



ARKANSAS MEDICAID ERROR CODES

Code	Description
0010	FROM DATE OF SERVICE INVALID
0011	FROM DATE OF SERVICE CANNOT BE A FUTURE DATE
0012	CENSUS REPORT DATE CANNOT BE GREATER THAN CURRENT DATE
0013	CENSUS REPORT DATE INVALID
0014	CENSUS REPORT DATE CANNOT BE CURRENT MONTH
0020	ADMIT DATE INVALID
0021	ADMIT DATE CANNOT BE A FUTURE DATE
0022	ADMIT DATE CANNOT BE AFTER FROM DATE OF SERVICE
0030	TO DATE OF SERVICE INVALID
0031	TO DATE OF SERVICE CANNOT BE A FUTURE DATE
0032	TO DATE OF SERVICE PRIOR TO FROM DATE OF SERVICE
0050	SURGERY DATE 1 MUST BE BETWEEN FROM AND TO DATES OF SERVICE
0051	SURGERY DATE 2 MUST BE BETWEEN FROM AND TO DATES OF SERVICE
0052	SURGERY DATE 3 MUST BE BETWEEN FROM AND TO DATES OF SERVICE
0053	SURGERY DATE 4 MUST BE BETWEEN FROM AND TO DATES OF SERVICE
0054	SURGERY DATE 5 MUST BE BETWEEN FROM AND TO DATES OF SERVICE
0055	SURGERY DATE 6 MUST BE BETWEEN FROM AND TO DATES OF SERVICE
0070	TOTAL DAYS NOT EQUAL TO DIFFERENCE BETWEEN FROM AND TO DATES OF SERVICE
0071	COVERED DAYS MUST BE GREATER THAN ZERO
0072	DETAIL DATES OF SERVICE DO NOT EQUAL DAYS BILLED
0080	LATE BILLING OVERRIDE DATE IS REQUIRED
0130	REQUIRED CONDITION CODE MISSING
0131	PATIENT SEX / CONDITION CODE MISMATCH
0132	PATIENT AGE / CONDITION CODE MISMATCH
0133	DIAGNOSIS CODE / CONDITION CODE MISMATCH
0134	ADMIT DATE / BIRTH DATE MUST BE EQUAL
0135	SEX / AGE / DIAGNOSIS CONDITION CODE MISMATCH
0136	ADMIT DATE / BIRTH DATE CANNOT BE EQUAL
0137	USE ONE CONDITION CODE OF 80, 81, OR 82
0140	LEAVE OF ABSENCE CODE INVALID
0141	INVALID LEAVE OF ABSENCE FOR FACILITY CLASS
0150	DIAGNOSIS INVALID FOR REVENUE CODE
0151	DIAGNOSIS CODE REQUIRES FAMILY PLANNING REVENUE CODE
0152	INFORMATION -- SEE MEDICAID MANUAL FOR BILLING PROCEDURES
0180	PAID AMOUNT ABOVE THRESHOLD AMOUNT
0190	DIAGNOSIS REQUIRES FAMILY PLANNING PROCEDURE CODE
0191	PROCEDURE REQUIRES FAMILY PLANNING DIAGNOSIS CODE
0192	INFORMATION -- SEE MEDICAID MANUAL FOR BILLING PROCEDURES
0200	DIAGNOSIS REQUIRES FAMILY PLANNING PROCEDURE CODE
0201	PROCEDURE REQUIRES FAMILY PLANNING DIAGNOSIS CODE
0202	PROCEDURE / REVENUE / DIAGNOSIS CODE MISMATCH
0210	RECIPIENT AID CATEGORY 69 LIMITED TO FAMILY PLANNING PROCEDURE CODES



ARKANSAS MEDICAID ERROR CODES

Code	Description
0211	RECIPIENT AID CATEGORY 69 LIMITED TO FAMILY PLANNING DIAGNOSIS CODES
0212	RECIPIENT AID CATEGORY 69 INVALID FOR CLAIM TYPE
0220	DAYS COVERED INVALID
0290	TYPE OF BILL INVALID
0300	UNITS MUST BE GREATER THAN ZERO
0301	UNITS MUST BE NUMERIC
0370	PROCEDURE CODE PAYABLE TO AID CATEGORY 69 ONLY
0430	BILLED AMOUNT MUST BE GREATER THAN ZERO
0431	BILLED AMOUNT MUST BE NUMERIC
0432	TPL AMOUNT MUST BE EQUAL TO OR GREATER THAN ZERO
0433	TPL AMOUNT MUST BE NUMERIC
0440	OTHER INSURANCE INVALID
0480	ARKIDS 1ST HAS COMPREHENSIVE MEDICAL - BILL OTHER CARRIER FIRST
0500	PARTICIPANT INVALID FOR ARKIDS 1ST RSPMI SPECIALTY
0510	PATIENT STATUS INVALID
0530	NET BILLED OUT OF BALANCE
0550	TOTAL BILLED NOT EQUAL TO SUM OF DETAILS
0590	ARKIDS 1ST B PARTICIPANT INELIGIBLE FOR BILLED SERVICES
0591	ARKIDS 1ST RECIPIENT INELIGIBLE FOR PROVIDER SERVICES
0610	ARKIDS 1ST PARTICIPANT OLDER THAN 18 YEARS OF AGE
0660	ADMIT TYPE INVALID
0670	OB/NEWBORN SERVICES IN COUNTY REQUIRES CONTRACT HOSPITAL
0671	PATIENT RESIDES IN COUNTY REQUIRING CONTRACT HOSPITAL FOR OB/NEWBORN SERVICE
0700	PATIENT EXCEEDS AGE LIMIT FOR RESIDENTIAL REHABILITATION CENTERS
0720	RSPD REVENUE CODE REQUIRES PROVIDER WITH RSPD SPECIALTY
0721	REVENUE CODE CANNOT BE BILLED WITH RSPD REVENUE CODE
0722	REVENUE CODE INVALID FOR PROVIDER WITH RSPD SPECIALTY
0750	RECIPIENTS AID CATEGORY INELIGIBLE FOR PERSONAL CARE SERVICES
0760	CMS NON-MEDICAID RECIPIENT INELIGIBLE FOR BILLED SERVICES
0770	EMERGENCY PROCEDURE CODE INVALID IN A NON-EMERGENCY SETTING
0780	CMS NON-MEDICAID RECIPIENT CANNOT BE OVER AGE OF 20 FOR SERVICES PROVIDED
0800	PROVIDER CANNOT BILL FOR CMS NON-MEDICAID SERVICES
0810	RECIPIENT, PROVIDER OR BOTH ARE INELIGIBLE FOR DDS NON-MEDICAID SERVICES
0820	DDS NON-MEDICAID FUND CODE NOT ON PROVIDER PROFILE
0821	DDS NON-MEDICAID FUND CODE NOT ON RECIPIENT PROFILE
0822	DDS NON-MEDICAID FUND CODE INVALID
0830	DDS NON-MEDICAID FUND CODE INVALID FOR SERVICE
0831	DIPLOMA IS REQUIRED FOR DDS NON-MEDICAID SERVICE
0832	MEDICAID DENIAL REQUIRED FOR DDS NON-MEDICAID SERVICE
0840	ELECTRONIC FUNDS TRANSFER IS REQUIRED FOR NON-MEDICAID PROVIDER PAYMENT



