



EDI Claim Edits

UnitedHealthcare applies Health Insurance Portability and Accountability Act (HIPAA) edits for professional (837P) and institutional (837I) claims submitted electronically. Enhancements to these edits may occur periodically, affecting most payer IDs on the Claims Payer List for UnitedHealthcare, Affiliates and Strategic Alliances; exceptions are Harvard Pilgrim (04271) and The Alliance (88461). WEDI SNIP types 1 through 6 are applied at a pre-adjudication level during HIPAA validation for the following edits:

WEDI SNIP Type *	Claredi EDI Number	Edit Description	Claim Type		Comments
			837P	837I	
1	H10005	Value is too short for 'NM109'	X	X	
1	H10006	Value is too long	X	X	
1	H10012	Data contains invalid character(s) from neither the basic, nor the extended character set	X	X	
1	H10014	Leading zeros detected in CTP04; The X12 syntax requires the suppression of leading zeros for numeric elements	X	X	
1	H10016	Leading spaces are not allowed (N401)	X	X	
1	H10017	Non-alpha-numeric or -space character (.....) is not allowed here (N403)	X	X	
1	H10018	Trailing spaces are not allowed (N402)	X	X	
1	H10046	Syntax error: NM108 was found but NM109 was missing; X12 syntax rule: 'P0809' - if one element is present, all must be present	X	X	
1	H10049	Syntax error: No listed element was found. X12 syntax rule: 'R0203' - at least one element must be present	X	X	
1	H10611	Excess Trailing Data Element Delimiter(s)	X	X	
1	H10614	Missing Mandatory 'HI1002'	X	X	
1	H10904	Number of Included Segments '306' does not match actual segment count '305'	X	X	
1	H11202	Incomplete Interchange	X	X	
1	H11203	Transaction Set Trailer missing	X	X	
1	H11204	Code Value ' ' not used for element 'PWK02'	X	X	
1	H11205	Incomplete Functional Group	X	X	
1	H11402	HL segment marked as having children but in fact has none	X	X	
1	H11615	Segment terminator detected in element contents	X		
1	H11617	Interchange Control Number (ISA13) must be unique within a file	X	X	
1	H12034	Element repetition separator found in non-repeating element	X	X	
2	H20067	DTP03 ' ' has bad date specification; Wrong length - should be 'CCYYMMDD'	X	X	
2	H20070	HH portion of time field must be 00-23	X	X	
2	H20203	Code Value 'N' at element 'CLM09' is valid in the X12 standard but not in this HIPAA implementation	X	X	
2	H20204	Code Value at element 'CLM09' is valid in the X12 standard but not in this HIPAA implementation	X	X	
2	H20205	Incomplete loop (2310E); Missing HIPAA-required N4 (Ambulance Pick-up Location City, State, ZIP Code)	X	X	
2	H20600	Value does not match the format for a Federal Tax Identification Number	X	X	
2	H20601	Value does not match the format for a National Association of Insurance Commissioners Code	X	X	
2	H20612	Value 'CO18' does not match the format for a MOA Remark Code	X	X	
2	H20617	Value does not match the format for a 'HIPAA National Provider ID (NPI)'	X	X	
2	H20618	Value '.' does not match the format for a Person's name - must be at least one letter	X	X	

