	91	Y	3	91	Y	3	91	Y	3	91	Y	3	91	Y	3	91
R806	ENCOUNTER SUBMISSION GREATER THAN 210 DAYS	E	Y	3	55	Y	3	55	Y	3	55	Y	3	55	Y	3	55	Y	3	55
S334	PROCEDURE CODE NOT ON FILE	E	D	3	91				D	3	91									
S335	PROCEDURE IS IN PENDED RECORD STATUS	E	Y	80	30				Y	80	30									
S340	PROC CODE IS MISSING OR NOT ON FILE (FOR DOS)	E	D	3	91				D	3	91							Y	3	91
S345	PROCEDURE NOT AVAILABLE ON DOS	E	D	80	30				D	80	91									
S350	PROCEDURE NOT COVERED BY AHCCCS ON DATE OF SERVICE	E	Y	3	91				Y	3	91									
S354	PROCEDURE IS MEDICARE ONLY	E	Y	3	91															
S358	PROVIDER REQUIRES FED LIC TO SUBMIT MAMMOGRAPHY PROC	E	Y	3	91															
S365	RECIPIENT'S AGE IS LESS THAN MINIMUM FOR SPECIFIED PROCEDURE	E	Y	50	91				Y	3	91									
S370	RECIPIENT'S AGE IS GREATER THAN MAXIMUM FOR SPECIFIED PROCEDURE	E	Y	50	91															
S375	RECIPIENT'S SEX IS INVALID FOR SPECIFIED PROCEDURE	E	Y	50	91															
S382	NDC REQUIRED BUT NOT SUBMITTED OR IS INVALID	E	Y	95	91													Y	95	91
S385	SERVICE UNITS EXCEED MAXIMUM ALLOWED	E	Y	50	91				Y	50	91							Y	50	91
S386	MAX ANESTHESIA UNITS EXCEEDED	E	Y	50	91															

# Arizona Health Care Cost Containment System

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		A			C			D			I			L			O		
		S	LV	LC	S	LV	LC	S	LV	LC	S	LV	LC	S	LV	LC	S	LV	LC
S387	PAID ANESTHESIA MINS FOR BIRTH EXCEED 1200	E	Y	3	91														
S426	MODIFIER REQUIRED FOR DME PROCEDURE	E	Y	50	91														
S430	PLACE OF SERVICE IS INVALID FOR SPECIFIED PROCEDURE	E	Y	50	91			Y	50	91									
S445	PROCEDURE MODIFIER INVALID FOR PROCEDURE ON DATE OF SERVICE	E	Y	80	91			Y	80	91									
S448	EP MODIFIER REQUIRED FOR PROCEDURE 96110	E	Y	80	91														
S520	PROCEDURE NOT COVERED FOR FAMILY PLANNING	E	Y	80	91			Y	80	3									
S540	INCONSISTANCY BETWEEN MODIFIER 1 & 2	E	Y	80	91			Y	3	91									
T020	ALL ACCOMMODATION DAYS CANNOT BE QUALIFIED	E									Y	50	91						
U005	ATTENDING PROVIDER ID IS INVALID OR MISSING	E									Y	3	91				Y	3	91
U015	MEDICARE COINSURANCE DAYS INVALID	E									Y	3	91	Y	3	91	Y	3	91
U020	MEDICARE LIFETIME RES DAYS IS INVALID	E									Y	3	91	Y	3	91	Y	3	91
U030	BILL TYPE MISSING OR INVALID	E									D	3	91	D	3	91	D	3	91
U033	OUTPATIENT LATE CHARGE BILL TYPE 135 NOT ALLOWED	E															D	80	91
U040	ADMIT TYPE INVALID	E									Y	3	91	Y	3	91	Y	3	91
U045	ADMIT HOUR IS INVALID	E									Y	3	91	Y	3	91	Y	3	91
U050	DISCHARGE HOUR IS INVALID	E									Y	3	91	Y	3	91	Y	3	91
U070	PRIMARY ICD PROCEDURE DATE IS INVALID	E									Y	3	91						
U075	OTHER ICD PROCEDURE DATE 1 IS INVALID	E									Y	3	91						
