

Error Report Rejection Conditions/Error Codes

Ministry of Health

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Error Report Rejection Conditions / Error Codes

Understanding Ontario Health Insurance Plan (OHIP) error codes is important for claims submission. These codes serve as indicators, pinpointing specific issues encountered during the claims process. Whether it's a missing document, an invalid health number, or an erroneous procedure code, each error code provides valuable insights into the root cause of a claim discrepancy. Health care providers and administrators rely on these codes to rectify claim errors promptly, ensuring seamless billing procedures and timely reimbursement. Navigating these error codes efficiently not only expedites claims resolution but also guarantees accurate financial transactions within the health care system. Stay informed about OHIP error codes to streamline medical claim submissions and uphold the integrity of Ontario's health care billing process.

These codes are error report rejection conditions. However are simply referred to as error codes. These codes will be reported on the Claims Error Report. Error codes are three characters in length.

General error codes

Error Code	Reason(s) for rejection
A1A	Outside Service Period
A2A	Outside of Age Limit - Patient is underage or overage for this service code
A2B	Wrong Sex for Service - This service is not normally performed for this sex. Please check your records.
A3E	No such service code for date of service
A3F	No fee exists for this service code on this date of service
A3G	Fee Billed Low
A3H	Maximum Number Services per the Fee Schedule Master (FSM)
A3I	X-Ray Code - Maximum Number Services per the Fee Schedule Master (FSM)
A3L	Other New Patient Fee Already Paid
A34	Multiple duplicate claims
A36	Claimed by Other Practitioner
A4D	Invalid specialty for this service code
AC1	Maximum reached-resubmit alternate Fee Schedule Code (FSC)
AC4	<p>Unaccepted Referral Number.</p> <p>Not 6 numerics</p> <p>Equal to the Practitioner billing number</p> <p>Referring number is 722900-744292 (Nurse Practitioner (NP)) and FSC is not eligible for NP referral.</p> <p>Referring number is 700000-722899 (Midwife (MW)) and FSC is not eligible for MW referral.</p>
AD3	Not allowed with visit
AD5	Procedure allowed previously

Error Code	Reason(s) for rejection
AD8	Not allowed alone
AD9	Premium not allowed alone
ADF	Corresponding Procedure Invalid, Omitted or Paid at zero
ADH	Cannot be billed together
AH8	Invalid Admission Date and/or Hospital number.
AHF	Concurrent or Supportive Care Same Period
AM1	Service Limit Exceeded
AMR	Minimum service requirements have not been met
AMS	Multiple Procedures
AO2	Previous Obstetrical Service
AO3	Most Responsible Physician (MRP) Visit Already Paid
ARF	Missing Physician Referring Number
ARP	Referring Physician Number Required
ASP	Not Allowed with Surgical Procedure
AT1	Only One Modality Allowed
AT2	Must Include Video Modality
AT3	No Patient-Physician Relationship
AT4	Modality Not Allowed
CNA	Counselling Not Allowed
EG1	Group not Eligible
EH1	Service Date before Eligibility Effective Date
EH2	Mismatched Version Code
EH4	Service Date after Eligibility End Date

Error Code	Reason(s) for rejection
EH5	Service Date Not in Eligibility Period
EH6	Eligibility Terminated-Deceased
EH9	Health Number (HN) Not Activated
ENP	Invalid FSC for Nurse Practitioner (NP)
EPA	Network billing not approved
EPC	Patient not rostered/rostered to another Network
EPF	Enrolment Date Mismatch
EPP	Incorrect Code for Eligibility (Ontario Works/Ontario Disability Support Program)
EPS	Patient Not Eligible for Program
EP1	Enrolment Transaction Not Allowed
EP2	Not for Enrolment/ReEnrolment
EP3	Incorrect Service Date – Check Date of Enrolment
EP4	Enrolment Restriction Applied
EP5	Incorrect FSC for Group Type
EP6	Health Number (HN) Not Activated
EP7	Code must be billed alone
EQ1	Clinic/Doctor Not on File - Practitioner not registered with OHIP
EQ2	Specialty mismatch – Specialty Code is inactive or not registered on date of service
EQ3	Claim submitted as Pay Patient - Health care provider is registered as OPTED-IN for date of service
EQ4	Claim submitted as Pay Provider - Health care provider is registered as OPTED-OUT for date of service
EQ5	Lab inactive on Service date

