
Purchased Services:

Rejection Edit Checks

The following edit checks are

- In the case of a rejection, the provider must re-submit the corrected line item in a new billing file.
- This document is found on the portal at: <http://www.ccac-ont.ca/Content.aspx?EnterpriseID=15&LanguageID=1&MenuID=128> in the area of: For detailed HPG Electronic File Format Specification and Sample Files in the If you are a CCAC Contracted Provider.

Error Code	Description / Action Required
REFERR	<p>Error Message: Billing Reference Number not found in CHRIS This is a rejection edit check</p> <p>Every billing line item must include a Billing Reference Number (BRN) that exists in an admitted referral in CHRIS. If this error is received, the BRN does not exist in CHRIS.</p> <ul style="list-style-type: none">➤ The provider must re-submit the correct BRN in a new billing file.➤ If the provider does not know the correct BRN, communication is required with CCAC staff to determine the correct BRN.➤ The CCAC staff will search for the client in CHRIS and select the proper BRN from the appropriate referral.
SAFERR	<p>Error Message: SAF Reference is not found in CHRIS This is a rejection edit check</p> <p>Every billing line item must have a SAF code that exists in CHRIS. If the SAF code does not exist in CHRIS:</p> <ul style="list-style-type: none">➤ The Provider must correct the SAF code.➤ If the provider does not know the SAF code, communication is required with the CCAC. <p>Current SAF codes are:</p> <ul style="list-style-type: none">➤ 01 – Nursing➤ 02 – Social Work➤ 03 – Nutrition➤ 04 – Speech Pathology/Audiology➤ 05 – Physiotherapy➤ 06 – Occupational Therapy➤ 07 – Enterostomal Therapy➤ 08 – Meals on Wheels➤ 09 – Laboratory Technology➤ 10 – Respiratory Technology
DUPBRN	<p>Error message: Billing Reference Number has resolved to more than one referral This is a rejection edit check</p> <p>The BRN must resolve to 1 client referral. The system will compare the BRN in the billing file to the BRN in CHRIS. If more than one referral is returned, the system will display a DUPBRN error.</p> <ul style="list-style-type: none">➤ The CCAC staff will do a search on the BRN within CHRIS to identify the multiple referrals that are returned.➤ The CCAC staff will create an SMA requesting that a new BRN number be applied to the appropriate referral.

Error Code	Description / Action Required
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- Once this is complete, the CCAC will communicate with the provider and ask that the line item be re-submitted in a new billing file with the proper BRN.
- Single non-admit referral may come up as DUPBRN but should be a SVCERR. This will be resolved in a future release.

BILLCD	<p>Error Message: Billing Code on submitted line item does not match to any contract for the provider This is a rejection edit check</p>
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Every billing line item must have a billing code that is assigned to the provider in CHRIS within the date range of the visit.

If an error message is displayed, possible actions are:

- The provider must correct the billing code and re-submit the line item in a new billing file.
- If the provider does not know the correct billing code, communication with the CCAC staff is required.
- The CCAC staff must find the correct billing code in the Maintenance → Purchased Services → Contract Type → Provider Contract → Billing Code area of CHRIS.
- If the billing code is not in the provider contract it must be added by Contract Staff before the provider can re-submit the line item in a new billing file.
- If the billing code is in the provider contract the CCAC staff must ensure if it valid during the visit date client.
- The CCAC staff may select to reject the visit if it is not valid.

SVCERR	<p>Error Message: Service code not authorized for client or referrals This is a rejection edit check</p>
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The BRN and SAF search returned a referral that does not have the service identified by the billing file.

In this case, the BRN or SAF Code may be incorrect.

- The provider must verify that they are correct.
- If either the BRN or SAF Code is not correct, it must be corrected and the line item can then be re-submitted in a new billing file.
- If the correct BRN and SAF are correct, the CCAC staff must create a new service by using the verbal communication offer in CHRIS as well as complete the correct frequency period for the authorized visits. It is important that the CCAC staff select the referral that matches the BRN in the billing file.
- Once this is done, the line item may be re-submitted in a new billing file.
- If the CCAC staff determines the service is not authorized for the client the line item remains rejected.