U080	OTHER ICD PROCEDURE DATE 2 IS INVALID	E									Y	3	91						
U115	OCCURRENCE DATE 1 INVALID	E									Y	3	91	Y	3	91	Y	3	91
U125	OCCURRENCE DATE 2 INVALID	E									Y	3	91	Y	3	91	Y	3	91
U135	OCCURRENCE DATE 3 INVALID	E									Y	3	91	Y	3	91	Y	3	91
U145	OCCURRENCE DATE 4 INVALID	E									Y	3	91	Y	3	91	Y	3	91
U155	OCCURRENCE DATE 5 INVALID	E									Y	3	91	Y	3	91	Y	3	91
U200	REVENUE CODE IS INVALID	E									Y	3	91	Y	3	91	Y	3	91
U205	DAYS/UNITS IS INVALID	E									Y	3	91	Y	3	91	Y	3	91
U206	UNITS REQUIRED FOR HOSPICE HOME CARE	E															Y	3	91
U207	UNITS REQD FOR OUTPAT ENC WITH DOS GE 07/01/2005	E															Y	3	91
U210	NON-COVERED CHARGE NOT NUMERIC OR INVALID	E									D	80	91	D	80	91	D	80	91

# Arizona Health Care Cost Containment System

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			A			C			D			I			L			O		
			S	LV	LC	S	LV	LC	S	LV	LC	S	LV	LC	S	LV	LC	S	LV	LC
U230	NON-COVERAGE CHARGE EXCEEDS LINE CHARGE	E									D	80	91	D	80	91	D	80	91	
U235	DAYS BILLED EXCEED 999	E									Y	3	91	Y	3	91				
U250	I/P OR HOME HOSPICE BILL TYPES REQUIRE 651, 652, 655 OR 656 REV CODE	E									Y	3	91							
U252	NON-HOSPICE ACCOM INVALID WITH HOSPICE BILL TYPE	E									Y	3	91	Y	3	91	Y	3	91	
U262	HOSPICE HOME CARE UNITS EXCEED 1 PER DAY	E									Y	3	91				Y	3	91	
U263	HOSPICE HOME CARE UNITS EXCEED 24 PER DAY	E									Y	3	91	Y	3	91	Y	3	91	
U270	OTHER ICD PROCEDURE DATE 6 IS INVALID	E									Y	3	91							
U271	OTHER ICD PROCEDURE DATE 7 IS INVALID	E									Y	3	91							
U272	OTHER ICD PROCEDURE DATE 8 IS INVALID	E									Y	3	91							
U273	OTHER ICD PROCEDURE DATE 9 IS INVALID	E									Y	3	91							
U274	OTHER ICD PROCEDURE DATE 10 IS INVALID	E									Y	3	91							
U275	OTHER ICD PROCEDURE DATE 11 IS INVALID	E									Y	3	91							
U276	OTHER ICD PROCEDURE DATE 12 IS INVALID	E									Y	3	91							
U277	OTHER ICD PROCEDURE DATE 13 IS INVALID	E									Y	3	91							
U278	OTHER ICD PROCEDURE DATE 14 IS INVALID	E									Y	3	91							
U279	OTHER ICD PROCEDURE DATE 15 IS INVALID	E									Y	3	91							
U280	OTHER ICD PROCEDURE DATE 16 IS INVALID	E									Y	3	91							
U281	OTHER ICD PROCEDURE DATE 17 IS INVALID	E									Y	3	91							
U282	OTHER ICD PROCEDURE DATE 18 IS INVALID	E									Y	3	91							
U283	OTHER ICD PROCEDURE DATE 19 IS INVALID	E									Y	3	91							
U284	OTHER ICD PROCEDURE DATE 20 IS INVALID	E									Y	3	91							
U285	OTHER ICD PROCEDURE DATE 21 IS INVALID	E									Y	3	91							
U286	OTHER ICD PROCEDURE DATE 22 IS INVALID	E									Y	3	91							
