

Reject Code	Reason for Rejection	What to do...
10	Hospital where services rendered missing or invalid.	<i>Input the Hospital where services were rendered on the HCFA.</i>
11	Patient first name missing or invalid.	<i>Input the First Name of the Patient</i>
12	Patient last name missing or invalid.	<i>Input the Last Name of the Patient.</i>
13	Patient address missing or invalid.	<i>If the patient does not provide a street address, then input the word 'Homeless' in the address field.</i>
19	Place of birth missing or invalid.	<i>Input the place of birth if known on the CHIP form, otherwise put N/A.</i>
20	Sex invalid, must be 'M' or 'F'.	<i>An letter or number other than M or F is appearing on the HCFA.</i>
21	Physician fund is 'OB', sex not 'F'.	<i>Sex on HCFA is M, however OB services are indicated. Correct Sex or Procedure Code.</i>
22	Ethnicity code is invalid (must be 1-7 or 9)	<i>Input the correct Ethnicity Code.</i>
23	Mother's maiden name missing.	<i>Input the Maiden Name of the mother if known, otherwise input N/A. It must be present for all pediatric patients.</i>
24	Patients under 14 years, family size must be > 1 and mother's/guardian's name must be present.	<i>Input 2 or more in the Family size box on the CHIP form.</i>
25	Employment type missing or invalid.	<i>Input the correct Employment Type.</i>
26	Patients over 14 but under 21 years, family size can be 1, provided letter/reason is given under box #26 27 for emancipation. If family size is indicated as 2, then mother's/guardian's name must be present.	<i>If the patient is emancipated, then write a notation in the Reason(s) box on the CHIP form and leave the Family Size at 1. If the patient is NOT emancipated, then input 2 or more in the Family Size box.</i>
27	Patient under 21, family size 2-8, mother/guardian name must be present.	<i>All pediatric patients must have a parent's or guardian's name present on the CHIP form.</i>
29	Place of service and service setting mismatch.	<i>Place of service on CHIP is NOT matching the Service Setting on the HCFA. Correct either the HCFA or the CHIP form so these codes match.</i>
30	Physician fund cannot be billed electronically and/or physician fund is invalid (must be 1-5).	<i>Currently, Trauma and Outpatient Services are NOT allowed to be billed electronically. Please bill these services manually.</i>
31	Physician fund cannot be billed electronically and/or physician fund is invalid (must be 1-5)	<i>Currently, Trauma and Outpatient Services are NOT allowed to be billed electronically. Please bill these services manually.</i>
32	Claims for OB patients must include Estimated Date of Delivery (EDD) on CHIP-5/00 Form.	<i>Fill in the Obstetrics EDD fields. Structure is MM/DD/YY, therefore February 28, 2008 would be input 022808</i>
33	Service setting missing or invalid.	<i>The Service Setting on the CHIP form is NOT matching the 2 character Service Setting code on the HCFA. For ex: Outpatient is indicated on the CHIP form, however 23 or 21 is showing on the HCFA.</i>
34	Service setting and procedure code mismatch.	<i>The Service Setting on the HCFA does not match the RBRVS code. For example: ER setting, however Procedure Code is for Outpatient Service.</i>
35	Outpatient office visits cannot be billed electronically.	<i>Currently, Outpatient Services are NOT allowed to be billed electronically. Please bill these services manually.</i>
39	Total charges cannot be zero.	<i>The Total Charges field on the HCFA is blank. It should show a total of the service charges.</i>
40	Patient account number is missing. Each claim MUST reflect this number.	<i>On the HCFA, the Patient Number is missing. If unknown, then assign your own 2 digit number</i>
41	Physician fund on CHIP form indicates contract trauma. Hospital on HCFA is not a contract trauma facility.	<i>On the CHIP form, the Physician Fund shows Trauma, however, the hospital shown on the HCFA is not CONTRACTED by the County to provide Trauma Services. Change the Physician Fund to Non Contract Emergency OR correct the Hospital Site.</i>
43	Service date cannot be spaces or invalid.	<i>Service date on the HCFA is not correct.</i>
44	Service date cannot be spaces or invalid.	<i>Service date on the HCFA is not correct.</i>
45	Line charge total not equal total charges.	<i>There is a discrepancy on the HCFA between the actual sum of the line charges and the total charges provided.</i>
91	Only OB and Pediatric claims can bill for outpatient or office visit services.	<i>The HCFA form shows Outpatient Service Setting or Office Visit and the Patient is NOT a woman or a Pediatric.</i>
99	See notes below.	<i>Information is requested within the Reject Letter.</i>

