

CMH Claim Error Reasons

Error Code	Description
1	No units indicated on claim. Please correct and resubmit the claim to CMH.
2	CMH required updated tax identification information to process the claim. Please contact CMH provider management for proper procedure to correct this required information.
3	Not an authorized CMH provider for this service.
4	Place of service invalid. Code is obsolete.
5	The tooth number is missing. Please correct and resubmit the claim to CMH.
6	Code no longer applicable.
7	The service date is invalid or missing. Please correct and resubmit the claim to CMH.
8	Hospital charge rate for service dates not on table.
9	CMH received the claim more than one year after the date of service. CMH does not pay claims more than one year old.
10	Procedure drug supply validation incomplete check category/service code.
11	The detail charges do not equal the total charges. Please correct and resubmit the claim to CMH.
12	The detail charge is invalid or missing. Please correct and resubmit the claim.
13	The client was not CMH eligible on date of service.
14	The client changed county of residence. Please resubmit to CMH this service on a separate claim.
15	This charge is payable under a different CMH program. Please resubmit to CMH this charge on a separate claim.
16	Change in pay source – bill on separate invoice.
17	Claim appears to be paid in full.
18	Authorized units are exhausted.

CMH Claim Error Reasons

- 19 Inpatient visit charges are payable only for inpatient days authorized.
- 20 The hospital bill type code is incorrect. Please correct and resubmit claim to CMH.
- 21 Eligible - county general assistance medical program. **Code is obsolete.**
- 22 Invalid provider service code on invoice type 41 (common claim).
- 23 The client was eligible for insurance on the date of service. Insurance must be billed before CMH will consider the claim. **Code is obsolete.**
- 24 The procedure/drug/supply code is invalid.
- 25 This provider was a non-CMH-approved provider on date of service.
- 26 Under age – drug. **Code is obsolete.**
- 27 Invalid case number.
- 28 Not a CMH provider.
- 29 Unauthorized CMH provider.
- 30 No total amount on claim. Please correct and resubmit the claim to CMH.
- 31 Out of inpatient date range(s). **Code is obsolete.**
- 32 Forced rejection – no money.
- 33 **Code no longer applicable.**
- 34 Per CMH records, the client is covered by a Medicaid HMO on this date of service. Please bill the Medicaid HMO.
- 35 This service is not payable to this provider.
- 36 No provider agreement on file.
- 37 Units billed exceed authorized units remaining.
- 38 Per CMH records, this client is active on the Medicaid program. Please submit these charges to the Ohio Department of Job and Family Services' Medicaid program.
- 39 This service is not authorized by CMH for this date of service.

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- 40 Unauthorized rendering provider.
- 41 Parent is responsible for payment.
- 42 Primary ICD failed the edit. **Code is obsolete.**
- 43 Secondary ICD failed the edit. **Code is obsolete.**
- 44 Detail record exists without total record. **Code is obsolete.**
- 45 Amount to pay exceeds maximum allowed.
- 46 Invalid county code. **Code is obsolete.**
- 47 Program code failed the edit. **Code is obsolete.**
- 48 Invoice type code failed the table edit. **Code is obsolete**
- 49 .
A total record exists without detail lines. **Code is obsolete.**
- 50 Detail charges do not add up to the total charge.
- 51 Check the status of line item drug code.
- 52 All detail items in error. **Code is obsolete.**
- 53 The revenue center code is invalid or is not payable by CMH.
- 54 Case number has changed. **Code is obsolete.**
- 55 Claim previously paid by CMH. Invoice # Warrant #
- 56 Overlapping service dates with previous claim. **Code is obsolete.**
- 57 Anesthesia and CPT bill without anesthesia rate.
- 58 The number of inpatient days does not equal from-thru dates. Please correct
and resubmit claim to CMH.
- 59 **Code no longer applicable.**
- 60 CPT has not current fee or is not CMH paid code.
- 61 Other sources paid the maximum allowed by CMH.
- 62 This medication is no longer payable by CMH.

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- 63 This medication was dispensed prior to the effective date payable by CMH.
- 64 In run duplicate.
- 65 The number of units billed is required for this service. Please correct and resubmit the claim to CMH.
- 66 Per CMH records, the client is covered by Medicaid or by a Medicaid HMO. Please appeal the denial of payment to Medicaid.
- 67 Please resubmit to CMH a hard copy of this claim with documentation of collection efforts.
- 68 Per CMH records, this client is covered by a third-party health insurance plan. Please submit these charges to the commercial health insurance plan.
- 69 Per CMH records, this client is covered by a third-party health insurance plan. Please resubmit to CMH a hard copy of this claim with documentation.
- 70 Please resubmit to CMH a hard copy of this claim with documentation of dispute.
- 71 CMH will not pay claims for services denied by the commercial health insurance plan due to lack of precertification.
- 72 Please resubmit to CMH a hard copy of this claim with a copy of the operative report.
- 73 No co-payment indicated on claim. Please correct and resubmit the claim to CMH.
- 74 Please resubmit to CMH a hard copy of this claim with documentation of CMH medical eligibility.
- 75 CMH will not pay claims for services denied by the commercial health insurance plan due to non-cooperative recipient.
- 76 Not a CMH provider on date of service.
- 77 Anesthesia modifier code is incorrect. Correct modifier codes are AA, AD, QK, QX, QY, QZ. Please correct and resubmit to CMH.