Top fee-for-service (FFS) billing errors and resolutions

The paper remittance advice (RA) lists explanation of benefits (EOB) codes. When you review claim status using the Provider Web Portal at https://www.or-medicaid.gov, you will see HIPAA Adjustment Reason Codes (ARCs).

When these messages display for denied or partially-paid claims, they may indicate errors you need to research and correct in order to resubmit or adjust the claim. Other errors are informational only and require no action on your part.

Contact Provider Services at 800-336-6016 or dmap.providerservices@state.or.us for assistance regarding any remittance advice questions you may have.

Header EOB messages

The following messages tell you about errors that affect the entire claim.

EOB description	HIPAA ARC	What to do
0028 RECIPIENTS NAME AND NUMBER DISAGREE AND OHA CANNOT RESOLVE. CORRECT AND RESUBMIT BILLING.	140 Patient/Insured health identification number and name do not match.	Verify that the recipient's name and ID on the claim match what is listed on the Oregon Health ID. If not, correct it and resubmit the claim. If the correct name is already on the claim, contact Provider Services (800-336-6016).
0037 TOTAL CHARGE AMOUNT EQUALS ZERO OR IS INVALID	95 Plan procedures not followed.	Confirm total charges are greater than zero and that all charges are correctly formatted. If not, correct and resubmit the claim.
0090 SERVICE IS COVERED BY A MANAGED CARE PLAN. CLAIM MUST BE BILLED TO THE APPROPRIATE MANAGED CARE PLAN.	24 Charges are covered under a capitation agreement/ managed care plan.	Verify the OHP eligibility and enrollment before billing OHA. If the OHP member is enrolled in managed care, bill the managed care plan.
0145 THE RECIPIENT NUMBER LISTED IS NOT IN OUR RECORDS; CONTACT THE APPROPRIATE OHA/SPD BRANCH FOR ASSISTANCE	31 Patient cannot be identified as our insured	Confirm the Client ID submitted on the claim is correct; verify OHP eligibility for the appropriate date(s) of service.
0252 RECIPIENT NAME IS MISSING. COMPLETE AND RESUBMIT.	31 Patient cannot be identified as our insured.	Verify that the correct recipient name is on the claim (as listed on the Oregon Health ID); if not, correct it and resubmit the claim.

EOB description	HIPAA ARC	What to do
1042 CLAIM HAS THIRD-PARTY PAYMENT	22 This care may be covered by another payer per coordination of benefits.	Either a third party payment must be submitted with the claim, or a valid HIPAA ARC (for electronic claims) or valid TPR code (for paper claims) must be submitted.
1114 TAXONOMY CODE INVALID	208 National Provider Identifier - Not matched.	If the billing provider information on your claims submission is accurate, contact Provider Enrollment (800-422-5047).
1136 NO PAYMENT MADE - TPL/ SPENDDOWN IS MORE THAN THE ALLOWED AMOUNT.	23 The impact of prior payer(s) adjudication including payments and/or adjustments.	Confirm whether Third Party Liability (TPL) paid more than OHA's maximum allowable. If not, adjust the claim to include the correct TPL information.
9013 PROVIDER AND SUBMITTER MISMATCHED	223 Adjustment code for mandated federal, state, or local law/ legislation that is not already covered by another code and is mandated before another code can be created.	The entity that submitted the claims for the provider is not on file with OHA as the provider's authorized submitter. Complete, sign and mail a new Trading Partner Agreement (OHA 2080) to EDI Support Services that identifies your current EDI submitter. Both you and your current submitter must sign the form. Learn more about completing the OHA 2080.

Detail EOB messages

The following messages tell you about errors that affect processing of claim detail lines.

EOB description	HIPAA ARC	What to do
0003 OUR RECORDS SHOW RECIPIENT NOT ELIGIBLE ON DATE OF SERVICE.	31 Patient cannot be identified as our insured.	Verify that the patient's Oregon Health ID number is correct on the claim; verify OHP eligibility for the date(s) of service billed. Correct and resubmit the claim if appropriate.
0015 SERVICE IS A DUPLICATE OF A SERVICE PREVIOUSLY PROCESSED/PAID.	18 Exact duplicate claim/ service.	If the Client ID, service billed and dates billed match a claim that has already paid, verify that the data is correct on the claim (*e.g.,* missing modifiers). If not, correct and resubmit the claim.