A1	Conditions of Participation Agreement not on file. Please forward completed and signed agreement to AIA as soon as possible.	<i>At the time the claim was received & processed, the physician's Conditions of Participation Agreement form was not on file. Each doctor must sign this Agreement annually. Either download the form off of the website: aialapsip.com OR request a form from the hotline, 800.303.5242.</i>
A2	Provider Application form not on file. Please forward completed application to AIA as soon as possible.	<i>At the time the claim was received & processed, the physician's Program Enrollment form was not on file. Each doctor must enroll annually. Either download the form off of the website: aialapsip.com OR request a form from the hotline, 800.303.5242.</i>
A3	Provider not enrolled under state license number on CHIP form. Please clarify.	<i>On the CHIP form, the state license number is missing or does not match the Program Enrollment for the physician. Be sure that the license number is correct by checking the physician's CA state license card.</i>
A4	Provider not enrolled under tax ID number on CHIP form. Please verify.	<i>On the CHIP form, the tax id listed under the Payee Tax ID does not match the Program Enrollment form originally submitted by the Physician. The Tax ID is matched to the County's Auditor Controller IRS file and assigned a special vendor number. If the Tax ID number does not match the IRS table, you may need to provide either a W9 or other IRS documentation.</i>
A5	Payee address on CHIP form inconsistent with provider enrollment. Please verify or complete necessary form.	<i>On the CHIP form, the Payee Address does not match the Payee Address originally submitted and approved by the County's Auditor-Controller on the Program Enrollment form by the Physician. If the address has changed, you will need to provide a letter indicating the old address and showing the new address.</i>
A6	Payee name on CHIP form inconsistent with provider enrollment. Please verify or complete necessary form.	<i>On the CHIP form, the Payee Name listed under the Payee Name does not match the Program Enrollment form originally submitted by the Physician. The Payee Name and Tax ID is matched to the County's Auditor Controller IRS file and assigned a special vendor number. If the Tax ID number and/or Payee Name does not match the IRS table, you may need to provide either a W9 or other IRS documentation.</i>
A7	Payee/physician/biller is terminated. Please rebill with corrected tax id & suffix.	<i>At the time the claim was processed, the Payee's Tax ID was terminated due to County directives. Contact the hotline for more information, 800.303.5242.</i>
B1	CHIP-5/00 Form is missing. The form is required each time a claim is submitted or resubmitted.	<i>All HCFA's must be accompanied by a California Healthcare Indigent Program (CHIP) form. Either download the form off of the website: aialapsip.com OR request a form from the hotline, 800.303.5242.</i>
B2	CHIP-5/00 Form incomplete. Every data element on the CHIP-5/00 Form MUST be completed. If requested information cannot be obtained, indicate "N/A", except for "Family Size" field.	<i>The CHIP form, the Patient's Name, Family Size, all fields under the Physician Services section MUST be filled out. For some of the demographic information, you may obtain the information from the hospital. If the hospital is unable to provide the demographic information, then fill place N/A or OTHER in the appropriate fields. Under the Reason Section of the CHIP form, be sure to put explanation for the N/A and sign your name under the Signature.</i>
B3	Family size on CHIP-5/00 Form unchecked or marked "N/A". Space MUST indicate number in family or "1".	<i>A number equal to 1 or more must appear in this field.</i>
B4	CHIP-5/00 Form does not match type of service billed on HCFA 1500 Form, i.e. Trauma/Emergency.	<i>The Physician Fund on the CHIP form and the type of Service on the HCFA ARE NOT matching.</i>
B5	Claims for OB patients must include Estimated Date of Delivery (EDD) on CHIP-5/00 Form.	<i>Fill out the Obstetrics EDD field in MM/DD/YY format. For ex: the baby's anticipated delivery is March 28, 2009. Put 032809 in the EDD box.</i>
B6	Patient's Date of Birth (DOB) is missing. If unknown, estimate age and enter estimated DOB. e.g. 01-01-60	<i>Under the Patient's Date of Birth, input MM/DD/YY. If you do not know the date, give an estimate, such as 01/01/60 if the patient is over 40. It is best to stay away from using 01/01/01.</i>

B7	Hospital not on provider enrollment. Please verify or complete necessary form.	<i>The hospital which appears on the HCFA does not appear on the Physician's Enrollment form. Best way to add a new hospital is to fax information to the Enrollment Dept. Contact the Hotline for more information.</i>