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Code	Description
0850	DDS NON-MEDICAID QUARTERLY AMOUNT EXCEEDED FOR FUND CODE
0860	BROKER NOT USED AND PROVIDER IS NOT AN EXCEPTION PROVIDER
0861	RECIPIENT NOT ELIGIBLE FOR MANAGED CARE SERVICES
0862	PROVIDER IS NET BROKER AND RECIPIENT IS NOT IN THEIR REGION
0870	ARKIDS PAPER CLAIM EXCEEDED 28 DETAILS
0880	CLIA CERTIFICATION REQUIRED FOR LAB PROCEDURE
0881	CLIA NUMBER IS INVALID FOR DATES OF SERVICE
0882	CERTIFIED FOR ATTACHMENT A AND B PROCEDURES CODES ONLY
0883	WAIVER CERTIFIED FOR BILLING LAB PROCEDURES ON ATTACHMENT A ONLY
0900	PROVIDER LIMITED TO CAPITATION CLAIMS ONLY (REGION 22)
0910	PROVIDER LIMITED TO MENTAL HEALTH MANAGED CARE CLAIMS
0911	REJECT CLAIM WITH MZZ PLAN CODE
0920	RECIPIENT AID CATEGORIES 02 & 05 LIMITED TO BENEFIT ARKANSAS SERVICES
0930	CLAIM SPANS MORE THAN ONE MANAGED CARE PLAN
0931	SERVICES COVERED UNDER DIFFERENT PROGRAMS-SPLIT CLAIM AND REBILL
0932	DATES OF SERVICES SPAN THE RECIPIENT'S SUB-CAPITATED ELIGIBILITY SEGMENTS
0933	MANAGED CARE PARTIAL SUB
0934	MANAGED CARE PARTIAL CRIT
0950	CMS COPAY MUST BE BILLED WITH ANOTHER DETAIL
0951	TPL AMOUNT OR DENIED DATE REQUIRED FOR CMS COPAY
0952	CMS COPAY NON-PAYABLE FOR RECIPIENT WITH NO TPL ON FILE
0960	ONLY PCP ENROLLMENT FEE ALLOWED WITH EMERGENCY DEPT ASSESSMENT FEE
0970	OUTPATIENT SERVICES LIMITED TO ONE ENCOUNTER PER ICN OR CLAIM
0980	NON-COVERED SERVICES
0981	REVENUE CODE NOT COVERED
0982	SURGERY CODE 1 NOT COVERED
0983	SURGERY CODE 2 NOT COVERED
0984	SURGERY CODE 3 NOT COVERED
0985	SURGERY CODE 4 NOT COVERED
0986	SURGERY CODE 5 NOT COVERED
0987	SURGERY CODE 6 NOT COVERED
0988	NON-COVERED/INAPPROPRIATE PROCEDURE CODE
0990	SERVICE NON-PAYABLE FOR THIS INDEPENDENT CHOICES RECIPIENT
1000	HEADER / DETAIL FROM DATES OF SERVICE MISSING OR INVALID
1001	DETAIL FROM DATE OF SERVICE CANNOT BE A FUTURE DATE
1002	LTC DETAIL FROM DATE OF SERVICE INVALID
1003	LTC DETAIL FROM DATE OF SERVICE CANNOT BE GREATER THAN CURRENT DATE
1004	LTC DETAIL FROM DATE OF SERVICE NOT WITHIN HEADER DATES OF SERVICE
1010	HEADER / DETAIL TO DATES OF SERVICE MISSING OR INVALID



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Code	Description
1011	DETAIL TO DATE OF SERVICE CANNOT BE A DATE IN THE FUTURE
1012	DETAIL TO DATE OF SERVICE CANNOT BE PRIOR TO FROM DATE OF SERVICE
1013	LTC DETAIL TO DATE OF SERVICE CANNOT BE GREATER THAN CURRENT DATE
1014	LTC DETAIL TO DATE OF SERVICE NOT WITHIN HEADER DATES OF SERVICE
1020	DETAIL LINE LATE BILLING OVERRIDE DATE REQUIRED
1040	PCP OR PCP REFERRAL REQUIRED
1041	PCP NOT ASSIGNED
1050	REVENUE CODE NOT ALLOWED WITH SEXUAL OFFENDER REVENUE CODE 128
1051	SEXUAL OFFENDER REVENUE CODE 128 INVALID FOR PROVIDER SPECIALTY
1052	PROVIDER'S SPECIALTY REQUIRES BILLING SEXUAL OFFENDER REVENUE CODE 128
1070	PRIMARY CARE PHYSICIAN REQUIRED
1071	PRIMARY CARE PHYSICIAN REQUIRED / NONE ASSIGNED
1072	PRIMARY CARE PHYSICIAN REQUIRED - ATTENDING PHYS LICENSE NUMBER NOT UNIQUE
1090	PCP EFFECTIVE DATE DOES NOT MATCH FROM DATE OF SERVICE FOR PROCEDURE
1170	PROVIDER CANCELLED / DENY ALL CLAIMS
1240	PROVIDER TYPE 89 INVALID FOR BILLING AS A PAY-TO PROVIDER
1250	TOOTH NUMBER REQUIRED
1251	TOOTH NUMBER INVALID
1260	TOOTH SURFACE REQUIRED
1261	TOOTH SURFACE INVALID
1262	NO OTHER SERVICES ARE VALID WHEN BILLING "A" AS TOOTH SURFACE
1263	DUPLICATE TOOTH SURFACE
1280	TOOTH NUMBER MISSING OR INVALID FOR PROCEDURE
1300	RECIPIENT AID CATEGORY LIMITED TO OB SERVICES
1310	RAPE / INCEST ABORTION CODE EDIT: CLAIM TO ALWAYS DENY
1330	MODIFIER 1 IS AN INVALID MODIFIER
1331	MODIFIER 2 IS AN INVALID MODIFIER
1332	MODIFIER 3 IS AN INVALID MODIFIER
1333	MODIFIER 4 IS AN INVALID MODIFIER
1360	PLACE OF SERVICE MISSING OR INVALID
1380	NON-COVERED TRANSPORTATION SERVICE BASED ON RECIPIENT'S COUNTY OF RESIDENCE
1400	NON-COVERED SERVICES MUST BE RESULT OF EPSDT REFERRAL
1450	MODIFIER MISSING OR INVALID
1453	MODIFIER MISSING FOR PROCEDURE CODE 90782
1460	PROCEDURE CODE INVALID FOR PROVIDER TYPE
1470	NDC IS REQUIRED FOR DISPENSED DRUG
1480	PROCEDURE CODE TO PLACE OF SERVICE VALIDITY CHECK
1490	PROCEDURE CODE TO AGE VALIDITY CHECK
1491	REVENUE CODE INAPPROPRIATE FOR THE RECIPIENT'S AGE



