

Common Electronic Claim (Version) 5010 Rejections

Rejection Type	Claim Type	Rejection	Required Action
Admission Date/Hour	Institutional	Admission Date/Hour (Loop 2400, DTP Segment) (Admission Date/Hour) is used. It should not be used when claim is not inpatient.	On outpatient claims, remove the Admission Date/Hour and resubmit.
Admitting Diagnosis	Institutional	Admitting Diagnosis (Loop 2300, Segment HI) is used. It should not be used when claim does not involve inpatient admission.	Required on claims with Bill Type 012x, 022x and inpatient claims except 028x, 065x, 066x, 086. Remove the Admitting Diagnosis and resubmit.
Diagnosis Related Group (DRG) Invalid	Institutional	DRG (Loop 2300, HI Segment) Information contains an invalid value.	This rejection was sent in error. The claim can be resubmitted without any changes to the DRG.
Insured Group Name	Institutional Professional	Insured Group Name (SBR04) should not be used when Group Number (SBR03) is used.	Remove the Group Name (SBR04) and resubmit.
National Drug Code (NDC) Drug Quantity	Institutional Professional	Drug Quantity (Loop 2410, CTP Segment) is missing.	When an NDC number is submitted in LIN03, the associated quantity is required in CTP04. Add the drug quantity and resubmit.
National Drug Code (NDC) Invalid	Institutional Professional	National Drug Code Identification (Loop 2410, LIN Segment) contains an invalid NDC value.	This rejection was sent in error. The claim can be resubmitted without any changes to the NDC.
National Provider Identifier (NPI) Data Element Error	Institutional Professional	NPI ID invalid length, length must be 10 or 15 digits.	Correct the NPI and resubmit.
Other Payer Claim Adjustment Indicator	Professional	Other Payer Claim Adjustment Indicator (Loop 2330B, REF Segment) is used. It should not be used when the Destination Payer is not secondary to the current Other Payer.	When Cigna is the primary payer, remove the Other Payer Claim Adjustment Indicator (Loop 2330B, REF Segment) and resubmit.
Other Payer Rendering Provider	Professional	Other Payer Rendering Provider (Loop 2330D) is used. It should not be used when the NPI is submitted for the Rendering Provider (Loop 2310B, NM109).	Remove the Other Payer Rendering Provider (Loop 2330D) and resubmit.

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Patient's Reason for Visit	Institutional	Patient's Reason for Visit (Loop 2300, HI Segment) is used. It should not be used when claim does not involve outpatient visits.	Patient's Reason for Visit is required for unscheduled outpatient visits: if (CLM05-01 or Bill Type starts with 13, 78 or 85) and (CL101 or Priority of Admission Type is 1, 2, or 5) and (SV201 or the Revenue Code submitted is 045x, 0516, 0526 or 0762). Add the Patient's Reason for Visit to the claim and resubmit.
Present on Admission (POA)	Institutional	Present on Admission (Loop 2300, HI Segment) is a required field on inpatient Claims.	On inpatient claims, add Present on Admission and resubmit. On outpatient claims, the rejection was sent in error. The claim can be resubmitted without any changes to Present on Admission.
Procedure Code Not Valid for Patient Age	Institutional Professional	A7: Acknowledgement/Rejected for Invalid Information: The claim/encounter has invalid information as specified in the status details and has been rejected. 475: Procedure code not valid for patient age.	Under certain conditions, the above edit is inaccurately rejecting claims. The edit has been corrected. Please resubmit claims affected by this error.
Property and Casualty Subscriber Contact	Professional	Property and Casualty Subscriber Contact Information (Loop 2010BA, PER Segment) is used. It is not expected to be used when Property and Casualty Claim Number (Loop 2010BA, REF segment) is not used.	Remove the Property and Casualty Subscriber Contact Information (PER segment) and resubmit.
Receiver Address (Party Location)	Professional	Party Location (Loop 1000, N3 Segment) is not a valid segment and should not be submitted. (Guideline position 300 is marked as "Excluded").	Remove the Receiver Address [Party Location (Loop 1000, N3 Segment)] and resubmit.
Referring Provider Name at Service Line	Professional	Referring Provider Name at the Service Line (Loop 2420F, NM1 Segment) is used. It is not expected to be used when Referring Provider Name at the Claim Level (Loop 2310A, NM1 Segment) is not used.	Remove the Referring Provider Name from the Service Line (Loop 2420F), <i>Or</i> If applicable, add a different Referring Provider Name at the Claim Level (Loop 2310A).

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Referring Provider Invalid	Institutional	Referring Provider Name (Loop 2310F) is used. It should not be used when Attending Provider Name (Loop 2310A) is used with the same information.	Remove Referring Provider Name when it is the same as the Attending Provider Name and resubmit.
Referring Provider Missing	Institutional	Referring Provider Name (Loop 2310F) is missing. It is required on outpatient claims.	Add the Referring Provider Name for outpatient claims, unless it is the same as the Attending Provider Name, and resubmit.
Submitter Address (Party Location)	Professional	Party Location (Loop 1000, N3 Segment) is not a valid segment and should not be submitted. (Guideline position 300 is marked as "Excluded").	Remove Submitter Address [Party Location (Loop 1000, N3 Segment)] and resubmit.
ZIP Code Invalid	Institutional Professional	Postal ZIP Code contains an invalid value.	This rejection was sent in error. The claim can be resubmitted without any changes to the ZIP code.
ZIP Code Data Element Error	Institutional Professional	Postal ZIP Code Segment has a Data Element Error.	The Billing Provider and Service Facility ZIP Code must be nine digits. All other ZIP Code fields must be five digits. Update the ZIP Code to the correct ZIP Code format and resubmit. Cigna will accept all zeros for the last four digits of a nine digit ZIP code.