Error Report Explanatory Codes/Error Report Messages

Ministry of Health

September 2021

Ontario

Error Report Explanatory Codes/Error Report Messages

Error report explanatory codes or Error report messages are used for routing internally rejected electronic input claims to the Error Report. These codes are at times referred to as “Error messages” or “Error explan codes”.

Error Report Explanatory Code	Description
02	Incorrect District code 0 Correct & resubmit
03	Date of service does not match OP report-correct & resubmit
04	Special Visit premium payable only when submitting with FSC from the general listings
05	No receipt of supporting documentation requested by MOH
09	Fee Schedule Code(s) used is not correct. Please resubmit using appropriate code(s) from OHIP Schedule of Benefits
10	Resubmit as RMB Claim
11	Bill Patient or Quebec Medicare
12	Please advise Patient to contact MOH re eligibility /card status/address
13	Service date is prior to newborn's date of birth
14	Fee billed low-check for current SOB fee
15	No. of Services exceed Maximum allowed
16	Cannot be claimed alone/service date mismatch
17	E409/E410 N/A-Resubmit with appropriate assist/anaesthetic premium codes
18	Resubmit with man review indicator and provide supporting documentation for two assistants
19	Resubmit with manual review indicator and forward copy of OP Report

Error Report Explanatory Code	Description
20	Resubmit with manual review documentation i.e. consultation report/Hospital Records
21	Records indicate patient deceased/ Please clarify or confirm.
22	Code submitted requires prior approval
23	Hospital visits claimed by more than one physician-please clarify role in patient's care
24	Claims appearing on previous RA's as over/under payments should not be resubmitted. Submit your inquiry electronically using eSubmit or fax the ministry using the "Remittance Advice Inquiry" form (0918-84) to your claims processing office. This form is available online.
25	Incomplete newborn registration-have parent/guardian contact MOH
26	One house call assessment (A901) allowed per visit. Please resubmit claim with appropriate service code
27	This duplication submission is being returned; Original submission currently on file pending medical consultant adjudication
28	Resubmit the claim with Manual Review Indicator Submit your written explanation for total time spent with patient including consultation/assessment indicated using eSubmit or fax the ministry using the "Claims Flagged for Manual Review" form (2404-84) to your claims processing office. This form is available online.
29	Discrepancy between claim and documentation. Resubmit claim and documentation.
81	Explanation of benefits required
82	Diagnosis required
83	Return with agency claim submission form
84	Complete translation required

Error Report Explanatory Code	Description
85	Itemized breakdown for all charges required
86	Explanation of benefits/invoice total mismatch

Exemption

This technical publication has been exempted from translation under the *French Language Services Act* as per Ontario Regulation 671/92.