

12/1/2006

28.C-1 Denial Report by Reason Summary
 This report gives the unduplicated denied claim count and billed amount by payment cycle summarized by header EOB (explanation of benefits) code.

Paid Date	Header EOB Description	Unduplicated Denied Claim (ICN) Count	Billed Amount
11/21/2006	000 -	6,593	\$17,228,474.98
	108 - BILL PRIVATE CARRIER FIRST.	520	\$2,008,557.44
	028 - RECIPIENT'S NAME AND NUMBER DISAGREE. PLEASE USE CORRECT NAME/NUMBER IN FUTURE.	113	\$3,973,955.13
	054 - PRIMARY DIAGNOSIS IS NOT ON FILE. CODE WITH VALID ICD-9-CM DIAG AND RESUBMIT.	49	\$37,284.78
	187 - REQUIRED ICD-9-CM DIAGNOSIS CODE MISSING OR INVALID.	41	\$23,230.24
	513 - CLAIM IS PAST BEHAVIORAL HEALTH TIMELY FILING GUIDELINES	10	\$297,532.66
	117 - QUANTITY DISAGREES WITH DAYS ELAPSED.	9	\$815,580.12
	537 - ELECTRONIC ADJUSTMENT IS INVALID	5	\$23,971.75
	883 - THE OI AMOUNT IS MISSING OR NOT APPLICABLE	4	\$228,414.59
	252 - RECIPIENT NAME IS MISSING/INVALID. PLEASE CORRECT AND RESUBMIT.	3	\$5,740.00
	001 - PATIENT INELIGIBLE FOR PORTION OF CLAIM. RESUBMIT FOR COVERED DAYS ONLY.	2	\$62,669.91
	037 - THE BILLED AMOUNT IS MISSING, PLEASE CORRECT AND RESUBMIT.	2	\$0.00
	038 - SURGICAL PROCEDURE AND DATE REQUIRED WHEN OPERATING PHYSICIAN PRESENT.	2	\$39,847.00
	044 - PROVIDER TYPE INCONSISTENT WITH CLAIM TYPE. PLEASE CHECK TYPE OF CLAIM USED.	2	\$14,768.00
	197 - CLAIM DENIED. PROVIDER NUMBER INVALID.	2	\$490.00
	502 - SECONDARY DIAGNOSIS NOT ON FILE. PLEASE CORRECT AND RESUBMIT.	2	\$5,580.00
	031 - TOTAL ACCOMMODATION DAYS BILLED ARE NOT EQUAL TO THE ELAPSED DAYS.	1	\$3,464,331.75
	402 - TOTAL/NET CHARGE/DETAIL CHARGE HAS BEEN RECALCULATED.	1	\$2,560.00
	568 - OTHER DIAGNOSIS CODE NOT ON FILE. PLEASE CORRECT AND RESUBMIT	1	\$4,860.00
11/21/2006		7,362	\$28,237,848.35