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Code	Description
1492	SURGERY CODE 1 INAPPROPRIATE FOR THE RECIPIENT'S AGE
1493	SURGERY CODE 2 INAPPROPRIATE FOR THE RECIPIENT'S AGE
1494	SURGERY CODE 3 INAPPROPRIATE FOR THE RECIPIENT'S AGE
1495	SURGERY CODE 4 INAPPROPRIATE FOR THE RECIPIENT'S AGE
1496	SURGERY CODE 5 INAPPROPRIATE FOR THE RECIPIENT'S AGE
1497	SURGERY CODE 6 INAPPROPRIATE FOR THE RECIPIENT'S AGE
1500	PROCEDURE CODE TO SEX VALIDITY CHECK
1501	SURGERY CODE 1 INAPPROPRIATE FOR THE RECIPIENT'S SEX
1502	SURGERY CODE 2 INAPPROPRIATE FOR THE RECIPIENT'S SEX
1503	SURGERY CODE 3 INAPPROPRIATE FOR THE RECIPIENT'S SEX
1504	SURGERY CODE 4 INAPPROPRIATE FOR THE RECIPIENT'S SEX
1505	SURGERY CODE 5 INAPPROPRIATE FOR THE RECIPIENT'S SEX
1506	SURGERY CODE 6 INAPPROPRIATE FOR THE RECIPIENT'S SEX
1510	PROCEDURE/NDC CODE INVALID FOR DATES OF SERVICE
1511	REVENUE CODE INVALID FOR DATES OF SERVICE
1512	SURGERY CODE 1 INVALID FOR DATES OF SERVICE
1513	SURGERY CODE 2 INVALID FOR DATES OF SERVICE
1514	SURGERY CODE 3 INVALID FOR DATES OF SERVICE
1515	SURGERY CODE 4 INVALID FOR DATES OF SERVICE
1516	SURGERY CODE 5 INVALID FOR DATES OF SERVICE
1517	SURGERY CODE 6 INVALID FOR DATES OF SERVICE
1518	LOCAL PROCEDURE CODE INVALID FOR DATES OF SERVICE
1519	NDC INVALID FOR DATES OF SERVICE
1520	NDC / PROCEDURE / REVENUE NOT ON FILE
1521	REVENUE CODE NOT ON FILE
1522	SURGERY CODE 1 NOT ON FILE
1523	SURGERY CODE 2 NOT ON FILE
1524	SURGERY CODE 3 NOT ON FILE
1525	SURGERY CODE 4 NOT ON FILE
1526	SURGERY CODE 5 NOT ON FILE
1527	SURGERY CODE 6 NOT ON FILE
1529	NDC NOT ON FILE
1530	INVALID DIAGNOSIS CODE FOR PROCEDURE OR SURGERY CODE 1
1531	INVALID DIAGNOSIS CODE FOR SURGERY CODE 2
1532	INVALID DIAGNOSIS CODE FOR SURGERY CODE 3
1533	INVALID DIAGNOSIS CODE FOR SURGERY CODE 4
1534	INVALID DIAGNOSIS CODE FOR SURGERY CODE 5
1535	INVALID DIAGNOSIS CODE FOR SURGERY CODE 6
1540	PROCEDURE CODE TO PROVIDER SPECIALTY VALIDITY CHECK
1541	PROCEDURE CODE INVALID FOR PROVIDER SPECIALTY
1550	PROCEDURE CODE TO CLAIM TYPE VALIDITY CHECK
1560	PROCEDURE CODE ON REVIEW FOR THIS PROVIDER
1580	OUTSIDE CITY LIMITS
1610	SYSTEM DERIVED TYPE OF SERVICE FOR PROCEDURE CODE INVALID



ARKANSAS MEDICAID ERROR CODES

Code	Description
1611	SYSTEM DERIVED TYPE OF SERVICE FOR REVENUE CODE INVALID
1612	SYSTEM DERIVED TYPE OF SERVICE FOR SURGERY CODE 1 INVALID
1613	SYSTEM DERIVED TYPE OF SERVICE FOR SURGERY CODE 2 INVALID
1614	SYSTEM DERIVED TYPE OF SERVICE FOR SURGERY CODE 3 INVALID
1615	SYSTEM DERIVED TYPE OF SERVICE FOR SURGERY CODE 4 INVALID
1616	SYSTEM DERIVED TYPE OF SERVICE FOR SURGERY CODE 5 INVALID
1617	SYSTEM DERIVED TYPE OF SERVICE FOR SURGERY CODE 6 INVALID
1630	LAB NOT CERTIFIED FOR PROCEDURE
1640	ACCOMMODATION UNITS DO NOT EQUAL COVERED DAYS
1650	SERVICE NOT COVERED UNDER AID CATEGORY 62
1720	PRIVATE ROOM REQUIRES 38 OR 39 IN CONDITION CODE
1790	PROCEDURE REQUIRES ATTACHMENT-SUBMIT PAPER CLAIM AND ATTACHMENT
1800	SCHOOL DISTRICT LEA CODE MISSING OR INVALID
1810	THERAPY SERVICES INDICATOR INVALID FOR PROVIDER TYPE
1830	CLAIM FROM DATE OF SERVICE PRIOR TO RECIPIENT'S DATE OF BIRTH
1850	ROOM AND BOARD REVENUE CODE NOT ALLOWED WITH REVENUE CODE 129
1851	INVALID OR MULTIPLE REVENUE CODES CANNOT BE BILLED ON SAME CLAIM
1880	PRIOR AUTHORIZATION VALID FOR CMS NON-MEDICAID SERVICES ONLY
1881	MEDICAID CLAIM CAN'T BE BILLED WITH A CMS NON-MEDICAID PRIOR AUTHORIZATION
1890	RECIPIENT INELIGIBLE FOR CMS RESPITE CARE WAIVER SERVICES W8 OR W9
1900	PRIMARY DIAGNOSIS NOT ON FILE
1901	PRIMARY DIAGNOSIS CODE INVALID
1910	DIAGNOSIS CODE 2 INVALID
1911	DIAGNOSIS CODE 3 INVALID
1912	DIAGNOSIS CODE 4 INVALID
1913	DIAGNOSIS CODE 5 INVALID
1914	DIAGNOSIS CODE 6 INVALID
1915	DIAGNOSIS CODE 7 INVALID
1916	DIAGNOSIS CODE 8 INVALID
1917	DIAGNOSIS CODE 1 INVALID
1920	PRIMARY DIAGNOSIS INAPPROPRIATE FOR RECIPIENT'S AGE
1930	DIAGNOSIS 2 INAPPROPRIATE FOR RECIPIENT'S AGE
1931	DIAGNOSIS 3 INAPPROPRIATE FOR RECIPIENT'S AGE
1932	DIAGNOSIS 4 INAPPROPRIATE FOR RECIPIENT'S AGE
1933	DIAGNOSIS 5 INAPPROPRIATE FOR RECIPIENT'S AGE
1934	DIAGNOSIS 6 INAPPROPRIATE FOR RECIPIENT'S AGE
1935	DIAGNOSIS 7 INAPPROPRIATE FOR RECIPIENT'S AGE
1936	DIAGNOSIS 8 INAPPROPRIATE FOR RECIPIENT'S AGE
1937	DIAGNOSIS 1 INAPPROPRIATE FOR RECIPIENT'S AGE
1940	PRIMARY DIAGNOSIS INAPPROPRIATE FOR RECIPIENT'S SEX
1950	DIAGNOSIS 2 INAPPROPRIATE FOR RECIPIENT'S SEX



