

DENIED CLAIM DETAILS FOR FACILITY PROVIDERS

8-14-2007 CLAIM CYCLE

8/14/2007

	037 - THE BILLED AMOUNT IS MISSING, PLEASE CORRECT AND RESUBMIT. T.	513 - CLAIM IS PAST BEHAVIORAL HEALTH TIMELY FILING GUIDELINES	302 - SERVICE DENIED. THIS PROCEDURE REQUIRES PRIOR AUTHORIZATION.	609 - CLAIM DENIED. EXACT DUPLICATE OF A CLAIM IN PROCESS	295 - DATE OF SERVICE IS NOT WITHIN PRIOR AUTHORIZATION EFFECTIVE DATES.	091 - PROCEDURE OR HCPC NOT ACTIVE ON FILE ON DATE OF SERVICE	293 - INVALID PROVIDER NUMBER FOR PRIOR AUTHORIZATION NUMBER.	294 - THIS PROCEDURE HAS NOT BEEN PRIOR AUTHORIZED.	291 - PRIOR AUTHORIZATION NUMBER INVALID.	466 - BEHAVIORAL HEALTH RCC REQUIRE S PA	016 - CLAIM DENIED. DUPLICATE OF A PAID CLAIM.	292 - PRIOR AUTHORIZATION SERVICE S EXHAUSTED-FILE FOR ADDITIONAL PRIOR AUTH. BENEFITS .	011 - PROCEDURE NOT CONSISTENT WITH DIAGNOSIS.	076 - CLAIM DENIED PAST FILING LIMIT	055 - REVENUE CENTER CODE IS MISSING/ INVALID.	611 - CLAIM DENIED. DUPLICATE OF A PROCESSING CLAIM.	526 - PA REQUIRE D FOR MORE THAN 12 SERVICE S PER YEAR FOR BEHAVIORAL HEALTH PARTNERSHIP	045 - DETAIL DIAGNOSIS IS NOT ON FILE. PLEASE CORRECT AND RESUBMIT	610 - CLAIM DENIED. EXACT DUPLICATE OF AN OUTPATIENT CLAIM IN PROCESS	546 - T1015 MUST BE BILLED WITH VALID HCPC	357 - FQHC PROCEDURE NOT COVERED WITHOUT OTHER SERVICE S	482 - BEHAVIORAL HEALTH PROCEDURE CODE NOT PAYABLE
Psych Hospital Inpatient	0	0	0	0	22	0	2	5	11	0	47	15	0	0	0	0	0	0	0	0	0	0
Psych Hospital Outpatient	0	57	0	0	52	0	0	21	84	12	0	1	0	8	0	2	0	0	1	0	0	0
General Hospital Inpatient	0	76	0	0	18	11	5	18	9	26	0	5	0	0	7	0	0	0	0	0	0	0
General Hospital Outpatient	0	418	0	0	77	4	41	424	109	719	50	27	0	20	43	19	0	0	36	0	0	0
State Psych Hospital Inpatient	0	0	0	0	48	0	0	0	0	4	5	1	0	0	43	0	0	0	0	0	0	0
State Hospital Outpatient	0	0	0	0	0	0	0	0	0	8	0	0	0	0	0	0	0	0	0	0	0	0
State Hospital Mental Health Clinic	0	35	76	0	5	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
PRTF	0	0	0	0	0	0	0	0	0	0	5	0	0	0	0	0	0	0	0	0	0	0
Methadone Clinic	0	19	42	303	8	0	0	0	51	0	9	0	0	1	0	1	0	0	0	0	0	0
Mental Health Clinic	0	626	611	920	698	24	562	411	459	0	558	327	0	45	0	59	61	41	0	0	0	1
FQHC Medical Clinic	1267	423	366	72	50	2	251	8	16	0	8	6	0	7	0	0	0	0	0	0	7	0
FQHC Mental Health Clinic	6958	466	537	24	55	905	30	6	47	0	27	43	0	32	0	1	0	8	0	25	13	0
Freestanding Medical Clinic / SBI	0	18	2	11	1	17	40	0	0	0	3	9	0	0	0	1	0	0	0	0	0	0
Freestanding Detox Facility	0	7	2	0	6	0	5	1	0	0	1	2	0	1	0	0	0	0	0	0	0	0
Freestanding Ambulatory Detox	0	0	32	0	0	0	1	0	4	0	4	0	0	0	0	0	0	0	0	0	0	0
Home Health Agency	0	22	0	0	0	0	0	0	0	0	13	0	169	3	0	1	0	0	4	0	0	0
SUM	8225	2167	1668	1330	1040	963	937	894	790	769	730	436	169	117	93	84	61	49	41	25	20	1

