Explanation of Benefits

The following table contains explanation of benefits (EOB) codes and descriptions:

EOB Code	Description
F0001	Claim header record ID is an invalid value.
F0002	Test/production flag is missing or invalid.
F0003	Program type is a required field.
F0004	Claim type code is missing.
F0005	Claim header source identifier must be present.
F0006	Claim header source identifier is an invalid value.
F0007	Claim header signature indicator is missing or invalid.
F0008	Claim header endorsement number is an invalid value.
F0009	Detail count must be present.
F0010	Detail count is an invalid value.
F0011	Total claim positive indicator must be present.
F0012	Previous claims indicate more than five consecutive days billed.
F0013	The claim total amount billed is not in a valid format.
F0014	The provider number submitted is not in a valid format.
F0016	Last name must be present in order to process a claim.
F0018	The client/Medicaid number is missing or invalid.
F0021	Medicaid patient days percent positive/negative indicator must be present.
F0022	Medicaid patient days percent positive/negative indicator is not a valid entry.

EOB Code	Description
F0025	Medicaid patient days percent is missing.
F0026	Medicare patient days percent positive/negative indicator must be present.
F0028	Medicare patient days percent positive/negative indicator is not a valid entry.
F0031	The private patient days percent entry is invalid.
F0032	Medicare patient days percent is missing.
F0033	Private patient days percent positive/negative indicator must be present.
F0035	Private patient days percent positive/negative indicator is not a valid entry.
F0037	Private patient days percent is missing.
F0040	Trainee social security number is missing or invalid.
F0041	Service group is missing, invalid, inactive, or cannot be determined.
F0042	The payee identification number submitted is invalid.
F0044	Payee identification number must be submitted on claim.
F0045	Claim header adjustment segment indicator is an invalid value.
F0046	Claim header special pay segment indicator is an invalid value.
F0048	Adjustment claims require an original ICN.
F0050	Special pay segment ID is invalid.
F0051	Fund code is a required field.
F0052	PAC code is missing.
F0053	Special pay object code is missing.
F0054	Special pay reason code is missing.

EOB Code	Description
F0055	Special pay type indicator is missing.
F0056	Special pay service code is missing or invalid.
F0057	Special pay agency must be present in order to process a claim.
F0058	Special pay region/division code is missing.
F0059	Special pay appropriation code is missing.
F0060	Special pay begin service date is missing or invalid.
F0061	Special pay end service date is missing or invalid.
F0063	Claim detail segment ID is an invalid value.
F0064	Detail number must be present.
F0065	Claim detail adjustment line reference number is an invalid value.
F0067	Detail number is greater than detail count in header.
F0068	Detail number is an invalid value.
F0069	Detail numbers are not consecutive.
F0070	Line item is missing a service begin date.
F0071	Services cannot be before January 1, 1971.
F0072	The service end date is missing.
F0073	The service begin date must be on or before the service end date.
F0075	The service begin date is not for the same month and year as the service end date.
F0077	Billing code was not submitted or cannot be determined.
F0078	Claim detail training hours positive/negative indicator must be present.

EOB Code	Description
F0080	Training hours must be in a valid format.
F0081	Applied income positive/negative indicator must be present.
F0083	Applied income is not in a valid format.
F0087	Copayment amount is not in a valid format.
F0089	Copayment percent positive/negative indicator must be present.
F0091	Copayment percentage is not in a valid format.
F0092	Units billed positive/negative indicator must be present.
F0094	Number of units billed is missing.
F0095	Units rate positive/negative indicator must be present.
F0097	Unit rate is missing or invalid.
F0098	Claim detail line item total positive/negative indicator must be present.
F0100	Line item total billed must be in a valid format.
F0101	Claim header adjustment segment is missing.
F0102	A claim header adjustment segment exists, claim header adjustment indicator is "N."
F0106	Claim leave days must be in a valid format.
F0107	The original line item in history is not in an adjustable status.
F0108	The original line item in history is not in an adjustable status.
F0110	Matching history detail not found or not in adjustable status.
F0111	Positive line item contains a negative units billed.
F0112	Claim header contains no details.

