

HCFA / 837P

Error Codes and Descriptions

Error Code Descriptions

- 00 - Approved for payment
- 01 - Client ID invalid
- 02 - Client not enrolled
- 04 - Service CAT/FS/TOS not in contract,
Invalid / Terminated AHCCCS ID number
- 05 - Authorization required and not found
- 06 - Authorization required and service over limit
- 08 - Duplicate Service on DB or Duplicate sent with in same file
- 09 - Max days to claim exceeded over 1 year
- 10 - Billed more units that authorized
- 11 - Service is 0124 and claim type is not equal to U
- 1F - Diagnosis Field 1 Error
- 2F - Diagnosis Field 2 Error
- 3F - Diagnosis Field 3 Error
- 4F - Diagnosis Field 4 Error
- A2 - Admit date not found POS 21, 51, 52, 55, 56
- A4 - Claim TOS/ provider mismatch LOA
- A7 - Client is < 18 and either Service is 90899 or Diag is V71.01
- A8 - Length of stay invalid for type of bill
- AB - Auth is missing from both the claim and database
- AC - Auth is missing from claim, match found on DB
- AD - Auth is not found in DB
- AF - Admit Diagnosis Field
- AI - Match found in DB for prov, date, svc but auth # dont match
- AU - Units on claim exceed available units on auth
- B5 - Service code conflicts with another service code within billing file
- B4 - Override not valid for claim
- B6 - Service code conflicts with another service code previously paid
- B7 - Override first claim not present
- C2 - Service date older than 6 months
- D1 - Diagnosis is missing or invalid
- D2 - Claim service date is missing or invalid
- D3 - Duplicate diagnosis on the claim
- D4 - 4th/5th Digit required for diagnosis
- DA - Diagnosis/ Member Age Limit
- DG - Diagnosis/ Member Gender Mismatch
- DS - Diagnosis not valid for dates of service
- DT - Duplicate TPL information
- DW - Duplicate within the file
- E1 - Specific S codes can only be billed under EP0101115F0
- E2 - Service end date prior to begin date
- E3 - Service end date greater than enrollment segment end date
- E4 - Service end date greater than processing date
- E9 - Claim can no texceed \$99,999.99
- F1 - Flex Fund dollar amount exceeds 1525.00 for this client
- F2 - Provider not approved to submit TPL data.
- G1 - Transport not medically necessary
- G2 - Member is T36
- G3 - Member not T19 or SMI eligible
- G4 - Other Transportation available
- G5 - Transport due to EMS
- G6 - Other please see attached document
- G7 - Missing Trip Notes
- H1 - Specific S codes can only be billed under HI010115F0
- IO - Invalid Override
- IS - Intake Suspension only vlaid for DOS 03/06/09-05/04/09
- P1 - Place of service is missing or invalid
- P5 - Discharge hour present on a non discharge type of bill
- P8 - Place of service invalid for service code
- PS - Place of service invalid for service code
- C2 PS - Over 6 months, previously submitted service code
- C2 AS - Over 6 months, authorized service
- L1 - Service date not within countract effective/lapse dates
- M3 - Medicare eligible, Medicare allowed amount missing
- M4 - Medicare TPL amount > 0, and carrier name missing
- M5 - Medicare eligible, Medicare payment missing
- M6 - Medicare eligible, and carrier name is missing
- M7 - Medicare TPL, TPL fields present for non-allowed service code
- M8 - Not Medicare eligible, Pay, deduct, allow = 0.00
- M9 - TPL indicator / Payment field mismatch
- ML - Not Medically Necessary per clinical dept
- N1 - NPI is missing or invalid
- N2 - NPI does not exist in our database
- N3 - NPI does not match NPI in our database
- MF/ MD - Service code/modifier/place of service not a valid combination
- MR - Missing referral from RA
- R1 - Respite hours exceeds 720 hours for this client
- S5 - Clinical assessment code performed by non credentialed staff
- T1 - TPL indicator and TPL source code are invalid
- T3 - TPL carrier is missing or invalid
- T5 - Type of service is missing or invalid
- T9 - TPL flag is 'Y' and TPL amount is empty
- TI - Tax ID Invalid
- TN - TXIX status is 'Y' and agency is TAA
- TX - Tax id is missing
- U1 - Units are missing or invalid
- U2 - Unit max exceeded for service category
- U3 - Units not evenly divisible by date span
- U5 - Max unit against another claim within the run
- U6 - Max unit against another claim previously accepted
- ZP - Deny claim if remittance amt pd is zero