

| <b>DIAMOND 8+ PREDI CLAIMS BATCH ERROR MESSAGES</b> |                     |   |  |
|---|---------------------|---|--|
| <b>Message Number</b>                               | <b>Message Type</b> | <b>Message Description</b>  | <b>Notes</b>   |
| AN8001  | FATAL               | Segment identifier is more than 3 characters. Possible problem with the Data Element Separator. | Either the incoming data is not in ANSI-837 format, or the data element separator is not the default character (asterisk "**").  |
| AN8002  | FATAL               | Segment has more than 200 data elements. Possible problem with the Data Element Separator.      | Either the incoming data is not in ANSI-837 format, or the data element separator is not the default character (asterisk "**").  |
| AN8003  | FATAL               | Cannot determine Segment Identifier. Possible problem with the Data Element Separator.          | Either the incoming data is not in ANSI-837 format, or the data element separator is not the default character (asterisk "**").  |
| AN8004  | WARN                | Is not a valid ANSI 837 segment identifier.   | Diamond uses the Release 3, Version 4.1 standard of the 837 transaction set; check submitter's data for conformance.   |
| AN8005  | WARN                | Segment has [num] data elements. Maximum number allowed for this segment is [num].              | Diamond uses the Release 3, Version 4.1 standard of the 837 transaction set; check submitter's data for conformance.   |
| AN8006  | FATAL               | Multiple Transaction Set Header Segments (ST) found.  | Diamond expects one 837 transaction set per EDI run. If incoming data contains multiple sets, then it must be split up before processing in Diamond.   |
| AN8007  | FATAL               | Multiple Transaction Set Trailer Segments (SE) found.   | Diamond expects one 837 transaction set per EDI run. If incoming data contains multiple sets, then it must be split up before processing in Diamond.   |
| AN8008  | FATAL               | Segment sequence error. [segment] segment found with no prior [segment] segment.                | Diamond requires that every PRV segment has at least one SBR segment; that each SBR has at least one PAT; that each PAT has at least one CLM; and that each CLM has at least one SV1. For inpatient claims, each CLM must have at least one SV2 segment. |
| AN8009  | FATAL               | Transaction Set Identifier Code must be '837'.  | Diamond EDI for claims can only process data in the ANSI 837 format. Transaction set identifier is element ST 01.  |
| AN8010  | FATAL               | Transaction Set Control Number invalid/required.  | Control number is required, and must be between four and nine bytes in length.   |
| AN8011  | FATAL               | Provider Code invalid/required.   | The Provider Code (element PRV 01) must contain a valid ANSI value.  |
| AN8012  | WARN                | Provider Reference Number Qualifier invalid/required.   | The Provider Reference Number Qualifier (element PRV 02) should contain a valid ANSI value.  |
| AN8013  | FATAL               | Provider Reference Number required.   | The Provider Reference Number (element PRV 03) is required.  |
| AN8014  | WARN                | Payor Responsibility Sequence Number Code invalid/required.                                     | The Subscriber Payor Responsibility Sequence Number Code (element SBR 01) should contain a valid ANSI value.   |
| AN8015  | FATAL               | Subscriber Policy Number required.  | The Subscriber Policy Number (element SBR 03) is required. At this point the system is checking for non-blank value; during the claims edit and pricing step this field is mapped directly to the Diamond Subscriber Number.                             |

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| AN8016  | WARN                | Patient Individual Relationship Code invalid/required.                     | The Patient Individual Relationship Code (element PAT 01) should contain a valid ANSI value.  |
| AN8017  | WARN                | Submitter's Claim Identifier required.                                     | The Submitter's Claim Identifier (element CLM 01) should be present.  |
| AN8018  | WARN                | Claim Total Billed Charges is zero or not numeric.                         | The Claim Total Billed Charges (element CLM 02) should be present or numeric.   |
| AN8019  | FATAL               | Outpatient Claim Service ID Qualifier invalid/required.                    | The Claim Service ID Qualifier (element SV1 01) must contain a valid ANSI value.  |
| AN8020  | FATAL               | Outpatient Claim Service Procedure Code required.                          | The Claim Service Procedure Code (element SV1 01b) is required. At this point the system is checking for non-blank value; during the claims edit and pricing step this field is mapped directly to the Diamond Procedure Code file.   |
| AN8021  | WARN                | Outpatient Claim Service Charges invalid/required.                         | The Claim Service Charges (element SV1 02) should be present.   |
| AN8022  | WARN                | Outpatient Claim Service Unit of Measurement Code invalid/required.        | The Claim Service Unit of Measurement Code (element SV1 03) should contain a valid ANSI value.  |
| AN8023  | WARN                | Outpatient Claim Service Quantity required.                                | The Claim Service Quantity (element SV1 04) should be present. This field is mapped directly to the Diamond claim service quantity field.   |
| AN8024  | FATAL               | Segment count in SE ([num]) does not agree with total number read ([num]). | This is a control edit on the transaction set.  |
| AN8026  | FATAL               | Sequence error. [segment] segment has no Corresponding [segment] segment.  | Diamond requires that every PRV segment has at least one SBR segment; that each SBR has at least one PAT; that each PAT has at least one CLM; and that each CLM has at least one SV1.   |
| AN8027  | INFO                | ANSI-837 Conformance Edit Summary:   | This summary prints at the end of the conformance edit step, and will show number of fatal errors, number of non-fatal errors, number of segments read, number of claims (service lines) read and the total amount of claim charges. Informational messages are not counted in the error totals. Element SV1 03 is used for total charges for professional claims; element SV2 04 is used for inpatient claims. |
| AN8028  | FATAL               | Cannot open source input file [file]. Exiting now.                         | Could be an environmental problem. The name of this file is identified by the "Conversion Object" field in the transaction log file, and it is located in the directory named in the DIRXTRNLDAT parameter in the DIAMOND.ENV file.   |
| AN8029  | FATAL               | Cannot open segment table file. Exiting now.                               | Could be an environmental problem - check the directory indicated by the DIRXTRNLPGM parameter for the segment data workfile SEGTB837.DAT.  |