ARKANSAS MEDICAID ERROR CODES

Code	Description
1951	DIAGNOSIS 3 INAPPROPRIATE FOR RECIPIENT'S SEX
1952	DIAGNOSIS 4 INAPPROPRIATE FOR RECIPIENT'S SEX
1953	DIAGNOSIS 5 INAPPROPRIATE FOR RECIPIENT'S SEX
1954	DIAGNOSIS 6 INAPPROPRIATE FOR RECIPIENT'S SEX
1955	DIAGNOSIS 7 INAPPROPRIATE FOR RECIPIENT'S SEX
1956	DIAGNOSIS 8 INAPPROPRIATE FOR RECIPIENT'S SEX
1957	DIAGNOSIS 1 INAPPROPRIATE FOR RECIPIENT'S SEX
1970	DATES OF SERVICE SPAN FEDERAL FISCAL YEAR
1980	PROVIDER TO RECIPIENT MISMATCH FOR SCHOOL DISTRICT OUTREACH SERVICES FOR ARKIDS
1981	PROVIDER INELIGIBLE FOR SCHOOL DISTRICT OUTREACH SERVICES
1990	FAMILY PLANNING DIAGNOSIS REQUIRED FOR FAMILY PLANNING PROCEDURE
2010	DIAGNOSIS CODE ON SUSPEND STATUS
2050	DIAGNOSIS INVALID
2060	DIAGNOSIS INAPPROPRIATE FOR RECIPIENT'S SEX
2070	DIAGNOSIS INAPPROPRIATE FOR RECIPIENT'S AGE
2080	RECIPIENT LIMITED TO TUBERCULOSIS RELATED SERVICES ONLY
2090	TPL INJURY SUSPECT
2100	WELL CHILD / WELL BABY DIAGNOSIS INVALID FOR PROFESSIONAL CLAIM
2120	SURGERY PROCEDURE CODES 10000-69999 NOT PAYABLE W/TOS 2 AND MODIFIER 80 OR 82
2140	SERVICES COVERED ONLY FOR ASSISTED LIVING WAIVER RECIPIENTS
2150	ASSISTED LIVING WAIVER SERVICE TIER OF NEED NOT APPROVED BY DAAS FOR RECIPIENT
2160	DATES OF SERVICE SPAN PROVIDER FISCAL YEAR
2170	OUT OF STATE PROVIDER
2180	PROVIDER'S LICENSE NUMBER IS NOT ON FILE
2210	PROVIDER DECEASED
2220	PROVIDER CANCELLED
2221	PROVIDER NUMBER ON LTC CENSUS REPORT IS CANCELED
2222	REFERRING PROVIDER CANCELED
2230	PROVIDER SUSPENDED
2240	INPATIENT PSYCHIATRIC PROVIDER SPECIALTY INAPPROPRIATE FOR RECIPIENT'S AGE
2241	AGED PSYCHIATRIC PATIENT INELIGIBLE FOR SERVICES
2250	PROVIDER RATE NOT ON FILE
2251	PROVIDER RATE NOT ON FILE FOR DATES OF SERVICE
2260	PROVIDER TYPE OR SPECIALTY INVALID FOR CLAIM TYPE
2261	PROVIDER TYPE INVALID FOR CENSUS REPORT
2270	RECIPIENT INELIGIBLE FOR SERVICE
2280	PROVIDER INELIGIBLE FOR DATES OF SERVICE
2281	PROVIDER INELIGIBLE FOR CENSUS REPORT DATE
2282	PROVIDER HAS MISSING OR INVALID SPECIALTY FOR DATES OF SERVICE
2290	PROVIDER NUMBER INVALID OR NOT ON FILE



ARKANSAS MEDICAID ERROR CODES

Code	Description
2300	ATTENDING PROVIDER NUMBER NOT ON FILE
2320	PROVIDER ON REVIEW
2330	REFERRING PROVIDER NUMBER NOT ON FILE
2340	TYPE OF SERVICE ON REVIEW
2360	PERFORMING PROVIDER NOT ASSOCIATED WITH GROUP
2370	PERFORMING PROVIDER MISSING, INVALID OR CANCELLED
2371	PERFORMING PROVIDER CANCELLED
2372	PERFORMING PROVIDER DECEASED
2380	PERFORMING PROVIDER NOT ASSOCIATED WITH THE GROUP FOR DATES OF SERVICE
2390	CLAIM TYPE MUST BE CROSSOVER FOR PROVIDER
2460	NURSING HOME PROVIDER BILLING SERVICES FOR A HOSPICE RECIPIENT
2470	HOSPICE PROVIDER BILLING SERVICES FOR A NURSING HOME RECIPIENT
2480	ELIGIBLE FOR MEDICARE ONLY / NO MEDICAID OR QMB BENEFITS
2490	INVALID CLAIM TYPE FOR RECIPIENT AID CATEGORY 18, 38, 48 (QMB)
2500	RECIPIENT NOT ON FILE
2501	RECIPIENT NUMBER MISSING OR INVALID
2510	UNUSABLE ELIGIBILITY RECORD
2520	RECIPIENT LAST NAME AND ID NUMBER MISMATCH
2530	RECIPIENT DECEASED BEFORE HEADER ENDING DATE OF SERVICE
2540	RECIPIENT INELIGIBLE FOR HEADER DATES OF SERVICE
2541	RECIPIENT PARTIALLY INELIGIBLE FOR HEADER DATES OF SERVICE
2550	RECIPIENT PARTIALLY INELIGIBLE FOR HEADER DATES OF SERVICE
2560	MEDICARE SUSPECT FOR RECIPIENT OVER 65 WITH NO BUY-IN
2570	INELIGIBLE FOR EPSDT SERVICES. RECIPIENT AGE IS OVER 20 ON THE CLAIM DATE OF SERVICE.
2580	LOCK IN PATIENT
2581	RECIPIENT LOCKED IN TO A DIFFERENT PROVIDER
2582	RECIPIENT IS NOT LOCKED IN TO A SPECIFIC PROVIDER
2590	RECIPIENT FIRST NAME AND ID NUMBER MISMATCH
2610	RECIPIENT DECEASED BEFORE DETAIL ENDING DATE OF SERVICE
2620	RECIPIENT TOTALLY INELIGIBLE FOR DETAIL DATES OF SERVICE
2621	RECIPIENT PARTIALLY INELIGIBLE FOR DETAIL DATES OF SERVICE
2622	RECIPIENT PARTIALLY INELIGIBLE FOR DATES OF SERVICE
2630	RECIPIENT PARTIALLY INELIGIBLE FOR DETAIL DATES OF SERVICE
2650	RECIPIENT ID NUMBER IS MISSING OR INVALID
2670	CENSUS DATA MISSING FOR MONTH PRIOR TO CLAIM DATES OF SERVICE
2700	NURSING HOME CARE NOT AUTHORIZED
2720	RECIPIENT AUTHORIZED LEVEL OF CARE MISSING FOR DATES OF SERVICE
2750	RECIPIENT PATIENT LIABILITY MISSING FOR DATES OF SERVICE
2760	RECIPIENT INELIGIBLE FOR W4 WAIVER SERVICES
2770	RECIPIENT INELIGIBLE FOR W1 WAIVER SERVICES
2780	RECIPIENT INELIGIBLE FOR W2 WAIVER SERVICES
2790	W1 WAIVER RECIPIENT NOT ELIGIBLE FOR TCM SERVICE
2800	THIRD PARTY LIABILITY SUSPECT