8/14/2007

	668 - OUT-OF-STATE NON-EMERGENCY SERVICES REQUIRE PRIOR AUTHORIZATION.	254 - PLACE OF SERVICE IS MISSING/INVALID. PLEASE COMPLETE AND RESUBMIT.	583 - HCPC CODE IS NOT ACTIVE ON FILE ON DATE OF SERVICE	119 - BILL MEDICARE FIRST.	489 - MODIFIER IS NOT ALLOWED WITH PROCEDURE CODE	117 - QUANTITY DISAGREES WITH DAYS ELAPSED.	458 - THE PROCEDURE/NDC IS NOT CONSISTENT WITH THE RECIPIENT'S AGE	043 - ADMISSION DATE REQUIRED FOR SERVICES PERFORMED IN INPATIENT HOSPITAL.	049 - CLAIM DENIED-PROVIDER INELIGIBLE ON DATE(S) OF SERVICE.	498 - FOR AN EXPLANATION OF THIS DENIAL REASON, CONTACT EDWARDS PROVIDER RELATIONS.	767 - THIS SERVICE IS NOT COVERED FOR THE SAGA PROGRAM	007 - THE DIAGNOSIS IS NOT CONSISTENT WITH THE RECIPIENT'S AGE.	179 - CLAIM DATES OF SERVICE OVERLAP RATE CHANGE. PLEASE REBILL ON TWO SEPARATE CLAIMS	988 - PA REQUIRED FOR MORE THAN 2 SERVICES PER YEAR FOR BEHAVIORAL HEALTH PARTNERSHIP	Sum:
Psych Hospital Inpatient	16	0	0	0	0	0	0	0	2	0	0	0	0	0	120
Psych Hospital Outpatient	0	0	0	0	0	0	0	0	0	0	0	0	0	0	238
General Hospital Inpatient	0	0	0	0	0	0	0	0	0	2	0	0	1	0	178
General Hospital Outpatient	0	0	8	0	0	0	0	0	0	0	2	0	0	0	1997
State Psych Hospital Inpatient	0	0	0	0	0	0	0	0	0	0	0	0	0	0	101
State Hospital Outpatient	0	0	0	0	0	0	0	0	0	0	0	0	0	0	8
State Hospital Mental Health Clinic	0	0	0	0	0	0	0	0	0	0	0	0	0	0	116
PRTF	0	0	0	0	0	2	0	0	0	0	0	0	0	0	7
Methadone Clinic	0	0	0	2	0	1	0	0	0	0	0	0	0	0	437
Mental Health Clinic	0	8	0	4	6	2	4	0	0	0	0	0	0	1	5428
FQHC Medical Clinic	0	0	0	0	0	0	0	0	0	0	0	1	0	0	2484
FQHC Mental Health Clinic	0	0	0	0	0	0	0	0	0	0	0	0	0	0	9177
Freestanding Medical Clinic / SBI	0	0	0	0	0	0	0	0	0	0	0	0	0	0	102
Freestanding Detox Facility	0	0	0	0	0	0	0	2	0	0	0	0	0	0	27
Freestanding Ambulatory Detox	0	0	0	0	0	0	0	0	0	0	0	0	0	0	41
Home Health Agency	0	0	0	0	0	0	0	0	0	0	0	0	0	0	212
SUM	16	8	8	6	6	5	4	2	2	2	2	1	1	1	20673