



Common Claims Intake Errors and Quick Reference Guide.

The most common Intake errors are Strategic National Implementation Processes (SNIP) related validation edits. These validation edits are industry- standard data compliance requirements based on the Health Insurance Portability and Accountability Act (HIPAA) implementation guide. Each SNIP level of editing is compounded, meaning that these edits build off the last and increase in complexity. In this quick reference guide, you will learn about the standard intake rejections and how to resolve them.

SNIP 1: EDI Syntax

These validate the basic structure and syntax of the electronic data interchange (“EDI”) data, ensuring it follows the correct format and segment order as specified in the EDI standard. Errors at this level should be discussed with the provider’s clearinghouse as these are invalid submissions.

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Common Errors:

Validator error - Extra data was encountered.

Extra trailing delimiters were encountered.

A data element contains characters not listed in the allowed character set.

SNIP Level 1 – Syntax & Format Errors (Basic EDI Compliance)

Q1: What does a “Missing Segment” error mean?

A: This means a required data segment (e.g., NM1 for patient name) is missing in the EDI file. The provider should check their billing system setup or clearinghouse for required fields.

Q2: What does “Invalid Character in Data Element” mean?

A: Certain fields can only contain specific characters. For example, names can’t have symbols like @, #, or %. The provider should remove any special characters and resubmit.

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Q3: Why did a claim reject for “Invalid Date Format”?

A: Date fields must follow the CCYYMMDD format (e.g., 20250330 for March 30, 2025). The provider should check if their system is submitting dates correctly.

SNIP 2: HIPAA Implementation Guide Compliance Errors

These errors validate the adherence to HIPAA standards, ensuring that all processes and protocols align with regulatory requirements for safeguarding Protected Health Information (PHI). Errors at this level should be addressed promptly with the provider's compliance team, as they represent significant deviations from mandated practices.

Common Errors:

Invalid Address Information in Billing Provider Address.

National Provider ID (NPI) is invalid for Billing Provider Name.

External cause code cannot be used as Principal Diagnosis code.

SNIP Level 2 – HIPAA Implementation Guide Compliance Errors

Q4: What does “Invalid or Missing Provider NPI” mean?

A: This means the provider’s National Provider Identifier (NPI) is missing or incorrect. The provider should:

- Confirm they’re using a valid 10-digit NPI. (Excluding Atypical Providers)
- Ensure they’re using the correct billing or rendering provider NPI.

Q5: Why did a claim reject for “Missing Payer Identification”?

A: The Payer ID must be included in the claim to route it correctly. Providers should verify they are using the correct Payer ID from our EDI Companion Guide.

Q6: What does “Diagnosis Code Not Valid for Date of Service” mean?

A: Diagnosis codes are periodically updated. The provider should check if they are using the correct ICD-10 code version for the date of service.

SNIP 3: Balancing Errors

These errors validate the financial integrity of EDI transactions, ensuring that all monetary amounts are correctly balanced. These errors should be addressed with the provider's clearinghouse, as they indicate invalid submissions.

Common Errors:

COB claim failed to balance paid amount did not equal adjusted charge amount.

COB service line failed to balance paid amount did not equal adjusted charge amount.

SNIP Level 3 – Balancing Errors

Q7: What does “Service Line Charge Amount Does Not Balance” mean?

A: The total charge amount for all service lines must match the claim-level charge amount. Providers should verify that all line items add up correctly.

Q8: Why did a claim reject for “Payer Paid Amount Greater Than Billed Amount”?

A: The payer cannot pay more than what was billed. The provider should confirm they submitted the correct charge amounts.

SNIP 4: Situational Errors

This level focuses on ensuring that certain data elements are present or conform to specific rules based on the presence or value of other data elements within the same segment or across different segments.

Common Errors:

Invalid ID for Rendering Provider Secondary Identification: only National Provider ID (NPI) is allowed after it is mandated for use.

National Provider ID (NPI) is a required identifier when it is mandated for use.

Duplicate ID is sent in Billing Provider Secondary Identification.

SNIP Level 4 – Situational Rule Errors

Q9: What does “Rendering Provider Require” mean?

A: Some claims, like professional claims (837P), require a rendering provider. If missing, the provider should add the individual NPI of the rendering physician or practitioner. For atypical providers without an NPI, please consult your state’s billing policy documentation for specific guidance.

Q10: Why did a claim reject for “Missing Admission Date for Inpatient Claim”?

A: Inpatient claims (837I) require an admission date in the DTP segment. The provider should include this before resubmitting.

Escalation Path for EDI Errors

Q11: What should I do if a provider cannot resolve an EDI error?

A: Direct them to:

1. Their Clearinghouse or Billing Vendor – Most formatting issues originate from the provider's system.
2. Our Provider Portal – Many errors have self-service solutions.
3. EDI Support Team (L2 Support) – If the issue remains unresolved, escalate it with the claim number, error message, and transaction details.