

Nebraska Medicaid EDI File Error Report Example- New

This report shows the results of a submitted data file validated against corresponding guidelines. If there are errors, you must fix the application that created the data file and then generate and submit a new data file.

Report Summary		
Total Errors: 1		
Total Warnings: 0		
Total Informations: 0		

Error Count By WEDI SNIP Type		
SNIP Type	SNIP Name	Counts
0	System	0
1	EDI Syntax	0
2	HIPAA Syntax	1 Errors 0 Warnings 0 Informations
3	Balancing	0
4	Situational	0
5	External Code Set	0
6	Line of Service	0
7	Partner Specific	0

#	Data				
0	Entire Document start				
Errors at Entire Document level: Errors: 0 Warnings: 0 Informations: 0					
Interchange Received: 1 Interchange Accepted: 0					
1	Interchange start				
Guideline file: D:\Edifecs\XEngine\config\guideline\EnvelopeC-x-5010-HIPAA.ecs					
Errors at Interchange level: Errors: 0 Warnings: 0 Informations: 0					
Group Received: 1 Group Accepted: 0					
Sender ID: EDIHELPDESK Receiver ID: MMISNEBR Control Number: 000045903 Date: 161205					
Sender Qualifier: ZZ Receiver Qualifier: ZZ Version: 00501 Time: 1012					
1	ISA*00*00*ZZ*EDIHELPDESK*ZZ*MMISNEBR*161205*1012**00501*000045903*1*T*				
1.1	Group start				
Guideline file: D:\Edifecs\XEngine\config\guideline\EnvelopeFuncG-x-3072AndHigher-HIPAA_A1.ecs					
Errors at Group level: Errors: 0 Warnings: 0 Informations: 0					
Transaction Received: 1 Transaction Accepted: 0					
Sender ID: EDIHELPDESK Control Number: 148920 Date: 20161205					
Receiver ID: MMISNEBR Version: 005010X22A1 Time: 1012					
2	GS*HC*EDIHELPDESK*MMISNEBR*20161205*1012*148920*X*005010X22A1				
1.1.1	Transaction start				
Guideline file: D:\Edifecs\NERoot\guidelines\StateNE_837P_X12_Validation.ecs					
Errors at Transaction level: Errors: 1 Warnings: 0 Informations: 0					
Control Number: 000000001					
Transaction ID: 837					
3	ST*837*000000001*005010X22A1				
4	BHT*0019*00*123233135920161205101021793837*20161205*101021*CH				
5	NM1*41*2*ATHRI EDI****46*6056				
6	PER1C*PAYER TEAM*TE*8009693666				
7	NM1*40*2*STATE OF NEBRASKA****46*NEMEDICAID				
8	HL*1**20*1				
9	PRV*BP*XC*207Y00000X				
10	NM1*85*2* [REDACTED] *****XX* 16381416931				
#	Error ID	Error Message	SNIP Type	Severity	Guideline Properties
1	0x383930E	Business Message: National Provider ID (NPI) is invalid for Billing Provider Name. Value of element NM109 is incorrect. Expected value is National Provider ID (format is '10 digits with optional '00040' prefix and last check digit) when NM109='XX'. Segment NM1 is defined in the guideline at position 0150. This error was detected at: Segment Count: 8 Element Count: 9 Character: 449 through 480	2 - HIPAA Syntax	Normal	ID: 67 IID: 678 Name: Identification Code Standard Option: Relational User Option: Used Max Use: 1 Min Length: 2 Max Length: 80 Type: Alphanumeric
11	N3	[REDACTED] SUITE #152			
12	N4	[REDACTED]			
13	REF*E1*061181648				
14	PER1C* [REDACTED] *TE*				
15	HL*2*1*22*0				
16	SBR*S*18*****MC				
17	NM1*HL*1 [REDACTED] *****MI*				
18	N3	[REDACTED]			
19	N4	[REDACTED]			
20	DMG*D0*19270330*M				