Error Code	Reason(s) for rejection
EQ6	Incorrect Referral Number - Referring/requisitioning health care provider number is not registered with the Ministry of Health
EQ9	Lab Number not on File
EQB	Solo practitioner inactive on service date Practitioner number is Midwife (700000-722899) referral only Claims submitted by Chiropractors using their Claim Submission Number (CSN) Physician Registered as group billing only
EQC	Group not registered
EQD	Group inactive on service date
EQE	Affiliated Practitioner not in Group - Health care provider is not registered with the Ministry of Health as an affiliate of this group on date of service
EQF	Affiliated Practitioner inactive - Health care provider is not actively registered with the Ministry of Health as an affiliate of this group on date of service
EQG	Referring laboratory is not registered with the Ministry of Health
EQI	Contract characteristics error
EQJ	Practitioner Not Eligible On Service Date - New Graduate bills New Patient fee (Q013) or Physician (not a new graduate) bills new Graduate-New Patient fee (Q033).
EQK	Master Number (MNI) Does not Meet Criteria - A100 billed with a specialty code other than 00.
EQL	Physician Not Eligible to Claim FSC - A100 billed with a speciality code other than 00 or billed by provider with any Emergency Department Alternate Funding arrangement (EDAFA) group number.
EQM	Not Registered for Use
EQN	Registration Usage Error on Service Date
EQP	Enrolment Type Not Eligible
EQS	Practitioner Criteria Not Met

Error Code	Reason(s) for rejection
ERF	Referring physician number is currently ineligible for referrals
ESD	APP group affiliation on service date - Hospital Emergency Department is part of an alternative funding agreement
ESF	Not eligible to bill
ESH	Not Eligible For Blank HN
ESN	Invalid Blank HN Claim - No HN required for FSC
HCC	Not on Health Care Connect (HCC) database-Not Eligible On HCC database but not Complex-Vulnerable On HCC database but not in 'referred to' status
HCE	Patient enrolled to billing physician but later than 3 months from the "referred to" date on HCC database-Enrolment after 3 Months
PAA	No Initial Fee Previously Paid - To ensure the smoking cessation initial discussion fee (E079) has been paid within 365 days prior to the smoking cessation counseling fee (Q042) or the smoking cessation follow up fee (K039)
PA1	Invalid PA Service - Physician Assistant (PA) Pilot claim submissions may contain one or more PA Tracking FSC's but other OHIP insured service FSCs are not allowed on the same claim.
PA2	Invalid PA Claim - Physician Assistant Pilot (PA) claim submissions with the PA as the submitting physician must identify the solo billing number of the supervising physician in the "Refer Physician" field.
PA3	Not registered for PA - The physician and/or referring physician fields on the PA Pilot claim submission contain billing numbers which are not affiliated to the PA Pilot group number.
PA4	PA Registration on Service Date Error
PA5	PA Affiliation Error
PA6	PA Affiliation on Service Date Error
V02	Invalid Region Code
V05	Error-Claim Number is less than Service Date