U287	OTHER ICD PROCEDURE DATE 23 IS INVALID	E									Y	3	91							
U288	OTHER ICD PROCEDURE DATE 24 IS INVALID	E									Y	3	91							
U300	ATTENDING PROVIDER ID AND LOCATION NOT BOTH PRESENT	E									Y	3	91	Y	3	91	Y	3	91	
U305	PRIMARY ICD PROC DATE NOT WITHIN DOS SPAN	E									Y	50	91							
U310	OTHER ICD PROC DATE 1 NOT WITHIN DOS SPAN	E									Y	50	91							
U315	OTHER ICD PROC DATE 2 NOT WITHIN DOS SPAN	E									Y	50	91							

# Arizona Health Care Cost Containment System

## EDIT STATUS REPORT

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			A			C			D			I			L			O		
			S	LV	LC	S	LV	LC	S	LV	LC	S	LV	LC	S	LV	LC	S	LV	LC
U316	OTHER ICD PROC DATE 3 NOT WITHIN DOS SPAN	E									Y	50	91							
U317	OTHER ICD PROC DATE 4 NOT WITHIN DOS SPAN	E									Y	50	91							
U318	OTHER ICD PROC DATE 5 NOT WITHIN DOS SPAN	E									Y	50	91							
U320	OCCURRENCE SPAN 1 CODE/DATES NOT BOTH PRESENT	E									Y	3	91							
U330	PRIMARY ICD PROC AND DATE NOT BOTH PRESENT	E									Y	3	91							
U331	OCCUR CODE 7 AND 8 MUST CONTAIN SAME OCC SPAN VALUE	E									Y	3	91	Y	3	91	Y	3	91	
U335	OTHER ICD PROC 1 AND DATE NOT BOTH PRESENT	E									Y	3	91							
U340	OTHER ICD PROC 2 AND DATE NOT BOTH PRESENT	E									Y	3	91							
U341	OTHER ICD PROC 3 AND DATE NOT BOTH PRESENT	E									Y	3	91							
U342	OTHER ICD PROC 4 AND DATE NOT BOTH PRESENT	E									Y	3	91							
U343	OTHER ICD PROC 5 AND DATE NOT BOTH PRESENT	E									Y	3	91							
U345	1ST OCCURRENCE CODE AND DATE NOT BOTH PRESENT	E									Y	3	91	Y	3	91	Y	3	91	
U346	2ND OCCURRENCE CODE AND DATE NOT BOTH PRESENT	E									Y	3	91	Y	3	91	Y	3	91	
U347	3RD OCCURRENCE CODE AND DATE NOT BOTH PRESENT	E									Y	3	91	Y	3	91	Y	3	91	
U348	4TH OCCURRENCE CODE AND DATE NOT BOTH PRESENT	E									Y	3	91	Y	3	91	Y	3	91	
U349	5TH OCCURRENCE CODE AND DATE NOT BOTH PRESENT	E									Y	3	91	Y	3	91	Y	3	91	
U350	OCCURRENCE DATE 1 AFTER THRU DOS	E									Y	50	91	Y	50	91	Y	50	91	
U351	6TH OCCURRENCE CODE AND DATE NOT BOTH PRESENT	E									Y	3	91	Y	3	91	Y	3	91	
U352	7TH OCCURRENCE CODE AND DATE NOT BOTH PRESENT	E									Y	3	91	Y	3	91	Y	3	91	
U353	8TH OCCURRENCE CODE AND DATE NOT BOTH PRESENT	E									Y	3	91	Y	3	91	Y	3	91	
U354	9TH OCCURRENCE CODE AND DATE NOT BOTH PRESENT	E									Y	3	91	Y	3	91	Y	3	91	
U355	OCCURRENCE DATE 2 AFTER THRU DOS	E									Y	50	91	Y	50	91	Y	50	91	
U356	10TH OCCURRENCE CODE AND DATE NOT BOTH PRESENT	E									Y	3	91	Y	3	91	Y	3	91	
U360	OCCURRENCE DATE 3 AFTER THRU DOS	E									Y	50	91	Y	50	91	Y	50	91	
U361	OTHER ICD PROC 6 AND DATE NOT BOTH PRESENT	E									Y	3	91	Y	3	91	Y	3	91	
