



AHCIP Billing: A Guide to Common Errors

Quick Reference Guide

This short guide will help you understand the most common explanatory codes Alberta physicians receive on their remittance advice and how to reconcile them.

Explanatory Codes	Description	How to fix
05A	Invalid Personal Health Number- The PHN is invalid or blank.	Verify health card on Netcare to identify a match. If there is no match, the patient must contact Service Alberta.
25	Excluded Service - Reciprocal claim.	Bill the patient directly or bill an alternative service that is included under the provincial reciprocal agreement service.
45	Invalid/Missing Referring Practitioner.	Add a valid referring physician number to the claim.
25A	Medical Reciprocal - Incorrect Claim. Submitted a medical reciprocal claim for services provided to an Alberta patient.	Contact the patient to retrieve their up-to-date Alberta health card.
39BB	Age restriction: the patient is not eligible for this service due to age.	Change the fee code according to the patient's age.
67A	Previous payment for this claim has already been paid.	This claim would be a write off.
39D	Location of Service - The service location selected is inappropriate for the HSC.	Adjust the location of service to match the service code prior to resubmission.
39G	Modifier Code Error.	Only one modifier of the same type is permitted, and certain combinations of modifiers are not allowed. Resubmit the claim using the appropriate modifier code.
80G	Outdated Claims - Payment was refused as the time limit for submission has expired.	Submit an outdated claim request to Alberta Health's In-Province Claims unit at Health.HCIPAProviderClaims@gov.ab.ca
39EC	Service Code and Diagnostic Code Conflict.	Review the service/diagnostic code and make any necessary adjustments prior to resubmission.

Case Examples

Error Type	Problem	Solution
39D: Location of Service- This service location is inappropriate for this HSC	A physician has billed hospital admission code 03.04C with a service location as “physician’s office” and comes back with an error code 39D.	→ Change service location to “hospital in-patient” or remove SLI and resubmit the code.
39BB: Age restriction: the patient is not eligible for this service due to age.	A physician provides a tonsillectomy for a patient who is 12 years of age and bills 40.1, a tonsillectomy code for a person ages 14+. The claim comes back rejected with 39BB.	→ You would need to replace 40.1 with 40.1A, a tonsillectomy code for patients under 14 years of age and resubmit.
39EC: Service Code and Diagnostic Code conflict	A doctor sees a patient for a bone graft for the humerus (90.01) and adds diagnostic code 527 (disease of salivary glands). The whole claim is rejected with 39EC.	→ Replace the diagnostic code for the specific region (in this case 812) and resubmit.
39G: Modifier code error	A physician billed 13.99JA for a complex labour at 11:00 pm and used the modifier EV. The whole claim is rejected with 39G.	→ Use the correct modifier in the claim. In this case, the modifier should be NTPM. Resubmit the claim.