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| AN8030  | FATAL               | ERROR on READ from source file. [errortext]                              | A BBx file system error was issued when reading records from the transaction set source file. The name of this file is the identified by the "Conversion Object" field in the transaction log file, and it is located in the directory named in the DIRXTRNLDAT parameter in the DIAMOND.ENV file. |
| AN8031  | FATAL               | Invalid END_OF_FILE on source file.                                      |  |
| AN8032  | FATAL               | Inpatient Claim Service ID Qualifier invalid/required.                   | The Claim Service ID Qualifier (element SV2 02) must contain a valid ANSI value.   |
| AN8033  | FATAL               | Inpatient Claim Service Procedure Code required.                         | The Claim Service Procedure Code (element SV2 01) is required. If element C003 exists, then element SV2 02a is required. At this point the system is checking for non-blank value; during the claims edit and pricing step this field is mapped directly to the Diamond Procedure Code file.       |
| AN8034  | WARN                | Inpatient Claim Service Charges invalid/required.                        | The Claim Service Charges (element SV2 03) should be present.  |
| AN8035  | WARN                | Inpatient Claim Service Unit of Measurement Code invalid/required.       | The Claim Service Unit of Measurement Code (element SV2 04) should contain a valid ANSI value.   |
| AN8036  | WARN                | Inpatient Claim Service Quantity required.                               | The Claim Service Quantity (element SV2 05) should be present. This field is mapped directly to the Diamond claim service quantity field.  |
| AN8037  | WARN                | Inpatient Service segment ignored for Outpatient Claims Transaction Set. | The system found an SV2 (inpatient claims) segment in this transaction set, which has been identified as outpatient claims. The SV1 segment should be used for each service line. The SV2 segment is ignored. See the transaction set report for details.  |
| AN8038  | WARN                | Outpatient Service segment ignored for Inpatient Claims Transaction Set. | The system found an SV1 (outpatient claims) segment in this transaction set, which has been identified as inpatient claims. The SV2 segment should be used for each service line. The SV1 segment is ignored. See the transaction set report for details.  |
| AN8039  | FATAL               | Segment found after End of Transaction Set (IEA).                        | The system encountered extra segments after the end of the transaction set was found. This condition should be corrected by the submitter's system.  |
| AN8040  | FATAL               | Date/Time qualifier required.  |  |
| AN8041  | FATAL               | Date/Time period qualifier required.                                     |  |
| AN8042  | FATAL               | Date/Time Period invalid/required.                                       |  |
| AN8043  | FATAL               | Place of service required.   | The facility code value (element CLM06) should be present.   |

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| AN8044                                       | FATAL        | [date] date element is NOT Y2K compliant.                                 | The Date/Time (element DTP) must contain eight digits, CCYYMMDD format.   |
| AN8045                                       | FATAL        | Bad date format.  | The Date (element DTP) must contain an ANSI value.  |
| AN8046                                       | WARN         | DMG Date Invalid  | The DMG date (element DMG) must contain a valid ANSI value (CCYYMMDD).  |
| AN8047                                       | WARN         | DMG Bad Date Format.  | The DMG date (element DMG) must contain a valid ANSI value.   |
| AN8048                                       | WARN         | DMG Date/Time Qualifier required.   | The DMG Date/Time Qualifier (element DMG01) must be present.  |
| AN8049                                       | WARN         | DMG Date/Time Period required   | The DMG Date/Time Period (element DMG02) must be present.   |
| AN8050                                       | FATAL        | Claim Total Billed Charges exceed 9999999999999999 or - 9999999999999999. | Basis Pro/5 and Visual Pro/5 limit numbers to 14 digits before the decimal and 2 digits after the decimal.  |
| CLM001                                       | FATAL        | The STBL for DIRXTRNLDAT is not defined in your config file.              | Your DIAMOND.ENV file must contain an entry for DIRXTRNLDAT, specifying a valid UNIX path (e.g. /diamextdata/). This directory will contain the incoming raw EDI claims data, as well as workfiles created during the PREDI process.  |
| CLM002                                       | FATAL        | The STBL for DIRXTRNLPGM is not defined in your config file.              | Your DIAMOND.ENV file must contain an entry for DIRXTRNLPGM, specifying a valid UNIX path (e.g. /diamextpgm/). Any custom EDI conversion, pricing or adjudication programs developed by HSD or by the client will also be in this directory.  |
| CLM003                                       | INFO         | Process EDI Initialization has been completed.                            | Indicates the end of basic EDI initialization tasks.  |
| CLM004                                       | INFO         | Process EDI Transaction Set job is terminated because of fatal errors.    | There have been one or more fatal errors during the PREDI edit process, which will be indicated by other more specific messages. Fatal errors during the ANSI-837 edits will result in the entire transaction set being rejected. Fatal errors during the claims edits, pricing and adjudication steps indicate that one or more claim lines were rejected. |
| CLM005                                       | INFO         | Process EDI Transaction Set job completed normally.                       | There were no fatal errors reported during the EDI edit, pricing and adjudication steps.  |
| CLM006                                       | INFO         | Beginning ANSI-837 conversion process.                                    | Indicates the beginning of the ANSI 837 conversion. This will either involve a custom conversion from a non-ANSI format, or a simple copy if the data is already in ANSI format. A fatal error during this step will cause the entire transaction set to be rejected.   |
| CLM007                                       | FATAL        | Can't find TRLOG Record for Transaction Set ID: [id]                      | Could be an environmental problem - check the transaction log file using TRLOG function.  |
| CLM008                                       | FATAL        | Cannot open source conversion file: [file]                                | Could be an environmental problem - check the directory indicated by the DIRXTRNLDAT parameter for the source conversion file (the incoming raw claims data).   |