U362	OTHER ICD PROC 7 AND DATE NOT BOTH PRESENT	E									Y	3	91	Y	3	91	Y	3	91	
U363	OTHER ICD PROC 8 AND DATE NOT BOTH PRESENT	E									Y	3	91	Y	3	91	Y	3	91	
U364	OTHER ICD PROC 9 AND DATE NOT BOTH PRESENT	E									Y	3	91	Y	3	91	Y	3	91	
U365	OCCURRENCE DATE 4 AFTER THRU DOS	E									Y	50	91	Y	50	91	Y	50	91	

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			S	LV	LC	S	LV	LC	S	LV	LC	S	LV	LC	S	LV	LC	S	LV	LC
U366	OTHER ICD PROC 10 AND DATE NOT BOTH PRESENT	E									Y	3	91	Y	3	91	Y	3	91	
U367	OTHER ICD PROC 11 AND DATE NOT BOTH PRESENT	E									Y	3	91	Y	3	91	Y	3	91	
U368	OTHER ICD PROC 12 AND DATE NOT BOTH PRESENT	E									Y	3	91	Y	3	91	Y	3	91	
U370	OCCURRENCE DATE 5 AFTER THRU DOS	E									Y	50	91	Y	50	91	Y	50	91	
U371	OCCURRENCE DATE 6 AFTER THRU DOS	E									Y	50	91	Y	50	91	Y	50	91	
U372	OCCURRENCE DATE 7 AFTER THRU DOS	E									Y	50	91	Y	50	91	Y	50	91	
U373	OCCURRENCE DATE 8 AFTER THRU DOS	E									Y	50	91	Y	50	91	Y	50	91	
U374	OCCURRENCE DATE 9 AFTER THRU DOS	E									Y	50	91	Y	50	91	Y	50	91	
U376	OCCURRENCE DATE 10 AFTER THRU DOS	E									Y	50	91	Y	50	91	Y	50	91	
U377	RECORD NOT UPDATED - HARD EDIT FAILS	E									Y	50	91	Y	50	91	Y	50	91	
U378	OCCURRENCE DATE 12 AFTER THRU DOS	E									Y	50	91	Y	50	91	Y	50	91	
U420	ADMIT DATE REQUIRED	E									Y	3	91							
U425	PATIENT STATUS REQUIRED ON IN-PATIENT/LTC	E									Y	3	91	Y	3	91				
U430	ADMIT TYPE REQUIRED ON UB92 O/P AND ALL I/P	E									Y	3	91							
U435	ADMIT HOUR REQUIRED ON INPATIENT BILL	E									Y	3	91							
U436	DISCHARGE HOUR REQUIRED ON IN-PATIENT FINAL BILL	E									Y	3	91							
U440	FINAL BILL MUST HAVE DISCHARGE PATIENT STATUS	E									Y	3	91							
U445	INTERIM BILL MUST HAVE PT STATUS 30	E									Y	3	91							
U450	ADMIT HOUR IS LATER THAN DISCHARGE HOUR	E									Y	3	91							
U460	ADMIT TYPE = NEWBORN, BUT AGE DOES NOT = NEWBORN	E									Y	3	91							
U465	INVALID ADMIT TYPE/ADMIT SOURCE RELATIONSHIP	E									Y	3	91							
U510	OTHER ICD PROC DATE 6 NOT WITHIN DOS SPAN	E									Y	50	91							
U511	OTHER ICD PROC DATE 7 NOT WITHIN DOS SPAN	E									Y	50	91							
U512	OTHER ICD PROC DATE 8 NOT WITHIN DOS SPAN	E									Y	50	91							
U513	OTHER ICD PROC DATE 9 NOT WITHIN DOS SPAN	E									Y	50	91							
U514	OTHER ICD PROC DATE 10 NOT WITHIN DOS SPAN	E									Y	50	91							
U515	OTHER ICD PROC DATE 11 NOT WITHIN DOS SPAN	E									Y	50	91							
U516	OTHER ICD PROC DATE 12 NOT WITHIN DOS SPAN	E									Y	50	91							
U517	OTHER ICD PROC DATE 13 NOT WITHIN DOS SPAN	E									Y	50	91							