B8	Procedure code(s)/Diagnostic code(s) (ICD9) is missing.	<i>On the HCFA, either the ICD9 code is missing from box 21 and/or the RBRVS code is missing under the Procedures, Services Section under box 24.</i>
B9	Hospitalization dates and dates of service do not match.	<i>On the HCFA, the Hospitalization Dates under Box 18 are not matching the Dates of Service under box 24.</i>
BA	HCFA-1500 Form is missing.	<i>All claims must have a HCFA 1500 form.</i>
BB	Invalid Trauma Patient Service Number/Temis record indicate other insurance/no payor source.	<i>The County's TEMIS table shows that there is another PAYOR. AIA is not allowed to change the TEMIS table, therefore it will be necessary for you to work with the Trauma Coordinator at the Hospital to clarify the actual payor. The TEMIS table is updated at the beginning of every month.</i>
BC	Emergency services rendered at non-approved hospital facilities are non-payable.	<i>This program only reimburses services at approved LA County facilities. You may access an updated approved hospital listing on the website, www.aialapsip.com under the FAQ page.</i>
BD	Inpatient/Outpatient/Emergency services are to be billed separately.	<i>The County requires that each type of service be billed separately.</i>
BE	Date of birth cannot be equal or greater than service date.	<i>The date of service on the HCFA is prior to the Date of Birth of the Patient.</i>
BG	Pediatrics over 5 days requires a letter from hospital indicating reimbursement source.	<i>Most newborn pediatric patients are covered by Medi-Cal. If the newborn is NOT covered by Medi-Cal, then please submit denial with claim.</i>
BH	Patient address missing on HCFA-1500 Form.	<i>If the patient does not provide a street address, then input the word 'Homeless' in the address field.</i>
BI	Patients under 14 years, family size must be > 1 and mother's/guardian's name must be present.	<i>For ALL Pediatric patients 44 years and under, the Family Size should show 2 or more AND a parent's/guardian's name should show on the CHIP form.</i>
BJ	Place of service and service setting mismatch.	<i>The place of service on the HCFA is NOT matching the service setting indicated on the CHIP form.</i>
BK	N/A cannot be accepted without a valid reason for Service Setting Inpatient/Outpatient Office Visit. Please complete box #s 26 and 27.	<i>If N/A appears on the CHIP form under any of the demographic fields, then, an explanation must appear under the Reason area. Be sure to sign under the Signature section.</i>
BL	Patients over 14 but under 21 years, family size can be 1, provided letter/reason is given under box #26 27 for emancipation. If family size is indicated as 2, then mother's/guardian's name must be present.	<i>Claim is for pediatric patient who is 14 years old, however family size shows as 1. Provide letter of emancipation or change the family size to 2 (or more) and include the parent's/guardian's name.</i>
BM	Service setting and procedure code mismatch.	<i>The service setting on the HCFA is NOT matching the type of procedure code utilized.</i>
C3	HCFA-1500 Form indicates other insurance carrier. PSIP program does not allow payment of such claims unless a notice of rejection from the insurance company or other third party payor	<i>The HCFA is showing an Insurance Carrier's Name under box 11c. Provide a copy of the rejection of coverage from the Insurance Carrier.</i>
C4	Trauma Patient Service Number does not match Emergency Medical Service records.	<i>The Trauma Patient Service Number (TPS) under Box 1 is NOT matching the TEMIS table from the County. Check with the Trauma Coordinator to make sure the TPS number is correct.</i>
C5	Physician Fund Type does not match with the Provider Enrollment.	<i>There is NO Conditions of Participation Agreement for the physician for the type of service provided. Most common error, Trauma Physician Fund is marked, however physician does not have Agreement on file.</i>
C6	Claim reflects prior partial payment. The PSIP program does not allow payment of claims which have been reimbursed wholly or partially by any other source. Claim not eligible for payment.	<i>Either the HCFA or the attached notes indicate a payment was made to the physician. The PSIP program is the PAYOR of last resort. IF your physician has received payment from the PSIP program and then a payment is received from the patient, the physician is REQUIRED to REFUND the monies paid from PSIP.</i>

C7	Illegible Claims: The attached claim(s) is/are being returned as they are illegible and cannot be processed.	<i>The HCFA and/or CHIP form cannot not be read. Please reprint using stronger INK OR clearer handwriting.</i>
C8	The hospital facility where services were rendered does not match the Provider Enrollment.	<i>The hospital which appears on the HCFA does not appear on the Physician's Enrollment form. To add a new hospital to an existing physician's enrollment is to fax information to the Enrollment Dept. Contact the Hotline for more information.</i>
