

7.3 Error Report Explanatory Codes

Explanatory Codes/Messages for Use on Re-Routed MRI Claims

The following explanatory codes/messages are used for routing internally rejected MRI claims to the Providers' Error Report.

| Explanatory Code | Message to Error Report |
|------------------|---|
| 10 | Resubmit as RMB claim |
| 11 | Bill patient or Quebec medicare |
| 12 | Advise patient to contact the ministry re: eligibility/card status |
| 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 manual review indicator and provide supporting documentation for two assistants |
| 19 | Resubmit with manual review indicator and forward copy of OP Report |
| 20 | Resubmit with manual review documentation |
| 21 | Records indicate patient deceased - clarify or confirm |
| 22 | Code submitted requires prior approval |
| 23 | Hospital visits claimed by more than one physician - clarify role in patient's care |
| 24 | Claims appearing on previous remittance advice(s) as over/under payments should not be resubmitted - use inquiry form for payment adjustment requests |
| 25 | Incomplete newborn registration - have parent/guardian contact the ministry |
| 26 | One house call assessment (A901) allowed per visit - resubmit claim with appropriate service code |
| 27 | This duplicate submission is being returned - original submission currently on file pending medical consultant adjudication |
| 28 | Resubmit with manual review indicator with written explanation for detention, total time spent with patient including consultation/assessment indicated |