# Arizona Health Care Cost Containment System

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		A			C			D			I			L			O		
		S	LV	LC	S	LV	LC	S	LV	LC	S	LV	LC	S	LV	LC	S	LV	LC
U518	OTHER ICD PROC DATE 14 NOT WITHIN DOS SPAN	E									Y	50	91						
U519	OTHER ICD PROC DATE 15 NOT WITHIN DOS SPAN	E									Y	50	91						
U520	OTHER ICD PROC DATE 16 NOT WITHIN DOS SPAN	E									Y	50	91						
U521	OTHER ICD PROC DATE 17 NOT WITHIN DOS SPAN	E									Y	50	91						
U522	OTHER ICD PROC DATE 18 NOT WITHIN DOS SPAN	E									Y	50	91						
U523	OTHER ICD PROC DATE 19 NOT WITHIN DOS SPAN	E									Y	50	91						
U524	OTHER ICD PROC DATE 20 NOT WITHIN DOS SPAN	E									Y	50	91						
U525	OTHER ICD PROC DATE 21 NOT WITHIN DOS SPAN	E									Y	50	91						
U526	OTHER ICD PROC DATE 22 NOT WITHIN DOS SPAN	E									Y	50	91						
U527	OTHER ICD PROC DATE 23 NOT WITHIN DOS SPAN	E									Y	50	91						
U528	OTHER ICD PROC DATE 24 NOT WITHIN DOS SPAN	E									Y	50	91						
U530	OTHER ICD PROC 13 AND DATE NOT BOTH PRESENT	E									Y	3	91						
U531	OTHER ICD PROC 14 AND DATE NOT BOTH PRESENT	E									Y	3	91						
U532	OTHER ICD PROC 15 AND DATE NOT BOTH PRESENT	E									Y	3	91						
U533	OTHER ICD PROC 16 AND DATE NOT BOTH PRESENT	E									Y	3	91						
U534	OTHER ICD PROC 17 AND DATE NOT BOTH PRESENT	E									Y	3	91						
U535	OTHER ICD PROC 18 AND DATE NOT BOTH PRESENT	E									Y	3	91						
U536	OTHER ICD PROC 19 AND DATE NOT BOTH PRESENT	E									Y	3	91						
U537	OTHER ICD PROC 20 AND DATE NOT BOTH PRESENT	E									Y	3	91						
U538	OTHER ICD PROC 21 AND DATE NOT BOTH PRESENT	E									Y	3	91						
U539	OTHER ICD PROC 22 AND DATE NOT BOTH PRESENT	E									Y	3	91						
U540	OTHER ICD PROC 23 AND DATE NOT BOTH PRESENT	E									Y	3	91						
U541	OTHER ICD PROC 24 AND DATE NOT BOTH PRESENT	E									Y	3	91						
U600	DETAIL SERVICE BEGIN DATE IS INVALID	E									D	3	91	D	3	91	D	3	91
U605	DETAIL SERVICE END DATE IS INVALID	E									D	3	91	D	3	91	D	3	91
U610	DETAIL SERVICE END DATE IS PRIOR TO DETAIL SERVICE BEGIN DATE	E									D	3	91	D	3	91	D	3	91
U615	HEADER SERVICE DATES MUST ENCOMPASS DETAIL SERVICE DATES	E									D	3	91	D	3	91	D	3	91
U910	ADMIT TYPE NOT ON FILE	E									Y	3	91	Y	3	91	Y	3	91
U915	ADMIT SOURCE IS NOT ON FILE	E									Y	80	91	Y	80	91	Y	80	91



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		A			C			D			I			L			O		
		S	LV	LC	S	LV	LC	S	LV	LC	S	LV	LC	S	LV	LC	S	LV	LC
U920	BILL TYPE NOT ON FILE	E									D	3	91	D	3	91	D	3	91
U930	OCCURRENCE CODE 1 NOT ON FILE	E									Y	3	91	Y	3	91	Y	3	91
