

Long-Term Care Explanation of Benefits (EOB) Codes

| EOB Code | Description |
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| EVV01 | EVV Match - confirmed visit match to billed claim. |
| EVV02 | There are no EVV visits with the Medicaid ID; Verify Medicaid ID, NPI/API, Date(s) of Service, HCPCS/Modifiers, Units match visit prior to submitting claim. |
| EVV03 | There are no EVV visits with the Medicaid ID on the Date(s) of Service; Verify Medicaid ID, NPI/API, Date(s) of Service, HCPCS/Modifiers, Units match visit prior to submitting claim. |
| EVV04 | There are no EVV visits with the Medicaid ID and NPI/API on the Date(s) of Service; Verify Medicaid ID, NPI/API, Date(s) of Service, HCPCS/Modifiers, Units match visit prior to submitting claim. |
| EVV05 | There are no EVV visits with Medicaid ID and HCPCS/Modifiers on the Date(s) of Service; Verify Medicaid ID, NPI/API, Date(s) of Service, HCPCS/Modifiers, Units match visit prior to submitting claim. |
| EVV06 | EVV claim billed units do not equal units total of matched visit(s). |
| EVV07 | Claim to visit match not performed per State direction. |
| EVV08 | EVV Match not required, Natural Disaster |
| 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 THAT 5 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 % Positive/Negative Indicator must be present |
| F0022 | Medicaid Patient Days % Positive/Negative Indicator is not a valid entry |
| F0025 | Medicaid Patient Days Percent is missing. |
| F0026 | Medicare Patient Days % Positive/Negative Indicator must be present |
| F0028 | Medicare Patient Days % Positive/Negative Indicator is not a valid entry |
| F0031 | The Private Patient Days % entry is invalid. |
| F0032 | Medicare Patient Days Percent is missing. |
| F0033 | Private Patient Days % Positive/Negative Indicator must be present |
| F0035 | Private Patient Days % Positive/Negative Indicator is not a valid entry |
| F0037 | Private Patient Days % 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 |

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| 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 |
| 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 |
| F0062 | Special Pay Expedited Payment Billing Month/Year is missing |
| 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 |
| 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 | Co-payment Amount is not in a valid format. |
| F0089 | Copayment Percent Positive/Negative Indicator must be present |
| F0091 | Co-Payment Percentage is not in a valid format. |
| F0092 | Units Billed Pos/Neg indicator must be present |
| F0094 | Number of Units Billed is missing. |
| F0095 | Units Rate Pos/Neg indicator must be present |
| F0097 | Unit Rate must 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 |

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| F0112 | Claim Header contains no details |
| F0113 | Number of Details in Claim does not match header count |
| F0114 | Unable to determine Service Code from supplied information, verify Billing 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. |
| F0136 | Provider is not authorized for Expedited Payment. |
| 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 the service dates. |
| 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 5 consecutive days for this service |
| F0152 | Records show that client has received this service for more than 5 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 the 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. |
| F0173 | Trainee has previously passed a Written or Oral Examination. |

Long-Term Care Explanation of Benefits (EOB) Codes

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| 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 Dates. |
| F0177 | The Budget Number is not valid for provider. |
| F0179 | Claim can not be paid because Client is a Managed Care Client. |
| F0181 | Provider has already submitted an Expedited Payment for the current month. |
| F0182 | Expedited payment must be for the current month. |
| 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 % &/or Medicare Patient Days % &/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. |
| 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. |
| F0209 | Expedited Claim has suspended, and will be processed beginning on the State-authorized submission date for this month. |
| F0211 | Expedited Claim submitted after the State-authorized submission date for this month. |
| 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 |
| F0218 | Expedited Ceiling has not been calculated for contract for month of claim - unable to process expedited claims. |
| F0220 | Client/Medicaid Number is missing |
| F0222 | Co-Payment 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 |
| F0226 | Payable amount is the Expedited Payment ceiling amount |
| F0228 | Units on claim exceeds available budget |
| F0229 | Rate Not Found |

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| F0230 | County Rate Not Found |
| F0231 | Procedure Rate Not Found |
| F0232 | Amount changed due to difference in co-payment |
| 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 Co-pay must exist for the dates of service. |
| F0242 | A CHANGE TO THE CLIENTS SERV AUTH 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, OR 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 VOUCHER DEPTID CODE FOR CLIENT |
| 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 |

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| 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 unique service authorization for this client is not available for these dates such as overlapping more than one authorization |
| 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 5 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 Co-Pay 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 |
| F0285 | Can only bill for incremental (0.25, 0.50, 0.75, and whole) units for specified services |
| F0286 | Can only bill for incremental (0.50, 0.75, and whole) units for specified services |
| F0288 | Claim cannot be paid because consumer is on Client Hold for the given waiver program and Date(s) of Service. |
| F0289 | No service authorization found in the TMHP LTC CMS system. |
| F0290 | Paid Comprehensive encounter for the same client and provider was not found for the same service month. |
| F0291 | Number of paid Comprehensive encounters exceeds allowed amount. |
| F0292 | Number of paid Follow-Up encounters exceeds number of paid Comprehensive encounters times three during the State Fiscal Year. |
| 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 |
| 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. |

