# 7.4 Error Report Rejection Conditions – Error Codes

## General

The following error rejection conditions/ error codes will be reported on the Claims Error Report.

| Error | Reason(s) For Rejection |
|---|---|
| **AC4** | ▪ A valid Referring/Requisitioning Health Care Provider number must be present for this service code<br>▪ The fee schedule code is C813, C815 and the referral number is not in the Midwife range (700000-722899)<br>▪ Referring number is 722900-744292 (Nurse Practitioner) and the billing provider is not a lab (5000 series) and the FSCs are not on the following table: |

| | | | | | | |
|---|---|---|---|---|---|---|
| L005 | L018 | L030 | L031 | L040 | L045 | L053 |
| L055 | L067 | L093 | L107 | L111 | L117 | L139 |
| L148 | L157 | L181 | L191 | L194 | L204 | L208 |
| L215 | L221 | L222 | L223 | L226 | L243 | L252 |
| L253 | L254 | L306 | L309 | L311 | L315 | L318 |
| L319 | L321 | L324 | L329 | L341 | L345 | L372 |
| L377 | L393 | L395 | L396 | L397 | L398 | L399 |
| L417 | L418 | L419 | L445 | L452 | L462 | L481 |
| L482 | L490 | L493 | L500 | L544 | L622 | L624 |
| L625 | L626 | L627 | L628 | L629 | L630 | L631 |
| L634 | L640 | L641 | L643 | L650 | L651 | L652 |
| L653 | L654 | L655 | L667 | L668 | L679 | L683 |
| L691 | L710 | L713 | L716 | L817 | L842 | |

▪ Acceptable codes for cardiology services for Nurse Practitioner referrals (others will reject):

G310 G313 G700

| Error | Reason(s) For Rejection |
|---|---|
| **ADM** | ▪ Emergency equivalent/other visits |
| **AHA** | ▪ Fee schedule code and time period mismatch |
| **AEV** | ▪ Visit only allowed |
| **AH5** | ▪ Admit date mismatch |
| **AH8** | ▪ In-Patient Admission Date and/or Master Number are missing and are required for this service code |
| **AH9** | ▪ Diagnostic/miscellaneous service for hospital patient is not allowed on a fee-for service basis - included in the hospital global budget |

7.4 Error Report Rejection Conditions – Error Codes (continued)

General (continued)

| Error | Reason(s) For Rejection |
|---|---|
| **A2A** | ▪ Patient is underage or overage for this service code |
| **A2B** | ▪ This service is not normally performed for this sex - please check your records |
| **A3E** | ▪ No such service code for date of service |
| **A3F** | ▪ No fee exists for this service code on this date of service |
| **A34** | ▪ Multiple duplicate claims |
| **A4D** | ▪ Invalid specialty for this service code |
| **EH1** | ▪ Service date is prior to eligibility start date |
| **EH2** | ▪ Version code does not match health number version code for service date |
| **EH4** | ▪ Service date is greater than eligibility end date |
| **EH5** | ▪ Service date is not within an eligible period |
| **EPA** | ▪ PCN billing not approved |
| **EPC** | ▪ Patient not rostered/rostered to another PCN |
| **EPD** | ▪ Roster/HRR payment discrepancy |
| **EPS** | ▪ Patient not eligible for program |
| **EQ1** | ▪ Solo or affiliated Health Care Provider is not registered with the ministry |
| **EQ2** | ▪ Specialty Code is inactive or not registered on date of service |
| **EQ3** | ▪ Health Care Provider is registered as OPTED-IN for date of service<br>▪ Claim submitted as Pay Patient |
| **EQ4** | ▪ Health Care Provider is registered as OPTED-OUT for date of service.<br>▪ Claim submitted as Pay Provider |
| **EQ5** | ▪ Laboratory Licence Number not **actively** registered with the ministry on this date of service |
| **EQ6** | ▪ Referring/Requisitioning Health Care Provider Number is not registered with the ministry |
| **EQ9** | ▪ Laboratory Licence Number is not registered with the ministry |
| **EQB** | ▪ Solo Health Care Provider Number is not **actively** registered with the ministry on this date of service<br>▪ Practitioner number is Midwife (700000-722899) referral only |
| **EQC** | ▪ Group Number is not registered with the ministry |
| **EQD** | ▪ Group Number is not actively registered with the ministry on this date of Service |
| **EQE** | ▪ Health Care Provider is not registered with the ministry as an affiliate of this Group on this date of service |

