

Wipop Error Validation Codes and Descriptions

EDIT #	FIELD CODE	EDIT DESCRIPTION
1000	PTTYPE	The Patient Type supplied is invalid.
1005	SERVCODE	The Place of Service Code supplied does not match the revenue codes associated with this patient.
1010	BDAT	Date of Birth is a required field.
1030	ZIP	Zip Code is a required field.
1040	SEX	Sex is a required field.
1050	RACE	Race is a required field for this type of patient record.
1060	ADMS	Source of Admission is a required field for this type of patient record.
1070	ADMT	Type of Admission is a required field for this type of patient record.
1080	ADAT	Admission Date is a required field for this type of patient record.
1081	ADAT	Admission Date is a required since Discharge date is provided. New Q2 11
1090	DXP	Principal Diagnosis is a required field.
1091	DXP_POA	Primary Diagnosis Present on Admission is a required field.
1092	DXP_POA	Primary Diagnosis Present on Admission does not correspond to accepted values.
1093	DXP_POA	Primary Diagnosis Present on Admission is exempt from the reported Primary Diagnosis and can not be submitted.
1094	DXP_POA	Primary Diagnosis Present on Admission is not allowed on this patient type.
1100	DXA	Admitting Diagnosis is a required field.
1110	PINA	Attending Physician ID Number is a required field.
1120	DDAT	Discharge Date is a required field for this type of patient record.
1121	DDAT	Discharge Date is a required since Admission date is provided. New Q2 11
1130	PTSTATUS	Patient Status is a required field for this type of patient record.
1140	SOPTYPE	Expected Source of Payment Type is a required field.
1150	TC	Total Charges is a required field.
1160	BILLTYPE	Type of Bill is a required field.
1170	SERVCODE	Place of Service is a required field.
1180	MRN	Medical Records Number is a required field.
1190	STPERIODF	Statement Covers Period From is a required field for this type of patient record.
1200	STPERIODT	Statement Covers Period To is a required field for this type of patient record.
1220	REVCODE	Revenue Code is a required field for this type of patient record.
1230	SERVDATE	Obsolete
1240	UNITSERV	Units of Service is a required field.
1245	UNITSERV	Units of Service must be greater than zero when Revenue Charge is greater than or equal to zero.
1250	REVCHG	Revenue Charge is a required field.

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EDIT #	FIELD CODE	EDIT DESCRIPTION
1260	DX	Additional Diagnosis is a required field.
1261	DXRV1	Reason for Visit 1 is required for this type of patient record.
1262	DXRV2	Reason for Visit 2 can not be submitted without Reason for Visit 1.
1263	DXRV3	Reason for Visit 3 can not be submitted without Reason for Visit 1 & Reason for Visit 2.
1265	DXRV1	Reason for visit 1 does not correspond to accepted values.
1266	DXRV2	Reason for visit 2 does not correspond to accepted values.
1267	DXRV3	Reason for visit 3 does not correspond to accepted values.
1268	DX	E-Codes are not allowed for an additional diagnosis.
1269	DX	Additional Diagnosis not allowed if Primary Diagnosis not submitted.
1270	PR	Additional Procedure is a required field.
1271	DXRV1	Reason for visit 1 is not allowed for this patient type and cannot be submitted.
1272	DXRV2	Reason for visit 2 is not allowed for this patient type and cannot be submitted.
1273	DXRV3	Reason for visit 3 is not allowed for this patient type and cannot be submitted.
1280	PRD	Obsolete
1310	SOPID	Expected Source of Pay ID is a required field.
1340	PINB	Other Physician ID 1 is required when a Principal Procedure has been specified.
1350	ETHN	Ethnicity must be specified for this type of patient record.
1360	ECID	Encrypted Case ID is a required field.
1365	PRP	Principal Procedure must be specified for this type of patient record.
1375	PRP	Principal Procedure must be specified if Other Physician ID 1 is reported.
1380	PRP	Principal Procedure must be specified when Principal Procedure Date is reported.
1385	PRP	Principal Procedure must be specified if Other Physician ID 2 is reported.
1390	PRP	Principal Procedure must be specified when Additional Procedures are reported.
1391	PRP	Primary procedure must be a CPT-4 code for this type of patient record.
1392	PRP	Primary procedure must be an ICD-9-CM code for this type of patient record.
1393	PR	Additional procedure must be a CPT-4 code for this type of patient record.
1394	PR	Additional procedure must be an ICD-9-CM code for this type of patient record.
1400	PRPD	Principal Procedure Date must be specified if Principal Procedure is reported.
1410	SOPTYPE2	Secondary Source of Payment Type is required when Secondary Source of Payment ID is specified.
1420	SOPID2	Secondary Source of Payment ID is required when Secondary Source of Payment Type is specified.
1555	CERTNUM	Certificate Number is a required field.
1590	LVDAYS	Leave Days cannot be a value greater than zero for this type of patient record.
1600	PINB	Other Physician ID 1 cannot be specified if Principal Procedure is not reported.