C9	The fiscal year for service dates on the attached claim(s) has been closed and no further claims are being accepted.	<i>The deadline for claims to be submitted to the PSIP Program has passed. Per County guidelines, no further processing is permitted.</i>
CA	The waiting period for billing is three months after the service date for patient verification of Medicare/Medi-Cal and/or any other insurance coverage.	<i>According to the County Guidelines, the waiting period is 3 months from the date of service. This is to allow the patient to be contacted at least 3 times.(or 3 billing cycles.)</i>
CC	A separate claim must be filed for each fiscal year. E.G. (1) 07/01/03-06/30/04 (2)07/01/04-06/30/05.	<i>The County directives indicate that there is no crossover of billing allowed for 2 fiscal years. This is due to state funding requirements. For example: Patient seen from 6/30/08 through 7/2/08. A HCFA for the June date of service will be submitted to the 07/08 Program AND another HCFA for the July dates of service will be submitted to the 08/09 Program.</i>
CD	Pediatric patient is until the 21st birthdate.	<i>The CHIP form shows that it is a Pediatric patient, however the date of birth on the HCFA shows that the patient is 21 years of age or older.</i>
CE	Box #s 7 and 10 on CHIP-5/00 must be consistent with HCFA 1500 in providing the employer's name.	<i>Either the boxes on the CHIP are showing employment info AND box 11b on the HCFA is blank OR the boxes on the CHIP form show NO employment and there is an Employee Name appearing in box 11b of the HCFA.</i>
CF	Denied/Rejected claim was not resubmitted within the stipulated time limit.	<i>You have 20 days from the date of the Reject Letter to correct the claim. Be sure to include a copy of the Reject Letter with your corrected claim. For denied claims, you have 30 days from the date of the Remittance Advice to correct the claim or provide necessary reports. Again, include a copy of the RA with your denied claim.</i>
CG	The Fiscal Year for this claim has not been opened by the county.	<i>The County has not opened the Fiscal Year for the claims that have been submitted. Either check the website: www.aialapsip.com OR call the Hotline to see when the year will be opened.</i>
CH	Admission and discharge dates can not be equal without a valid explanation.	<i>As these claims are for life threatening illnesses or accidents, the County wants to know why someone was admitted and released within the same day. IF the patient died, or discharged themselves or was stabilized, then write a note under the REASON area of the CHIP form. This is an AUDIT flag.</i>
CI	Admission and Discharge dates are required for inpatient services.	<i>The HCFA should show hospitalization admit and discharge dates for all Inpatient claims. Fill in box. 18 of the HCFA</i>
CK	Patient is eligible for 2.76 fund. please call HSA at 213-240-7875.	<i>The County has a special fund for certain patientsand this patient has been identified as one of them. The claim has been forwarded to DHS for reimbursement.</i>
CL	Patient is eligible for 2.76 fund, your claim has been forwarded to the County for consideration. Please call HSA at 213-240-7875 for further info.	<i>The County has a special fund for certain patientsand this patient has been identified as one of them. The claim has been forwarded to DHS for reimbursement.</i>
T1	TPS# and Patient Name Mismatch	<i>The Trauma Patient Service Number (TPS) under Box 1 is NOT matching the TEMIS table from the County. Check with the Trauma Coordinator to make sure the TPS number is correct.</i>
T2	Patient Sex/Date of Birth Mismatch	<i>The Sex and Date of Birth shown on the HCFA is NOT matching the information shown on the TEMIS table from the County. Check with the Trauma Coordinator to make sure the Sex and Date of Birth are correct.</i>

T3	Hospital Code is a Mismatch	<i>The Hospital which appears on the HCFA does NOT match the TEMIS table from the County. Check with the Trauma Coordinator of the Hospital to make sure this information is correct.</i>
T4	Service Date is outside TPS Admit/Discharge Date	<i>The Service Date on the HCFA is outside of the Admit and Discharge Dates shown on the TEMIS table from the County. Check with the Trauma Coordinator of the Hospital to make sure that Dates of Service are within the correct timeframe.</i>
T5	Payor Source is one of the following: MEDI-CAL, BLANK, HMO, ATP, MEDICARE, GROUP, CARRIER, MEDICAID, WORKERS COMP OTHER	<i>According to the TEMIS table from the County, there is another Payor Source than is billable. Usually one of the sources is highlighted. Check with the Trauma Coordinator of the Hospital to insure that information is correct.</i>