EOB Code	Description
F0113	Number of details in claim does not match header count.
F0114	Unable to determine service code from supplied information, verify bill code.
F0115	Unable to determine budget key from supplied information.
F0116	The units billed must be greater than zero.
F0117	Unit rate must be greater than zero.
F0118	Incorrect number of billed units for this service.
F0119	Claims for month following submission must be submitted within last week of month prior to service.
F0121	Late billing—claim must be filed 95 days from the end of the month of service.
F0123	Original ICN is not on file.
F0125	Units billed exceed possible number of units for dates of service.
F0126	Claim line items cannot span current fiscal years.
F0128	Provider is not enrolled to provide CMS services, or invalid provider number entered.
F0131	Provider has been placed on hold.
F0132	Provider is not authorized to perform this service for these service dates, verify billing code.
F0134	Provider authorized to provide services only to clients residing within provider region.
F0138	A valid service authorization for this client for this service on these dates is not available.
F0139	Client/Medicaid number does not match information on file.
F0141	Client ID is a previous reference which is not valid for service dates.

EOB Code	Description
F0142	Client Medicaid eligibility is not currently active or is on hold for dates of service.
F0143	Client last name not on file.
F0145	Client last name matched with former name on file.
F0147	Client's LOS type and level do not match service group and billing code requirements.
F0148	Provider not authorized to provide services billed for client.
F0150	Client not living in approved nursing facility on service dates.
F0151	Cannot bill for more than five consecutive days for this service.
F0152	Records show that client has received this service for more than five consecutive days.
F0153	Client is eligible for Medicare enrollment. Please bill Medicare first.
F0155	Unable to determine appropriate fund code for service billed, verify Medicaid eligibility.
F0163	Item code billed is not authorized for the service provided.
F0165	This service has already been paid. Please do not file for duplicate services.
F0167	A claim for this procedure for this tooth has already been paid.
F0168	Claim denied because trainee has already completed full training course.
F0169	Claim denied because trainee has not completed the full training course.
F0170	Trainee has already passed a skills test.
F0171	Trainee has not previously passed a skills test.
F0172	Trainee has previously passed a written or oral examination.

EOB Code	Description
F0173	Trainee has previously passed a written or oral examination.
F0174	Claim is for a service group that is mutually exclusive with service group for previous claim.
F0175	Claim is for a service that is mutually exclusive with a service for previous claim with the same service date.
F0177	The budget number is not valid for provider.
F0179	Claim cannot be paid because client is a Managed Care client.
F0184	Provider has submitted a claim for the current month of service for the service code submitted on the claim.
F0185	Claim cannot process due to balance owed by provider to the state.
F0187	No units available from client service authorization.
F0189	Amount of claim exceeds available budget.
F0191	Units billed exceeds allowable units for this client.
F0193	All positive line items must be referenced to a negative line item.
F0194	Adjustment request received past the filing deadline.
F0195	Header adjustment: total paid amount submitted does not match paid amount on history.
F0196	The sum of the Medicaid patient days % and/or Medicare patient days % and/or private patient days % does not equal 100.
F0198	Cannot bill for future service dates or current date.
F0200	Procedure code is missing.
F0201	An item code is required for this service.
F0202	This service requires a tooth ID.

EOB Code	Description
F0203	The client's eligibility requires a budget number to be submitted.
F0204	The budget number is invalid.
F0205	Medicaid patient days % is greater than 100.0.
F0206	Medicare patient days % is greater than 100.0.
F0207	Private patient days % is greater than 100.0.
F0208	Leave days may not exceed the units billed.
F0214	Provider number is missing or invalid.
F0215	Unable to determine rate key for detail or contract, verify billing code, if correct contact TMHP Help Desk.
F0216	The payee identification number on the claim is not associated with the client/Medicaid number.
F0220	Client/Medicaid number is missing.
F0222	Copayment amount exceeds claim line item amount.
F0223	Amount reduced, billed amount is greater than maximum allowed.
F0224	Applied income amount exceeds claim line item amount.
F0225	Units billed exceeds allowable units for this client.
F0228	Units on claim exceed available budget.
F0229	Rate not found.
F0230	County rate not found.
F0231	Procedure rate not found.
F0232	Amount changed due to difference in copayment.

