

# UB/837I

## Error codes and Descriptions

### Error Code Descriptions

00 - Approved for payment  
01 - Client ID is invalid  
02 - Client not enrolled  
04 - Service CAT/FS/TOS not in contract  
05 - Authorization required and not found  
06 - Authorization required and service over limit  
08 - Duplicate Service  
09 - Max days to claim exceeded over 1 year  
10 - Auth number has exceeded the units allowed  
1F - Diagnosis field 1 error  
2F - Diagnosis field 2 error  
3F - Diagnosis field 3 error  
4F - Diagnosis field 4 error  
A1 - Admission code missing or invalid  
A2 - Admission date is missing or invalid  
A4 - Claim TOS/ provider mismatch LOA  
A5 - Claim Admit source missing or invalid  
A8 - Admit date = statement date and bill type 113/114  
AB - Auth is missing from both the claim and database  
AC - Auth is missing from claim, match found on DB  
AD - Admit Date does not match service date TOB 111,112,121,or 122  
AI - Match found in DB for prov, date, svc but auth # dont match  
AU - Units on claim exceed available units on auth  
AN - Need to submit Ancillary Services  
B1 - Claim bill type missing or invalid  
B4 - Override not valid for claim  
B5 - Service code conflicts with another service code within billing file  
B6 - Service code conflicts with another service code previously paid  
C2 - Claim over 6 months old  
C2 AS - Over 6 months, authorized service  
C2 PS - Over 6 months, previously submitted service code  
C3 - Type of bill does not match for number of units  
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  
D5 - Stmt thru date missing or invalid  
D7 - Admit diagnosis is missing or invalid  
D8 - Statement thru date is less than stmt thru month  
D9 - First 3 digits of diagnosis not equal to 290 thru 316  
DA - Diagnosis/ Member Age Limit  
DD - Discharge billed by itself  
DG - Diagnosis/ Member Gender Limit  
DS - Diagnosis not valid for dates of service  
DT - Duplicate TPL information  
DW - Duplicate within the file  
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 not exceed \$99,999.99  
F2 - TPL flag = N and TPL amount greater than zero  
IO - Invalid Override  
IS - Intake Suspension only valid for DOS 03/06/09-05/04/09  
P1 - Place of service is missing or invalid  
P3 - Patient status missing or invalid  
P4 - Invalid pt status for type of bill  
P5 - Discharge hour present on non discharge type of bill  
P9 - Discharge hour is missing  
L1 - Service date not within contract effective/lapse dates  
M2 - Medicare = Y and TPL code is missing  
M3 - Medicare eligible, Medicare allowed amount missing  
M4 - Medicare eligible, Medicare deductible missing  
M5 - Medicare eligible, Medicare payment missing  
M6 - Medicare eligible, and carrier name is missing  
M8 - Not Medicare eligible, Pay, deduct, allow = 0.00  
M9 - Other payer paid is empty, should be zero  
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  
OC - Occurance code =42 and occurrence data missing  
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  
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