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| CLM009  | INFO                | Existing PREDI workfile [file] has been deleted.  | Any existing (previous) claims header and detail workfiles for this transaction set are deleted. This is normal.  |
| CLM010  | INFO                | No custom conversion program found. Assume conversion object is already in ANSI-837 format. | If no conversion program is specified in the transaction log file, then the system simply copies the incoming source file to a workfile of the name <transset#>.837   |
| CLM011  | INFO                | Copying [file] to workfile [file].  | See message CLM010.   |
| CLM012  | FATAL               | Cannot copy [file] to workfile [file].  | The system is unable to perform the UNIX cp command on the incoming source file. Check UNIX file permissions.   |
| CLM013  | INFO                | Custom conversion program: [pgm] has been specified.  | A custom conversion program has been specified in the transaction log file for this set.  |
| CLM014  | FATAL               | Cannot open conversion program: [pgm].  | Check file permissions and program type of custom conversion program.   |
| CLM015  | FATAL               | Conversion Program is not a BBx Program. See User Docs for more details.                    | Check file permissions, program type and parameter lists of custom conversion program.  |
| CLM016  | INFO                | Running custom conversion program [pgm].  | Custom conversion program was found, and it is being run.   |
| CLM017  | INFO                | Custom conversion complete.   | Indicates a normal completion of the custom conversion program.   |
| CLM018  | INFO                | Performing ANSI-837 Conformance Edits.  | Indicates the beginning of the ANSI 837 conformance edits, which will check the converted data to adherence to the ANSI standards. Any messages which start with "AN8" are part of this editing process. A fatal error during this step will cause the entire transaction set to be rejected.   |
| CLM019  | INFO                | ANSI-837 Conformance Edits complete.  | There were no fatal errors detected during the ANSI 837 conformance edit step.  |
| CLM020  | INFO                | Performing Diamond Claims Edits, Pricing and Adjudication.                                  | Indicates the beginning of the Diamond claims edits, pricing and adjudication step. This step is only performed if there were no fatal errors detected during the ANSI-837 edit step. A fatal error during this step will cause claim lines to be rejected, but not the entire transaction set. |
| CLM021  | INFO                | Claims Edits, Pricing and Adjudication complete.  | There were no fatal errors detected during the claims edits, pricing and adjudication step.   |
| CLM022  | FATAL               | Selected Printer is not available. Resubmit this job.                                       | UNIX system problem. Check printer configuration.   |
| CLM023  | FATAL               | Printer Error ... ERR = [errortext]   | UNIX system problem. Check printer configuration.   |
| CLM024  | WARN                | Possible duplicate transaction set found for this submitter.                                | The system has found another previously processed transaction set for this submitter which has the same total number of claim details, the same number of ANSI segments, and the same total charges. This is a warning only; research is necessary to determine if this is an actual duplicate. |

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| CLM025  | FATAL               | Error opening the EDI report workfile. Job Terminating.                                    |  |
| DTL000  | WARN                | Claim Detail record messages not otherwise specified.                                      |  |
| DTL510  | WARN                | Price rule location messages returned from JUTILD01.PUB.                                   | Includes any of the following messages, some of which are FATAL: Date of service must be within claim header date range (FATAL), Member ineligible at date of service, No detail record found for group.   |
| DTL520  | WARN or FATAL       | Messages returned from pricing programs (JUTILP*.PUB and JPRICE00.PUB) (pre-pricing pass). | Depends on which price rule is used. WARN or FATAL depends on the severity of error. If encountering an error during online pricing that allows pricing to continue, then WARN returns. Else it returns FATAL.   |
| DTL530  | WARN or FATAL       | Claim detail rejected. Unable to use price rule [price rule].                              | Diamond uses separate programs for claims pricing. The name of each program is "JUTILP" + the 2 character price rule code + ".PUB". This error message is issued if the program is not found, is not a BBx program or cannot be read.<br><br>WARN or FATAL depends on the severity of error. If encountering an error during online pricing that allows pricing to continue, then WARN returns. Else it returns FATAL. |
| DTL535  | FATAL               | Claim detail rejected. Custom pricing program [id] not located.                            | A special custom pricing program for EDI claims was specified in the TRLOG setup file, but the system could not locate it. Custom pricing and adjudication programs for EDI must reside in the directory named in the DIRXTRNLPGM entry in the DIAMOND.ENV file.   |
| DTL540  | WARN                | Procedure code only valid for sex [sex].   | Issued if the sex (gender) code on the PROCD record is not blank and it does not match the member's sex.   |
| DTL541  | WARN                | Procedure [proc] only valid for ages [from] - [to].  | Issued if the age range code on the PROCD record is not blank and it does not match the member's age (as determined by the primary date of service).   |
| DTL542  | WARN                | WARNING: Asterisk procedure.   | This message is issued if the Asterisk field in the PROCD file is set to Y.  |
| DTL543  | FATAL               | Claim detail rejected. Procedure code [code] not found in PROCD file.                      | A procedure code (element SV1 01b for professional claims, SV2 01 or SV2 02b for inpatient claims) is required for each claim detail line. This field is mapped directly to the Diamond PROCD file. The Product/Service ID Qualifier (element SV1 01) is not used to determine if the procedure code is valid, but this field ideally should be "CJ" - CPT code, "HC" - HCPCS or "XX" - mutually defined code.         |

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| DTL544  | WARN or FATAL       | Procedure code [code] not in effect for this date of service.                         |   |
| DTL550  | WARN                | Messages returned from modifier pre-processing programs (JMODIA*.PUB).                | Depends on which price rule is used.  |
| DTL551  | FATAL               | Claim detail rejected. No modifier program for [price rule].                          | Diamond uses separate programs for claims pricing. The name of the modifier program is "JMODIA" + the 2 character price rule code + ".PUB". This error message is issued if the program is not found, is not a BBx program or cannot be read.                         |
| DTL552  | FATAL               | Modif [modifier] not found in MODIF file  | The modifier in the SV1 segment is not found in the MODIF file for the table driven price rule.   |
| DTL560  | WARN                | Ineligible member messages returned from JUTILD08.PUB                                 | Includes any of the following messages: Member eligibility record does not include this date of service, No provider contract for this date of service, No group detail record found.   |
| DTL570  | WARN                | Allowed amount for original billed procedure is zero.                                 |   |
| DTL580  | WARN                | WARNING: No medical definition assigned.  | Issued if a medical definition is not assigned to the claim line. Medical definitions are assigned based on the rules established in the MEDEF, MEDLU, MEDTP functions.   |
| DTL585  | FATAL               | Claim detail rejected. Custom adjudication program [id] not located.                  | A special custom adjudication program for EDI claims was specified in the TRLOG setup file, but the system could not locate it. Custom adjudication and pricing programs for EDI must reside in the directory named in the DIRXTRNLPGM entry in the DIAMOND.ENV file. |
| DTL590  | WARN                | Messages returned from JADJUD01.PUB, pertaining to locating benefit packages.         | Includes any of the following messages: No premium record found for group <id>, Plan <id>, as of <date>.  |
| DTL600  | WARN                | Messages returned from G/L reference code and Company code assignment (JADJUD06.PUB). | Includes any of the following messages: No company or G/L reference code assigned.  |
| DTL610  | INFO                | All pricing messages returned through the DECISION\$ array.                           | These informational messages are collected during the pricing process, and include such information as price rule used, benefit package used, price region, price schedule, etc.  |
| DTL620  | INFO                | All adjudication messages returned through the ADJDECISION\$ array.                   | These informational messages are collected during the adjudication process, and include such information as medical definition, benefit package, benefit rules used, authorization link, etc.   |
| DTL630  | WARN                | Messages returned from the pricing programs (pricing pass).                           | Depends on which price rule is used.  |

