

MMIS to CC/KM Edit Cross-Walk

New/Existing LMMIS Edit #	Old (CC/KM) Edit #	Edit Description
001	073	Invalid Claim Type Modifier
003	013	Recipient Number Invalid
005	023	Service From Date Missing/Invalid
008	085	Service From Date Later Than Date Processed
012	002	Original Claim with Adjustment/Void Reason
013	004	Original Claim with Adjustment/Void ICN
014	026	Immunizations Complete and Current for This Age Patient Missing
021	003	Invalid Former Reference Number
022	024	Billed Charges Missing or Not Numeric
023	016	Invalid Partial Recipient Name
023	018	Invalid Partial Recipient Name
024	005	Invalid Billing Provider Number
025	027	Immunizations not Complete and Current Reason Code Missing
057	028	Were There Suspected Conditions Missing
058	029	Were There Suspected Conditions is no but Suspected Conditions Exist
059	030	Suspected Conditions are Missing and Required
136	517	No Eligible Service Paid – Encounter Denied
154	009	Site Number Invalid
155	031	Referral Missing and Required for Medical
156	032	Referral Missing and Required for Vision
158	033	Referral Missing and Required for Hearing
179	034	Referral Missing and Required for Dental
184	035	Referral Missing and Required for Nutritional

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200	006	Provider//Attending Provider Not on File
200	011	Provider//Attending Provider Not on File
201	007	Provider Not Eligible on Date of Service
202	070	Provider Claim Type Conflict
211	083	Date of Service Less Than Date of Birth
215 223 294	014	Recipient Not on File, Recycled Recipient Not on File, Recycled Recipient Not on File - Deny
216 293 295	015	Recipient Not Eligible, Recycled Recipient Ineligible, Recycled Recipient Ineligible - Deny
217	017	Name and/or Number on Claims does not Match File Record
217	019	Name and/or Number on Claims does not Match File Record
222 293	091	Recipient Ineligible on One or More Service Dates, Recycled Recipient Ineligible on Date of Service NOTE: Denies after 21 days
223 294 215	014	Recipient Not on File, Recycled Recipient Not on File, Recycled Recipient Not on File - Deny
223 294	090	Recycled Recipient Not on File, Recycled Recipient Not on File Recycled 3 Times (21 days)
224	020	Invalid Birth Date
232	518	Procedure/Type of Service Not Covered by Program
234	519	Procedure Formulary Age Restriction
272	086	Claim Exceeds 1 Year Filing Limit
276	075	High Variance Error
277	080	Low Variance Error
286	036	Referral Missing and Required for

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		Developmental
293 295 216	015	Recipient Not Eligible, Recycled Recipient Ineligible, Recycled Recipient Ineligible - Deny
293 222	091	Recipient Ineligible on One or More Service Dates, Recycled Recipient Ineligible on Date of Service NOTE: Denies after 21 days
294 215 223	014	Recipient Not on File, Recycled Recipient Not on File, Recycled Recipient Not on File - Deny
294 223	090	Recycled Recipient Not on File, Recycled Recipient Not on File Recycled 3 Times (21 days)
295 293 216	015	Recipient Not Eligible, Recycled Recipient Ineligible, Recycled Recipient Ineligible - Deny
302	037	Referral Missing and Required for Abuse/Neglect
308	038	Referral Missing and Required for Psychological/Social
312	039	Referral Missing and Required for Speech/Language
314	043	Suspected condition Missing and Required for Referral #1
318	044	Suspected condition Missing and Required for Referral #2
319	045	Suspected condition Missing and Required for Referral #3
320	046	Referral Assistance Missing and Required for Referral #1
323	047	Referral Assistance Missing and Required for Referral #2
324	048	Referral Assistance Missing and Required for Referral #3
326	049	Appointment Date Missing and Required for Referral #1

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343	050	Appointment Date Missing and Required for Referral #2
359	051	Appointment Date Missing and Required for Referral #3
368	055	Reason for Referral Missing and Required for Referral #1
399	056	Reason for Referral Missing and Required for Referral #2
410	057	Reason for Referral Missing and Required for Referral #3
411	058	Referred to Name is Missing and Required for Referral #1
412	059	Referred to Name is Missing and Required for Referral #2
414	060	Referred to Name is Missing and Required for Referral #3
416	064	Referred to Phone is Missing/Required for Referral #1
417	065	Referred to Phone is Missing/Required for Referral #2
418	066	Referred to Phone is Missing/Required for Referral #3
424	068	Billing Provider is not the Designated Provider of Record
435	069	Claim Exception for 60 Day Timely Filing
440	071	Provider Site not Allowed to Bill Screen Type on Date of Service
631	084	EPSDT Age Over Age 21
844	300	Duplicate Error: Identical EPSDT Claims
980	001	Invalid Adj Reason