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Code	Description
2801	INVALID TPL INDICATOR
2802	TPL AMOUNT MUST BE NUMERIC
2803	TPL DENIAL DATE REQUIRED IF TPL AMOUNT EQUALS ZERO
2804	TPL DENIAL DATE CANNOT BE A FUTURE DATE
2805	TPL DENIAL DATE INVALID
2806	TPL AMOUNT CANNOT BE GREATER THAN THE BILLED AMOUNT
2807	TPL AMOUNT PRESENT / TPL INDICATOR MISSING
2810	INAPPROPRIATE DIAGNOSIS CODE FOR PROCEDURE
2820	MEDICARE SUSPECT
2830	PROVIDER SPECIALTY INAPPROPRIATE FOR PROCEDURE
2840	PROVIDER SPECIALTY INAPPROPRIATE FOR CLINICAL BREAST EXAM RESULT CODE
2850	CLAIM TYPE TO AID CATEGORY MISMATCH
2860	THIRD PARTY LIABILITY (TPL) INJURY SUSPECT FOR PRIMARY DIAGNOSIS
2861	THIRD PARTY LIABILITY (TPL) INJURY SUSPECT FOR DIAGNOSIS 1
2862	THIRD PARTY LIABILITY (TPL) INJURY SUSPECT FOR DIAGNOSIS 2
2863	THIRD PARTY LIABILITY (TPL) INJURY SUSPECT FOR DIAGNOSIS 3
2864	THIRD PARTY LIABILITY (TPL) INJURY SUSPECT FOR DIAGNOSIS 4
2865	THIRD PARTY LIABILITY (TPL) INJURY SUSPECT FOR DIAGNOSIS 5
2866	THIRD PARTY LIABILITY (TPL) INJURY SUSPECT FOR DIAGNOSIS 6
2867	THIRD PARTY LIABILITY (TPL) INJURY SUSPECT FOR DIAGNOSIS 7
2868	THIRD PARTY LIABILITY (TPL) INJURY SUSPECT FOR DIAGNOSIS 8
2870	PROVIDER INELIGIBLE FOR BILLING BREASTCARE PROGRAM SERVICES
2880	PROVIDER INELIGIBLE FOR PERFORMING BREASTCARE PROGRAM SERVICES
2890	MISSING OR INAPPROPRIATE SPECIMEN ADEQUACY/RESULT CODE
2900	INAPPROPRIATE RESULT CODE FOR PROVIDER SPECIALTY
2940	A VALID BREAST RESULT CODE IS REQUIRED
2950	A VALID CERVICAL RESULT CODE IS REQUIRED
2960	A VALID BREAST RECOMMENDATION CODE IS REQUIRED
2970	A VALID BREAST RECOMMENDATION CODE IS REQUIRED
2980	A VALID CERVICAL RECOMMENDATION CODE IS REQUIRED
2990	MONTHS FOR SHORT TERM FOLLOW UP REQUIRED
3020	NON EMERGENCY PROCEDURE CODE INVALID FOR EMERGENCY CONDITION CODE
3021	EMERGENCY PRIOR AUTHORIZATION NUMBER IS REQUIRED FOR TYPE OF BILL
3022	EMERGENCY REVENUE CODE REQUIRES CONDITION CODE 88
3040	SURGERY PROVIDER INVALID
3050	TUMOR SIZE IS REQUIRED
3070	HEADER DATES OF SERVICE SPAN STATE FISCAL YEARS
3071	DATES OF SERVICE CANNOT SPAN MONTHS FOR LTC CLAIM
3080	DETAIL DATES OF SERVICE SPAN STATE FISCAL YEARS
3100	CHARGE MUST BE NUMERIC
3130	ADMIT DIAGNOSIS MISSING, INVALID OR NOT ON FILE
3140	FROM AND TO DATES OF SERVICE CANNOT SPAN MONTHS



ARKANSAS MEDICAID ERROR CODES

Code	Description
3150	TOS L DEPENDENT ON ELIGIBILITY FOR W5 WAIVER SERVICES FOR DATE OF SERVICE
3180	TUMOR STAGE IS REQUIRED
3190	DATES OF SERVICE ARE NOT WITHIN THE PSRO APPROVED FROM AND TO DATES
3200	PSRO APPROVED FROM DATE INVALID
3201	PSRO APPROVED FROM DATE CANNOT BE A FUTURE DATE
3202	PSRO APPROVED TO DATE INVALID
3203	PSRO APPROVED FROM DATE CANNOT BE AFTER PSRO APPROVED TO DATE
3210	RATE NOT ON FILE FOR DATES OF SERVICE
3220	SURGERY DATE 1 REQUIRED IF SURGERY CODE 1 PRESENT
3221	SURGERY DATE 2 REQUIRED IF SURGERY CODE 2 PRESENT
3222	SURGERY DATE 3 REQUIRED IF SURGERY CODE 3 PRESENT
3223	SURGERY DATE 4 REQUIRED IF SURGERY CODE 4 PRESENT
3224	SURGERY DATE 5 REQUIRED IF SURGERY CODE 5 PRESENT
3225	SURGERY DATE 6 REQUIRED IF SURGERY CODE 6 PRESENT
3229	SURGERY PROVIDER REQUIRED IF SURGERY CODE PRESENT
3250	GLOBAL OB PROCEDURE REQUIRES MINIMUM 4 MONTHS CARE
3260	GLOBAL OB PROCEDURE REQUIRES MINIMUM 2 MONTHS CARE
3270	SURGICAL REVENUE CODE REQUIRES SURGICAL PROCEDURE CODE
3280	TREATMENT INDICATOR IS REQUIRED
3290	REASON FOR NO TREATMENT IS REQUIRED
3330	RECIPIENT NOT ELIGIBLE FOR PROCEDURE/MEDICAID DENIAL REQUIRED
3350	RECIPIENT INELIGIBLE FOR SERVICE
3430	PERSONAL CARE NOT ALLOWED FOR ASSISTED LIVING WAIVER RECIPIENTS
3440	RESIN/ONE SURFACE, ANTERIOR
3450	INDIAN HEALTH SERVICE LIMITED TO PROCEDURE CODE T1015
3550	MANUAL PRICE REQUIRED
3590	ALLOW ONLY SPECIFIC RSPMI SERVICES TO BE PAYABLE FOR NURSING HOME RESIDENTS
3600	STERILIZATIONS NON-COVERED FOR PREGNANT WOMEN/UNBORN CHILD GROUP
3640	REVENUE CODE REQUIRES A CONDITION CODE
3670	WHEN BILLING 92340, ONLY S0592, S0620 or S0621 CAN BE BILLED ON SAME DATE
3680	HEALTH DEPARTMENT SERVICES LIMITED TO TB DIAGNOSIS ONLY
3730	PROCEDURE NOT PAYABLE FOR FAMILY PLANNING WAIVER AID CATEGORY 69
3740	INVALID DIAGNOSIS CODE FOR PROCEDURE CODE (BREASTCARE)
3750	CLIENT'S TPL CARRIER MUST BE BILLED BEFORE BREASTCARE
3760	NO CROSSWALK MATCH FOR BILLING PROVIDER'S NPI TO LEGACY ID
3761	BILLING PROVIDER'S NPI IS REQUIRED
3762	NO CROSSWALK MATCH FOR PERFORMING PROVIDER'S NPI TO LEGACY ID
3763	PERFORMING PROVIDER'S NPI IS REQUIRED
3764	REFERRING PROVIDER'S NPI IS REQUIRED / NO CROSSWALK MATCH TO LEGACY ID



