

**Explanation Codes (Rejection/Benefits)
Description**

Explanation Code	Description
146	Invalid nature of injury code
147	Invalid area of body code
148	Invalid anatomical position
154	Date of service prior DOB
155	Date of injury prior DOB
157	Invalid date format
158	Invalid PHN
201	Employer name missing
209	Worker address missing
227	EST. Disability period missing
233	Work restrictions missing
250	Form transmission incomplete
269	Reg. Pract. not indicated
271	Return to work not indicated
273	Rehab program not indicated
275	Disabled from work incomplete
277	Patient duration incomplete
279	Injury text missing
281	Wkr address/city incomplete
283	Employer location missing
285	Clinical info missing
287	Specify form type

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316	Duplicate from transmission
501	Information missing. Please resubmit with missing information.
502	Date of Service occurs after invoice date or invoice received date. Please resubmit with correct service date.
504	Fee Item code could not be found. Please correct Fee Item code and resubmit.
505	Item is billable by service provider. Please contact your provider for reimbursement.
506	Fee item code was not active on date of service. Please contact Health Care Services at 604 232-7787 or toll free at 1 888 967-5377 local 7787.
507	Duplicate service. A service was already paid for this date of service. Please do not re-bill.
508	Payee is not authorized for date of service. For more information contact Corporate and Health Care Purchasing at 604 276-3344 or 1 888 967-5377 local 3344.
509	Practitioner number is missing or not recognized. Please add or correct information on your invoice and resubmit.
510	Practitioner not authorized for Date of Service. For more information contact Corporate and Health Care Purchasing at 604 276-3344.
511	Claim has been rejected or disallowed. Contact Claim Owner for more information. Please do not re-bill.
512	Service is not allowed with another service already paid on this date of service. Please refer to the contract for concurrency rules.
513	Service is not entitled on this claim. Contact Claim Owner for more information.
514	Service is not approved or outside allowable entitlement period, contact Claim owner for more information.
515	Maximum service units entitled have already been invoiced or Daily maximum for good/service has been reached
516	Invoiced units reduced to remaining approved units
517	Invoiced units reduced to daily maximum for good/service
518	Proof was not received or not accepted. Please check contract for proof requirements.
519	Payee is not authorized to provide good/service, for more information contact Corporate and Health Care Purchasing at 604 276-3344 or 1 888 967-5377 local 3344.
520	Pre-requisite not received or rejected. Please check contract for pre requisite required and your previous billing information.

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521	Limit 1 Form 8 per claim. Rate adjusted to form 11 fee.
522	Claim decision is Pending or Suspended. Please resubmit invoice when claim status is Accepted.
523	Service is not allowed with another service already entitled on this claim, please refer to contract for concurrency rules.
524	BC worker injured in another Province/Territory claiming in BC
525	BC worker injured in another Province/Territory claiming in another Province/Territory
526	Invoice date is greater than 90 days from Date of Service
527	Invoiced amount was adjusted to the contract rate.
528	The invoiced amount was adjusted to the WorkSafeBC rate
529	Incentive applied for invoice submission. Please refer to contract for more information.
530	Penalty applied for invoice submission. Please refer to contract for more information.
531	Incentive applied for proof submission. Please refer to contract for more information.
532	Penalty applied for proof submission. Please refer to contract for more information.
533	Incentive applied for proof timeliness. Please refer to contract for more information.
534	Penalty applied for proof timeliness. Please refer to contract for more information.
535	Incentive applied for service timeliness. Please refer to contract for more information.
536	Penalty applied for service timeliness. Please refer to contract for more information.
537	PST not applicable for item
538	GST not applicable for item
539	Interest applied
540	Overpayment Recovery
541	Claim could not be matched
542	Payee could not be matched

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544	Adjusted via Payee/MSP request
546	Debit request from Payee
547	Paid (MSP)
548	Failed MSP Adjudication
549	Adjustment from MSP
550	Emergis reject code is not Zero
551	Payee not contracted to provide service
552	Amount adjusted to Non Contract Rate.
553	Invoiced amount paid.
554	Invoice received date and time cannot be in the future.
555	Invoice original amount cannot be negative.
556	Invoice item must be a debit.
557	Invoice item create date and time cannot be in the future
558	Invoice item created date and time must be on or before the invoice received date and time.
559	Invoice item total amount cannot be negative.
560	Invoice item unit amount cannot be negative.
561	Service prior to injury
562	Amount adjusted to \$0.00. Refer to Fee schedule or contract
563	GST amount exceeds maximum allowable
564	Total amt must be greater than Federal Tax amount.
565	Total amt must be greater than Provincial Tax amount.
566	PST amount exceeds maximum allowable amount.

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567	Payment amount reduced to BC rates.