Error Code	Reason(s) for rejection
V06	Incorrect Clinic Code
V07	Invalid Practitioner Number
V08	Invalid Specialty Code: <ul style="list-style-type: none"> • Specialty code is missing/not 2 numerics • Not a valid specialty code • Specialty code is 27 and provider number is not 599993 • Specialty code is 90 and provider number is not 991000 • Specialty code is 49, 50, 51, 52, 53, 54, 55, 70 and 71 and the health care provider number does not begin with 4 • Specialty code is 56 and health care provider number does not begin with 80 or 81 • Specialty code is 80 or 81 and health care provider number does not begin with 82
V09	Invalid Referral Number
V13	Patient's date of birth is missing/invalid format Month not in the range of 01-12 Not 8 numerics Day is outside acceptable range for month
V16	Unacceptable Diagnostic Code Not numeric
V17	Payee must be 'P' (Provider) or 'S' (Patient)
V18	Invalid Amission/First Visit date
V19	Invalid Chiropractor Diagnostic Code
V20	Unacceptable Age for Diagnostic code - Service code is A007, patient is over 2 years old and diagnostic code is '916' or service code is A003 and the patient is under 16 years old and the diagnostic code is '917'
V21	Diagnostic Code Required
V22	Invalid Diagnostic Code
V23	Check Number Of Services

Error Code	Reason(s) for rejection
V28	Invalid Hospital Number
V29	Invalid In-Out-Patient Indicator
V30	FSC/Diagnostic Code Combination Not A Benefit (NAB)
V31	Error in Claim Header - Missing any of the following: group number, health care provider number, specialty code
V34	Invalid Service Code Service Code and Health Care provider type mismatch
V35	Invalid Out-of-Province/Out-of-Country Service
V36	Check input criteria required for sessional billing
V39	Number of items exceeds the maximum (99)
V40	Invalid Fee Schedule Code Service code is missing Service code is not in the format ANNNA where: <ul style="list-style-type: none"> • A is alphabetic (A-Z) • NNN is numeric (001-999) • A is alphabetic (A-C)
V41	Invalid Fee Billed Fee submitted is missing/not 6 numerics Fee submitted is not in the range '000000'-'500000' (\$\$\$\$cc)
V42	Invalid Number of Services Number of services is missing/not 2 numerics Number of services is not in the range '01-99'
V47	Fee not Divisible - Fee submitted is not evenly divisible (to the cent) by the number of services
V50	Service Date Pre Initial Visit - Physiotherapy
V51	Invalid location code - must be blank or four numerics. If present, must be valid based on MOHLTC Residency Code Manual

Error Code	Reason(s) for rejection
V53	Invalid FSC-Magnetic Tape/Disk
V62	Invalid service location indicator - hospital diagnostic service billing from a participating hospital physician/group is not of the five valid SLI codes (HDS, HED, HIP, HOP or HRP)
V63	Referring Laboratory Number must start with 5 (5####)
V64	Missing service location indicator
V65	Missing master number - SLI code HDS, HED, HIP, HOP or HRP is included with a diagnostic service billing but a master number was not included
V66	Missing admission date - SLI code HIP is included with a diagnostic service billing but an admission date was not included
V67	Missing master number and admission date - assigned when a SLI code HIP is included with a diagnostic service billing but a master number and admission date were both not included
V68	Incorrect service location indicator - assigned when a diagnostic service is billed with a master number and admission date but the SLI code is not HIP
V69	Service Date Invalid for SLI
V70	Date of service is greater than the file/batch creation date
V71	Invalid Dental Master Number
V73	OTN SLI No Longer Active
V98	Wrong Preventive Care Date of Service
VJ5	Invalid Service Date Date of Service is missing/not 8 numerics Month is not in the range 01-12 Day is outside acceptable range for month Date of Service is greater than Ministry of Health system run date
VJ7	Stale-dated Claim
VJ8	Stale-dated Claim Encounter

Error Code	Reason(s) for rejection
VHC	SLI required for technical fee
VS1	Invalid SEAMO Provider Code
VS2	Invalid Venue Type
VS3	Invalid Clinic Number
VS4	Invalid Healthcare Item
VS5	Invalid In-Patient/Out-Patient Indicator
VS6	Invalid HC Item Code Format
VTC	Virtual Tech Code required
VT1	Only 1 VTC allowed

Note: These error codes and their associated descriptions are subject to change.