EOB description	HIPAA ARC	What to do
0044 CLAIM FORM INCONSISTENT WITH PROVIDER TYPE. RESUBMIT ON CORRECT CLAIM FORM.	170 Payment is denied when performed/billed by this type of provider.	Make sure that the rendering provider is correctly entered on the claim detail. Enter both the provider's NPI and Oregon Medicaid provider ID. If you have determined all details on your claim are accurate, contact Provider Enrollment (800-422-5047).
0076 CLAIM PAST FILING TIME LIMIT; SEE GENERAL RULE 410-120-1300 FOR INSTRUCTIONS	21 The time limit for filing has expired.	If the original claim was submitted within 12 months of the date of service, you can resubmit on paper within an additional 6 months.
0091 NON-COVERED SERVICE.	204 This service/ equipment/ drug is not covered under the patient's current benefit plan.	Verify that the procedure-modifier combination billed on the claim is valid. If not, correct it and resubmit the claim. If the correct procedure and modifier is already on the claim, contact Provider Services (800-336-6016).
0156 OUR RECORDS SHOW PERFORMING PROVIDER INELIGIBLE ON DATE OF SERVICE. IF BILLING WAS IN ERROR, CORRECT AND RESUBMIT OR ADJUST, AS APPROPRIATE.	B7 This provider was not certified/ eligible to be paid for this procedure/ service on this date of service.	If you have determined all details on your claim are accurate, contact Provider Enrollment (800-422-5047).
0403 DRUG CODE NOT ON FILE. CORRECT AND RESUBMIT.	16 Claim/ service lacks information which is needed for adjudication.	Verify that the NDC reported is in 5-4-2 format, rebateable under the Medicaid Drug Rebate Program, and matches the NDC on the drug packaging. Correct and resubmit as needed. If the NDC information is correct, contact the Oregon Pharmacy Call Center (888-202-2126).
0428 SPECIFIC SERVICE CHARGE MISSING/ INVALID; CORRECT AND RESUBMIT OR ADJUST AS APPROPRIATE	16 Claim/ service lacks information which is needed for adjudication.	Confirm total charges are greater than zero and that all charges are correctly formatted.

EOB description	HIPAA ARC	What to do
0467 PROVIDER RESPONSIBLE FOR SUPPLYING INSURANCE CARRIER WITH THE ADDITIONAL REQUESTED INFORMATION	22 This care may be covered by another payer per coordination of benefits.	Verify eligibility for TPL; resubmit claim with appropriate TPL information.
1022 PROCEDURE REQUIRES PRIOR AUTHORIZATION	15 The authorization number is missing, invalid, or does not apply to the billed services or provider.	Verify that a prior authorization (PA) request has been submitted and approved for this procedure before resubmitting the claim. The claim details must match the original service(s), unit(s), provider(s) and dates of service listed in the approved PA. If not, correct and resubmit the claim.
1062 NDC IS DEACTIVED AND NOT PAYABLE ON DATE FILLED	16 Claim/ service lacks information which is needed for adjudication.	Verify that the NDC reported is rebateable under the Medicaid Drug Rebate Program, and matches the NDC on the drug packaging. Correct and resubmit as needed. If the NDC information is correct, contact the Oregon Pharmacy Call Center (888-202-2126).
1100 NON-PARTICIPATING MANUFACTURER	211 National Drug Codes (NDC) not eligible for rebate, are not covered.	Verify that the NDC submitted is in 5-4-2 format, rebateable under the Medicaid Drug Rebate Program, and matches the NDC on the drug packaging. Correct and resubmit as needed. If the NDC information is correct, contact the Oregon Pharmacy Call Center (888-202-2126).
1114 TAXONOMY CODE INVALID	208 National Provider Identifier - Not matched.	Make sure that the rendering provider is correctly entered on the claim detail. Enter both the provider's NPI and Oregon Medicaid provider ID. If all rendering and referring provider details on your claims submission were accurate, contact Provider Enrollment (800-422-5047).

EOB description	HIPAA ARC	What to do
3459 REVENUE CODE REQUIRES PROCEDURE CODE	96 Non-covered charge(s).	Verify that you have correctly entered procedure codes for all revenue codes that require CPT/HCPCS. Correct and resubmit as needed.
4002 HCPCS PROCEDURE REQUIRES AN NDC AND NO NDC IS FOUND ON THE CLAIM DETAIL	16 Claim/service lacks information which is needed for adjudication.	Verify that you have reported the NDC for any outpatient procedures for physician-administered drugs. Correct and resubmit as needed.
4008 THE UNIT OF MEASURE IS MISSING OR INVALID FOR THE DETAIL NDC	16 Claim/service lacks information which is needed for adjudication.	Verify that you have reported the correct NDC Unit of Measure for any outpatient procedures for physician-administered drugs. (The unit to enter depends on how the manufacturer and CMS have determined the rebate unit amount.) Correct and resubmit as needed.
4024 NDC DOES NOT MATCH HCPCS DRUG CODE	16 Claim/service lacks information which is needed for adjudication.	Verify that you have reported the correct NDC for the procedure code billed (*i.e.,* both the procedure and the NDC are for the same type of drug). If not, correct and resubmit as needed. If the drug reported matches the procedure code billed, contact the Oregon Pharmacy Call Center (888-202-2126).
4038 INVALID NDC QUALIFIER ID	16 Claim/service lacks information which is needed for adjudication.	Verify that you have reported the correct NDC Unit of Measure for any outpatient procedures for physician-administered drugs. (The unit to enter depends on how the manufacturer and CMS have determined the rebate unit amount.) Correct and resubmit as needed.
4801 NO CONTRACT FOR BILLED PROCEDURE	B7 This provider was not certified/ eligible to be paid for this procedure/ service on this date of service.	Confirm each provider number entered on the claim (*e.g.,* referring or rendering) is correct. If not, correct and resubmit.

