

Avoiding Electronic Data Interchange Claim Rejections

The table below has been created as a tool to help providers avoid Electronic Data Interchange (EDI) claim rejections. To prevent these from occurring, a list of common error messages that EDI submitters receive has been identified, along with tips on how to avoid them.

Rejection Reason	Tips
Invalid member ID number or invalid subscriber	<ul style="list-style-type: none"> • Check the member ID number (including the suffix) on the member's ID card • Confirm the member ID number and suffix through electronic eligibility inquiry via: <ul style="list-style-type: none"> – Secure Provider website – NEHEN – NEHEN/Vet – Change Healthcare™ or POS device – Interactive voice response (IVR) system
<ul style="list-style-type: none"> • Provider NPI not on file at payer • Payee NPI not on file at payer • Admit/referring provider NPI not on file at payer 	<ul style="list-style-type: none"> • Confirm the NPI is registered by contacting Provider Services • Verify that the clearinghouse has informed Tufts Health Plan of the intent to submit electronically
Incorrect member date of birth (DOB)	<ul style="list-style-type: none"> • Confirm the DOB through electronic eligibility inquiry on the secure Provider website • Contact Commercial Provider Services or Senior Products Provider Relations
Invalid primary procedure	<ul style="list-style-type: none"> • Verify the procedure code is valid for the date of service
Payee ID # must not equal the provider ID #	<ul style="list-style-type: none"> • Confirm the provider or clearinghouse is submitting the individual servicing provider ID number (not the group payee ID number) in the rendering provider field • Call EDI Operations at 617.972.9400, ext. 54042 with questions
Patient loop not accepted	<ul style="list-style-type: none"> • Tufts Health Plan does not accept the patient loop (members are uniquely identified with the member ID suffix) • Enter member information in the subscriber/insured loop for the member receiving medical care, regardless of whether the member is the primary or the dependent • Enter the information for the member receiving care in the subscriber/insured loop, including correct suffix, name and DOB, regardless of whether the member is the primary or the dependent
Diagnosis codes	<ul style="list-style-type: none"> • Be sure to submit ICD-9 or ICD-10 codes that are current and appropriate for the DOS.