7.4 Error Report Rejection Conditions – Error Codes (continued)

General (continued)

| Error | Reason(s) For Rejection |
| --- | --- |
| **EQF** | ▪ Health Care Provider is not **actively** registered with the ministry as an affiliate of this Group on date of service |
| **EQG** | ▪ Referring Laboratory is not registered with the ministry |
| **EQS** | ▪ Pract criteria not met |
| **ERF** | ▪ Referring physician number is currently ineligible for referrals |
| **ESD** | ▪ APP group affiliation on service date |
| **ESF** | ▪ A non-encounter service claim submitted by a physician not eligible to bill FSC<br>▪ Group number is in the range CAAA – CAJ9 and the FSC is not K400A |
| **VJ5** | ▪ Date of Service is missing/not eight (8) numerics<br>▪ Month is not in the range 01-12<br>▪ Day is outside acceptable range for month<br>▪ Date of Service is greater than ministry system run date |
| **VJ7** | ▪ Date of Service is six (6) months prior to ministry system run date |
| **V02** | ▪ Incorrect ministry office code. Missing/not D, E, F, G, J, N, P, R, or U |
| **V05** | ▪ Date of service is greater than Ministry of Health system run date |
| **V07** | ▪ Health Care Provider number is missing/not 6 numerics |
| **V08** | ▪ Specialty code is missing/not 2 numerics<br>▪ Not a valid specialty code<br>▪ Specialty Code is 27 and provider number is not 599993<br>▪ Specialty Code is 90 and provider number is not 991000<br>▪ Specialty Code is 49, 50, 51, 52, 53, 54, 55, 70, or 71 and Health Care Provider number does not begin with 4<br>▪ Specialty Code is 56 and Health Care Provider number does not begin with 80 or 81<br>▪ Specialty Code is 57 and Health Care Provider number does not begin with 86 or 839985<br>▪ Specialty Code is 58 and Health Care Provider number does not begin with 87<br>▪ Specialty Code is 59 and Health Care Provider number does not begin with 88 or 89 or not in range 830000 - 839984<br>▪ Specialty Code is 80 or 81 and Health Care Provider number does not begin with 82 |
| **V09** | ▪ Referring Health Care Provider number is not six (6) numerics.<br>▪ Health Care Provider number is 82XXXX and referring Health Care Provider number is missing or begins with 4 or 8<br>▪ Group number begins with 5 or 7 or 8000 - 8599 and referring Health Care Provider is missing or begins with 4 or 8 |

7.4 Error Report Rejection Conditions – Error Codes (continued)

General (continued)

**Error** **Reason(s) For Rejection**

**V09** **(cont'd.)**

- Group number is 6008, 6100, 8600-8999 or 9XXX and referring Health Care Provider number is missing or begins with 4 or 8 (except for 830000 - 839984, 86XXXX, 88XXXX, 89XXXX)
- Referring number is 700000-722899 (MIDWIFE) and
  (1) the billing provider is not a LAB (5000 series) and the FSCs are not the following:

| | | | | | | |
|---|---|---|---|---|---|---|
| L005 | L030 | L031 | L103 | L111 | L253 | L309 |
| L311 | L318 | L319 | L329 | L341 | L372 | L393 |
| L396 | L399 | L417 | L418 | L431 | L453 | L471 |
| L482 | L490 | L494 | L495 | L621 | L622 | L625 |
| L628 | L634 | L637 | L640 | L653 | L655 | L679 |
| L683 | L691 | L700 | L713 | L800 | L812 | |

  (2) for ultrasounds the FSCs are not the following:

  J138/J438 J157/J457 J158/J458 J159/J459 J160/J460 J161/J461
  J163/J463

  (3) special visit premium codes are not the following:

  C990 C991 C992 C993 C994 C995 C996
  C997

**V10**
- Referring number is 900100-900600 (Alternate Health Care Professions)

- Patient's last name is missing/not alphabetic (A - Z)
- The first field position is blank

**V12**
- RMB claim only

- Patient's first name is missing/not alphabetic (A - Z)
- The first field position is blank

**V13**
- RMB claim only

- Patient's date of birth is missing/invalid format
- Month not in the range of 01 - 12
- Not 8 numerics

**V14**
- Day is outside acceptable range for month

- Patient Sex must be 1 (male) or 2 (female)