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| 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 must be billed prior to Medicaid. See the client's MESAV for OI and resubmit. |
| 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. |
| 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) |
| 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. |
| 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. |

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| 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. |
| F0340 | A change to the Clients County has generated a recoupment for services previously paid. |
| 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 |
| F0344 | Claim for EVV applicable service does not have associated EVV visit transaction records for all dates of service on the claim. |
| F0345 | Claim for EVV applicable service does not have any associated EVV visit transaction records for this date of service. |
| F0346 | Claim cannot be paid because the client is a STAR Kids/STAR Health Managed Care client. |
| F0347 | Services were recouped by a state auditor and repayment is not authorized. |
| F0999 | Corresponding Negative Line Item or Header Denied |
| I0030 | Authorized repayment of services that were previously recouped by a state auditor |
| I1001 | Electronic Visit Verification (EVV) visit maintenance not completed prior to claim submission |
| I1002 | Incorrect Electronic Visit Verification (EVV) data entered |
| I1003 | Missing Electronic Visit Verification (EVV) data |
| I1004 | Electronic Visit Verification (EVV) Reason Code (Incorrect or failed to add required free text) |
| I1005 | One or more Electronic Visit Verification (EVV) disallowance reasons |
| I1006 | Unallowable phone type used for Electronic Visit Verification (EVV) |
| P0001 | Researching Provider Information |
| P0002 | Searching History for Duplicate or Mutually Exclusive Claims |
| P0003 | Verifying Budget Information |
| 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 |
| P0013 | Verifying Expedited Payment |
| 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 |

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| P0021 | Researching Patient Days % |
| P0023 | Researching Payee Identification Number |
| P0024 | Verifying PAC Code |
| P0025 | Verifying Object Code |
| P0026 | Verifying Reason Code |
| 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. |
| S0055 | The Place of Service on the claim is not valid for the service billed. |
| V2226 | Attending NPI/API cannot be the same as the Billing NPI/API. |
| V2227 | Header Rendering NPI/API cannot be the same as the Billing NPI/API. |
| V2228 | Detail Rendering NPI/API cannot be the same as the Billing NPI/API. |
| V2229 | Attending NPI/API is required. |
| V2230 | Attending API must contain a letter in the first position and 9 subsequent numeric characters. |
| V2231 | Attending Provider Last Name is required. |
| V2232 | Attending Provider First Name is required. |
| V2233 | Attending Provider First Name, Last Name, Middle Initial, or Suffix contains an invalid character. |
| V2234 | Attending Provider Taxonomy is invalid. |
| V2235 | HeaderRendering/Performing NPI/API is required. |
| V2236 | HeaderRendering/Performing API must contain a letter in the first position and 9 subsequent numeric characters. |
| V2237 | HeaderRendering/Performing Provider Last Name is required. |
| V2238 | HeaderRendering/Performing Provider First Name is required. |
| V2239 | HeaderRendering/Performing Provider First Name, Last Name, Middle Initial, or Suffix contains an invalid character. |
| V2240 | Detail Rendering/Performing NPI/API is required. |
| V2241 | Detail Rendering/Performing API must contain a letter in the first position and 9 subsequent numeric characters. |
| V2242 | Detail Rendering/Performing Provider Last Name is required. |
| V2243 | Detail Rendering/Performing Provider First Name is required. |
| V2244 | Detail Rendering/Performing Provider Last Name, First Name, Middle Initial, or Suffix contains an invalid character. |
| V2245 | Header Rendering Provider was found but not expected because it is the same as the Attending Provider. |
| V2246 | Detail Rendering Provider was found but not expected because it is the same as the Attending Provider. |

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| V2247 | The Detail Rendering Provider must be different than claim level Rendering Provider. |
| V2248 | Header Referring NPI/API cannot be the same as the Billing NPI/API. |
| V2249 | Header Referring NPI/API is required. |
| V2250 | Header Referring API must contain a letter in the first position and 9 subsequent numeric characters. |
| V2251 | Header Referring Provider Last Name is required. |
| V2252 | Header Referring Provider First Name is required. |
| V2253 | Header Referring Provider First Name, Last Name, Middle Initial, or Suffix contains an invalid character. |
| V2254 | Header Attending NPI is not enrolled in Texas Medicaid. |
| V2255 | Header Attending Provider Entity type is invalid. |
| V2256 | Header Attending Provider Last Name does not match the Last Name on file for the NPI. |
| V2257 | Header Attending Provider First Name does not match the First Name on file for the NPI. |
| V2258 | Header Referring NPI is not enrolled in Texas Medicaid. |
| V2259 | Header Referring Provider Entity Type is invalid. |
| V2260 | Header Referring Provider Last Name does not match the Last Name on file for the NPI. |
| V2261 | Header Referring Provider First Name does not match the First Name on file for the NPI. |