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EDIT #	FIELD CODE	EDIT DESCRIPTION
1605	PINC	Other Physician ID 2 cannot be specified if Principal Procedure is not reported.
1610	PINB	Other Physician 2 cannot be specified if Other Physician ID 1 is not reported.
2010	BDAT	Date of Birth does not correspond to a valid date (mmddyyyy).
2020	ADAT	Admission Date does not correspond to a valid date (mmddyyyy).
2030	PRPD	Principal Procedure Date does not correspond to a valid date (mmddyyyy).
2040	DDAT	Discharge Date does not correspond to a valid date (mmddyyyy).
2050	STPERIODF	Statement Covers Period From does not correspond to a valid date (mmddyyyy).
2060	STPERIODT	Statement Covers Period To does not correspond to a valid date (mmddyyyy).
2065	STPERIODT	The date specified does not fall within the boundary of the working quarter.
2066	STPERIODF	Statement Covers Period From must match the minimum service date in submitted revenue records.
2067	STPERIODT	Statement Covers Period To must match the maximum service date in submitted revenue records.
2070	SERVDATE	Service Date does not correspond to a valid date (mmddyyyy).
2075	SERVDATE	Service Date is a required field for this type of patient record.
2080	PRD	Obsolete Additional Procedure Date does not correspond to a valid date (mmddyyyy).
2090	TC	Total Charges does not correspond to a valid data format (nnnnnnnnn.nn).
2100	UNITSERV	Units of Service do not correspond to a valid non-zero data format (nnnnnnn).
2110	REVCHG	Revenue Charge does not correspond to a valid data format ((-)nnnnnnnnn.nn).
2120	HCPCSRATE	Obsolete
2225	PR	The coding system used for additional procedures must be consistent with the principal procedure.
2310	LVDAYS	Leave Days must be an integer value (nnn).
2311	LVDAYS	Leave Days should be less than Length of Stay. New Q4 10
2320	ECID	Encrypted Case ID is not a properly formatted value (letter-number-number-letter).
2325	ECID	Encrypted Case ID cannot have numeric digits greater than '6'.
2330	ECID	Encrypted Case ID cannot have non-zeros following a zero.
2335	ECID	Encrypted Case ID cannot have consecutive identical non-zeros.
3020	ZIP	ZIP Code does not correspond to accepted values.
3030	SEX	Sex does not correspond to accepted values.
3040	RACE	Race does not correspond to accepted values.
3050	ADMS	Source of Admission does not correspond to accepted values.
3060	ADMT	Type of Admission does not correspond to accepted values.
3070	DXP	Principal Diagnosis does not correspond to accepted values, or code was deleted.
3080	DXA	Admitting Diagnosis does not correspond to accepted values, or code was deleted.
3110	PINA	Attending Physician ID Number does not correspond to accepted values.

