

PRINCIPAL PROVIDER ERROR MESSAGE LISTING**ATTEMPT TO DELETE COMBINED LINE WITHOUT REFERENCING PROVIDER**

When attempting to delete a line containing both Provider and Available Amount data, all data associated with that line must be entered on the input line.

CIN UNKNOWN TO MA SUBSYSTEMS

CIN entered is not known to the Subsystem.

CORRECTION ATTEMPTED TO NON-EXISTENT LINE NUMBER

The line number referenced for correction contains no Provider or Available Amount data.

CORRECTION LINE NUMBER MAY NOT BE ENTERED FOR DELETE

If the Correction Line Number is entered, The Prin. Provider code must not be DL.

CORRECTION LINE NUMBER IS OUT OF RANGE

If entered, the correction line number must be between 01 and 03.

CROSS DISTRICT CORRECTIONS OR DELETIONS NOT ALLOWED

Corrections or deletions may only be performed on Provider and Available Amount records in the transaction district.

ENTER AVAILABLE AMOUNT AS AN ORIGINAL ENTRY INSTEAD OF AS A CORRECTION

If Available Amount data does not exist for a referenced line number, it cannot be entered during a correction transaction. The available Amount must be input as an initial entry transaction.

ENTER AVAILABLE AMOUNT EFFECTIVE FROM DATE AS AN ORIGINAL ENTRY INSTEAD OF AS A CORRECTION

Available Amount Effective From Date cannot be entered as a correction transaction. The NAMI From Date must be input as an initial entry transaction.

ENTER PRINCIPAL PROVIDER EXCEPTION TYPE "2" AS AN ORIGINAL ENTRY INSTEAD OF AS A CORRECTION

When changing Principal Provider Exception Type from "1" to a "2", the exception type "2" cannot be entered during a correction transaction. The Exception Type "2" must be input as an initial entry transaction.

ERROR RETURN FROM MONDAY GENERATION ROUTINE - (99)

There is an internal system-related problem. Document and contact WMS Operations Hotline.

001 – DATE OF SERVICE FROM DATE AND PROVIDER NUMBER MUST BE ENTERED WHEN THE PRINCIPAL PROVIDER CODE IS 01 THRU 10, 12, 14 OR 16.

If Prin. Provider code 01-10, 12, 14, or 16, then Provider ID Number and Prin. Provider FROM Date of Service must be entered.

002 – DATE OF SERVICE FROM DATE MUST BE ENTERED AND ALL OTHER FIELDS MUST BE BLANK IF PRINCIPAL PROVIDER CODE IS 00.

If Prin. Provider code is 00, then Prin. Provider FROM Date of Service must be entered and all other fields must be blank.

003 – IF A PROVIDER NUMBER IS ENTERED, THE DATE OF SERVICE FROM DATE MUST BE ENTERED

If Provider ID Number is entered, then Prin. Provider FROM Date of Service must be entered.

004 – DISTRICT CODE MUST BE 97 OR 98 FOR PRINCIPAL PROVIDER CODE 05

If Prin. Provider code is 05, the District entering the code must be 97 or 98.

006 – NO EXCEPTION TYPE IS PERMITTED FOR PRINCIPAL PROVIDER CODES 05-10, 12, 14 OR 16

If Prin. Provider Code is 05-10, 12, 14 or 16, then Prin. Provider Payment Exception Type must be blank.

007 – EXCEPTION TYPE 1 OR 2 IS REQUIRED FOR PRINCIPAL PROVIDER CODES 01 OR 03

If Prin. Provider Code is 01 or 03, then Prin. Provider Payment Exception Type must be 1 or 2.

008 – NO EXCEPTION TYPE IS PERMITTED FOR DISTRICT 97 OR 98

If Prin. Provider Code is 02 or 04 and District Code is 97 or 98, then Prin. Provider Payment Exception Type must be blank.