NOQTY	<p>Error Message: No quantity submitted for hours This is a reject/ignore edit check</p>
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A quantity for hours must be submitted if the contract unit of service is hours. Quantity of units of service invoiced on this SAF. Format is 999999 ...units of time not minutes ; for partial hours use the last two characters as the decimal portion.
e.g., visit time = 1.00 (1 hour) is entered as 000100
= 1.33 (1 hour 20 minutes) is entered 000133

Error Code	Description / Action Required
	<p>= .75 (45 minutes) is entered 000075 = .83 (50 minutes) is entered 000083 Visits counted as visits not in time = 000100</p> <p>If the hours are not submitted in the billing file:</p> <ul style="list-style-type: none"> ➤ The provider must enter the hours in the line item and re-submit in a new billing file.
SDTERR	<p>Error Message: Billing Code is invalid for the Service Delivery Type authorized for the specified client. This is a rejection edit check</p> <p>The billing code is invalid for the Service Delivery type authorized for the specified client. In this case, the provider must re-submit the line item with the correct billing code. If the provider does not know the correct billing code, they must request this information from the CCAC.</p>
BLLPRV	<p>Error Message: Billing Code on submitted line item does not exist for the provider. This is a rejection edit check</p> <p>Billing Code on submitted line item does not exist for the provider. In this case, the provider must re-submit the line item with the correct billing code. If the provider does not know the correct billing code, they must request this information from the CCAC.</p>

Suspension / Rejection / Ignore Edit Checks:

The following edit checks will result in a suspension, rejection or in some cases an ignore (as determined by the CCAC).

- In the case of a suspension, the CCAC staff may correct and re-process the line item.
- In the case of a rejection, the provider must re-submit the corrected line item in a new billing file.
- In the case of an ignore, the edit check will be by-passed and continue to the next edit check.

Error Code	Description / Action Required
FUTURE	<p>Error Message: Invoice Visit Date is in the future This is a reject/ignore edit check</p> <p>The system checks the visit date for this edit check.</p> <ul style="list-style-type: none"> • If the edit check is a rejection, the provider cannot submit a visit date in the future. • If the edit check is set to ignore, the provider can submit an invoice where the visit date is in the future.
NAMEERR	<p>Error Message: BRN submitted does not match the client's surname in CHRIS. This is a reject/suspend/ignore edit check.</p> <p>If the client surname submitted in the billing file does not match with the BRN submitted, display this error.</p> <ul style="list-style-type: none"> ➤ If the edit check is a rejection, the provider must resubmit the line item with the proper client/BRN combination. ➤ If the edit check is a suspension, the CCAC may Accept the BRN submitted and ignore the client name ➤ If the edit is ignore, then the system ignores the client name and pays the BRN submitted.
PROCTC	<p>Error Message: Visit Date on submitted line item does not exist within the date range of the provider contract. This is a reject/suspend edit check</p> <p>The visit date on the submitted line item is outside the date range of the provider contract.</p> <ul style="list-style-type: none"> ➤ If the edit check is a rejection, the provider must resubmit the line item within the date range of the provider contract. An added test at this time is to ensure the date of the visit is also within the date range of the billing code. ➤ If the edit check is a suspension, the CCAC must verify that the provider contract date range is correct. If it is not, an SMA must be submitted to correct the date range of the provider contract. An added test at this time is to ensure the date of the visit is also within the date range of the billing code. If it is not, the billing code date range should also be corrected by the contract administrator. ➤ If the provider contract and billing code date ranges are correct, the line item should be rejected in the suspended line item screen. ➤ If the provider contract and billing code date ranges are not correct, they should be corrected within the contract in CHRIS and the line item should be re-processed.
BCCTC	<p>Error Message: Visit Date on submitted line item does not exist within the date range of the billing code. This is a reject/suspend edit check</p>

Error Code	Description / Action Required
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- The visit date on the submitted line item is outside the date range of the billing code.
- If the edit check is a rejection, the provider must resubmit the line item within the date range of the billing code.
 - If the edit check is a suspension, the CCAC must verify that the billing code date range is correct. If it is not, the contract administrator must update the billing code date range within the contract.
 - If the billing code date range is correct, the line item should be rejected in the suspended line item screen.
 - If the billing code date range is not correct, it should be corrected by the contract administrator and the line item should be re-processed.