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EDIT #	FIELD CODE	EDIT DESCRIPTION
3115	PINA	Attending Physician ID cannot be a non-physician provider for this type of patient record.
3120	PINB	Other Physician ID 1 does not correspond to accepted values.
3125	PINB	Other Physician ID 1 cannot be a non-physician provider for this type of patient record.
3130	PINC	Other Physician ID 2 does not correspond to accepted values.
3135	PINC	Other Physician ID 2 cannot be a non-physician provider for this type of patient record.
3140	PRP	Principal Procedure does not correspond to accepted values, or code was deleted.
3150	PTSTATUS	Patient Status does not correspond to accepted values.
3180	BILLTYPE	Type of Bill does not correspond to accepted values.
3190	SERVCODE	Obsolete
3210	REVCODE	Revenue Code does not correspond to accepted values.
3211	LVDAYS	At least one revenue record WITH a valid 018x revenue code must exist WHEN Leave Days is NOT 0 OR empty. New Q4 10
3215	REVCODE	Revenue code cannot include professional charges.
3220	HCPCSRATE	HCPCS/Rate Code must be accepted value or valid rate.
3225	HCPCSMOD1	HCPCS Modifier 1 does not correspond to accepted values.
3226	HCPCSMOD2	HCPCS Modifier 2 does not correspond to accepted values.
3227	HCPCSMOD3	HCPCS Modifier 3 does not correspond to accepted values.
3228	HCPCSMOD4	HCPCS Modifier 4 does not correspond to accepted values.
3230	DX	Additional Diagnosis does not correspond to accepted values, or code was deleted.
3240	PR	Additional Procedure does not correspond to accepted values, or code was deleted.
3245	PRMOD1	Additional Procedure Modifier 1 does not correspond to accepted values.
3246	PRMOD2	Additional Procedure Modifier 2 does not correspond to accepted values.
3247	PRMOD3	Additional Procedure Modifier 3 does not correspond to accepted values.
3248	PRMOD4	Additional Procedure Modifier 4 does not correspond to accepted values.
3250	ETHN	Ethnicity does not correspond to accepted values.
3310	CCODE1	Is patient homeless? If so, Condition Code 1 must be '17'.
3315	CCODE1	Condition Code 1 cannot be reported if ZIP Code is reported.
3320	CCODE2	Is LOS an outlier? If so, Condition Code 2 must be '60'.
3321	CCODE2	Not an acceptable value, code must be 60, 61, P7 or 47 New Q2 10
3330	CCODE3	Are Total Charges an outlier? If so, Condition Code 3 must be '61'.
3331	CCODE3	Not an acceptable value, code must be 60, 61, P7 or 47 New Q2 10
3705	SOPID	Expected Source of Payment ID does not correspond to accepted values.
3715	SOPTYPE	Expected Source of Payment Type does not correspond to accepted values.

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EDIT #	FIELD CODE	EDIT DESCRIPTION
3725	SOPID2	Secondary Source of Payment ID does not correspond to accepted values.
3735	SOATYPE2	Secondary Source of Payment Type does not correspond to accepted values.
3745	SOPID2	Secondary Source of Payment ID cannot be specified if Expected Source of Payment is not reported.
3755	SOATYPE2	Secondary Source of Payment Type cannot be specified if Expected Source of Payment is not reported.
3775	SOPID	Must be accepted Source of Payment ID and Type combination.
3785	SOPID2	Must be accepted Secondary Source of Payment ID and Type combination.
3805	PRPMOD1	Principal Procedure Modifier 1 does not correspond to accepted values.
3806	PRPMOD2	Principal Procedure Modifier 2 does not correspond to accepted values.
3807	PRPMOD3	Principal Procedure Modifier 3 does not correspond to accepted values.
3808	PRPMOD4	Principal Procedure Modifier 4 does not correspond to accepted values.
4010	DDAT	Discharge Date outside boundaries for selected quarter.
4020	SERVDATE	Service Date outside boundaries of the admission and discharge dates (72 hours prior to admission date is
4021	SERVDATE	Obsolete
4022	SERVDATE	Obsolete
4025	SERVDATE	Service Date outside boundaries of Statement Period.
4030	PRPD	Principal Procedure Date occurs outside boundaries of the admission and discharge dates (72 hours prior to admission date is allowed).
4035	SERVDATE	Service Date outside accepted date range.
4040	BDAT	Date of Birth exceeds human lifespan of 124 years.
4050	ADAT	Obsolete Admission Date outside boundaries for selected quarter
4060	DXP	Principal Diagnosis contains a valid diagnosis code, but not a valid primary diagnosis code.
4070	DXA	Admitting Diagnosis contains a valid diagnosis code, but not a valid admitting diagnosis code.
4071	DXA	Admitting Diagnosis is not allowed for this patient type and cannot be submitted.
4080	DX	Obsolete
4090	PRD	Obsolete
4100	TC	Obsolete
4400	PRPD	Principal Procedure Date outside boundaries for selected quarter.
4405	PRPD	Principal Procedure date does not fall in Statement Period.
4410	PRPD	Principal Procedure Date cannot be before Birth Date.
4420	PRPD	Obsolete
4430	PRPD	Obsolete
4480	DDAT	Discharge Date cannot be before Birth Date.
5005	CCODE1	Condition Code 1 must be '17' if ZIP Code is not reported.

