

DMAS Frequently Appearing Claim Edits that appear on DMAS remittance denials

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Claim denial Edit Code	Edit Type	Edit Description	How To Resolve
0014	Misc.	Billed Amount Missing or Invalid	Billers need to review guidance and billing instructions for DDE and cross over claims that is covered in provider manual and DDE user's manual
0020	Other Insurance Issues (billed DMAS first, didn't attach EOB etc.	Missing/Invalid Primary Carrier Code	Review the claim for invalid value codes. Valid COB code values are: 2 (82) = no other coverage, 3 (83) = billed and paid, 5 (85) = billed, no coverage
0022	Provider Issues	Servicing Provider Not Eligible to Bill This Payment Request	Verify servicing provider is enrolled and eligible to bill the type of bill per DMAS guidelines
0039	Medicare Issues	QMB Only Enrollee – Bill Medicare First	Billers need to review guidance and follow billing instructions for DDE and cross over claims that is covered in provider manual and DDE user's manual
0132	Misc.	Servicing Taxonomy Missing or Zeroes/Spaces	Servicing taxonomy is missing or incorrect. Review taxonomy documents on the provider portal
0142	Medicare Issues	Medicare Allowance Missing or Invalid	Billers need to review guidance and follow billing instructions for DDE and cross over claims that is covered in provider manual and DDE user's manual
0144	Provider Issues	Billing Provider Not Eligible On Date of Service	Verify billing provider was enrolled and active on the date of service
0148	Provider Issues	Rendering Provider Not Certified to Perform Procedure	Verify rendering provider was enrolled and active on the date of service for the procedure billed
0149	Medicare Issues	Medicare Payment Missing/Invalid	Billers need to review guidance and follow billing instructions for DDE and cross over claims that is covered in provider manual and DDE user's manual
0155	Authorization Issues	Procedure Requires Authorization/services not covered and no authorization	Need to submit original claim with DMAS service authorization (see SA instructions) or biller needs to verify that the provider has an eligibility tool to verify primary insurance over the Medicaid and that registration team knows how to use it
0161	Authorization Issues	Authorization Not Valid for Date of Service Billed	Billing team will verify the authorization number and validate the dates covered by that authorization number
0195	Provider Issues	Referral Provider Not on File	Referring provider is not enrolled in PRSS and will need to be enrolled for date of service
0201	Duplicate Issues	Duplicate Payment Request – Different Provider, Same Date of Service	Payment request is a duplicate of another payment processed for the same date of service.

0202	Duplicate Issues	Duplicate of History File Record – Different Provider, Same Date of Service	Payment request is a duplicate of another payment processed for the same date of service in a previous remit.
0208	Untimely Issues	Date of Service Over 1 Year Old	Services must be billed within 1 year of the date of service.
0301	Duplicate Issues	Duplicate Payment Request – Same Provider, Same Date of Service	Payment request is a duplicate of another payment processed for the same date of service.
0302	Duplicate Issues	Duplicate of History File Record – Same Provider, Same Date of Service	Payment request is a duplicate of another payment processed for the same date of service in a previous remit.
0308	Untimely Issues	Payment Request Filed After 1 Year Limit Not Justified	Biller needs to review guidance and follow billing instructions for DDE and cross over claims that is covered in provider manual and DDE user's manual
0309	Non-covered services	Services not covered and No authorization	Services billed are not covered by Virginia Medicaid and no authorization is on file. Review the appropriate Provider Manual or the DMAS website to confirm specific codes are covered and obtain a service authorization if appropriate
0313	Other Insurance Issues (billed DMAS first, didn't attach EOB etc.	Bill Any Other Available Insurance first	Biller needs to verify that the provider has an eligibility tool to verify primary insurance over Medicaid and that registration team knows how to use it
0318	Coverage issue	Enrollee Not Eligible	Enrollee is not eligible for service billed
0352	Misc.	Only Paid Payment Request can be Adjusted/Voided	Only send a corrected claim if there is a payment issued. Always send a new claim for denials if no payment was received
0385	Medicare Issues	Re-Bill as Crossover Claim	Biller needs to review guidance and follow billing instructions for DDE and cross over claims that is covered in provider manual and DDE user's manual
0452	Other Insurance Issues (billed DMAS first, didn't attach EOB etc.	Enrolled in MCO or Encounter Claim for FFS	Biller needs to verify that the provider has an eligibility tool to verify primary insurance over Medicaid and that registration team knows how to use it
0453	Other Insurance Issues (billed DMAS first, didn't attach EOB etc.	Enrolled in HMO	Biller needs to verify that the provider has an eligibility tool to verify primary insurance over Medicaid and that registration team knows how to use it
0456	Misc.	Enrollee Not Covered for This Service	Enrollee is not eligible for service billed
0495	Other Insurance Issues (billed DMAS first, didn't attach EOB etc.	Other Insurance Information Missing	Biller needs to verify that the provider has an eligibility tool to verify primary insurance over Medicaid and that registration team knows how to use it
0730	Provider Issues	Servicing Provider Not Member of Group	Servicing provider is not affiliated with group practice in PRSS

0731	Provider Issues	Servicing Provider Not Eligible on the Date of Service	Verify servicing provider was enrolled and active on the date of service for the procedure billed
0879	Other Insurance Issues (billed DMAS first, didn't attach EOB etc.	Review for Dialysis Service for Alien	Only dialysis related services are paid for a non-resident alien. If the provider feels the coverage is incorrect, they must contact the social worker that enrolled the member
1357	Provider Issues	NPI Servicing Provider Not on File	Verify servicing provider was enrolled and active on the date of service for the procedure billed
1436	Duplicate Issues	Duplicate of History File Record – Same Provider, Same Date of Service (hospital)	Payment request is a duplicate of another payment processed for the same date of service in a previous remit.
1626	Other Insurance Issues (billed DMAS first, didn't attach EOB etc.	Add On Code-ClaimsXten	The provider can contact ClaimCheck@dmas.virginia.gov for review prior to an appeal
1767	Provider Issues	Not NRA emergency primary diagnosis and Information Incomplete	Recommend the provider attach the discharge summary to show that the patient arrived as emergent and not a scheduled service. If the service was scheduled, do not submit claims to Emergency Medicaid. Make the member self-pay. Submitting a non-emergent claim will be denied