01 – EXCEPTION TYPE 1 OR 2 IS REQUIRED FOR PRINCIPAL PROVIDER CODES 02 OR 04

If Prin. Provider code is 02 or 04, then Prin. Provider Payment Exception Type must be 1 or 2.

010 – PAYMENT EXCEPTION FROM DATE, PROVIDER NUMBER AND DATE OF SERVICE FROM DATE ARE REQUIRED FOR EXCEPTION TYPES 1 AND 2

If Prin. Provider Payment Exception Type is 1 or 2, then Prin. Provider Exception FROM Date, Provider ID Number, and From Date of Services must be entered.

011 - PAYMENT EXCEPTION FROM DATE CANNOT PRECEDE THE DATE OF SERVICE FROM DATE

If Prin. Provider Exception FROM Date is entered, it must not be earlier than the Prin. Provider FROM Date of Service.

012 - AVAILABLE AMOUNT MUST BE ENTERED – RANGE (.00 – 99999.99)

If Prin. Provider Code is 01-07, 10, 12, 14 or 16 and Available Amount is not entered, then a Prin. Provider record must exist which has an Available Amount Effective FROM Date that is less than or equal to the Prin. Provider FROM Date of Service entered.

OR

If Prin. Provider data is not entered and Available Effective FROM Date is entered, then Available Income Amount must be entered.

013 – AVAILABLE AMOUNT DATE MUST BE PRESENT FOR PRINCIPAL PROVIDER CODES 01 THRU 07, 10, 12, 14, OR 16

If Prin. Provider Code is 01-07, 10, 12, 14 or 16 and Available Amount Effective FROM Date is not entered, then a Prin. Provider record must exist which has an Available Amount FROM Date that is less than or equal to the Prin. Provider FROM Date of Service entered.

OR

If Prin. Provider data is not entered and Available Effective FROM Date is entered, then Available Effective FROM Date must be entered.

014 - AVAILABLE AMOUNT DATE DAY MUST BE THE FIRST DAY OF THE MONTH

If entered, Available Amount Effective FROM Date must be the first day of the month.

015 - DATE OF SERVICE THRU DATE IS REQUIRED FOR PRINCIPAL PROVIDER CODES OF 08 AND 09

If Prin. Provider Code is 08 or 09, then Prin. Provider Thru Date of Service must be entered.

016 – PAYMENT EXCEPTION FROM DATE FOR EXCEPTION TYPE 2 RECORD PRECEDES THE PAYMENT EXCEPTION FROM DATE OF ITS ASSOCIATED EXCEPTION TYPE 1 RECORD

If the Correction Line No. is entered and Prin. Provider Payment Exception Type is 2 and the record to be corrected has a Prin. Provider Exception FROM date of 1, then the entered Prin. Provider Exception FROM date must not be earlier than the Prin. Provider Exception FROM Date of the record to be corrected.

017 – FOR PRINCIPAL PROVIDER CODES 01- 05 OR 12, MA COVERAGE 01, 09, 11, OR 30 IS REQUIRED FOR THE DATE SPECIFIED.

If Prin. Provider Code is 01- 05 or 12, then an MA Coverage Code of 01, 09, 11, or 30 must be present for the date entered.

019 – FOR PRINCIPAL PROVIDER CODE 09, CATASTROPHIC OR EMERGENCY SERVICES MA COVERAGE (03, 07, OR 11) IS REQUIRED FOR THE DATE SPECIFIED

If Prin. Provider FROM Date of Service is entered, valid and falls within the MA Coverage period, and Prin. Provider Code is 09, then recipient MA Coverage code must be 03, 07 or 11.

020 – PRINCIPAL PROVIDER CODE OF 08 OR 09 CANNOT IMMEDIATELY FOLLOW (IN HISTORICAL ORDER) A PRINCIPAL PROVIDER RECORD WITH A CODE OF 01 THROUGH 05 OR 12

If Prin. Provider Code is 08 or 09, then it may not immediately follow an existing Prin. Provider record, which has a code of 01-05 or 12.