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EDIT #	FIELD CODE	EDIT DESCRIPTION
5010	ADAT	Admission Date must be equal to Birth Date when Principal Diagnosis is 'V30' - 'V37' with a fourth digit of '0'.
5015	CCODE1	Condition Code 1 must not be reported if ZIP Code is reported.
5020	ADAT	Admission Date can be no more than two days after Birth Date when Principal Diagnosis is V30-V37 with a fourth digit of "1".
5030	PRP	Principal Procedure is sex specific and does not match Sex specified.
5040	PR	Obsolete
5050	DDAT	Discharge Date cannot occur before Admission Date.
5060	ADAT	Obsolete
5070	BDAT	Date of Birth must be less than or equal to the Admission Date.
5080	DDAT	Obsolete
5090	DXP	Principal Diagnosis is age specific and does not match Date of Birth specified.
5100	DXA	Admitting Diagnosis is age specific and does not match Date of Birth specified.
5110	DX	Additional Diagnosis is age specific and does not match Date of Birth specified.
5120	DX	Additional Diagnosis is a duplicate of Principal Diagnosis
5130	DX	Additional Diagnosis of 'V27' must have a corresponding Principal Diagnosis of '650', or '640' - '676' with a fifth digit of '1' or '2' or '678' – '679' with a fifth digit of '1' or '2'.
5140	DX	Principal Diagnosis '650' should not appear with Additional Diagnosis codes '640' - '676' or '678' – '679'
5150	PRP	Obsolete
5160	PR	Obsolete
5170	DX	Additional Diagnosis codes 'E930' - 'E949' cannot be used with Principal Diagnosis codes '960' - '979'.
5180	TC	The sum of all Revenue Charges must equal the Total Charge.
5190	ADMS	Source of Admission must be valid Newborn Point of Origin code if the Admit Type is Newborn (4).
5191	ADMS	Source of Admission must be '5', or '6' if the Type of Admission equals '4' (newborn).
5200	ADMT	Principal Diagnosis of 'V3' with a fourth digit of '0' requires Type of Admission to be '4' (newborn).
5210	PINB	Obsolete
5220	ZIP	Obsolete
5230	ZIP	Obsolete
5240	DXP	Principal Diagnosis is sex specific and does not match the Sex specified.
5250	DXA	Admitting Diagnosis is sex specific and does not match the Sex specified.
5255	ADMT	Admit Type must equal '4' when Age Days is calculated as less than one day.
5256	ADMT	Admit Type cannot equal '4' (newborn) for this type of patient record.
5257	ADMT	Admit Type cannot equal '4' (newborn) if Age in Days is calculated as greater than '0'.

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EDIT #	FIELD CODE	EDIT DESCRIPTION
5258	ADMT	Admit Type must be 5 with 068x revenue code
5260	DX	Additional Diagnosis is sex specific and does not match the Sex specified.
5270	TC	Obsolete
5280	DX	Additional Diagnosis of '640' - '676' with Principal Diagnosis of '640' - '676' or Additional Diagnosis of '678' - '679' with Principal Diagnosis of '678' - '679' requires the fifth digit of both to be paired as '0:0', '3:3', '4:4', or a combination of '1'
5290	PRPD	Obsolete
5300	SERVCODE	At least one revenue record with a valid HCPCS code must exist when Place of Service is equal to '1'.
5305	REVRECORD	At least one revenue record is required.
5310	DX	Duplicate Additional Diagnosis codes are not allowed.
5311	DX_POA	Diagnosis code is exempt from POA reporting therefore POA cannot be reported
5312	DX_POA	Diagnosis Present on Admission is exempt from the reported Diagnosis and can not be submitted.
5313	DX_POA	Diagnosis Present on Admission is not allowed on this patient type.
5314	DX_POA	Diagnosis Present on Admission does not correspond to accepted values.
5315	DX_POA	Diagnosis Present on Admission is a required field.
5330	PRP	Principal Procedure is age specific and does not match Date of Birth specified.
5340	PR	Additional Procedure is age specific and does not match Date of Birth specified.
5360	PR	Additional Procedure is sex specific and does not match the Sex specified.
5370	DXE1	E-Code must be specified when a diagnosis exists between '800' and '995.89' (with some exceptions for '995' codes).
5380	DX	Additional Diagnosis cannot contain an E-Code unless E-Code is already specified on Primary Record.
5390	DX	Additional Diagnosis cannot be a duplicate of the E-Code already specified on Primary Record.
6010	PCONTROL	Obsolete
6020	BLANK	Patient record is blank.
6030	SERVCODE	Obsolete
6040	SERVCODE	Place of Service cannot be specified for this type of patient record.
7001	DXE1_POA	External Cause of Injury 1 Present on Admission is a required field.
7002	DXE2_POA	External Cause of Injury 2 Present on Admission is a required field.
7003	DXE3_POA	External Cause of Injury 3 Present on Admission is a required field.
7004	DXE4_POA	External Cause of Injury 4 Present on Admission is a required field.
7005	DXE5_POA	External Cause of Injury 5 Present on Admission is a required field.
7006	DXE6_POA	External Cause of Injury 6 Present on Admission is a required field.
7007	DXE7_POA	External Cause of Injury 7 Present on Admission is a required field.