EOB description	HIPAA ARC	What to do
5020 NDC QUANTITY MUST BE GREATER THAN ZERO	16 Claim/ service lacks information which is needed for adjudication.	Verify that you have reported the NDC quantity for any outpatient procedures for physician-administered drugs. Correct and resubmit as needed.

Informational EOB messages

These messages are informational only and do not affect claim processing. No action is required on your part unless OHA contacts you.

EOB description	HIPAA ARC	What this means
2599 SUSPEND FOR PAYMENT REVIEW	133 The disposition of this claim/ service is pending further review.	The claim will be released after review by an OHA Claims Analyst.
3429 NON-PREF DRUG. CONSIDER OPTIONS AT WWW.ORPDL.ORG	197 Precertification/authorization / notification absent.	When paired with Detail EOB 1056, it means that prior authorization is required because the drug is not on the Preferred Drug List.
8400 ACCOUNTS RECEIVABLE HAS BEEN ESTABLISHED. THE AMOUNT WILL BE DEDUCTED FROM YOUR FUTURE PAYMENTS.	223 Adjustment code for mandated federal, state, or local law/ legislation that is not already covered by another code and is mandated before another code can be created.	OHA has reprocessed overpaid claims and the repayment will come out of future provider payments. To set up an alternate repayment method, contact Provider Services (800-336-6016).
9926 CLAIM HAS CUTBACK AMOUNT	45 Charge exceeds fee schedule/ maximum allowable or contracted/ legislated fee arrangement.	OHA has paid the maximum allowable, which is lower than the charges billed. If this is the only EOB listed on the denied claim, contact Provider Services (800-336-6016).
9999 PROCESSED PER MEDICAID POLICY	223 Adjustment code for mandated federal, state, or local law/ legislation that is not already covered by another code and is mandated before another code can be created.	This message is normally paired with other EOBs related to incorrect procedure/modifier, service limitations or other billing errors contrary to OHA policy. If this is the only EOB listed on the denied claim, contact Provider Services (800-336-6016).

Pharmacy EOBs

EOB description	HIPAA ARC	What to do
0030 DAYS SUPPLY GREATER THAN MAX ALLOWED.	154 Payer deems the information submitted does not support this day's supply.	Verify the correct quantity has been submitted on the claim. If the correct quantity has been submitted, contact the Oregon Pharmacy Call Center (888-202-2126).
0154 THIS NATIONAL DRUG CODE NOT COVERED ON DATE DISPENSED.	211 National Drug Codes (NDC) not eligible for rebate, are not covered.	Verify that the NDC is correct on the claim and if not, correct and resubmit the claim. If the correct NDC has been submitted, contact the Oregon Pharmacy Call Center (888-202-2126).
1048 PRESCRIBING PROVIDER NOT ON FILE	208 National Provider Identifier - Not matched.	Look up the correct NPI at https://nppes.cms.hhs.gov or contact the prescriber for the NPI, then resubmit.
1056 PRIOR AUTHORIZATION REQUIRED. CALL (888) 202-2126	15 The authorization number is missing, invalid, or does not apply to the billed services or provider.	The prescriber needs to call the Oregon Pharmacy Call Center (888-202-2126).to request PA for the drug.
1130 CLAIM FAILED A PRODUR ALERT. ENTER VALID INTERVENTION AND OVERRIDE CODES	133 The disposition of this claim/service is pending further review.	Review the ProDUR alert codes set on the claim. Resubmit the claim with the appropriate Conflict Code, Intervention and Outcome.
7001 CLAIM GENERATED AN INFORMATIONAL PRODUR ALERT	133 The disposition of this claim/service is pending further review.	The provider should review the ProDUR alert for additional information. There is no other action required.
7002 DENIED FOR PRODUR REASONS. ENTER VALID INTERVENTION AND OVERRIDE CODES	133 The disposition of this claim/service is pending further review.	This claim cannot be resubmitted.