Guide to Common Error Codes

Types of Billing Errors

3-digit errors: Error codes found in Error Reports
2-digit errors: Error codes found in Remittance Advice (RA)

3-Digit Error Codes

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V73	OTN SLI no longer active	*Change SLI to none and/or replace B103A/B203A with K300A.*

2-Digit Explanatory Codes

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

Example Situations

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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.	→	1. Change the service fee code to A102 (Limited Virtual Care) 2. Remove the modality fee code 3. Resubmit the claim. 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 gets this error.	→	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 gets this error.	→	Change K030 to A007 as K030, as the **first** K030 after a Q040 cannot be billed virtually and only as an in-person visit. 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 gets this error.	→	Change the service fee to the correct fee code for the patient with respect to their age, in this case it is K130.