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| DTL640  | WARN                | Messages returned from adjudication (JADJUD22.PUB).                    | Includes any of the following messages: Benefit package <code> not found in BENEf file, Claim straddles minimum quantity of <num>, Claim straddles both minimum and maximum quantities, Claim straddles maximum quantity of <num>, Manual adjudication required, More than 10 interactive rules; unable to process.   |
| DTL650  | WARN                | Messages returned from Whole Claim Pricing (JINSTP00.PUB).             |   |
| DTL655  | FATAL               | Messages returned from Whole Claim Pricing (JINSTP00.PUB).             |   |
| DTL660  | INFO                | Messages returned from Whole Claim Pricing (JINSTP00.PUB).             |   |
| DTL700  | FATAL               | Thru dates must be later than from date.                               |   |
| DTL710  | FATAL               | Thru date cannot be beyond header discharge date.                      |   |
| DTL720  | WARN                | Line item quantity set to [quantity].                                  |   |
| HDR000  | WARN                | Claim Header messages not otherwise specified.                         |   |
| HDR010  | WARN                | Warning: Claim date is more than [claimage] days old.                  | Issued whenever the system date less the primary date of service is greater than the number of days setup in the CLAIMAGE system parameter.   |
| HDR020  | FATAL               | Claim header rejected. Thru date may not be earlier than primary date. | The dates of service which appear for each claim line in the transaction set should be in ascending order, or there should be a "from and through" service date specified for the claim.  |
| HDR030  | WARN                | Member validation messages returned from program JUTILH03.PUB.         | Includes any of the following messages, some of which are FATAL: Invalid member number (FATAL), Member date of birth not on file, Invalid member sex (gender code), WARNING: Potential COB claim, Member not eligible at time of claim, Bad eligibility result (FATAL), Continuous member eligibility only through <date>, Member eligibility status is pending, Unable to locate LINBS record, Invalid group code in member eligibility file (FATAL), Invalid PCP (FATAL), No group header contract located for this date of service,<br><br>WARNING: Check overage dependent verification status. |

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| HDR040                                       | WARN         | Pre existing condition warnings returned from JUTILH17.PUB.                              | Includes any of the following messages: No premium record located for pre-existing conditions test, No BENEF record found for package <package>, Pre-exist test: No eligibility for this member as of <date>, Pre-exist test: Member not eligible as of <date>, Pre-exist test: Bad eligibility result as of <date>, Pre-exist test: Member in group <group#> as of <date>, WARNING: check for pre-existing conditions back to <date>. |
| HDR050                                       | WARN         | Line of business [LOB] not located.  | Issued if the member's line of business code is not found on the LINBS file. Line of business comes from the member's history record, based on the primary date of service.  |
| HDR060                                       | WARN         | Referral Provider Messages returned from JUTILH04.PUB                                    | Includes any of the following messages, one of which is fatal: Referring Provider not in PROVF file (FATAL), Date of Service not covered by contract period, No Provider Contract record found.  |
| HDR070                                       | WARN         | Provider validation messages returned from JUTILH05.PUB                                  | Includes any of the following messages, some of which are FATAL: No provider sent for this claim (a FATAL internal program error), Provider not in PROVF file (FATAL), Alternate provider addresses on file, WARNING: Provider not continuously eligible, Vendor not in VENDR file (FATAL).  |
| HDR080                                       | FATAL        | Claim header rejected. EDI Vendor [id] does not match provider contract vendor [vendor]. | If the PRV segments in loop 2000 of the transaction set identify a Diamond vendor, then this vendor must have a valid contractual relationship with the provider of service which must have been specified in the CLM segments (loop 2310) or the SV1 segments (loop 2420). Use the contract detail screen in function PROVF to establish a relationship between a provider and a vendor.  |
| HDR081                                       | WARN         | Multiple vendors exist for provider contract - verify vendor.                            |  |
| HDR090                                       | FATAL        | Claim header rejected. Place of service [code] not found in REASN file.                  | The place of service code (element CLM 06) is required. The Facility Code Qualifier (element CLM 05) must be the value "B", which identifies element CLM 06 as a place of service code. This field is mapped directly to the Diamond REASN file.   |
| HDR100                                       | WARN         | Reason code [code] not found in REASN file.  |  |
| HDR110                                       | WARN         | Diagnosis code not found in DIAGN file.  | Up to three diagnosis codes can be taken from the PC segments in the 2300 loop (claim header level). The product/service ID qualifier (element PC 01) must be the value "DX", which identifies element PC 02 as a ICD-9-CM diagnosis code. This field is mapped directly to the Diamond DIAGN file.  |