EOB Code	Description
F0233	Claim has more than 28 details.
F0234	Service is duplicate of another line item on same claim for same or overlapping service dates.
F0235	Positive line item contains a negative units billed.
F0236	Unable to determine appropriate state accounting codes for this claim. TMHP is researching this problem.
F0237	Authorizing agency has changed or is not consistent for dates of service.
F0238	This line item is approved to pay.
F0239	Claim line item paid amount differs from claim line item billed amount.
F0240	Provider has an outstanding sanction.
F0241	Applied income or copay must exist for the dates of service.
F0242	A change to the client's service authorization has generated a recoupment for services, dates, or units no longer allowed.
F0243	A change in the rate for this service has generated repayment for this line item.
F0244	A change to the providers contract has generated a recoupment for services on dates no longer allowed.
F0245	A change to the clients applied income or copayment has generated a recoupment for services previously billed.
F0246	A change to the units authorized for this client has been submitted by a state auditor.
F0247	The billed tooth ID has been previously billed.
F0248	A repayment for this line item was created to adjust a previous payment due to new updates to claim reference data.
F0249	Unable to determine region/division code for client.

EOB Code	Description
F0250	Late billing—Claim must be filed 12 months from the end of the month of service or 12 months from the end of the eligibility add date.
F0251	NAT claims may only contain one detail line item.
F0252	Incorrect number of training hours for this training course billing code.
F0253	A completed NAT training course has been billed for earlier dates.
F0254	Only one incomplete training course per trainee is allowed for NAT.
F0255	Failed skills test previously paid for this trainee.
F0256	This NAT service has been paid the maximum number of times.
F0257	An incomplete NAT training course has been billed for later dates.
F0258	Amount of claim exceeds available budget.
F0259	Failed oral test previously paid for this trainee.
F0260	Failed written test previously paid for this trainee.
F0261	Incorrect number of training hours for this training course billing code.
F0263	Records show that client has received this service for more than 14 consecutive days.
F0264	Claim is for a billing code that is mutually exclusive with billing code for previous claim.
F0265	This claim is approved to pay.
F0266	Unable to determine appropriate state accounting codes for this claim. TMHP is researching this problem.
F0267	Unable to determine budget number from supplied information.
F0268	A valid service authorization for client for these service dates not available or claim dates cannot overlap more than one service authorization.

EOB Code	Description
F0269	Claim detail is an exact dup of history claim detail.
F0270	Cannot bill a positive line item for a separated alias client ID.
F0271	Client has received this service for more than five units per bill code per month.
F0272	The billed unit rate exceeds the current maximum.
F0273	The billed units count exceeds the current maximum.
F0274	The billed applied income/billed copay amount is in an incorrect format.
F0275	Claim must be filed via a HIPAA-compliant transaction set.
F0276	Procedure qualifier is missing, invalid, or not payable under the CMS LTC Program.
F0277	National Code is missing, invalid, not billable with procedure code qual.
F0278	Claim must be filed with the appropriate HCPCS/CPT or revenue code.
F0279	NPI/API is required.
F0280	NPI/API cannot be associated to Contract Number.
F0281	Contract Number for NPI cannot be determined.
F0282	NPI/API is invalid.
F0283	Referral Number is not numeric.
F0284	Daily units exceed the number of days billed.
F0293	OI Attestation is required
F0294	Medicare Part A Total Amount and Medicare Attestation are required.
F0295	Other Insurance Policy Information on the claim is missing or invalid

EOB Code	Description
F0296	Other Insurance Disposition is missing or is invalid.
F0297	The OI Disposition information on the claim is invalid.
F0298	Other Insurance Billed Date is missing or is invalid.
F0299	Other Insurance Disposition information is missing or invalid.
F0300	Other Insurance Paid Amount on the Other Insurance/ Finish tab is missing or invalid.
F0301	The Unit Rate multiplied by the Units billed must equal the Medicare Part A Total Amount on the claim.
F0302	The Unit Rate multiplied by the Units billed must equal the Medicare Part C Total Amount on the claim.
F0303	Client is not eligible for Medicare benefits. See the client's MESAV for Medicare eligibility details.
F0304	Client is enrolled in a Medicare Part C Advantage Plan (MAP) contracted with HHSC to cover all cost sharing obligations. See the client's MESAV for Medicare and Medicaid eligibility details.
F0305	Service dates billed are not consistent with entered Medicare Part A Total Amount.
F0306	Medicare Part C Total Amount and Medicare Attestation are required.
F0307	Client has OI coverage that is missing from claim, and that insurance must be billed prior to Medicaid. Resubmit claim with complete OI information. See the client's MESAV for OI coverage details.
F0308	Provider stated unacceptable OI disposition reason.
F0309	Allowed amount determined using billed unit rate as entered on claim, not to exceed Medicare-approved rate.
F0310	Allowed amount reduced by the client's applied income and amount indicated as paid by other insurance.