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EDIT #	FIELD CODE	EDIT DESCRIPTION
7008	DXE8_POA	External Cause of Injury 8 Present on Admission is a required field.
7009	DXE9_POA	External Cause of Injury 9 Present on Admission is a required field.
7010	DXE10_POA	External Cause of Injury 10 Present on Admission is a required field.
7011	DXE11_POA	External Cause of Injury 11 Present on Admission is a required field.
7012	DXE12_POA	External Cause of Injury 12 Present on Admission is a required field.
7101	DXE1_POA	External Cause of Injury 1 Present on Admission is exempt from the reported External Cause of Injury 1 and can not be submitted.
7102	DXE2_POA	External Cause of Injury 2 Present on Admission is exempt from the reported External Cause of Injury 2 and can not be submitted.
7103	DXE3_POA	External Cause of Injury 3 Present on Admission is exempt from the reported External Cause of Injury 3 and can not be submitted.
7104	DXE4_POA	External Cause of Injury 4 Present on Admission is exempt from the reported External Cause of Injury 4 and can not be submitted.
7105	DXE5_POA	External Cause of Injury 5 Present on Admission is exempt from the reported External Cause of Injury 5 and can not be submitted.
7106	DXE6_POA	External Cause of Injury 6 Present on Admission is exempt from the reported External Cause of Injury 6 and can not be submitted.
7107	DXE7_POA	External Cause of Injury 7 Present on Admission is exempt from the reported External Cause of Injury 7 and can not be submitted.
7108	DXE8_POA	External Cause of Injury 8 Present on Admission is exempt from the reported External Cause of Injury 8 and can not be submitted.
7109	DXE9_POA	External Cause of Injury 9 Present on Admission is exempt from the reported External Cause of Injury 9 and can not be submitted.
7110	DXE10_POA	External Cause of Injury 10 Present on Admission is exempt from the reported External Cause of Injury 10 and can not be submitted.
7111	DXE11_POA	External Cause of Injury 11 Present on Admission is exempt from the reported External Cause of Injury 11 and can not be submitted.
7112	DXE12_POA	External Cause of Injury 12 Present on Admission is exempt from the reported External Cause of Injury 12 and can not be submitted.
7201	DXE1_POA	External Cause of Injury 1 Present on Admission is not allowed for this patient type and can not be submitted.
7202	DXE2_POA	External Cause of Injury 2 Present on Admission is not allowed for this patient type and can not be submitted.