**V16**
- RMB claim only

- Not numeric
- Health Care Provider number is 82XXXX and diagnostic code is not four (4) numerics or is three (3) numerics and not 070, 072, or 880 to 971
- Fee schedule code is G423, G424 and diagnostic code is not 360, 371, or 376

7.4 Error Report Rejection Conditions – Error Codes (continued)

General (continued)

| Error | Reason(s) For Rejection |
|---|---|
| **V17** | ▪ Payee must be P (Provider) or S (Patient) |
| **V18** | ▪ In-patient admission date is not eight (8) numerics<br>▪ Month of admission is not in the range of 01-12<br>▪ Day of admission is outside the acceptable range for month<br>▪ In-patient admission date is later than ministry system run date |
| **V19** | ▪ Chiropractic Diagnostic Code is missing/invalid<br>▪ Chiropractic Diagnostic Code is not C followed by two (2) numerics<br>▪ Health Care Provider number is 830000 - 839984, 88XXXX or 89XXXX and diagnostic code not C01-C15, C20-C24, C30-C33, C40-C48, C50-C54 or C60-C62 |
| **V20** | ▪ Service code is A007, patient is over two (2) years old and diagnostic code is 916; or service code is A003 and the patient is under sixteen (16) years old and the diagnostic code is 917 |
| **V21** | ▪ Diagnostic Code is required for this service |
| **V22** | ▪ Diagnostic Code is not a valid code |
| **V23** | ▪ Service code ends in B or C and the number of services is not greater than 01 (refer to Section 5.10 – Fee Schedule Code Suffix B/C Exceptions) |
| **V28** | ▪ Master Number is not four (4) numerics or is not a valid master number on date of service |
| **V30** | ▪ FSC/DX Code Combination NAB |
| **V31** | ▪ Missing all of the following: Group Number, Health Care Provider Number, Specialty Code, Health Number |
| **V34** | ▪ Service code begins with V1 and Health Care Provider number does not begin with 88 or 89, or in range 830000 - 839984 (and the reverse of this condition)<br>▪ Service code begins with V2 and Health Care Provider number does not begin with 86 or is 839985 (and the reverse of this condition)<br>▪ Service code begins with V3 and Health Care Provider number does not begin with 87 (and the reverse of this condition)<br>▪ Service code begins with V4 and Health Care Provider number does not begin with 80, 81, 84, or 85 (and the reverse of this condition)<br>▪ Service code begins with V8 and Health Care Provider number does not begin with 82 (and the reverse of this condition)<br>▪ Service code is prefixed with T and Health Care Provider number does not begin with 4, excluding Fee Schedule Codes J99 (and the reverse of this condition)<br>▪ Service code begins with H4 and Health Number is not a sessional reference number |

7.4 Error Report Rejection Conditions – Error Codes (continued)

General (continued)

| Error | Reason(s) For Rejection |
|---|---|
| **V36** | ▪ Check input criteria required for sessional billing |
| **V39** | ▪ Number of Items exceeds the maximum (99) |
| **V40** | ▪ Service code is missing<br>▪ Service code is not in the format ANNNA where:<br>– A is alphabetic (A-Z)<br>– NNN is numeric (001-999)<br>– A is alphabetic (A-C) |
| **V41** | ▪ Fee Submitted is missing/not six (6) numerics<br>▪ Fee Submitted is not in the range 000000 - 500000 ($$$$cc) |
| **V42** | ▪ Number of Services is missing/not two (2) numerics<br>▪ Number of Services is not in the range 01-99 |
| **V47** | ▪ Fee Submitted is not evenly divisible (to the cent) by the number of services |
| **V51** | ▪ Invalid Service Location Indicator (SLI) - must be blank or four numerics - if present, must be valid based on MOH Residency Code Manual |
| **V62** | ▪ Invalid service location indicator – assigned when a Service Location Indicator code included with a hospital diagnostic service billing from a participating hospital physician/group is not one of the six valid SLI codes: HDS, HED, HIP, HOP, HRP or OTN |
| **V63** | ▪ Referring Laboratory Number must start with 5 (5###) |
| **V64** | ▪ Missing service location indicator – assigned when a hospital diagnostic service is billed by a participating hospital physician/group but a service location indicator code was <u>not</u> included |
| **V65** | ▪ Missing master number – assigned when SLI code HDS, HED, HIP, HOP, HRP or OTN is included with a diagnostic service billing from a participating hospital physician/group but a master number was <u>not</u> included |
| **V66** | ▪ Missing admission date – assigned when SLI code HIP is included with a diagnostic service billing from a participating hospital physician/group but an admission date was <u>not</u> included |
| **V67** | ▪ Missing master number and admission date – assigned when SLI code HIP is included with a diagnostic service billing from a participating hospital/group but a master number and admission date were both <u>not</u> included |
| **V68** | ▪ Incorrect service location indicator – assigned when a diagnostic service is billed from a participating hospital physician/group with a master number <u>and</u> admission date but the SLI code is <u>not</u> HIP |
| **V70** | ▪ Date of Service is greater than the file/batch creation date |

