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 Neccessary per clinical dept
N1 - NPI is missing or invalid
N2 - NPI does not exsist 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