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| HDR111  | WARN                | Diagnosis only valid for sex [sex].                               | Issued if the sex (gender) code on the DIAGN record is not blank and it does not match the member's sex.   |
| HDR112  | WARN                | Diagnosis only valid for ages [from] - [to].                      | Issued if the age range code on the DIAGN record is not blank and it does not match the member's age (as determined by the primary date of service).   |
| HDR113  | FATAL               | Code [diagnosis] not in effect for this admit date.               | Issued if from and thru date range on the DIAGN record does not fall between the claim's admit and discharge dates.  |
| HDR120  | FATAL               | Claim header rejected. NEXTCLAIMNO Parameter record not located.  | Claim numbers are auto-assigned by the PREDI function. There must exist a valid NEXTCLAIMNO record in the system parameters file (PARAM).  |
| HDR130  | FATAL               | No more than 26 claim splits allowed.                             | Claims may be automatically "split" in cases where there is a different provider for one or more service lines in the 2420 loop. When this occurs, the claim is split into multiple claims, one for each different provider specified. Split claims are identified with the same base claim number, except for the right-most character, which is a letter starting with "A" for the first split.  |
| HDR140  | FATAL               | Claim header rejected. Unable to locate group detail for [group]. | The member's group ID, plan code and primary date of service are used to lookup the type "P" (premium) group detail record. This record is used for various claims pricing rules.  |
| HDR150  | WARN                | Claim header messages returned from JUTILH03.PUB and JUTILH05.PUB | See HDR030 for messages from JUTILH03.PUB. See HDR070 for messages from JUTILH05.PUB.  |
| HDR160  | WARN                | DRG grouper messages from JINSTH18.PUB.                           | Include any of the following messages: DRG Grouping successful, Grouper Directory not found, Grouper not found in directory, Write to grouper input file was unsuccessful, Read from grouper output file was unsuccessful, E-Codes cannot be used as principal diagnosis codes, No DRG match in MDC indicated by principal diagnosis, A principal diagnosis code of 76509 conflicts with this data, Principal diagnosis code could not be found in grouper's table, Birthweight outside the range that the grouper expects, birthweight conflicted with categories derived from codes, Birthweight category derived indicates a non-specific birthweight, Invalid discharge age. Non-numeric or less than zero, Grouper unsuccessful. Return code value was [return code]. |

| <b>DIAMOND 8+ PREDI CLAIMS BATCH ERROR MESSAGES</b> |                     |   |  |
|---|---------------------|---|--|
| <b>Message Number</b>                               | <b>Message Type</b> | <b>Message Description</b>  | <b>Notes</b>   |
| HDR200  | WARN                | Messages returned from JINSTH03.PUB for testing the bill type.  | Includes any of the following messages: Zero Balance Claim, WARNING: Interim Claim - first claim, WARNING: Interim Claim - continuation, WARNING: Interim Claim - final claim, Late charges to previous claim, Adjusted bill, WARNING: Replacement to prior claim, Void or cancelled claim, Invalid bill type - Third digit cannot be 9. |
| HDR210  | WARN                | Continuation flag set to Y based on bill type.  |  |
| HDR220  | WARN                | Messages returned from JUTILH04.PUB for validating the attending provider and its eligibility.  | Includes any of the following messages: Date of service not covered by contract period, No provider contract record found, Referring Provider not in PROVF file  |
| HDR230  | FATAL               | Invalid authorization [auth key] not on file.   |  |
| HDR240  | FATAL               | Authorization type [auth type] not valid for institutional service claim.   |  |
| HDR250  | WARN                | Auth [value 1: Subscriber number/Person ID/PCP/Ref Provider/Provider number/Proc Code 1/Proc Code 2/Proc Code3/Place of svc/Reason Code/ Diagnosis code 1/ Diagnosis code 2/ Diagnosis code 3] does not match claim [value 2: value on the AUTH record that corresponds to value 1] | The values of 1 and 2 are mismatched when attempting the auth claim link.  |
| HDR260  | WARN                | Messages from JUTILH16.PUB for comparing the auth to the member.  | Includes any of the following messages: Current group [group code from MELIG record] does not match group [group code from AUTH record] from auth, Current plan [plan code from MELIG record] does not match plan [plan code from AUTH record] from auth   |
| HDR270  | WARN                | Messages from JUTILH17.PUB for testing pre-existing conditions.   | Includes any of the following messages: No premium record located for pre-existing condition test, No BENEf record found for package [benefit package from GRUPD record], various messages regarding pre-existing conditions   |
| HDR280  | WARN                | Messages returned from Whole Claim Pricing (JINSTP00.PUB).  | These are the only Whole Claim Pricing messages that signify Whole Claim Pricing was not attempted. They will result from the Bill Type position 3 being equal to a 2 or 3, or if the Discharge Date is missing.   |
| OPE001  | FATAL               | System parameter EDIPRVXREF contains invalid key codes: [codes] Program terminating.  | The valid provider cross-reference key codes are: P0 (provider number), P2 (xref number), P3 (user ID field 1), V0 (vendor number) and V2 (vendor tax ID#).  |

| <b>DIAMOND 8+ PREDI CLAIMS BATCH ERROR MESSAGES</b> |                     |  |  |
|---|---------------------|--|--|
| <b>Message Number</b>                               | <b>Message Type</b> | <b>Message Description</b>   | <b>Notes</b>   |
| OPE002  | WARN                | Provider Code: [code] Should be either BI, PE or PT.                               | The Provider Code (element PRV 01) should ideally contain the BI, PE (performing or rendering provider) or PT (pay-to provider) code. Any other codes may indicate a payment or reporting arrangement not supported by Diamond EDI.            |
| OPE003  | WARN                | Prov Ref Qual not found on EDIPRVXREF rules. Using Diamond provider number as key. | All of the Provider Reference Number Qualifier values (element PRV 02) should appear on a Diamond EDIPRVXREF system parameter. If a code is not found, then the system will start searching for a match using the Diamond provider ID.         |
| OPE004  | FATAL               | Provider/Vendor not found in Diamond system.                                       | This message is printed whenever a provider cannot be mapped to Diamond. Each claim line for this provider will be rejected and printed in detail on the error log.  |
| OPE005  | FATAL               | Subscriber Policy Number missing.  | The Subscriber Policy Number (element SBR 03) is required. This field is mapped directly to the Diamond Subscriber Number.   |
| OPE006  | FATAL               | Subscriber not found in Diamond system.  | This message is printed whenever a subscriber number cannot be mapped to Diamond (meaning that there are no members with this Subscriber Number). Each claim line for this subscriber will be rejected and printed in detail on the error log. |
| OPE007  | FATAL               | Parameter EDIPRVXREFn does not exist in Parameter File.                            | There must be at least one EDIPRVXREFn system parameter set up in Diamond.   |
| OPE008  | FATAL               | Values specified incorrectly in EDIPRVXREFn parameter: [values]                    | The values in the EDIPRVXREFn system parameters record is not in the correct format.   |
| OPE009  | WARN                | Patient DOB Qualifier should be D8 or D6, [code].                                  | The Patient Date of Birth qualifier code (element DMG 01) should be "D6" (YYMMDD-format) or "D8", which specifies a date in CCYYMMDD format.   |
| OPE010  | FATAL               | Patient Person Number cannot be determined.  | The subscriber number is valid, meaning that a family has been located in Diamond, but the system cannot match to a specific member in a family. This match is based on various combinations of name, gender and date of birth.                |
| OPE011  | WARN                | Imperfect Patient No. Match: Level 1. Person number [num] used.                    | A perfect match could not be made based on name, gender and date of birth. Imperfect match level 1 is considered almost as accurate as a perfect match.  |
| OPE012  | WARN                | Imperfect Patient No. Match: Level 2. Person number [num] used.                    | A perfect match could not be made based on name, gender and date of birth. Imperfect match level 2 is less accurate than level 1.  |
| OPE013  | WARN                | Imperfect Patient No. Match: Level 3. Person number [num] used.                    | A perfect match could not be made based on name, gender and date of birth. Imperfect match level 3 is the least accurate match. Manually check the Diamond member file to make sure that the correct member was selected.                      |