021 – NO MA COVERAGE EXISTS FOR THE DATE ENTERED

If the Available Amount FROM Date is entered and valid, and there is no Principal Provider data entered, then the individual must have MA Coverage in your district with an MA Coverage Code of 01-11, 13-16, 19-24, 30, 32 or 33 and the Available Amount FROM Date must be within the MA Coverage Period.

OR

If the Date of Service FROM Date is entered and the individual has MA Coverage in your district with an MA coverage code of 01-03, 07-11, 13-16, 19-24, 30, 32 or 33, then the MA Coverage TO Date must be later than or equal to the Date of Service FROM Date. If the MA Coverage TO Date is earlier than the DATE of Service FROM Date, then the Principal Provider Code must be 00 and the Date of Service FROM Date must be later than the MA Coverage TO Date by at least one day.

022 – AVAILABLE AMOUNT DATE MONTH AND YEAR MUST EQUAL DOS FROM DATE MONTH AND YEAR WHEN ENTERED ON THE SAME LINE

If Prin. Provider FROM Date of Service and Available Amount Effective FROM Date are entered on the same line, then the month and year of the two dates must be equal.

023 – DATE OF SERVICE FROM DATE CANNOT EXCEED FOUR MONTHS BEYOND TRANSACTION MONTH

If Prin. Provider FROM Date of Service is entered, the FROM Date month may not be later than four months beyond transaction date month.

024 – PAYMENT EXCEPTION FROM DATE CANNOT EXCEED FOUR MONTHS BEYOND TRANSACTION MONTH

If Prin. Provider Exception FROM Date is entered, the FROM Date month may not be later than four months beyond the transaction date month.

025 – AVAILABLE AMOUNT DATE CANNOT EXCEED FOUR MONTHS BEYOND TRANSACTION MONTH

If Available Amount Effective FROM Data is entered, the FROM Date month may not be later than four months beyond the transaction date month.

026 – DATE OF SERVICE FROM DATE CANNOT BE EARLIER THAN AUGUST 1, 1979 (UPSTATE ONLY)

If entered, Prin. Provider FROM Date of Service must be equal to or later than August 1, 1979.

027 – PAYMENT EXCEPTION FROM DATE CANNOT BE EARLIER THAN AUGUST 1, 1979 (UPSTATE ONLY)

If entered, Prin. Provider Exception FROM Date must be equal to or later than August 1, 1979.

028 – AVAILABLE AMOUNT DATE CANNOT BE EARLIER THAN AUGUST 1, 1979 (UPSTATE ONLY)

If entered, Available Amount Effective FROM Date must be equal to or later than August 1, 1979.

029 – DATE OF SERVICE THRU DATE MUST HAVE AN ASSOCIATED DOS FROM DATE

If Prin. Provider THRU Date of Service is entered, and Prin. Provider FROM Date of Service is not entered, then a Correction Line Number must be entered.

030 – PAYMENT EXCEPTION FROM DATE MUST HAVE AN ASSOCIATED DOS FROM DATE

If Prin. Provider Exception FROM Date and Prin. Provider FROM Date of Service are entered, then a Correction Line Number must be entered.

031 – PRINCIPAL PROVIDER CODE MUST BE ENTERED

If any Principal Provider data is entered, then Prin. Provider Code must be entered.

032 – NO ACTIVE PROVIDER RECORD ON FILE

If Prin. Provider code is 00, then there must be an existing active Prin. Provider Record which has a Date of Service FROM Date earlier than the entered Date of Service FROM Date.

033 – ENTERED AVAILABLE AMOUNT DATE IS ALREADY ON FILE

If Available Amount Effective FROM Date is entered, it must not equal an existing Available Amount FROM Date Month/Year.

034 – PRINCIPAL PROVIDER NUMBER IS ALREADY ON FILE FOR THIS DATE

If Prin. Provider FROM Date of Service is entered and equals an existing Prin. Provider FROM Date of Service, then the Provider ID Number for these dates must also be equal.