INVBC	<p>Error Message: Invalid Billing Code. The visit date and billing code do not correlate to a client's authorized service. This is a reject/suspend edit check</p> <p>The system has found a contract that exists in the system that cannot be applied back to the client's authorized service.</p> <ul style="list-style-type: none"> ➤ If the edit check is rejected, the provider must resubmit the line item with the billing code that corresponds to the correct contract for the authorized service. ➤ If the edit check is suspended, the CCAC must check both the client's authorization and the association to the provider contract (located on the provider assignment screen). The provider contract identified in the client's record must be associated to an existing contract in the system using the billing code submitted in the line item.
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NOACT	<p>Error Message: Activity Code is missing. This is a reject/ignore edit check</p> <p>Activity Code is missing. All services must use at least one of these activities: 01, 02, 03, 04, 05 plus one or more for the following service codes:</p> <ul style="list-style-type: none"> • Nursing and Enterostomal Therapy - 10, 11, 12, 13, 19 • Social Work - 20, 21, 22, 23 • Speech Pathology - 41, 42, 43, 43, 44 • Physiotherapy - 50, 51, 52, 53 • Occupational Therapy - 60, 61, 62, 63, 64, 69 • Para-Medical - 80, 89 • Homemaking - 90, 91, 92, 93, 94, 99 • Activity code 09 - Not Seen/ Not Found is used alone by any provider in accordance with local home care policies. <ul style="list-style-type: none"> ➤ If the edit check is rejected, the provider must re-submit an activity code in a new billing file that contains the correct activity code for the line item. ➤ If the edit check is ignore, CHRIS will not validate the activity code and the reconciliation process will continue to the next edit check.
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ACTERR	Error Message: Activity code is invalid for service code on claim.
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Error Code	Description / Action Required
	<p data-bbox="477 275 802 302">This is a reject/ignore edit check</p> <ul data-bbox="526 331 1380 531" style="list-style-type: none"> <li data-bbox="526 331 1380 415">➤ If the activity code error is set to reject, a correct activity code for every service must be entered in the line item for the billing file. All activity codes are displayed in No Activity error. <li data-bbox="526 417 1380 531">➤ If the activity code error is set to reject, the provider must submit the proper activity code by re-submitting the line item in a new billing file. If the provider does not know the correct activity code, communication with the CCAC is required.
TOOLD	<p data-bbox="477 537 1040 564">Error Message: Visit Date exceeds Maximum Billing Days</p> <p data-bbox="477 567 893 594">This is a reject/suspend/ignore edit check</p> <p data-bbox="477 623 1349 680">The system will subtract the number of days from the current date to the visit date. If it exceeds the maximum billing days the system will react in one of three ways:</p> <ul data-bbox="526 709 1390 961" style="list-style-type: none"> <li data-bbox="526 709 1390 821">➤ If the edit check is set to reject, the provider must re-submit the line item in a new billing file once the maximum billing days has been extended to accommodate for the visit. If the maximum billing days has not been extended, the provider will not be able to invoice for the visit. <li data-bbox="526 823 1390 907">➤ If the edit check is set to suspend, the CCAC contract admin staff may increase the number of maximum billing days for this error not to occur. On the next billing cycle the line item will advance to the next edit check. <li data-bbox="526 909 1390 961">➤ If the edit check is set to ignore, all line items past the maximum billing days will pass and the line item will advance to the next edit check.
NORATE	<p data-bbox="477 968 1081 995">Error Message: A rate must be associated to the billing code.</p> <p data-bbox="477 997 821 1024">This is a reject/suspend edit check</p> <p data-bbox="477 1054 1390 1110">Every line item must have a rate associated with it in CHRIS in order for it to be paid. If the billing code does not have a rate the system will display an error.</p> <ul data-bbox="526 1113 1380 1224" style="list-style-type: none"> <li data-bbox="526 1113 1380 1169">➤ If the edit check is set to reject, the provider cannot invoice for the line item until a rate has been applied to the billing code in the provider contract area of CHRIS. <li data-bbox="526 1171 1380 1224">➤ If the edit check is set to suspend, the CCAC contract admin staff must enter a rate for the billing code. Once this is done, the line item may be re-processed.
DISCHG	<p data-bbox="477 1230 1122 1257">Error Message: Visit Date is greater than provider discharge date</p> <p data-bbox="477 1260 821 1287">This is a reject/suspend edit check</p> <p data-bbox="477 1316 1349 1428">At this point in the processing, CHRIS knows the client, referral, and service contract, provider and frequency periods. The system will compare the visit date submitted in the billing file to the provider's discharge date. If the visit date is greater than the provider's discharge date the system will display an error.</p> <ul data-bbox="526 1430 1380 1629" style="list-style-type: none"> <li data-bbox="526 1430 1380 1514">➤ If the edit check has been set to reject, the provider cannot bill for this line item unless the visit date is within the assignment and discharge date for the assigned provider. <li data-bbox="526 1516 1380 1629">➤ If the edit check has been set to suspend, the CCAC Health Records admin staff must select the Billing Code and Service Delivery Type link in the Provider Column on the Suspended Line Item screen. From here, the provider discharge date can be extended. The line item can then be re-processed. <p data-bbox="477 1659 1344 1740">NOTE: If the referral and service have been discharged, then the discharge must be removed from them before the discharge date can be extended on the provider record. The user must undo the referral discharge then service discharge.</p>