| DIAMOND 8+ PREDI CLAIMS BATCH ERROR MESSAGES |              |   |   |
|--|--------------|---|---|
| Message Number                               | Message Type | Message Description   | Notes   |
| OPE014                                       | FATAL        | Internal Program Error occurred, [errortext].                 | This error message indicates that there is an internal program error within the person number match routine.  |
| OPE015                                       | FATAL        | Claim Line Rejected!! [reason]                                | <p>Claim lines will be rejected if any of the following conditions are true:</p> <ul style="list-style-type: none"> <li>▪ Vendor missing or cannot be found.</li> <li>▪ Provider missing or cannot be found.</li> <li>▪ Subscriber missing or cannot be found.</li> <li>▪ Patient missing or cannot be found.</li> <li>▪ No Place of Service code.</li> <li>▪ No date of service.</li> <li>▪ Service Thru date is earlier than the From date.</li> <li>▪ Service Thru date on the claim detail is later than the Thru date on the claim header.</li> <li>▪ Procedure code missing or cannot be found.</li> <li>▪ Procedure code modifier cannot be found.</li> <li>▪ Diagnosis code pointer is invalid.</li> <li>▪ Diagnosis code pointer on the claim detail does not correspond to the diagnosis code on the claim header.</li> <li>▪ Claim detail line has a diagnosis code pointer, but there is no diagnosis code on the header.</li> </ul> <p>Rejected claim lines are not written to the EDI claims workfiles, and will not be written to Diamond production claims files should the transaction set be posted. The error messages print in the Critical Error Report</p> <p>For additional information about error messages pertaining to batch processing of Professional Claims, see the document entitled OPCLM-Batch Processing Enhancements.</p> |
| OPE016                                       | FATAL        | Cannot find Vendor associated with Prov. ID.                  | The Provider's DIAMOND ID (element PRV03) cannot be found in DIAMOND  |
| OPE017                                       | FATAL        | Cannot find Provider specified in 2310 Loop for Claim # [id]. | The claim has a provider override specified in loop 2310, which is supposed to supersede the provider in loop 2000 (for just this claim). The system is unable to locate this provider in the Diamond system. All claim lines for this claim will be rejected. See the ANSI 837 Transaction Set report for details.   |

| DIAMOND 8+ PREDI CLAIMS BATCH ERROR MESSAGES |              |  |  |
|--|--------------|--|--|
| Message Number                               | Message Type | Message Description  | Notes  |
| OPE018                                       | FATAL        | Cannot find a Primary Date.  | All claims must have at least one service date. Dates of service can be at the claim level, the service line level or both. The DTP segment is used, and the system currently checks only for Date Qualifier "150"; this logic in the EDI system will probably have to be expanded to check for other valid date qualifiers.   |
| OPE019                                       | WARN         | Cannot find Provider specified in 2420 Loop for Claim..                          | The claim has a provider override specified in loop 2420, which is supposed to supersede the provider in loop 2000 (for just this claim line). The system is unable to locate this provider in the Diamond system. The particular claim line with the missing provider will be rejected. See the ANSI 837 Transaction Set report for details.  |
| OPE020                                       | WARN         | ANSI Provider Code is not valid for provider rendering services in 2310 Loop.    |  |
| OPE021                                       | WARN         | ANSI Provider Code is not valid for provider rendering services in 2420 Loop.    |  |
| OPE025                                       | FATAL        | Family size > 30. Cannot find Patient Person No.                                 | The patient number algorithm will search through an entire family trying to match on a member based on name, gender and date of birth. Families are identified by subscriber number (element SBR 03). The table used to store a family is limited to 30 members.   |
| OPE026                                       | FATAL        | ERROR on READ from source file. ERR=[errortext].                                 | A BBx file system error was issued when reading records from the transaction set source file. The name of this file is the transaction set ID + ".837", and it is located in the directory named in the DIRXTRNLDAT parameter in the DIAMOND.ENV file.   |
| OPE027                                       | FATAL        | Invalid Transaction ID passed to [pgm] in TRANSSET\$.                            | Indicates that there is a parameter passing problem between the programs JCLMED00.PGM and JOPEDI00.PGM (or JIPEDI00.PGM), or that the transaction set log file (TRLOG) has been inappropriately deleted.   |
| OPE028                                       | WARN         | Provider key [key] was specified, but a provider was located using key [key].    | There are five possible keys on which a provider match can be made. The Provider Reference Number Qualifier (element PRV 02) in conjunction with the Diamond EDIPRVXREF system parameters determine the primary search method. If a provider cannot be located using the primary method, then the other four possible keys are checked. This message is printed if a provider is located using one of these alternate methods. |
| OPE029                                       | WARN         | There are multiple providers using key [key]. The first one found is being used. |  |