U935	OCCURRENCE CODE 2 NOT ON FILE	E									Y	3	91	Y	3	91	Y	3	91
U940	OCCURRENCE CODE 3 NOT ON FILE	E									Y	3	91	Y	3	91	Y	3	91
U945	OCCURRENCE CODE 4 NOT ON FILE	E									Y	3	91	Y	3	91	Y	3	91
U950	OCCURRENCE CODE 5 NOT ON FILE	E									Y	3	91	Y	3	91	Y	3	91
U955	CONDITION CODE 1 NOT ON FILE	E									Y	3	91	Y	3	91	Y	3	91
U960	CONDITION CODE 2 NOT ON FILE	E									Y	3	91	Y	3	91	Y	3	91
U965	CONDITION CODE 3 NOT ON FILE	E									Y	3	91	Y	3	91	Y	3	91
U970	CONDITION CODE 4 NOT ON FILE	E									Y	3	91	Y	3	91	Y	3	91
U971	CONDITION CODE 8 NOT ON FILE	E									Y	3	91						
U972	CONDITION CODE 9 NOT ON FILE	E									Y	3	91						
U973	CONDITION CODE 10 NOT ON FILE	E									Y	3	91						
U975	CONDITION CODE 5 NOT ON FILE	E									Y	3	91	Y	3	91	Y	3	91
U976	CONDITION CODE 6 NOT ON FILE	E									Y	3	91						
U977	CONDITION CODE 7 NOT ON FILE	E									Y	3	91						
U978	CONDITION CODE 11 NOT ON FILE	E									Y	3	91						
U979	CONDITION CODE 12 NOT ON FILE	E									Y	3	91						
U999	ENCOUNTER DETAIL LINES EXCEED 99	E									Y	3	91	Y	3	91	Y	3	91
V001	SAME DAY ADMIT/TRANSFER NOT COVERED	E									Y	3	91	Y	3	91			
V002	DISCHARGE DAY NOT COVERED	E									Y	3	91	Y	3	91			
V010	REVENUE CODE NOT ON FILE	E									Y	3	91	Y	3	91	Y	3	91
V020	REVENUE CODE NOT ON FILE FOR DOS	E									Y	3	91	Y	3	91	Y	3	91
V030	REVENUE CODE NOT COVERED	E									Y	80	91	Y	80	91	Y	80	91
V031	REVENUE CODE TO BILL TYPE NOT ON FILE	E									Y	3	91	Y	3	91	Y	80	91
V032	REVENUE CODE NOT VALID FOR BILL TYPE	E									Y	3	91	Y	3	91	Y	3	91
V036	HCPC REQUIRED FOR REVENUE CODE	E															Y	80	91
V037	HCPC NOT APPROPRIATE FOR THIS REVENUE CODE	E															Y	80	91
V040	UNITS REQUIRED FOR ACCOMMODATION REVENUE CODES	E									Y	3	91	Y	3	91			

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		A			C			D			I			L			O			
		S	LV	LC	S	LV	LC	S	LV	LC	S	LV	LC	S	LV	LC	S	LV	LC	
V045	NO ACCOMMODATION BILLING - BILL IS I/P OR LTC	E									Y	3	91	Y	3	91				
V046	ACCOM DYS NOT ALLOWED AS LATE CHG	E															Y	3	91	
V140	NURSERY SERVICES BILLED; AGE DOES NOT = NEWBORN	E									Y	80	91	Y	3	91	Y	3	91	
V150	ADMITTED FOR DELIVERY, BUT AGE = NEWBORN	E									Y	80	91							
V160	ACCOMMODATION DAYS GREATER THAN DOS SPAN	E									Y	50	91	Y	80	91				
V165	ACCOMMODATION DAYS LESS THAN DOS SPAN	E									Y	50	91	Y	50	91				
V190	TOTAL NONCOVERED CHARGES EXCEED BILLED AMOUNT	E									D	80	91	D	80	91	D	80	91	
V400	PROCEDURE CODE NOT ON FILE	E															D	80	91	
V401	PROCEDURE IS IN PENDED RECORD STATUS	E															Y	3	30	