036 – DATE OF SERVICE FROM DATE MAY NOT BE CORRECTED USING CORRECTION LINE (CL) NUMBER. IF CORRECTION IS NECESSARY, USE DELETE FUNCTION (PP CODE DL)

If a line number is entered in the CL column, and a Prin. Provider FROM Date of Service is entered, then it must be the same as the Prin. Provider FROM Date of Service existing for the line number entered.

037 – ENTRY OF DOS THRU DATE, PAYMENT EXCEPTION TYPE AND EXCEPTION FROM DATE NOT ALLOWED FOR DELETION

If “DL” is entered in Prin. Provider Code field, then Prin. Provider THRU Date of Service, Payment Exception Type and Exception FROM Date must all be blank.

038 – MATCHING PROVIDER RECORD ALREADY ON FILE

If Prin. Provider Code is 00-10, 12 or 14, the entered Prin. Provider FROM Date of Service must not be the same as that on an existing Provider record.

039 – DATE OF SERVICE THRU DATE NOT ALLOWED FOR PP CODES 00 THRU 07, 10, 12, 14, OR 16

If Prin. Provider Code is 00-07, 10, 12, 14, or 16, and Prin. Provider THRU Date of Service is entered, then the Transaction District must be 97.

040 – AVAILABLE AMOUNT AND AVAILABLE AMOUNT FROM DATE MUST BE ENTERED

If Available Income Amount or Available Amount Effective From Date is not entered, but a Prin. Provider Code of 01-07, 10, 12, 14 or 16 is entered and there is an existing record with a Prin. Provider Code of 00 and a Date of Service FROM Date earlier than the entered Date of Service FROM Date, then there must be a record that has an Effective FROM Date that equals the entered Effective FROM Date month/year.

041 – NO ASSOCIATED PLACEMENT RECORD ON FILE FOR THIS AVAILABLE AMOUNT DATE

If only Available Amount and Available Amount FROM Date are entered and if there are any existing Prin. Provider records with a Date of Service FROM Date earlier than or equal to the entered Available Amount FROM Date, then the Prin. Provider Code of the first such existing record must be 00.

042 – ENTRY OF AVAILABLE AMOUNT DATE NOT ALLOWED FOR PP CODE 08 AND 09

If Prin. Provider Code is 08 or 09, then Available Amount Effective FROM Date must not be entered.

043 – PAYMENT EXCEPTION FROM DATE MUST EQUAL DOS FROM DATE FOR INITIAL PROVIDER ENTRY

If Prin. Provider Payment Exception Type is 1 or 2 and no Provider Record is on file that matches the entered Provider ID Number and Prin. Provider FROM Date of Service, then the entered Exception FROM Date must equal the entered FROM Date of Service.

044 – PAYMENT EXCEPTION FROM DATE MUST HAVE AN ASSOCIATED EXCEPTION TYPE

If Prin. Provider Payment Exception Type is not entered, then Prin. Provider Exception FROM Date must not be entered.

045 – AVAILABLE AMOUNT IS REQUIRED FOR PRINCIPAL PROVIDER CODE OF 08 AND 09

If Prin. Provider Code is 08 or 09, then Available Income Amount must be entered.

046 – ENTERED DATE(S) OF SERVICE FALL WITHIN PLACEMENT PERIOD ALREADY ON FILE

If Prin. Provider FROM Date of Service is entered, and if any Provider Records exist which have a Prin. Provider THRU Date of Service, then the entered FROM Date must not be later than or equal to the FROM Date or earlier than the THRU Date of any of the existing records.

OR

If Prin. Provider THRU Date of Service is entered, then any existing Provider Records FROM Date of Service must not be later than or equal to the FROM Date or earlier than the THRU Date of the entered dates.

047 – PRINCIPAL PROVIDER RECORD WITH PROVIDER CODE 00 ALREADY ON FILE FOR THIS PLACEMENT

If Prin. Provider Code of 00 is entered, and if there exists any active Prin. Provider records which have Date of Service FROM Date earlier than the date entered, then the Prin. Provider Code of the first such existing record must not be 00.