ARKANSAS MEDICAID ERROR CODES

Code	Description
3765	ATTENDING PROVIDER'S NPI IS REQUIRED / NO CROSSWALK MATCH TO LEGACY ID
3766	SURGERY PROVIDER'S NPI IS REQUIRED / NO CROSSWALK MATCH TO LEGACY ID
3767	PRESCRIBING PROVIDER'S NPI IS REQUIRED / NO CROSSWALK MATCH TO LEGACY ID
3770	PROCEDURE CODE REQUIRES NDC(S) FOR ADMINISTERED DRUGS
3771	PROCEDURE CODE REQUIRES NDC(S) FOR ADMINISTERED DRUGS
3772	PROCEDURE CODE REQUIRES NDC(S) FOR ADMINISTERED DRUGS
3773	PROCEDURE CODE REQUIRES NDC(S) FOR ADMINISTERED DRUGS
3774	PROCEDURE CODE REQUIRES NDC(S) FOR ADMINISTERED DRUGS
3775	PROCEDURE CODE REQUIRES NDC(S) FOR ADMINISTERED DRUGS
3780	PROCEDURE CODE AND NDC DO NOT MATCH
3781	PROCEDURE CODES AND NDC DO NOT MATCH
3782	PROCEDURE CODES AND NDC DO NOT MATCH
3783	PROCEDURE CODES AND NDC DO NOT MATCH
3784	PROCEDURE CODES AND NDC DO NOT MATCH
3785	PROCEDURE CODES AND NDC DO NOT MATCH
3790	NDC AND/OR LABELER IS NOT QUALIFIED FOR REBATE OR IS OUTSIDE REBATE DATES
3791	NDC &/OR LABELER IS NOT QUALIFIED FOR REBATE OR IS OUTSIDE REBATE DATES
3792	NDC &/OR LABELER IS NOT QUALIFIED FOR REBATE OR IS OUTSIDE REBATE DATES
3793	NDC &/OR LABELER IS NOT QUALIFIED FOR REBATE OR IS OUTSIDE REBATE DATES
3794	NDC &/OR LABELER IS NOT QUALIFIED FOR REBATE OR IS OUTSIDE REBATE DATES
3795	NDC &/OR LABELER IS NOT QUALIFIED FOR REBATE OR IS OUTSIDE REBATE DATES
3800	PROCEDURE LIMITED TO FOSTER CARE RECIPIENTS
3810	PROVIDER TYPE 95 INVALID AS BILLING PROVIDER
3820	PERFORMING PROVIDER TYPE INVALID FOR CLAIM BILLING PROVIDER TYPE
3821	PROVIDER TYPE 95 INVALID AS BILLING PROVIDER
3890	PRIOR AUTHORIZATION NUMBER NOT ON FILE
3891	PRIOR AUTHORIZATION NUMBER NOT NUMERIC
3892	PRIOR AUTHORIZATION NUMBER NOT ACTIVE PENDING SUBMISSION OF MEDICAL RECORDS
3900	PROVIDER NUMBER ON CLAIM NOT SAME AS PRIOR AUTHORIZATION PROVIDER NUMBER
3920	PRIOR AUTHORIZATION UNITS EXHAUSTED
3930	RECIPIENT ID NUMBER ON CLAIM NOT SAME AS PRIOR AUTHORIZATION RECIPIENT ID NUMBER
3960	CLAIM TYPE OF SERVICE/PA TYPE OF SERVICE MISMATCH
3970	PRIOR AUTHORIZATION NUMBER MISSING OR INVALID
3971	SURGERY CODE 1 REQUIRES PRIOR AUTHORIZATION
3972	SURGERY CODE 2 REQUIRES PRIOR AUTHORIZATION



ARKANSAS MEDICAID ERROR CODES

Code	Description
3973	SURGERY CODE 3 REQUIRES PRIOR AUTHORIZATION
3974	SURGERY CODE 4 REQUIRES PRIOR AUTHORIZATION
3975	SURGERY CODE 5 REQUIRES PRIOR AUTHORIZATION
3976	SURGERY CODE 6 REQUIRES PRIOR AUTHORIZATION
3977	PRIOR AUTHORIZATION REQUIRED FOR ADDITIONAL DAYS
3978	ALL SERVICES PROVIDED FOR CMS NON-MEDICAID RECIPIENT REQUIRE PRIOR AUTHORIZATION
3990	PRIOR AUTHORIZATION REQUIRED
3991	SURGERY CODE 1 REQUIRES PRIOR AUTHORIZATION
3992	SURGERY CODE 2 REQUIRES PRIOR AUTHORIZATION
3993	SURGERY CODE 3 REQUIRES PRIOR AUTHORIZATION
3994	SURGERY CODE 4 REQUIRES PRIOR AUTHORIZATION
3995	SURGERY CODE 5 REQUIRES PRIOR AUTHORIZATION
3996	SURGERY CODE 6 REQUIRES PRIOR AUTHORIZATION
4730	DUPLICATE - CLAIM HAS ALREADY BEEN SUBMITTED AND PAID
4820	DUPLICATE - CLAIM HAS ALREADY BEEN SUBMITTED AND PAID
4830	DUPLICATE - CLAIM HAS ALREADY BEEN SUBMITTED AND PAID
4920	DUPLICATE - CLAIM HAS ALREADY BEEN SUBMITTED AND PAID
9050	NDC IS A DISCONTINUED DRUG
9051	NDC IS A DISCONTINUED DRUG
9052	NDC IS A DISCONTINUED DRUG
9053	NDC IS A DISCONTINUED DRUG
9054	NDC IS A DISCONTINUED DRUG
9055	NDC IS A DISCONTINUED DRUG
9072	PRESCRIBING PROVIDER SPECIALTY IS INVALID SPECIALTY REQUIRED FOR DRUG
9150	DESI DRUG NOT PAYABLE
9151	DESI DRUG NOT PAYABLE
9152	DESI DRUG NOT PAYABLE
9153	DESI DRUG NOT PAYABLE
9154	DESI DRUG NOT PAYABLE
9155	DESI DRUG NOT PAYABLE
9990	UNABLE TO ASSIGN ICN TO THIS CLAIM
9996	INVALID LTC DETAIL
9998	PAID AMOUNT ABOVE THRESHOLD AMOUNT
9999	HOST SYSTEM ERROR (CONTACT EDS)
Q230	DAY SUPPLY EXCEEDS MAXIMUM ALLOWABLE FOR EMERGENCY SUPPLY
Q231	QUANTITY EXCEEDS MAXIMUM ALLOWABLE FOR EMERGENCY SUPPLY
Q232	SAME DRUG CLASS FOR EMERGENCY SUPPLY WITHIN 60 DAYS FOR LTC RECIPIENT
Q233	SAME DRUG CLASS FOR EMERGENCY SUPPLY WITHIN 365 DAYS FOR NON-LTC RECIPIENT
Y070	COMPOUND NDCS ARE NON-COVERED
Y181	VALUE CODE 1 INVALID OR MISSING
Y182	VALUE CODE 2 INVALID OR MISSING



ARKANSAS MEDICAID ERROR CODES

Code	Description
Y183	VALUE CODE 3 INVALID OR MISSING
Y184	VALUE CODE 4 INVALID OR MISSING
Y185	VALUE CODE 5 INVALID OR MISSING
Y186	VALUE CODE 6 INVALID OR MISSING
Y187	VALUE CODE 7 INVALID OR MISSING
Y188	VALUE CODE 8 INVALID OR MISSING
Y189	VALUE CODE 9 INVALID OR MISSING
Y18A	VALUE CODE 10 INVALID OR MISSING
Y18B	VALUE CODE 11 INVALID OR MISSING
Y18C	VALUE CODE 12 INVALID OR MISSING
Y191	VALUE CODE AMOUNT 1 INVALID OR MISSING
Y192	VALUE CODE AMOUNT 2 INVALID OR MISSING
Y193	VALUE CODE AMOUNT 3 INVALID OR MISSING
Y194	VALUE CODE AMOUNT 4 INVALID OR MISSING
Y195	VALUE CODE AMOUNT 5 INVALID OR MISSING
Y196	VALUE CODE AMOUNT 6 INVALID OR MISSING
Y197	VALUE CODE AMOUNT 7 INVALID OR MISSING
Y198	VALUE CODE AMOUNT 8 INVALID OR MISSING
Y199	VALUE CODE AMOUNT 9 INVALID OR MISSING
Y19A	VALUE CODE AMOUNT 10 INVALID OR MISSING
Y19B	VALUE CODE AMOUNT 11 INVALID OR MISSING
Y19C	VALUE CODE AMOUNT 12 INVALID OR MISSING
Y200	OCCURRENCE SPAN CODE INVALID
Y201	OCCURRENCE SPAN CODE INVALID
Y210	EMERGENCY DIAGNOSIS CODE INVALID
Y220	PAYER ID MISSING OR INVALID
Y230	MISSING OR INVALID EPSDT INDICATOR
Y231	EPSDT REFERRAL AND CONDITION CODE INVALID
Y240	A PROCEDURE CODE CANNOT BE BILLED WITH THIS REVENUE CODE
Y241	PROCEDURE CODE AND REVENUE CODE ARE REQUIRED
Y250	MISSING OR INVALID FACILITY ADDRESS INFORMATION
Y260	MISSING OR INVALID CLAIM FILING INDICATOR
Y270	MISSING OR INVALID DIAGNOSIS POINTER
Y280	MISSING OR INVALID LINE ITEM CONTROL NUMBER
Y290	MISSING OR INVALID UNIVERSAL PRODUCT NUMBER
Y300	MISSING OR INVALID DRUG PRICING INFORMATION
Y301	DRUG UNIT PRICE INVALID
Y302	DRUG QUANTITY INVALID
Y303	DRUG QUANTITY QUALIFIER INVALID
Y310	MISSING OR INVALID DRUG UNIT PRICE
Y320	MISSING OR INVALID DRUG QUANTITY
Y330	MISSING OR INVALID DRUG QUANTITY QUALIFIER
Y340	MEDICARE PAID AMOUNT MUST BE NUMERIC
Y350	MEDICARE ALLOWED AMOUNT MUST BE NUMERIC AND GREATER THAN ZERO