V402	PROC CODE IS MISSING OR NOT ON FILE (FOR DOS)	E															D	80	91	
V403	PROCEDURE NOT AVAILABLE ON DOS	E															D	80	91	
V404	PROCEDURE NOT COVERED BY AHCCCS ON DATE OF SERVICE	E															D	3	91	
V406	PROCEDURE IS MEDICARE ONLY	E															Y	3	91	
V410	RECIPIENT'S AGE IS LESS THAN MINIMUM FOR SPECIFIED PROCEDURE	E															Y	50	91	
V411	RECIPIENT'S AGE IS GREATER THAN MAXIMUM FOR SPECIFIED PROCEDURE	E															Y	50	91	
V412	RECIPIENT'S SEX IS INVALID FOR SPECIFIED PROCEDURE	E															Y	50	91	
V445	PROCEDURE MODIFIER INVALID FOR PROCEDURE CODE	E									Y	80	91	Y	80	91	Y	80	91	
V446	DOS COVERS MUTLIPLIE MODIFIER RATES - SPLIT BILL	E									Y	3	91	Y	3	91	Y	3	91	
V450	PROCEDURE MODIFIER RATE = ZERO	E									Y	3	91	Y	3	91	Y	3	91	
V535	PROCEDURE MODIFIER INVALID FOR PROCEDURE CODE	E									Y	3	91	Y	3	91	Y	3	91	
V540	INCONSISTENCY BETWEEN MODIFIER 1 & 2	E									Y	3	91	Y	3	91	Y	3	91	
V672	SERVICE NOT COVERED BY AHCCCS, NON COVER THE LINE CHARGE	E									D	99	91				D	99	91	
V673	DISCHARGE DAY ACCOM NOT COVERED, NON COVER ACCOM DAY LINE CHARGE	E									Y	80	91							
V674	SAME DAY ADMIT/TRANSFER ACCOM DAY LINE CHARGE NOT COVERED	E									Y	80	91							
Z010	DOS BEGIN AND END DATES MUST MATCH FOR EACH DETAIL LINE	E						Y	3	91										
Z020	RECIPIENT-ID MISSING OR INVALID	E	D	3	91	D	3	91	D	3	91	D	3	91	D	3	91	D	3	91
Z040	HEALTH PLAN ID IS INVALID	E	D	3	91	D	3	91	D	3	91	D	3	91	D	3	91	D	3	91
Z100	BILLING PROVIDER ID INVALID	E	D	3	91			D	3	91	D	3	91	D	3	91	D	3	91	
Z120	SERVICE PROVIDER ID MISSING OR INVALID	E	D	3	91	D	3	91	D	3	91	D	3	91	D	3	91	D	3	91

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		S	LV	LC	S	LV	LC	S	LV	LC	S	LV	LC	S	LV	LC	S	LV	LC	
Z121	HEADER SERVICE PROVIDER ID MISSING OR INVALID	E	D	3	91			D	3	91										
Z125	SERVICE PROVIDER NPI FIELD IS MISSING OR INVALID	E	D	80	91	D	80	91	D	80	91	D	80	91	D	80	91	D	80	91
Z126	DETAIL SERVICE PROVIDER NPI FIELD IS MISSING OR INVALID	E	D	80	91			D	80	91										
Z165	SERVICE PROVIDER ID NOT ON FILE	E	D	3	91	D	3	91	D	3	91	D	3	91	D	3	91	D	3	91
Z166	HEADER SERVICE PROVIDER ID NOT ON FILE	E	D	3	91			D	3	91										
Z172	CONTRACT CODE IS INVALID	E	Y	3	91			Y	3	91	Y	3	91	Y	3	91	Y	3	91	
Z175	SERVICE PROVIDER NPI NOT ON FILE	E	D	3	91	D	3	91	D	3	91	D	3	91	D	3	91	D	3	91
Z176	DETAIL SERVICE PROVIDER NPI NOT ON FILE	E	D	3	91			D	3	91										
Z180	FROM DOS MISSING OR INVALID	E	D	3	91	D	3	91	D	3	91	D	3	91	D	3	91	D	3	91
Z185	DATE MUST BE GREATER THAN OR EQUAL TO 10/01/2000	E						D	50	91										
Z195	HIPAA ENCOUNTER CANNOT BE ADJUSTED - RESUBMIT	E	D	80	91			D	80	91	D	80	91	D	80	91	D	80	91	