| <b>DIAMOND 8+ PREDI CLAIMS BATCH ERROR MESSAGES</b> |                     |  |  |
|---|---------------------|--|--|
| <b>Message Number</b>                               | <b>Message Type</b> | <b>Message Description</b>   | <b>Notes</b>   |
| OPE030  | INFO                | DIAMOND Claims EDI Summary Statistics:   | This summary prints at the end of the claims edits, pricing and adjudication step, and will show number of fatal errors, number of non-fatal errors, number of claims read (service lines), number of claim lines accepted (i.e. written to the EDI workfiles), number of claim lines rejected, and the total claim charges. Informational messages are not counted in the error totals. Element SV1 03 is summed to calculate total charges for professional claims, element SV2 04 for inpatient claims. The number of claim lines written plus the number of claim lines rejected should always equal the number of claim lines read. |
| OPE031  | INFO                | Pricing is turned OFF for this transaction set.  | This message is determined by the Pricing "switch" which is in the transaction log file (TRLOG).   |
| OPE032  | INFO                | Pricing is turned ON for this transaction set.   | This message is determined by the Pricing "switch" which is in the transaction log file (TRLOG).   |
| OPE033  | INFO                | Custom pricing program [pgm] will be used instead of DIAMOND pricing.                        | This message is printed if there is a custom pricing program named in the transaction log file (TRLOG). This program must be in the directory indicated by the DIRXTRNLPGM parameter in the DIAMOND.ENV file.  |
| OPE034  | INFO                | Adjudication is turned OFF for this transaction set.   | This message is determined by the Adjudication "switch" which is in the transaction log file (TRLOG).  |
| OPE035  | INFO                | Adjudication is turned ON for this transaction set.  | This message is determined by the Adjudication "switch" which is in the transaction log file (TRLOG).  |
| OPE036  | INFO                | Custom adj. program [pgm] will be used instead of DIAMOND adjudication.                      | This message is printed if there is a custom adjudication program named in the transaction log file (TRLOG). This program must be in the directory indicated by the DIRXTRNLPGM parameter in the DIAMOND.ENV file.   |
| OPE037  | WARN                | Total Billed Charges not numeric.  | The total billed charges (element CLM 02) must be numeric. If CLM 02 is missing or zero, the system will use the AMT segment from loop 2300 if AMT 01 = "T3".  |
| OPE038  | WARN                | Uniform Billing Claim Form Bill Type not found; assume first two digits are 1,1 (hosp. inp.) | The Facility Code (element CLM 06) is used for the first two digits of the Bill Type if the Facility Code Qualifier (element CLM 05) is "A". This warning message indicates that these fields were not found in the transaction set for this claim, and the system is assuming that the values are 1,1 (hospital inpatient). See the user documentation for INCLM for details on this code.  |

**DIAMOND 8+ PREDI CLAIMS BATCH ERROR MESSAGES**

| <b>Message Number</b> | <b>Message Type</b> | <b>Message Description</b>  | <b>Notes</b>  |
|-----------------------|---------------------|---|---|
| OPE039                | WARN                | Claim Frequency not found; assume third digit of Uniform Billing Claim Form Bill Type is 1. | The Claim Frequency Type Code (element CLM 07) is used for the third digit of the Bill Type. This warning message indicates that this field was not found in the transaction set for this claim, and the system is assuming that the value is 1 (admit through discharge date). See the user documentation for the INCLM function for details on this code. |
| OPE040                | WARN                | Provider key [key] was specified in 2310 loop, but a provider was located using key [key].  | This message was generated while looking up a provider which was specified at the claim level (loop 2310). See explanation for message OPE028 for more details.   |
| OPE041                | WARN                | Provider key [key] was specified in 2420 loop, but a provider was located using key [key].  | This message was generated while looking up a provider which was specified at the claim line level (loop 2420). See explanation for message OPE028 for more details.  |
| OPE042                | WARN                | Claim Total Billed amount of [amt] does not agree with detail total of [amt].               | Element CLM 02 contains the total submitted charges for each claim. This amount is compared to the sum of the detail charges for each service line in the claim. Element SV1 02 is used for professional claims detail charge amount; element SV2 03 is used for inpatient claims.  |
| OPE043                | WARN                | More than 300 authorizations for this member; only first 300 checked for match.             | The claim-auth match for inpatient claims will only search through the first 300 authorizations for the member. This limit can be increased by HSD if necessary. The system is only targeting authorizations of type inpatient.   |
| OPE044                | WARN                | Submitter's authorization no. [#] not found in Diamond auth file.                           | The submitter sent a Diamond authorization number with the claim data, but the system could not find an authorization for that number. The claim is adjudication without a link to an authorization.  |
| OPE045                | INFO                | Auths on file for member, but no match made to claim.                                       | The member has (inpatient) authorizations in Diamond and these were searched, but the system could not find one for the same date, institution and/or referring provider.   |
| OPE046                | WARN                | Imperfect match on submitter's auth no. [#]; auth not linked to claim.                      | The submitter of the claim supplied a Diamond authorization number, but the authorization did not match up with the claim. This claim should be researched, and if the authorization is valid a manual link to the auth can be done after the claim is posted to production.  |
| OPE047                | WARN                | Imperfect match on submitter's auth no. [#]; auth linked to claim.                          | The submitter of the claim supplied a Diamond authorization number, but the authorization did not match up perfectly with the claim. There was enough common information however to make the link to the claim. This claim should be researched, and if the auth is invalid the link can be un-done after the claim is posted to production.                |

