

## MCO and Provider Mandatory Elements (With 277 Reject Codes)

| Data Element Description                     | Level of Occurrence (Claim or Line Item Level) | Provider 837 Inst-Inpatient | Provider 837 Inst-Outpatient | Provider 837 Prof | EOB Code | Description   |
|--|--|-----------------------------|------------------------------|-------------------|----------|---|
| Admission Date                               | Claim  | M                           | N/A                          | N/A               | 185      | Admission date is missing or invalid.   |
| Admission Hour                               | Claim  | M                           | N/A                          | N/A               | 174      | Admission and/or discharge hour is missing or invalid.                        |
| Admission Source                             | Claim  | M                           | M                            | N/A               | 175      | Admission source is missing or invalid.                                       |
| Admission Type                               | Claim  | M                           | N/A                          | N/A               | 191      | Admission type is missing or invalid.   |
| Admit Diagnosis Code                         | Claim  | M                           | N/A                          | N/A               | 128      | Admitting diagnosis is missing or invalid.                                    |
| Beginning Service Date                       | Claim  | M                           | M                            | M                 | 124      | Beginning or ending service date is missing or invalid.                       |
| BWC Claim Number                             | Claim  | M                           | M                            | M                 | 989      | Claim number is missing or invalid.   |
| Days Covered                                 | Claim  | M                           | M                            | N/A               | 942      | Days covered are missing or invalid.  |
| Discharge Hour                               | Claim  | M                           | N/A                          | N/A               | 174      | Admission and/or discharge hour is missing or invalid.                        |
| Ending Service Date                          | Claim  | M                           | M                            | N/A               | 124      | Beginning or ending service date is missing or invalid.                       |
| Facility Type Code                           | Claim  | M                           | M                            | M                 | 145      | Place of service is missing or invalid. (Applies to professional bills only.) |
| Facility Type Code                           | Claim  | M                           | M                            | M                 | 120      | UB-92 bill type is missing or invalid. (Applies to institutional bills only.) |
| Hospitalization Type Code                    | Claim  | M                           | M                            | N/A               | 313      | Bill type is missing or invalid.  |
| Injured Worker Benefits Assignment Indicator | Claim  | M                           | M                            | M                 | 944      | Benefits assignment indicator is missing or invalid.                          |

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| Injured Worker Date of Birth            | Claim  | M                           | M                            | M                 | 947      | Injured worker date of birth is missing or invalid.      |
| Injured Worker First Name               | Claim  | M                           | M                            | M                 | 945      | Injured worker first name is missing.                    |
| Injured Worker Last Name                | Claim  | M                           | M                            | M                 | 946      | Injured worker last name is missing.                     |
| Line Item Beginning Date of Service     | Line   | N/A                         | M                            | M                 | 116      | Line item date of service is missing or invalid.         |
| Line Item Charge from Provider          | Line   | M                           | M                            | M                 | 184      | Line item charges are missing or invalid.                |
| Line Item Charge from Provider          | Line   | M                           | M                            | M                 | 134      | Line item charges do not add up to total charges.        |
| Line Item Diagnosis for Date of Service | Line   | N/A                         | N/A                          | M                 | 344      | ICD-9 diagnosis code is missing or invalid.              |
| Line Item End Date of Service           | Line   | N/A                         | M                            | M                 | 116      | Line item date of service is missing or invalid.         |
| Line Item Procedure Code                | Line   | N/A                         | M (See Notes)                | M                 | 172      | Procedure code is missing or invalid.                    |
| Line item procedure modifier (1-4)      | Line   | N/A                         | N/A                          | O                 | 117      | Modifier is invalid                                      |
| Medical Record Number                   | Claim  | M                           | M                            | N/A               | 941      | Medical record number is missing or invalid.             |
| Patient Account/Control Number          | Claim  | M                           | M                            | M                 | 940      | Patient Account/Control number is missing or invalid.    |
| Patient Medical Release Indicator       | Claim  | M                           | M                            | M                 | 948      | Patient medical release indicator is missing or invalid. |
| Patient Status                          | Claim  | M                           | N/A                          | N/A               | 167      | Patient status is missing or invalid.                    |
| Pay –To-Provider ID                     | Claim  | M                           | M                            | M                 | 428      | Pay-to provider ID is missing or invalid.                |

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| Pay –To-Provider Organization/Last Name   | Claim  | M                           | M                            | M                 | 964      | Pay-to provider last name/organization is missing.    |
| Principal Diagnosis Code                  | Claim  | M                           | M                            | M                 | 943      | Principal diagnosis code is missing or invalid.       |
| Principal Procedure Code                  | Claim  | M                           | N/A                          | N/A               | 199      | Principal procedure code is missing or invalid.       |
| Revenue Code                              | Line   | M                           | M                            | N/A               | 148      | Revenue code is missing or invalid.                   |
| Servicing Provider Address                | Claim  | N/A                         | N/A                          | M                 | 401      | Provider address is missing.                          |
| Servicing Provider City                   | Claim  | N/A                         | N/A                          | M                 | 961      | Servicing provider city is missing.                   |
| Servicing Provider First Name             | Claim  | N/A                         | N/A                          | M                 | 960      | Servicing provider first name is missing.             |
| Servicing Provider ID                     | Claim  | N/A                         | N/A                          | M                 | 315      | Servicing provider number is missing or invalid.      |
| Servicing Provider Organization/Last Name | Claim  | N/A                         | N/A                          | M                 | 949      | Servicing provider organization/last name is missing. |
| Servicing Provider State                  | Claim  | N/A                         | N/A                          | M                 | 962      | Servicing provider state is missing.                  |
| Servicing Provider Zip                    | Claim  | N/A                         | N/A                          | M                 | 963      | Servicing provider zip code is missing.               |
| Total Amount Billed by Provider           | Claim  | N/A                         | N/A                          | N/A               | 967      | Total charges are missing or invalid.                 |
| Total Amount Billed by Provider           | Claim  | N/A                         | N/A                          | N/A               | 134      | Line item charges do not add up to total charges.     |
| Total Charges for Bill                    | Claim  | M                           | M                            | M                 | 967      | Total charges are missing or invalid.                 |
| Total Charges for Bill                    | Claim  | M                           | M                            | M                 | 134      | Line item charges do not add up to total charges.     |

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| Units of Service         | Line   | M                           | M                            | M                 | 183      | Units of service are missing or invalid. |