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			837P	837I	
2	H20622	Value does not match the format for a UPIN	X	X	
2	H20624	Value does not match the format for an ICD9 Diagnosis Code (digits, E, V codes only)	X	X	
2	H20628	Value does not match the format for a NUBC Revenue Code. Revenue codes must be 4 digits, usually including a leading zero	X	X	
2	H20631	Blank value supplied for data element	X	X	
2	H20658	Segment REF exceeded HIPAA max use count	X	X	
2	H20751	Invalid ZIP Code	X	X	
2	H20753	Invalid Canadian Postal Code	X	X	
2	H20759	NDC Code value is too long; Must be a 5-4-2 formatted code without the hyphens (11 digits only)	X	X	
2	H20760	NDC Code value is too short; Must be a 5-4-2 formatted code without the hyphens (11 digits only)	X	X	
2	H20761	ICD9 Codes should not contain periods		X	
2	H20801	MOA Remark Codes must not leave gaps in the segment	X	X	
2	H20802	'Diagnosis Code' composites must not leave gaps in them	X		
2	H20904	Suppress edit if Claim Adjustment Reason Code 237 is duplicated	X	X	
2	H23038	Decimal data elements in Data Element 782 (Monetary Amount) will be limited to a maximum length of 10 characters including 2 reported or implied places for cents	X	X	
2	H23041	Not a valid date - day does not fall in month in this year	X	X	
2	H24215	State or Province was not found, but was expected because the Related Causes Code (CLM-11-1) is 'AA-Auto Accident'	X		
2	H24235	Group Name was found but was not expected because the Group Number (SBR03) is present		X	
2	H24236	'Claim Filing Indicator Code' was not found but was expected because PlanID has not yet been mandated	X	X	
2	H24274	'Health Care Code Information' was not expected because the Other Diagnosis Industry Code (HI-04-2) is not present		X	
2	H24276	'Health Care Code Information' was not expected because the Other Diagnosis Industry Code (HI-06-2) is not present		X	
2	H24365	'Procedure Modifier' was not expected because the HCPCS Modifier 1 (SV2-02-3) is not present		X	
2	H24391	Missing HIPAA Required 'xxx'	X	X	
2	H24402	Value fails the check digit algorithm for the HIPAA National Provider ID (NPI)	X	X	
2	H24410	Subscriber ID cannot be used in the NM1 segment because the Subscriber is not a Person	X	X	
2	H25367	Country Code was found but not expected because the country is the United States (N404=US)	X	X	
2	H25370	Telephone/FAX number in PER must be exactly 10 positions long - the value '9999820' is too short	X	X	
2	H25371	Telephone/FAX number in PER must be exactly 10 positions long - the value is too long	X	X	
2	H25375	Billing Provider Address must be a street address; Post Office Box or Lock Box addresses are to be sent in the Pay-to-Provider Address	X	X	
2	H25376	'Billing Provider Postal Zone or ZIP Code' must be the nine digit Zip code	X	X	
2	H25377	'Billing Provider Postal Zone or ZIP Code' must be the nine digit Zip code	X	X	
2	H25387	'Billing Provider Tax Identification Number' does not match the format of a Tax ID Number	X	X	
2	H25388	Service Facility Contact Name was found but was not expected because it is the same as Submitter Loop (1000A) or the Billing Provider Loop (2010AA)	X		
2	H25389	Code 'ER - Jurisdiction Specific Procedure and Supply Codes' is not valid for HIPAA at the time of the writing of the implementation guide	X		

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			837P	837I	
2	H25390	Payer Claim Control Number' was not found but was expected because the 'Claim Submission Reason Code' (CLM05-3) is 7 or 8	X	X	
2	H25392	Line Item Control Number must be unique within a claim	X	X	
2	H25393	Zip Code is required when the address is in the US or Canada	X	X	
2	H25400	The value of '\N\' was found but was not expected because CRC03 is not equal to NU		X	Effective 3/1/2023
2	H25401	The value of '\NU\' was found but was not expected because CRC02 is not equal to '\N\'		X	Effective 3/1/2023
2	H25405	Point of Origin for Admission or Visit is required for all inpatient and outpatient services except for Type of Bill '14X'		X	
2	H25407	Admitting Diagnosis must be used because this claim is for Inpatient Services		X	
2	H25584	Group or Policy Number (2000B SBR03) and (2320 SBR03) cannot be 'NONE', 'None' or 'none'	X	X	
2	H25593	The Description is required when submitting the non-specific procedure code '%d'.	X	X	Effective 11/17/2021
2	H25602	Admitting Diagnosis was found but not expected because this claim is for outpatient services		X	
2	H25620	Classification of either inpatient or outpatient could not be determined since the Bill Type is invalid		X	
2	H25643	A second iteration of the Condition Information segment is not allowed unless all twelve data elements in the first iteration are present.	X		
2	H25651	If ICD10 Diagnosis Codes are submitted, any procedure codes submitted must be ICD10 Procedure Codes		X	
2	H25652	If ICD9 Diagnosis Codes are submitted, any procedure codes submitted must be ICD9 Procedure Codes		X	
2	H25653	If ICD10 and ICD9 Diagnosis Codes cannot be sent on the same claim please split the claim before resubmitting		X	
2	H25655	Adjustment Reason Amount cannot be zero (2320 and 2430)	X	X	
2	H25656	Duplicate condition codes not allowed on a claim	X	X	
2	H25659	Gaps not allowed between Patient Reason for Visit codes		X	
2	H25660	Gaps not allowed between External Cause of Injury codes (2300 HI03 through HI12)		X	
2	H25670	Duplicate Diagnosis Pointers are not allowed	X		
2	H25671	Duplicate Treatment Codes are not allowed for Patient Reason for Visit Codes		X	
3	ALL*	*Except H31312	X	X	
4	H40038	Ambulance Transport Information is required on all ambulance transport services	X		
4	H40101	Subscriber address required if the Subscriber is the patient	X	X	
4	H40102	Subscriber City/State/Zip required if the Subscriber is the patient	X	X	
4	H40103	'Individual Relationship Code' (SBR-02) must be '18-Self' when 'Hierarchical Child Code' HL-04=0 for 'No Subordinate HL Segment'	X	X	
4	H40106	When the Subscriber is the Patient, the 'Relationship Code' in SBR-02 must be '18-Self'	X	X	
4	H40131	'Bundled/Unbundled Line Number' must be less than or equal to the Line Counter (2400/LX-01) for Loop 2400		X	
4	H40142	Discharge Date (DTP-01=096) was not expected because this claim is not for Inpatient Services	X		
4	H40160	'Form Identification Code' indicates a DMERC CMN form but none was found in 2400/PWK-02	X		
4	H40163	Admission Date (2300-DTP01=435) required on inpatient claims		X	
4	H40164	Admission Date (2300-DTP01=435) not allowed on outpatient claims		X	
4	H40165	Admission Date (2300-DTP01=435, DTP02=DT) required on inpatient claims		X	