Error Code	Description / Action Required
	<p>This is done through the Action Drop Down on the client side.</p>
ASGNDT	<p>Error Message: Visit Date is less than the provider assignment date. This is a reject/suspend edit check</p> <p>The system will not allow a provider to visit a client before they have authorization to do so. The system will compare the visit date in the billing file to the provider's assign date in the client's authorized service. If the visit date is before the provider's assigned date, the system will:</p> <ul style="list-style-type: none"> ➤ If the edit check is set to reject, the provider cannot invoice for the visit unless the visit date is after the provider assignment date and before the provider discharge date. ➤ If the edit check is set to suspend, the CCAC staff must select the Change Date and Add Visit link in the Action Column on the Suspended Line Item screen. ➤ Once this is done, the system will automatically add a one-time frequency (Optional) and change the Provider Assignment Date. ➤ The Provider Assignment Date must be within the Service Initial Authorization Date. If the Provider Assignment Date is outside of the Service Initial Authorization Date, the user must proceed manually.
ENDDT	<p>Error Message: Visit Date is greater than the provider end date This is a reject/suspend edit check</p> <p>The system will not allow a provider to visit a client after the authorization is finished. The system will compare the visit date in the billing file to the provider's end date in the client's authorized service. If the visit date is after the provider's end date, the system will:</p> <ul style="list-style-type: none"> ➤ If the edit check is set to reject, the provider cannot invoice for the visit unless the visit date is before the provider end date and after the provider assignment date. ➤ If the edit check is set to suspend, the CCAC staff must select the Change Date and Add Visit link in the Action Column on the Suspended Line Item screen. ➤ Once this is done, the system will automatically add a one-time frequency (Optional) and change the Provider End Date. ➤ The Provider End Date must be within the Service Authorization End Date. If the Provider End Date is outside of the Service Authorization End Date, the user must proceed manually.
USEDUP	<p>Error Message: Quantity submitted exceeds units of service available for the date of service on the claim. This is a reject/suspend edit check</p> <p>The system will verify the number of visits available within the frequency period submitted. For example, a client may receive visits three days a week, between a Monday and Sunday, the system will allow the three visits and then it will either reject or suspend on the fourth visit.</p> <ul style="list-style-type: none"> ➤ If the edit check is set to reject, the provider cannot invoice for the visit unless the CCAC creates a one-time visit for the client. Once this is done, the provider may re-submit the line item in a new billing file. ➤ If the edit check is set to suspend, the CCAC staff may create a new frequency period by selecting the Add Visit hyperlink in the Action Column. Once the system has processed the file, select the Reviewed flag in the search criteria and research the file. In the Reviewed column the status is reprocess. When the billing file is reprocessed, this line item will be displayed as payable.

Error Code	Description / Action Required
	<ul style="list-style-type: none"> <li data-bbox="526 275 1396 422">➤ If the provider is currently on hold, the Add Visit hyperlink is available, but if selected will not add the visit. The user must first enter the client's record through the client search screen, remove the on hold, and then return to the suspended line item screen where the Add Visit hyperlink can be selected and the visit will be added.