

Insurance Validation Errors

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About

The following tables contain common errors that you might run into when validating a patient's Insurance. You'll notice that there are multiple Error Codes that relate to the same essential problems, and that is because different Insurance Payers choose different ways of describing what went wrong during the validation process.

Practice/Provider Missing Required Data/Field Errors

Validation Error Code	Meaning of Error
15	Required application data missing. This may be due to the eligibility enrollment contract or possibly the payer does not support the eligibility functionality.
43	Invalid/missing Provider ID. This could mean that the NPI being used for validation is different than what the payer has on file.
50	Provider not eligible for inquiries.
51	Provider not on file.
52	Service dates are not within Provider plan enrollment.

Time Out Errors

Validation Error Code	Meaning of Error
42	Unable to respond at the current time.
80	Timed out - retry later.

Subscriber or Patient Detail and Eligibility Errors

Validation Error Code	Meaning of Error
21	Subscriber/insured not found.
27	Policy cancelled.
30	Subscriber/ID mismatched.
33	Subscriber/ID not found.
58	Invalid/missing birth date.
60	The date of birth occurs after the date of service.
62	Date of service outside allowable inquiry period. This usually occurs on forward dates on the schedule.
63	Does not support date of service in future.
64	Invalid/missing patient ID.
65	Invalid/missing patient name.
67	Patient not found during valid request. This means that the eligibility request was likely asked of the wrong payer.

68	Duplicate patient ID.
71	Patient DOB mismatch (often infants).
72	Invalid/missing subscriber ID.
73	Invalid/missing subscriber/insured name.
74	Invalid/missing sex.
75	Subscriber not found.
76	Duplicate subscriber ID.
79	Invalid participant information.
88	Not eligible on date of service.