ARKANSAS MEDICAID ERROR CODES

Code	Description
Y360	MEDICARE TOTAL BILLED MUST BE NUMERIC
Y370	MEDICARE COINSURANCE MISSING OR INVALID
Y380	SUM OF MEDICARE DETAIL ALLOWED AMOUNTS MUST EQUAL HEADER ALLOWED AMOUNTS
Y390	SUM OF MEDICARE DETAIL CHARGE AMOUNTS MUST EQUAL HEADER BILLED AMT
Y400	MEDICARE DEDUCTIBLE MUST BE NUMERIC
Y410	NON-COVERED CHARGE MUST BE NUMERIC
Y420	MEDICARE NON-COVERED CHARGE MUST BE LESS THAN BILLED AMOUNT
Y460	DATE LAST SEEN INVALID
Y461	ONSET OF CURRENT ILLNESS DATE INVALID
Y470	NET DESTINATION PROVIDER NOT ON FILE
Y471	NET DESTINATION PROVIDER INELIGIBLE FOR DATES OF SERVICE
Y480	NET REQUEST DATE INVALID
Y570	NET MODE OF TRANSPORTATION INVALID
Y571	NET APPOINTMENT AFTER HOURS INVALID
Y572	NET WITHIN SERVICE REGION INVALID
Y573	NET OTHERS RIDING INVALID
Y580	NET ORIGINAL DESTINATION SCHEDULED PICKUP TIME INVALID
Y581	NET ORIGINAL DESTINATION ACTUAL PICKUP TIME INVALID
Y582	NET DESTINATION PROVIDER APPOINTMENT TIME INVALID
Y583	NET DESTINATION PROVIDER ACTUAL DROP OFF TIME INVALID
Y584	NET DESTINATION PROVIDER ACTUAL PICK UP TIME INVALID
Y585	NET ORIGINAL DESTINATION ACTUAL DROP OFF TIME INVALID
Y490	DEFAULT TYPE OF SERVICE X DERIVED
Y500	MISSING OR INVALID FAMILY PLAN INDICATOR
Y510	INVALID JULIAN DATE
Y520	FUTURE FROM DATE OF SERVICE INVALID
Y530	FUTURE TO DATE OF SERVICE INVALID
Y531	FROM DATE OF SERVICE CANNOT BE GREATER THAN TO DATE OF SERVICE
Y540	13 DIGIT INTERNAL CLAIM NUMBER REQUIRED
Y550	CROSSOVER CANNOT BE REVERSED
Y560	UNITS AND TOTAL TOOTH NUMBERS MUST EQUAL
Y590	AGE INVALID FOR NDC
Y600	DAY SUPPLY INVALID FOR NDC
Y620	GENDER INVALID FOR NDC
Y640	DOSE (QUANTITY : DAYS SUPPLY RATIO) INVALID FOR NDC
Y650	QUANTITY OUTSIDE MAXIMUM-MINIMUM LIMITS FOR NDC
Y660	CUMULATIVE HISTORY QUANTITY EXCEEDED
Y680	NON-PREFERRED DRUG
Y681	PA REQUIRED FOR NON-PREFERRED DRUG
Y690	INVALID PHARMACY PROVIDER SPECIALTY
Y691	NO PRICING INFO FOR PHARMACY PROVIDER SPECIALTY. CONTACT EDS.
Z000	ONE OR MORE OF MODIFIER EXPLANATION INDICATORS USED
Y700	DRUG NOT COVERED FOR DUAL ELIGIBLE RECIPIENTS-RECIPIENT HAS



ARKANSAS MEDICAID ERROR CODES

Code	Description
	MEDICARE PART D
Y701	DRUG REQUIRES A MEDICARE DENIAL DATE TO BE COVERED FOR MEDICARE RECIPIENTS
Y720	QUANTITY BILLED MUST BE A MULTIPLE OF THE PACKAGE SIZE
Z001	SURGERY FIELD AVOIDANCE MODIFIER INDICATOR INVALID
Z002	TOTAL BODY HYPOTHERMIA MODIFIER INDICATOR INVALID
Z003	CONTROLLED HYPERTENSION MODIFIER INDICATOR INVALID
Z004	HYPER BARIC PRESSURIZATION MODIFIER INDICATOR INVALID
Z005	EXTRA CORPOREAL CIRCULATION MODIFIER INDICATOR INVALID
Z010	EPSDT SCREENING TYPE INVALID
Z020	ANESTHESIA UNITS, HOURS OR MINUTES INVALID
Z021	ANESTHESIA HOURS INVALID
Z022	ANESTHESIA MINUTES INVALID
Z030	EMPLOYMENT RELATED INDICATOR IS INVALID
Z040	ACCIDENT RELATED INDICATOR IS INVALID
Z050	OTHER ACCIDENT RELATED INDICATOR INVALID
Z070	GROWTH / NUTRITION SCREENING INDICATOR INVALID
Z071	DEVELOPMENT ASSESSMENT SCREENING INDICATOR INVALID
Z072	UNCLOTHED PHYSICAL SCREENING INDICATOR INVALID
Z073	NEUROLOGICAL EXAM SCREENING INDICATOR INVALID
Z074	CARDIAC STATUS SCREENING INDICATOR INVALID
Z075	VISION SCREENING INDICATOR INVALID
Z076	HEARING SCREENING INDICATOR INVALID
Z077	DENTAL SCREENING INDICATOR INVALID
Z078	EDUCATION SCREENING INDICATOR INVALID
Z079	HEALTH SCREENING INDICATOR INVALID
Z080	LEAD LEVEL SCREENING INDICATOR INVALID
Z081	HEMATOLOGIC SCREENING INDICATOR INVALID
Z082	URINALYSIS SCREENING INDICATOR INVALID
Z083	IMMUNIZATION SCREENING INDICATOR INVALID
Z084	OTHER MEDICAL SCREENING INDICATOR INVALID
Z085	OTHER LAB SCREENING INDICATOR INVALID
Z090	NET BILLED AMOUNT IS INVALID
Z100	EPSDT INDICATOR IS INVALID
Z110	DETAIL DATES OF SERVICE NOT WITHIN THE HEADER FROM AND TO DATES OF SERVICE
Z120	SOURCE OF ADMISSION INVALID
Z140	ADMIT HOUR INVALID
Z160	DISCHARGE HOUR INVALID
Z170	NON-COVERED DAYS INVALID
Z181	OCCURRENCE CODE 1 IS INVALID
Z182	OCCURRENCE CODE 2 IS INVALID
Z183	OCCURRENCE CODE 3 IS INVALID
Z184	OCCURRENCE CODE 4 IS INVALID
Z185	OCCURRENCE CODE 5 IS INVALID