048 – PLACEMENT MAY BE TERMINATED ONLY BY INITIATING DISTRICT

If Prin. Provider Code is 00, the Transaction District must be the same as the Transaction District that initiated the placement with is now being terminated.

049 – ENTERED DOS FROM DATE PRECEDES AN EXISTING PAYMENT EXCEPTION FROM DATE

If Date of Service FROM Date is entered and if there exists any active Prin. Provider records which have a Date of Service FROM Date earlier than the date entered, then Prin. Provider Exception FROM Date of the first such existing record must be earlier than the entered Date of Service FROM Date.

050 – PAYMENT EXCEPTION FROM DATE IS NOT WITHIN ITS ASSOCIATED PLACEMENT PERIOD

If both Correction Line No. and Prin. Provider Exception FROM Date are entered and there are any active provider records with a Date of Service FROM Date later than Date of Service FROM Date of the record being corrected, then the Date of Service FROM Date of the earliest such record must be later than the entered Prin. Provider Exception FROM Date.

051 – THE CORRECTED AVAILABLE AMOUNT DATE IS EARLIER THAN AN AVAILABLE AMOUNT DATE BELOW IT IN THE HISTORY STACK

If both Correction Line No. and Available Amount FROM Date are entered, the entered date may not be earlier than the Available Amount FROM Date or Date of Service FROM Date of any active record which precedes the record being changed.

052 – THE CORRECTED AVAILABLE AMOUNT DATE IS LATER THAN THE AVAILABLE AMOUNT DATE ABOVE IT IN THE HISTORY STACK

If both Correction Line No. and Available Amount FROM Date are entered, the entered date may not be later than the Available Amount FROM Date or Date of Service FROM Date of any active record which follows the record being changed.

053 – AVAILABLE AMOUNT AND AVAILABLE AMOUNT DATE MAY NOT BE ENTERED WHEN DELETING PRINCIPAL PROVIDER DATA

If Prin. Provider Code is “DL” and if any Prin. Provider data is entered, then Available Amount and Available Amount FROM Date must not be entered.

054 – FOR PRINCIPAL PROVIDER CODE 14, MA COVERAGE CODE MUST EQUAL 01, 02, 08-11, 13-15, 19, 21 or 23.

If Prin. Provider FROM Date of Service is entered and valid and falls within the individual’s MA Coverage Dates, and if Principal Provider code is 14, then MA Coverage Code must equal 01, 02, 08-11, 13-15, 19, 21 or 23.

055 – PRINCIPAL PROVIDER DATE OF SERVICE FROM DATE MUST NOT FALL BETWEEN EXISTING FROM AND THRU DATE OF AN EXISTING PRINCIPAL PROVIDER 08 OR 09

If Prin. Provider FROM Date of Service is entered and valid and falls within the individual’s previous 08 or 09 From and Thru Date of Service, the new Prin. Provider From Date of Service cannot be entered.

056 – DATE OF SERVICE FROM DATE CANNOT BE EARLIER THAN JANUARY 1, 1986 (NYC ONLY)

If entered, Prin. Provider Date of Service FROM Date must not be earlier than January 1, 1986. (NYC only).

057 – PAYMENT EXCEPTION FROM DATE CANNOT BE EARLIER THAN JANUARY 1, 1986 (NYC ONLY)

If entered, Prin. Provider Date of Service FROM Date must not be earlier than January 1, 1986. (NYC only).

058 – AVAILABLE AMOUNT DATE CANNOT BE EARLIER THAN JANUARY 1, 1986 (NYC ONLY)

If entered, Prin. Provider Date of Service FROM Date must not be earlier than January 1, 1986. (NYC only).

059 – DISTRICT CODE MUST BE 98 FOR PP CODE 12

If Principal Provider Code equals 12, then Transaction District must be 98.

060 – MA COVERAGE CODE NOT VALID WITH THIS PRINCIPAL PROVIDER

If Principal Provider Code is 00, then MA Coverage Code must be 01, 02, 07, 08, 11, 13-16, 19, 20-24, 30, 32 or 33.