| DIAMOND 8+ PREDI CLAIMS BATCH ERROR MESSAGES |              |   |   |
|--|--------------|---|---|
| Message Number                               | Message Type | Message Description   | Notes   |
| OPE048                                       | WARN         | Imperfect match on Diamond auth no. [#]; auth not linked to claim.              | The claim-auth search detected an authorization for the member, but the authorization did not match up with the claim enough to make a positive link. This claim should be researched, and if the authorization is valid a manual link to the auth can be done after the claim is posted to production.   |
| OPE049                                       | WARN         | Imperfect match on submitter's auth no. [#]; auth linked to claim.              | The claim-auth search detected an authorization for the member, but the authorization did not match up perfectly with the claim. There was enough common information however to make the link to the claim. This claim should be researched, and if the authorization is invalid the link can be un-done after the claim is posted to production. |
| OPE050                                       | INFO         | Claim has been linked to DIAMOND Authorization Claim No. [#].                   | The claim-auth search detected an authorization for the member and a perfect match was established.   |
| OPE051                                       | FATAL        | Custom auth-claim link program [program name] not located.                      | A special custom auth-claim link program for EDI claims was specified in the TRLOG setup file, but the system could not locate it or it is not a valid BBx program. All custom EDI programs must reside in the directory named in the DIRXTRNLPGM entry in the DIAMOND.ENV file.  |
| OPE052                                       | INFO         | Duplicate check is turned [ON/OFF] for this transaction set.                    | This message is determined by the Duplicate checking "switch" which is in the transaction log file (TRLOG).   |
| OPE053                                       | INFO         | Custom duplicate check program [pgm] will be used instead of DIAMOND dup check. | This message is printed if there is a custom Duplicate Check program named in the transaction log file (TRLOG). This program must be in the directory indicated by the DIRXTRNLPGM parameter in the DIAMOND.ENV file.   |
| OPE054                                       | INFO         | Auth-claim link is turned [ON/OFF] for this transaction set.                    | This message is determined by the Match Auths "switch" which is in the transaction log file (TRLOG).  |
| OPE055                                       | INFO         | Custom auth-claim link program [pgm] will be used instead of DIAMOND auth link. | This message is printed if there is a custom Match Auths program named in the transaction log file (TRLOG). This program must be in the directory indicated by the DIRXTRNLPGM parameter in the DIAMOND.ENV file.   |
| OPE056                                       | WARN         | E-Codes cannot be used as primary diagnosis codes.                              |   |
| OPE057                                       | WARN         | No DRG match in MDC indicated by primary diagnosis.                             |   |
| OPE058                                       | WARN         | Invalid admit. Outside range 1-124 years.                                       |   |
| OPE059                                       | WARN         | Patient's sex must be specified for MDC 14.                                     |   |
| OPE060                                       | WARN         | Patient's discharge status must be specified for this MDC.                      |   |
| OPE061                                       | WARN         | A principal diagnosis code of 76509 conflicts with this data.                   |   |

| DIAMOND 8+ PREDI CLAIMS BATCH ERROR MESSAGES |              |   |  |
|--|--------------|---|--|
| Message Number                               | Message Type | Message Description   | Notes  |
| OPE062                                       | WARN         | Principal diagnosis code could not be found in DRG grouper's table.                                 |  |
| OPE063                                       | WARN         | DRG Grouper unsuccessful. Return code was: [code].  |  |
| OPE064                                       | WARN         | DRG Grouper unsuccessful. Return code was: [code].  |  |
| OPE065                                       | WARN         | DRG Grouper unsuccessful. Return code was: [code].  |  |
| OPE066                                       | WARN         | DRG Grouper directory not found: [directory].   |  |
| OPE067                                       | WARN         | DRG Grouper not found in directory : [directory].   |  |
| OPE068                                       | WARN         | Write to DRG Grouper input file was unsuccessful.   |  |
| OPE069                                       | WARN         | Read from DRG Grouper input file was unsuccessful.  |  |
| OPE070                                       | WARN         | Birthweight outside the range that DRG grouper expects.   |  |
| OPE071                                       | WARN         | Birthweight conflicted with categories derived from codes.  |  |
| OPE072                                       | WARN         | Birthweight category derived indicates a non- specific birthweight.                                 |  |
| OPE073                                       | WARN         | Invalid discharge age. Non-numeric or less than zero.   |  |
| OPE074                                       | WARN         | DRG Grouper unsuccessful. Return code was : [code].   |  |
| OPE075                                       | WARN         | DRG Grouper unsuccessful. Return code was >=20.   |  |
| OPE076                                       | WARN         | Imperfect Match, Missing Date and Prov # on Diamond Authorization [Auth #], auth not link to claim. | This message is printed if an authorization exists for the member, and the following is missing on the Authorization: Req Start Date, Auth Start Date, and Ren Provider. This condition will not link the Auth to the claim.                           |
| OPE077                                       | WARN         | Imperfect Match, Missing Date on Diamond Authorization [Auth #], auth not link to claim.            | This message is printed if an authorization exists for the member, and the Req Start Date and Auth Start Date is missing on the auth. This condition will not link the Auth to the claim.  |
| OPE078                                       | WARN         | Imperfect Match, Missing Prov # on Diamond Authorization [Auth #], auth not link to claim.          | This message is printed if an authorization exists for the member, and the Ren Provider is missing on the authorization. This condition will not link the Auth to the claim.   |
| OPE079                                       | WARN         | Imperfect Match, Diamond Authorization [Auth #], auth not link to claim.                            | This message is printed if an authorization exists for the member, and the claim and auth date match. However, the Ren Provider on the claim does not match the Ren Provider on the authorization. This condition will not link the Auth to the claim. |

| DIAMOND 8+ PREDI CLAIMS BATCH ERROR MESSAGES |              |  |   |
|--|--------------|--|---|
| Message Number                               | Message Type | Message Description  | Notes   |
| OPE080                                       | WARN         | Error in AUTHEDIDATES PARAMETER RECORD.  | This message is printed if an invalid value (other than numeric) is encountered in the Parameter Record, AUTHEDIDATES. The Transaction set is processed with default number of days, 0 days before and 0 days after. This means that the Claim date must match the date on the Authorization exactly and no window is provided. |
| OPE081                                       | INFO         | Unable to Link Submitter's Auth No. to claim.  | Auth Claim Match has been turned on for EDI processing. The Authorization Number was submitted in the transaction set but no match was made to the claim based on Auth Claim Match criteria.  |
| OPE082                                       | FATAL        | Primary Date is before submitted Date of Birth.  |   |
| OPE083                                       | FATAL        | Primary Date exceeds Mother/Baby eligibility.  |   |
| OPE084                                       | WARN         | **Mother's demographic info has been substituted with the Newborn's demographic information. |   |
| OPE085                                       | WARN         | Illegal PC01 element.  |   |
| OPE089                                       | WARN         | Diagnosis code pointer was assigned to the first non-blank diag code.                        | If a batch (EDI) source file contains a blank diagnosis code pointer (DxPtr=blank) but includes valid diagnosis codes (valid field values in Dx1, Dx2, Dx3, or Dx4), DIAMOND assigns the first valid diagnosis code. Warning message #89 appears in the Batch File Report.  |