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EDIT #	FIELD CODE	EDIT DESCRIPTION
7203	DXE3_POA	External Cause of Injury 3 Present on Admission is not allowed for this patient type and can not be submitted.
7204	DXE4_POA	External Cause of Injury 4 Present on Admission is not allowed for this patient type and can not be submitted.
7205	DXE5_POA	External Cause of Injury 5 Present on Admission is not allowed for this patient type and can not be submitted.
7206	DXE6_POA	External Cause of Injury 6 Present on Admission is not allowed for this patient type and can not be submitted.
7207	DXE7_POA	External Cause of Injury 7 Present on Admission is not allowed for this patient type and can not be submitted.
7208	DXE8_POA	External Cause of Injury 8 Present on Admission is not allowed for this patient type and can not be submitted.
7209	DXE9_POA	External Cause of Injury 9 Present on Admission is not allowed for this patient type and can not be submitted.
7210	DXE10_POA	External Cause of Injury 10 Present on Admission is not allowed for this patient type and can not be submitted.
7211	DXE11_POA	External Cause of Injury 11 Present on Admission is not allowed for this patient type and can not be submitted.
7212	DXE12_POA	External Cause of Injury 12 Present on Admission is not allowed for this patient type and can not be submitted.
7301	DXE1_POA	External Cause of Injury 1 Present on Admission does not correspond to accepted values.
7302	DXE2_POA	External Cause of Injury 2 Present on Admission does not correspond to accepted values.
7303	DXE3_POA	External Cause of Injury 3 Present on Admission does not correspond to accepted values.
7304	DXE4_POA	External Cause of Injury 4 Present on Admission does not correspond to accepted values.
7305	DXE5_POA	External Cause of Injury 5 Present on Admission does not correspond to accepted values.
7306	DXE6_POA	External Cause of Injury 6 Present on Admission does not correspond to accepted values.
7307	DXE7_POA	External Cause of Injury 7 Present on Admission does not correspond to accepted values.
7308	DXE8_POA	External Cause of Injury 8 Present on Admission does not correspond to accepted values.
7309	DXE9_POA	External Cause of Injury 9 Present on Admission does not correspond to accepted values.
7310	DXE10_POA	External Cause of Injury 10 Present on Admission does not correspond to accepted values.
7311	DXE11_POA	External Cause of Injury 11 Present on Admission does not correspond to accepted values.
7312	DXE12_POA	External Cause of Injury 12 Present on Admission does not correspond to accepted values.
7401	DXE1	External Cause of Injury 1 does not correspond to accepted values.

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EDIT #	FIELD CODE	EDIT DESCRIPTION
7402	DXE2	External Cause of Injury 2 does not correspond to accepted values.
7403	DXE3	External Cause of Injury 3 does not correspond to accepted values.
7404	DXE4	External Cause of Injury 4 does not correspond to accepted values.
7405	DXE5	External Cause of Injury 5 does not correspond to accepted values.
7406	DXE6	External Cause of Injury 6 does not correspond to accepted values.
7407	DXE7	External Cause of Injury 7 does not correspond to accepted values.
7408	DXE8	External Cause of Injury 8 does not correspond to accepted values.
7409	DXE9	External Cause of Injury 9 does not correspond to accepted values.
7410	DXE10	External Cause of Injury 10 does not correspond to accepted values.
7411	DXE11	External Cause of Injury 11 does not correspond to accepted values.
7412	DXE12	External Cause of Injury 12 does not correspond to accepted values.
7502	DXE2	External Cause of Injury 2 can not be accepted without all of the previous External Cause of Injury codes present.
7503	DXE3	External Cause of Injury 3 can not be accepted without all of the previous External Cause of Injury codes present.
7504	DXE4	External Cause of Injury 4 can not be accepted without all of the previous External Cause of Injury codes present.
7505	DXE5	External Cause of Injury 5 can not be accepted without all of the previous External Cause of Injury codes present.
7506	DXE6	External Cause of Injury 6 can not be accepted without all of the previous External Cause of Injury codes present.
7507	DXE7	External Cause of Injury 7 can not be accepted without all of the previous External Cause of Injury codes present.
7508	DXE8	External Cause of Injury 8 can not be accepted without all of the previous External Cause of Injury codes present.
7509	DXE9	External Cause of Injury 9 can not be accepted without all of the previous External Cause of Injury codes present.
7510	DXE10	External Cause of Injury 10 can not be accepted without all of the previous External Cause of Injury codes present.
7511	DXE11	External Cause of Injury 11 can not be accepted without all of the previous External Cause of Injury codes present.
7512	DXE12	External Cause of Injury 12 can not be accepted without all of the previous External Cause of Injury codes present.

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8001	DXE1_POA	Please enter a valid E-Code 1 value.
8002	DXE2_POA	Please enter a valid E-Code 2 value.
8003	DXE3_POA	Please enter a valid E-Code 3 value.
8004	DXE4_POA	Please enter a valid E-Code 4 value.
8005	DXE5_POA	Please enter a valid E-Code 5 value.
8006	DXE6_POA	Please enter a valid E-Code 6 value.
8007	DXE7_POA	Please enter a valid E-Code 7 value.
8008	DXE8_POA	Please enter a valid E-Code 8 value.
8009	DXE9_POA	Please enter a valid E-Code 9 value.
8010	DXE10_POA	Please enter a valid E-Code 10 value.
8011	DXE11_POA	Please enter a valid E-Code 11 value.
8012	DXE12_POA	Please enter a valid E-Code 12 value.
8500	PROVID	Provider NPI is a required field and must be valid. Please contact WHA with any questions. New Q1 10