7.4 Error Report Rejection Conditions – Error Codes (continued)

## Independent Health Facilities (IHF)

| Error | Reason(s) For Rejection |
|---|---|
| **A14** | ▪ Records show this service has been rendered by another practitioner, group or IHF |
| **EF1** | ▪ IHF number not approved for billing on the date specified |
| **EF2** | ▪ IHF not licensed or grandfathered to bill FSC on the date specified |
| **EF3** | ▪ Insured services are excluded from IHF billings |
| **EF4** | ▪ Provider is not approved to bill IHF fee on date specified |
| **EF5** | ▪ IHF practitioner 991000 is not allowed to bill insured services |
| **EF7** | ▪ Referring physician number is required for the IHF facility fee billed |
| **EF8** | ▪ I Service codes are exclusive to IHFs |
| **EF9** | ▪ Mobile site number required |

## Reciprocal Medical Billing (RMB)

| Error | Reason(s) For Rejection |
|---|---|
| **R01** | ▪ Missing HSN |
| **R02** | ▪ Invalid HSN |
| **R03** | ▪ Province Code missing<br>▪ Not a valid Province Code (refer to Section 5.14 – Province Codes and Numbering) |
| **R04** | ▪ Fee Schedule Code excluded from RMB |
| **R05** | ▪ ‘ON’ (Ontario Province Code) not valid for RMB |
| **R06** | ▪ Wrong Health Care Provider for RMB (begins with 3, 4, 8, or 9) |
| **R07** | ▪ Invalid pay type for RMB (must be ‘P’) |
| **R08** | ▪ Invalid referral number (applies to Outaouais Region, Quebec only)<br>▪ Not 7 numerics |
| **R09** | ▪ Claim Header-2 is missing and the payment program is RMB |

7.4 Error Report Rejection Conditions – Error Codes (continued)

## Telemedicine

| Error | Reason(s) For Rejection |
|---|---|
| **ET1** | ▪ Provider not registered for Telemedicine Program |
| **ET4** | ▪ Telemedicine premium/tracking code missing |
| **ET5** | ▪ Telemedicine SLI code missing or invalid |
| **TM1** | ▪ Duplicate telemedicine claim for same patient |
| **TM2** | ▪ Service not billable for missed/cancelled/abandoned appointment |
| **TM3** | ▪ Invalid physician telemedicine service |
| **TM4** | ▪ Non-telemedicine claim already paid for this patient |
| **TM5** | ▪ Telemedicine claim already paid for this patient |
| **TM6** | ▪ Telemedicine registration not in effect on service date |
| **TM7** | ▪ Dental service not allowed under Telemedicine Program |
| **TM8** | ▪ Provider not eligible for telemedicine store and forward |

## Workplace Safety and Insurance Board (Workers' Compensation Board (WCB))

| Error | Reason(s) For Rejection |
|---|---|
| **VW1** | ▪ Service not valid for WCB |

## Health Number

| Error | Reason(s) For Rejection |
|---|---|
| **VHB** | ▪ A non-encounter service claim submitted with a Health Number |
| **VHO** | ▪ Claim Header-2 present on MRI claim submitted with Health Number in Claim Header-1 |
| **VH1** | ▪ Health Number is missing/invalid (does not pass MOD 10 Check routine)<br>▪ Health Number is a number reserved for testing purposes (refer to Section 3.1 – Initial Claims File) |
| **VH2** | ▪ Health Number is not present (Payment program is HCP or WCB) |
| **VH3** | ▪ The payment program is missing or is not equal to HCP, RMB, WCB |
| **VH4** | ▪ Invalid Version Code |
| **VH5** | ▪ Claim Header-2 is missing (service is before January 1, 1991 and Payment Program is HCP) |
| **VH8** | ▪ Date of birth does not match the Health Number submitted |
| **VH9** | ▪ Health Number is not registered with ministry |

**NOTE:** *These error codes are subject to change.*