ARKANSAS MEDICAID ERROR CODES

Code	Description
Z186	OCCURRENCE CODE 6 IS INVALID
Z187	OCCURRENCE CODE 7 IS INVALID
Z188	OCCURRENCE CODE 8 IS INVALID
Z190	OCCURRENCE DATE 1 INVALID
Z191	OCCURRENCE DATE 2 INVALID
Z192	OCCURRENCE DATE 3 INVALID
Z193	OCCURRENCE DATE 4 INVALID
Z194	OCCURRENCE DATE 5 INVALID
Z195	OCCURRENCE DATE 6 INVALID
Z196	OCCURRENCE DATE 7 INVALID
Z197	OCCURRENCE DATE 8 INVALID
Z200	OCCURRENCE DATE 1 NOT BETWEEN FROM AND TO DATES OF SERVICE
Z201	OCCURRENCE DATE 2 NOT BETWEEN FROM AND TO DATES OF SERVICE
Z202	OCCURRENCE DATE 3 NOT BETWEEN FROM AND TO DATES OF SERVICE
Z203	OCCURRENCE DATE 4 NOT BETWEEN FROM AND TO DATES OF SERVICE
Z204	OCCURRENCE DATE 5 NOT BETWEEN FROM AND TO DATES OF SERVICE
Z205	OCCURRENCE DATE 6 NOT BETWEEN FROM AND TO DATES OF SERVICE
Z206	OCCURRENCE DATE 7 NOT BETWEEN FROM AND TO DATES OF SERVICE
Z207	OCCURRENCE DATE 8 NOT BETWEEN FROM AND TO DATES OF SERVICE
Z210	CONDITION CODE 1 INVALID
Z211	CONDITION CODE 2 INVALID
Z212	CONDITION CODE 3 INVALID
Z213	CONDITION CODE 4 INVALID
Z214	CONDITION CODE 5 INVALID
Z220	TPL AMOUNT MISSING OR INVALID
Z230	SURGERY COUNT MISSING OR INVALID
Z231	OCCURRENCE COUNT MISSING OR INVALID
Z232	CONDITION CODE COUNT MISSING OR INVALID
Z240	CENSUS REPORT LICENSED BED COUNT GREATER THAN PROVIDER HAS ON FILE
Z250	CENSUS REPORT MEDICAID BEDS COUNT INVALID
Z251	CENSUS REPORT PENDING BEDS COUNT INVALID
Z252	CENSUS REPORT NON-MEDICAID BEDS COUNT INVALID
Z253	CENSUS REPORT ADMISSION BEDS COUNT INVALID
Z254	CENSUS REPORT COUNT INVALID FOR DEATHS
Z255	CENSUS REPORT TRANSFER BEDS COUNT INVALID
Z256	CENSUS REPORT DISCHARGE BEDS COUNT INVALID
Z260	TPL COMPANY CODE AND OR NAME MISSING OR INVALID
Z261	TPL COMPANY CODE OR COMPANY NAME REQUIRED
Z270	SECONDARY TPL COMPANY CODE AND OR NAME MISSING OR INVALID
Z271	SECONDARY TPL COMPANY CODE OR NAME REQUIRED
Z280	MUST BILL SEPARATE CLAIMS AS RECIPIENT HAS MULTIPLE ID NUMBERS
Z290	DATE OF SERVICE IS OVER 365 DAYS OLD
Z291	CENSUS REPORT DATE OVER 13 MONTHS OLD
Z300	DETAIL DATE OF SERVICE IS OVER 365 DAYS OLD



ARKANSAS MEDICAID ERROR CODES

Code	Description
Z310	SOCIAL SECURITY NUMBER NOT FOUND
Z311	PATIENT NAME MISMATCH
Z312	MULTIPLE PATIENTS FOUND
Z313	LAST NAME DOES NOT MATCH SSN
Z314	FIRST NAME DOES NOT MATCH SSN
Z315	MIDDLE INITIAL DOES NOT MATCH SSN
Z316	DATE OF BIRTH DOES NOT MATCH SSN
Z330	SECONDARY TPL INDICATOR IS INVALID
Z340	SUBMITTER NAME MISSING
Z341	SUBMITTER FIRST OR LAST NAME CANNOT BE PRESENT WITH ORGANIZATION NAME
Z342	SUBMITTER LAST NAME MISSING
Z343	SUBMITTER FIRST NAME IS MISSING
Z350	VERIFIES SUBMITTER IDENTIFIER
Z360	SUBSCRIBER INFORMATION MISSING
Z370	PATIENT ACCOUNT NUMBER MISSING
Z380	CLAIM FREQUENCY CODE MISSING
Z390	REPORT TYPE CODE MISSING
Z400	REPORT TRANSMISSION CODE MISSING
Z410	RELATED CAUSES CODE MISSING
Z420	SPECIAL PROGRAM CODE MISSING
Z430	REFERENCE ID MISSING
Z440	ATTACHMENT CONTROL NUMBER MISSING
Z450	OTHER INSURED INFORMATION MISSING
Z470	ORAL CAVITY CODE MISSING OR INVALID
Z480	CROWN AND INLAY CODE MISSING OR INVALID
Z490	ORTHODONTIC BANDING DATE MISSING OR INVALID
Z491	ORTHODONTIC BANDING DATE IS INVALID
Z492	ORTHODONTIC BANDING DATE CANNOT BE GREATER THAN CURRENT DATE
Z501	INCIDENT DATE REQUIRED IF ACCIDENT INDICATOR PRESENT
Z502	INCIDENT DATE INVALID
Z503	INCIDENT DATE CANNOT BE GREATER THAN CURRENT DATE
Z510	ORTHODONTIC TOTAL MONTHS INVALID
Z511	ORTHODONTIC TOTAL MONTHS REMAINING INVALID
Z512	ORTHODONTIC TOTAL MONTHS REMAINING CANNOT BE GREATER THAN TOTAL TREATMENT MONTHS
Z530	ADJUSTMENT OR REPLACEMENT FREQUENCY CODE INVALID
Z550	ICN NOT FOUND
Z551	CLAIM STATUS (276) INVALID READ CLAIM STATUS HEADER TABLE
Z552	CLAIM STATUS (276) CLAIM NOT FOUND FOR FROM DATE OF SERVICE REQUESTED
Z570	REVENUE CODE INVALID FOR LONG TERM CARE
Z810	INVALID ICN
Z811	ICN NOT FOUND ON CLAIM FILE
Z812	INVALID ICN FOR CLAIM TYPE



ARKANSAS MEDICAID ERROR CODES

Code	Description
Z813	CLAIM CANNOT BE REVERSED-CLAIM WAS DENIED OR HAS ALREADY BEEN REVERSED
Z814	PAID CLAIM CAN ONLY BE REVERSED IF DATE OF SERVICE LESS THAN 1 YEAR
Z815	CLAIM CAN ONLY BE REVERSED ON SAME DAY SUBMITTED OR AFTER CLAIM HAS BEEN PAID
Z816	CLAIM CAN ONLY BE ADJUSTED AFTER CLAIM HAS BEEN PAID ON A REMITTANCE ADVICE
Z820	RECIPIENT ID / CLAIM RECORD MISMATCH
Z821	RECIPIENT'S ID ON REVERSAL REQUEST INVALID
Z830	PROVIDER ID ON ORIGINAL CLAIM AND REVERSAL RECORD MISMATCH
Z831	PROVIDER'S ID ON REVERSAL REQUEST INVALID
Z840	PAID CLAIM CAN ONLY BE REVERSED IF DATE OF SERVICE IS LESS THAN 1 YEAR
Z990	INTERNAL ERROR-DETAIL COUNT IS INVALID
Z991	INVALID DETAIL COUNT