EOB Code	Description
F0311	Either Medicare Part A Total Amount or Medicare Part C Total Amount can be entered, but not both.
F0312	Other Insurance Paid Amount is prohibited
F0313	Incorrect Other Insurance Billed Date.
F0314	Claim was recouped due to changes to one or more covering OI policies. See the client's MESAV for OI coverage details. Obtain new EOBs from the changed insurance policies then resubmit the claim.
F0315	Other insurance and Medicare information are not applicable for this service group. Resubmit claim without OI/Medicare data.
F0316	Other Insurance Paid Amount (Details tab) is invalid.
F0317	Sum of OI Paid Amount on Details tab must equal sum of OI Paid Amount on Other Insurance/Finish tab
F0318	System Error. TMHP is researching the issue
F0322	A payment for this line item was created to adjust a previous Medicare Part C coinsurance claim due to new updates to claim reference data.
F0323	A payment for this line item was created to adjust a previous Medicare Part A coinsurance claim due to new updates to claim reference data.
F0324	Medicare Part A Total Amount or Medicare Part C Total Amount not compatible with services billed. Review claim details entered.
F0325	Line Item Control Number-Required HHMM (military format) for TCM Follow-Up claims.
F0326	Day/Date Limitation – Incorrect number of days billed for this service
F0328	Recoupment due to consumer on Permanent Discharge/Client Hold for the given waiver program and Date(s) of Service.
F0329	This Service has already been paid. Please do not file for duplicate service.

EOB Code	Description
F0330	Service is a duplication of another line item on the same claim for the same or overlapping service dates.
F0331	Claim details contain both Fee-For-Service and MCO Services. Please do not file for mixed services.
F0332	Claim details are for services from different Managed Care Plan Codes. Please do not file for multiple Managed Care Plan Codes.
F0333	Claim contains at least one adjustment (negative) claim detail. Please do not file adjustments for MCO clients.
F0334	Claim denied due to a change in client eligibility. Please resubmit claim.
F0335	Claim was forwarded to a Managed Care Organization.
F0336	A change to the Clients eligibility, now enrolled in an MCO for the Dates of Service, has generated a recoupment for services previously billed.
F0337	Claim details contain both daily care and other services. Please do not file for mixed services.
F0338	Dental providers must bill directly to the dental sub-contractor.
F0339	Taxonomy is required for Billing Provider NPI.
F0341	Incorrect billing code – client is 21 years of age or older
F0342	Incorrect billing code – client is less than 21 years old
F0343	Detail Line of Service – Dates of Service Partially Cover Clients Managed Care Eligibility Dates
F0999	Corresponding negative line item or header denied.
P0001	Researching provider information.
P0002	Searching history for duplicate or mutually exclusive claims.
P0003	Verifying budget information.

EOB Code	Description
P0004	Researching service limitations.
P0005	Verifying billing code.
P0006	Verifying tooth ID.
P0007	Verifying service group.
P0008	Verifying availability of units.
P0009	Searching history for completion of required training/tests.
P0010	Researching client eligibility.
P0011	Researching service authorization.
P0012	Researching provider eligibility.
P0014	Verifying units billed.
P0015	Verifying dates of service.
P0016	Verifying claim submission deadline.
P0017	Verifying fund code.
P0018	Verifying procedure code.
P0019	Verifying item code.
P0021	Researching patient days percent.
P0023	Researching payee identification number.
P0024	Verifying PAC Code
P0025	Verifying Object Code
P0026	Verifying Reason Code

EOB Code	Description
P0027	Verifying Service Code
P0028	Verifying Agency
P0029	Verifying Region/Division Code
P0030	Verifying Approval Code
P0031	Verifying Line Item Adjustment Indicator
P0032	Verifying Training Hours
P0033	Verifying Applied Income Amount
P0034	Verifying Copayment Amount
P0035	Verifying Copayment Percent
P0036	Verifying Rate Billed
P0037	Fiscal Reference not found, call TMHP LTC Help Desk
P0038	Provider number is blank or invalid. TMHP is researching this issue.
P0039	Fiscal Reference not found, call TMHP LTC Help Desk