

Common Error & Explanatory Codes

3-digit error codes: Error codes found in Error Reports

2-digit explanatory codes: Error codes found in Remittance Advice (RA)

3-Digit Error Codes

3-Digit Error Code	Description	Solution
A2A	Patient age does not correspond to fee code	<i>Confirm the age of patient and rebill with appropriate age-based fee code if applicable.</i>
A3E	No service code exists for date of service	<i>Refer to the Schedule of Benefits for up-to-date valid fee codes.</i>
A3H	Maximum number of services	<i>Refer to the Schedule of Benefits for unit restrictions and rebill appropriately.</i>
AC1	Maximum reached	<i>Bill a repeat consultation service code and resubmit claim.</i>
AC4	Unacceptable referral number	<i>Include the 6-digit billing number of the referring physician to the claim.</i>
AH8	Invalid admission date/hospital number	<i>Identify and include the 4-digit facility number and/or admission date to the claim and resubmit.</i>
AT3	No physician/patient relationship exists	<i>Virtual requirements not met. Rebill A101A/A102A based on visit type.</i>
AT4	Modality is not allowed with fee code	<i>Remove the fee code without a modality code and rebill on individual claim.</i>
EQ6	Incorrect referral number	<i>Double check your source for the correct billing number and resubmit the claim.</i>
EH2	Invalid version code	<i>Verify version code is correct and up to date and resubmit the claim.</i>
ERF	Billing number ineligible for referrals	<i>Bill an assessment code that does not require a referring physician.</i>
V22	Invalid diagnostic code	<i>Enter an existing diagnostic code and resubmit the claim.</i>
V73	OTN SLI no longer active	<i>Change SLI to none and/or replace B103A/B203A with K300A.</i>

2-Digit Explanatory Codes



2-Digit Explanatory Code	Description	Solution
30	Service fee code was processed	<i>No action required, settle claim as it has been processed.</i>
35	Service has already been claimed previously	<i>No action required, settle/write off claim as it has been paid previously.</i>
B2	Virtual care services paid in accordance with the Ministry of Health	<i>No action required, settle claim as it is paid.</i>
B3	Patient-physician relationship requirements not met	<i>Rebill as A101 or A102 and consider rostering patient.</i>
B8	Service fee code cannot be billed virtually	<i>Change service fee code to an equivalent service that can be billed virtually and resubmit the claim.</i>
D3	Service fee code not allowed in addition to visit fee	<i>Review fee code payment rules in the Schedule of Benefits and fix/settle claim accordingly.</i>
DF	Corresponding fee code was not billed or paid at 0	<i>Review fee code payment rules in the Schedule of Benefits and fix/settle claim accordingly.</i>
I2	Service is paid at 15% of the fee code amount (globally funded)	<i>No action required, settle claim as it is paid.</i>
I6	Premium is not applicable due to patient not being enrolled	<i>Enroll patient with Q200.</i>
IA	Premium is not payable in-conjunction with service fee code	<i>No action required, write off premium code.</i>
M1	Maximum fee allowed or maximum number of service has been reached	<i>Resubmit alternate fee code or write-off fee code if not payable.</i>
MR	Minimum service requirements have not been met	<i>Refer to Schedule of Benefits for billing rules of specific fee code.</i>
R1	Only one health exam allowed in a twelve-month period	<i>Rebill with A007 or most appropriate visit code.</i>

Examples

Type	Problem	Solution
AT3: No physician/patient relationship exists	A physician has billed a telephone assessment (ex. A007 with K301) for a patient that is not rostered AND has not been seen in person in the preceding 24 months prior to Dec 1, 2022.	<ol style="list-style-type: none">1. Change the service fee code to A102 (Limited Virtual Care)2. Remove the modality fee code3. Resubmit the claim. <ol style="list-style-type: none">1. Note: you can also choose to roster the patient to continue to bill Comprehensive Virtual Care services.
M1: Maximum fee allowed	A patient was seen for a diabetic assessment and the physician bills K030 and receives error M1.	<ol style="list-style-type: none">1. Change the K030 to A007 as K030 can only be billed 4 times in a 12-month period.
B8: Service fee code cannot be billed virtually	A patient was seen virtually for a diabetic assessment and a physician bills K030 and K301 and receives error B8.	<ol style="list-style-type: none">1. Change K030 to A007 as K030, as the first K030 after a Q040 cannot be billed virtually and only as an in-person visit.2. The following diabetic assessments can be billed virtually.
A2A: Patient age does not correspond to fee code	A 16-year-old patient was seen for a periodic visit and the physician bills K131 and receives error A2A.	<ol style="list-style-type: none">1. Change the service fee to the correct fee code for the patient with respect to their age. In this case it is K130.

QUESTIONS?

Call our special Billing Hotline at 1-844-224-6244 or email info@doctorcare.ca