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4	H40176	'Acute Manifestation Date' is required on Medicare claims when the Patient Condition Code in CR2-08 is 'A'	X		
4	H40192	When a 'Diagnosis Code Pointer' is '2', a 'Diagnosis Code' in 2300/HI-02-2 must exist	X		
4	H40193	When a 'Diagnosis Code Pointer' is '3', a 'Diagnosis Code' in 2300/HI-03-2 must exist	X		
4	H40195	When a 'Diagnosis Code Pointer' is '5', a 'Diagnosis Code' in 2300/HI-05-2 must exist	X		
4	H40197	When a 'Diagnosis Code Pointer' is '7', a 'Diagnosis Code' in 2300/HI-07-2 must exist	X		
4	H40358	'Acute Manifestation Date' cannot be used unless the Patient Condition Code in CR2-08 is 'A' or 'M'	X		
4	H40365	'Discharge Hour' (2300 DTP-01 = 096) was not found but was expected because the Claim Frequency Code (CLM-05-3) is '1 - Original' or '4 - Last Claim' and this claim is for Inpatient Services.		X	
4	H41110	Undefined 'Other Payer ID Number' - this pointer must point to an existing 'Other Payer ID Number' in Loop 2330B	X	X	
4	H41202	Patient Amount Paid of '0' is not an acceptable value	X		
4	H41202	Patient Amount Paid of '0' is not an acceptable value	X		Effective 11/16/2022
4	H42003	'EPSDT Referral Condition Certification Indicator' (CRC02) of 'N' is required if the 'Condition Indicator' (CRC03) is 'NU-Not Used'	X		
4	H45114	Subscriber State Code was not found but was expected because the Subscriber Relationship (SBR-02) is '18-Self'	X	X	
4	H45117	'Payer City/State/ZIP Code' was not found but was expected because the Payer Address Line (N3) is present	X		
4	H45125	'Claim information' was not expected because the Subscriber Relationship (SBR-02) is not 18-Self	X	X	
4	H45150	'Coordination of Benefits (COB) Payer Paid Amount' was not found but was expected because the Other Subscriber Claim Adjustment segment (2320/CAS) is present	X		
4	H45153	'Other Subscriber City/State/ZIP Code' was not found but was expected because the Other Insured Address Line (N3-01) is present		X	
4	H45173	'Admission Type Code' was not found but was expected because this Claim is for Inpatient Hospital services		X	
4	H45175	'Other Procedure Information' was not expected because the Principal Procedure Information is not present		X	
4	H45185	'Medicare Inpatient Adjudication Information' was not expected because this Claim is for Outpatient services		X	
4	H45202	'Date - Accident' was not found but was expected because the Related Causes Code (CLM-11-1) is present and is not 'EM-Employment'	X		
4	H45215	'Composite Diagnosis Code Pointer' was not found but was expected because the Principal Diagnosis Code (HI01-1) is present	X		
4	H45216	'Composite Diagnosis Code Pointer' was not found but was expected because the Diagnosis Code (HI021) is present	X		
4	H45217	'Composite Diagnosis Code Pointer' was not found, but was expected because the Diagnosis Code (HI031) is present	X		
4	H45218	'Composite Diagnosis Code Pointer' was not found but was expected because the Diagnosis Code (HI041) is present	X		
4	H45219	'Composite Diagnosis Code Pointer' was not found but was expected because the Diagnosis Code (HI051) is present	X		
4	H45225	'Purchased Service Provider Name' was not expected because the Purchased Service Provider Identifier (PS1-01) is not present	X		
4	H45227	'Purchased Service Provider Name' was not expected because the Purchased Service Provider Identifier (PS1-01) is not present	X		
4	H45228	'Purchased Service Provider Name' was not found, but was expected because the Purchased Service Provider Identifier (PS1-01) is present and the Claim Level Purchased Service Provider is not present	X		