Z200	THRU DATE OF SERVICE (DOS) MISSING OR INVALID	E	D	3	91			D	3	91	D	3	91	D	3	91	D	3	91	
Z205	MEDICARE APPROVED AMOUNT NOT NUMERIC OR INVALID	E	Y	80	91	Y	80	91			Y	80	91	Y	80	91	Y	80	91	
Z235	PRESCRIBING PROVIDER NPI IS MISSING OR INVALID	E				Y	80	91												
Z260	RECIPIENT NOT ON FILE AND NO ALTERNATE ID FOUND	E	D	3	91	D	3	91	D	3	91	D	3	91	D	3	91	D	3	91
Z280	MULTIPLE AHCCCS ID NUMBERS ON FILE FOR ALT ID	E	Y	3	91	Y	3	91	Y	3	91	Y	3	91	Y	3	91	Y	3	91
Z295	ALLOWED NUMBER OF PHYS THERAPY VISITS EXCEEDED	E	Y	3	91												Y	3	91	
Z296	EXCEEDS ALLOWED AMOUNT FOR ALTCS DENTAL LIMIT	E						Y	80	91										
Z297	INPATIENT LIMITS EXCEEDED	E									Y	3	91				Y	3	91	
Z298	RESPIRE CARE LIMITS EXCEEDED	E	Y	80	91															
Z299	EXCEEDS ADULT EMERGENCY DENTAL BENEFIT LIMIT	E						D	85	30							D	85	30	
Z300	EXACT DUPLICATE	E	Y	80	91			Y	80	91	Y	80	91	Y	80	91	Y	80	91	
Z305	NEAR DUPLICATE FOUND	E	Y	3	91			Y	50	91	Y	50	91	Y	50	91	Y	3	91	
Z340	RELATED PROVIDER DUPLICATE	E	Y	3	91															
Z592	PROVIDER TYPE ED AND O2 OVERLAP	E									Y	85	91				Y	85	91	
Z621	NEAR DUPLICATE - DUPLICATE LINE BILLED ON OP ENCOUNTER	E															Y	80	91	
Z626	OVER AGE 18 WITH VFC PROCEDURE MODIFIER	E	Y	3	91												Y	3	91	
Z627	UNDER AGE 19 TOXOID PROCEDURE WITHOUT VFC MODIFIER AND NO ADMIN PROC	E	Y	3	91												Y	3	91	
Z628	HP PAID EXCEEDS ARIZONA VFC LIMIT	E	Y	80	91															

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Z629	BOTH TOXOID AND ADMN PROCS HAVE HP PAID AMT EQUAL OR GREATER THAN ZERO	E	Y	80	91												Y	80	91
Z675	ASH ADMIT THRU END DATE EXCEEDS 30 DAY LIMIT PER ADMISSION	E									Y	3	91						
Z676	ASH SERVICES EXCEED 60 DAY LIMIT PER CALENDAR YR	E									Y	3	91						
Z677	RECIPIENT EXCEEDS AGE LIMIT FOR ANY FURTHER ASH SERVICES	E									Y	80	91						
Z700	SERVICE EXCEEDS SET ONE LIMITATIONS	E															Y	80	91
Z710	SERVICE EXCEEDS SET TWO LIMITATIONS	E															Y	80	91
Z796	DME SUPPLIES SERVICE OVERLAP	E	Y	80	91														
Z797	DME SUPPLIES SERVICE OVERLAP, DIFFERENT HEALTH PLANS	E	Y	80	91														
Z799	TOOTH ALREADY REPORTED AS PULLED/MISSING	E						Y	3	91									
Z800	EXACT DUPLICATE FOUND	E				Y	80	91											
Z805	EXACT DUPLICATE FROM DIFFERENT HEALTH PLANS	E				D	80	91											
Z860	LIFETIME PROCEDURE SERVICE LIMIT EXCEEDED	E	Y	80	91														
Z940	EVV ENCOUNTER NEEDS VISIT CONFIRMATION	E	Y	3	59														
Z941	EVV RESPONSE: NO VISIT FOUND	E	Y	3	91														
Z942	EVV RESPONSE: UNMATCHED UNITS	E	Y	3	91														