OR

If Principal Provider Code is 01, or 03, then the MA Coverage Code must be 01, 02, 08, 09, 11, 16, 19-22, 24, 30, 32 or 33.

OR

If Principal Provider Code is 02, or 04, then MA Coverage Code must be 01, 08, 09, 11, 16, 30, 32 or 33.

OR

If Principal Provider Code is 05, then MA Coverage Code must be 01, 09, 11, 30 or 32.

OR

If Principal Provider Code is 06 or 10, then MA Coverage Code must be 01, 09, 10, 11, 16, 19, 20, 24, 30 or 32.

OR

If Principal Provider Code is 07, then MA Coverage Code must be 01, 09, 10, 11, 16, 19, 20 or 24.

OR

If Principal Provider Code is 08, then MA Coverage Code must be 01, 07, 10, 11, 19, 20, or 24

OR

If Principal Provider Code is 09, then MA Coverage Code must be 03, 07, or 11.

OR

If Principal Provider Code is 12, then MA Coverage Code must be 01, 09, 11, or 30.

OR

If Principal Provider Code is 14, then MA Coverage Code must be 01, 02, 08, 09, 10, 11, 13, 14, 15, 19, 21, 23.

OR

If Principal Provider Code is 16, then MA Coverage Code must be 01, 02, 10, 11, 19, 21, or 23.

061 – DATE OF SERVICE END DATE CANNOT EXCEED 30 DAYS FROM THE DATE OF SERVICE FROM DATE OF SERVICE FOR COVERAGE CODES 19-22.

The date of service From Date entered with a PP 00 (no Principal Provider) for cases with coverage codes 19-22, must be 30 days or less than the previous PP From Date entered.

062 – PRINCIPAL PROVIDER FROM DATE CANNOT BE EARLIER THAN 1/1/94 FOR ENTRY OF PRINCIPAL PROVIDER CODE 16

Principal Provider Code 16 requires FROM Date later than 1/1/94.

064 - IF PRINCIPAL PROVIDER CODE IS 08 OR 09, HOSPITAL EXCESS, THE EXCESS AVAILABLE AMOUNT MUST BE GREATER THAN ZERO.

If Prin. Provider 08 or 09 is entered the available amount of the excess must be greater than 00000.00.

065 – NO PP ENTRY ALLOWED THAT OVERLAPS AN R/E N1-N6 TIME PERIOD

If there is an R/E N1 through N6 record then no PP entry can overlap that time period.

901 – PRINCIPAL PROVIDER CODE IS INVALID

If entered, Prin. Provider Code must be 00-10,12,14,16, or DL.

902 – PROVIDER NUMBER MUST BE NUMERIC

If entered, Provider ID Number must be all numeric.

903 – EXCEPTION TYPE CODE IS INVALID

If entered, Prin. Provider Exception Type must be 1 or 2.

904 – PAYMENT EXCEPTION FROM DATE IS INVALID

If entered, Prin. Provider Exception FROM Date must be a valid calendar date.

905 – AVAILABLE AMOUNT MUST BE NUMERIC

If entered, Available Income Amount must be numeric and left justified.

906 – AVAILABLE AMOUNT DATE IS INVALID

If entered, Available Amount Effective FROM Date must be a valid calendar date.

907 – DOS FROM DATE AND/OR THRU DATE IS INVALID

Prin. Provider FROM Date of Service must be a valid calendar date. If Prin. Provider THRU Date of Service is entered, then THRU Date must be a valid calendar date and not be earlier than FROM Date of Service.

909 – NO MATCH ON PROVIDER NUMBER

If Provider ID Number is entered and numeric, it must be on the Provider File.

910 – PRINCIPAL PROVIDER CODE/PROVIDER CATEGORY OF SERVICE MISMATCH

If Provider ID Number and Code are entered on the Provider File, then Provider ID Number must have a Category of Service consistent with Prin. Provider Code entered.