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4	H45233	'Ordering Provider City/State/ZIP Code' was not found but was expected because the Ordering Provider Address Line (N3-01) is present	X		
4	H45238	'Form Identification Code' was not expected because the Attachment Transmission Code (PWK-02) is 'AB-Previously Submitted to Payer'	X		
4	H45245	'Ordering Provider City, State, ZIP Code' (2420E N4) was not found but was expected because the DMERC CMN (2400 PWK) is present	X		
4	H45255	Other Subscriber Primary Identifier (2330A NM109) cannot be the same as the Group or Policy Number (2320 SBR03)	X		
4	H45318	Subscriber City, State, ZIP Code was not expected because the Subscriber Relationship (SBR-02) is not 18-Self	X	X	
4	H46001	'Billing Provider UPIN/License Information' not expected because the NPI was sent as the primary identifier	X		
4	H46205	The Name suffix is to be used only to indicate generation or patronymic data	X	X	Effective 5/11/2022
* 4	H46211	The Attachment Control Number should not be sent if PWK02=AA		X	effective 7/8/2021
4	H46215	Service Facility Location is not used when reporting ambulance services	X		
4	H46216	Other Insurance Group Name must not be used if the Group Number is submitted	X	X	
4	H46218	Payer Paid Amount or any CAS segments are not allowed when the COB Total Non-Covered Amount is submitted	X	X	
4	H46219	COB Total Non-Covered Amount must equal the Total Claim Charge Amount (CLM02)	X	X	
4	H46226	'Invalid 'Diagnosis Code Pointer' - must be 1 through 12 inclusive	X		
4	H46227	When a 'Diagnosis Code Pointer' is '9', a 'Diagnosis Code' in 2300/HI-09-2 must exist	X		
4	H46228	When a 'Diagnosis Code Pointer' is '10', a 'Diagnosis Code' in 2300/HI10-2 must exist	X		
4	H46229	When a 'Diagnosis Code Pointer' is '11', a 'Diagnosis Code' in 2300/HI11-2 must exist	X		
* 4	H46211	The Attachment Control Number should not be sent if PWK02=AA		X	effective 7/8/2021
4	H46251	Service Date is required on outpatient services when a drug is not being billed and the Statement Covers Period is greater than one day		X	
4	H46255	Other Operating Provider was found but was not expected because the Operating Provider was not submitted		X	
4	H46283	Subscriber Group or Policy Number was found but was not expected because it is the same as the valuesent as the Subscriber Primary ID	X	X	
4	H46447	Ambulance Pick-Up and Drop-Off Locations are required for ambulance claims	X		
4	H46474	Other Subscriber Information was not found but was expected because the destination payer is not the primary payer	X	X	
4	H46500	COB Payer Paid Amount was expected because the claim has been adjudicated by the payer identified in Other Payer Loop	X	X	
4	H46504	'Service Line Date' was not expected because this Claim is for Inpatient services		X	
4	H46506	Attending Provider (2310A) is required on all bills except unscheduled transportation claims		X	
4	H46542	Payer Claim Control Number not allowed on original claims	X	X	
4	H46544	EPSDT Referral Information must be present when a screening service is billed	X		
4	H46551	Duplicate Occurance Span Codes not allowed on a claim		X	
4	H46548	Occurance Code 55 requires a Patient Status Code of 20, 40, 41, 94, or 42		X	
5	ALL ⁺	⁺ Except H50010, H51090, H51123	X	X	

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			837P	837I	
6	H61161	Patient Reason for Visit loop must be included if the 2300 CLM05-1 is equal to facility code 13, 85 or 78	X	X	

♦ **WEDI SNIP Transaction Compliance Types 1-6**

- Type 1 - EDI Syntax Integrity
- Type 2 - HIPAA Implementation Guide Requirements
- Type 3 - HIPAA Balancing
- Type 4 - HIPAA Inter-Segment Situation
- Type 5 - HIPAA External Code Set
- Type 6 - Product Type and Type of Service

* **Change or addition**

Deletions by effective date:

- 6/5/2014 H46248
- 4/25/2014 H46520
- 3/7/2014 H46235, H46236, H46240, H46246, H46252, H46253, H46473, H51131
- 9/24/2015 B25099, B25140, B25144, B25150, B25155, B25154
- 1/13/2016 H46546
- 9/1/2016 Medica HealthCare Plans (78857) and Preferred Care Partners (65088) no longer exceptions
- 8/7/2019 H46203