Health Number error codes (VHA to VH9)

Error Code	Reason(s) for rejection
VHA	OHIP number not registered with ministry for health number
VHB	No HN Required for FSC A non-encounter service claim submitted with a Health Number
VH0	Header 2 and HN Present Claim Header-2 present on MRI claim submitted with Health Number in Claim Header-1
VH1	Health Number is missing/invalid
VH2	Health Number is Missing Health Number is not present (Payment program is HCP or WCB)

Error Code	Reason(s) for rejection
VH3	Invalid Payment Program The payment program is missing or is not equal to HCP, RMB, WCB
VH4	Invalid Version Code
VH5	OHIP Number Required for Service Date
VH6	Mixed Service Dates
VH7	Health number and OHIP number on same claim
VH8	Date of birth does not match the Health Number submitted
VH9	Health Number is not registered with ministry

Note: These error codes and their associated descriptions are subject to change.

Integrated Community Health Services Centres (ICHSC) error codes (EF1 to EF9)

Error Code	Reason(s) for rejection
EF1	ICHSC number not approved for billing on the date specified
EF2	ICHSC not licensed or grandfathered to bill FSC on the date specified
EF3	Insured services are excluded from ICHSC billings
EF4	Provider is not approved to bill ICHSC fee on date specified
EF5	ICHSC practitioner 991000 is not allowed to bill insured services
EF7	Referring physician number is required for the ICHSC fee billed
EF8	'I' service codes are exclusive to ICHSCs
EF9	Mobile site number required

Note: These error codes and their associated descriptions are subject to change.

Reciprocal Medical Billing (RMB) error codes (R01 to R09)

Error Code	Reason(s) for rejection
R01	Missing Health Service Number (HSN)
R02	Invalid HSN
R03	Invalid/Missing Province Code
R04	Service Excluded from RMBS
R05	Provincial code invalid for RMBS Province code of 'ON' (Ontario) or 'PQ' (Quebec) and not an Outaouais claim
R06	Invalid Provider for RMBS
R07	Invalid Payment Type for RMBS
R08	Invalid Referral Number
R09	Claim Header 2 Missing-RMB
V10	Patient's last name is missing/not alphabetic (A-Z) First field position is blank
V12	Patient's first name is missing/not alphabetic (A-Z) First field position is blank
V14	Patient sex must be '1' (male) or '2' (female)

Note: These error codes and their associated descriptions are subject to change.

Telemedicine error codes (ET1 to ET5 and TM1 to TM8)

Error Code	Reason(s) for rejection
ET1	Not Registered for Telemedicine
ET4	Telemedicine Premium/Tracking Code Missing
ET5	Telemedicine SLI Missing/Invalid - The telemedicine billing is submitted with a telemedicine tracking code but the SLI code is not 'OTN' or is not present.
TM1	Duplicate Telemedicine Claim, Same patient
TM2	Service not Billable for Missed/ Cancelled/Abandoned Appointment
TM3	Service not payable under Telemedicine Program
TM4	Non Telemedicine Claim paid for same patient
TM5	Telemedicine Claim Paid for same patient
TM6	Registration not in effect on Service Date
TM7	Dental Service not eligible for Telemedicine
TM8	Not eligible for Store Forward

Note: These error codes and their associated descriptions are subject to change.

Workplace Safety and Insurance Board (Workers Compensation Board (WCB)) error codes (VW1)

Error Code	Reason(s) for rejection
VW1	Invalid WCB Service

Note: These error codes and their associated descriptions are subject to change.

Claims Submission – Resources for Physicians

This resource and others can be found on Claim Submission page of the Resources for Physicians. [Visit the Claim Submission page](#) to find:

- [Diagnostic Codes](#)
- [Remittance Advice Explanatory Codes](#)
- [Error Report Explanatory Codes / Error Report Messages](#)
- [Province and Territory Codes](#)
- [Specialty Codes](#)

OHIP Publications – medical claims and health card validation

Find [OHIP manuals and technical specifications for medical claims and health card validation](#). Resources on this page include:

- Medical Claims Electronic Data Transfer (MCEDT)
- eSubmission of Medical Claims Documentation (eSubmit)
- technical specifications
- list of vendors who have met conformance testing

Exemption

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