

CLAIMS DENIAL DETAILS SORTED BY DENIAL REASON GROUPINGS

12-26-2007 CLAIM CYCLE

	PA REQUIRED					TIMELY FILING		PA# INVALID		DOS NOT IN PA SPAN	PA EXHAUSTED	MODIFIER REQUIRED	ENROLLMENT ISSUES							
	302 - SERVICE DENIED . THIS PROCEDURE REQUIRES PRIOR AUTHORIZATION.	466 - BEHAVIORAL HEALTH RCC REQUIRES PA	294 - THIS PROCEDURE HAS NOT BEEN PRIOR AUTHORIZED.	526 - PA REQUIRED FOR MORE THAN 12 SERVICES PER YEAR FOR BEHAVIORAL HEALTH PARTNERSHIP	988 - PA REQUIRED FOR MORE THAN 2 SERVICES PER YEAR FOR BEHAVIORAL HEALTH PARTNERSHIP	076 - CLAIM DENIED PAST FILING LIMIT	513 - CLAIM IS PAST BEHAVIORAL HEALTH TIMELY FILING GUIDELINES	291 - PRIOR AUTHORIZATION NUMBER INVALID.	293 - INVALID PROVIDER NUMBER FOR PRIOR AUTHORIZATION NUMBER	295 - DATE OF SERVICE IS NOT WITHIN PRIOR AUTHORIZATION EFFECTIVE DATES.	292 - PRIOR AUTHORIZATION SERVICES EXHAUSTED-FILE FOR ADDITIONAL PRIOR AUTH. BENEFITS.	994 - PROVIDER TYPE REQUIRES A MODIFIER	166 - PERFORMING PROVIDER MUST BE A MEMBER OF THE BILLING PROVIDER GROUP.	049 - CLAIM DENIED- PROVIDER INELIGIBLE ON DATE(S) OF SERVICE	165 - THE PROVIDER NUMBER IS NOT ON THE MMIS PROVIDER ELIGIBILITY FILE.					
Acute Hospital Inpatient	0	32	21	0	0	0	0	11	2	25	16									
Acute Hospital Outpatient	0	176	96	0	0	4	158	118	19	34	59									
Psych Hospital Inpatient	0	4	0	0	0	0	0	2	0	1	2									
Psych Hospital Outpatient	0	12	31	0	0	18	8	28	0	24	14									
State Psych Hospital Inpatient	0	6	3	0	0	0	0	1	0	4	1									
State Psych Hospital Outpatient	0	0	0	0	0	0	0	0	0	0	0									
PRTF	0	0	0	0	0	0	0	0	0	0	0									
Mental Health Clinic	421	0	108	29	1	17	331	240	298	403	147									
FQHC Mental Health Clinic		0	6	0	0	34	67	37	1	29	7									
FQHC Medical Clinic		0	0	0	0	3	164	15	220	2	0									
School Based Health Center	0	0	0	0	0	0	2	1	0	6	12									
Methadone Clinic	20	0	6	0	0	0	82	25	15	34	0									
Freestanding Detox Facility Inpt	17	0	0	0	0	0	12	23	6	8	0									
Freestanding Detox Facility Outp	9	0	0	0	0	0	0	2	11	12	0									
Home Health Agency	0	0	0	0	0	0	19	0	0	0	0									
Independent MD's and APRN's	38		2	0		30	80	20	19	16	4	8	5	22	0					
Independent Non-prescribers	118		5	2		8	248	109	70	146	64	88	79	30	1					
<b>TOTAL</b>	<b>623</b>	<b>230</b>	<b>278</b>	<b>31</b>	<b>1</b>	<b>114</b>	<b>1171</b>	<b>632</b>	<b>661</b>	<b>744</b>	<b>326</b>	<b>96</b>	<b>84</b>	<b>52</b>	<b>1</b>					
<b>GROUP TOTAL</b>						<b>1163</b>		<b>1285</b>		<b>1293</b>		<b>744</b>		<b>326</b>		<b>96</b>		<b>137</b>		

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DUPLICATE CLAIMS

ADMINISTRATIVE ISSUES

611 - CLAIM DENIED. DUPLICATE OF A PROCESSED CLAIM.	609 - CLAIM DENIED. EXACT DUPLICATE OF A CLAIM IN PROCESS.	016 - CLAIM DENIED. EXACT DUPLICATE OF A PAID CLAIM.	610 - CLAIM DENIED. EXACT DUPLICATE OF AN OUTPATIENT CLAIM IN PROCESS.	
Acute Hospital Inpatient	0	0	1	0
Acute Hospital Outpatient	7	0	41	13
Psych Hospital Inpatient	0	0	2	0
Psych Hospital Outpatient	0	0	0	1
State Psych Hospital Inpatient	0	0	1	0
State Psych Hospital Outpatient	0	0	0	0
PRTF	0	0	0	0
Mental Health Clinic	93	492	188	0
FQHC Mental Health Clinic	0	19	22	0
FQHC Medical Clinic	0	1	0	0
School Based Health Center	0	0	10	0
Methadone Clinic	1	19	9	0
Freestanding Detox Facility Inpt	0	1	0	0
Freestanding Detox Facility Outpt	0	0	1	0
Home Health Agency	1	0	18	2
Independent MD's and APRN's	1	10	56	
Independent Non-prescribers	1	88	190	
<b>TOTAL</b>	<b>104</b>	<b>630</b>	<b>539</b>	<b>16</b>
<b>GROUP TOTAL</b>	<b>1289</b>			

043 - ADMISSION DATE REQUIRED FOR SERVICES PERFORMED IN INPATIENT HOSPITAL	357 - FQHC PROCEDURE NOT COVERED WITH OTHER SERVICES	117 - QUANTITY GREATER THAN DAYS ELAPSED.	055 - REVENUE CENTER CODE IS MISSED.	011 - PROCDURE NOT CONSIDERED WITH DIAGNOSIS.	178 - THE DATE OF SERVICE IS MISSING OR INVALID OR A FUTURE DATE.	482 - BEHAVIORAL HEALTH PROCEEDURE CODE NOT PAYABLE	119 - BILLING MEDICARE FIRST.	045 - DETAIL DIAGNOSIS IS NOT ON FILE. PLEASE CORRECT AND RESUBMIT	583 - HCPC CODE IS NOT ACTIVE ON DATE OF SERVICE	091 - PROCEDURE OR NOT ACTIVE ON FILE ON DATE OF SERVICE	489 - MODIFIER IS NOT ALLOWED WITH PROCEDURE CODE	546 - T1015 MUST BE BILLED WITH VALID HCPC	458 - THE PROCEDURE/DC IS NOT CONSISTENT WITH THE RECIPIENT'S AGE	197 - CLAIM DENIED. PROVIDER NUMBER INVALID	254 - PLACE OF SERVICE IS G/INVALID. PLEASE COMPLETE AND RESUBMIT	177 - THE DATE OF SERVICE IS MISSING OR INVALID OR A FUTURE DATE.	829 - NPI IS REQUIRED	Sum:		
Acute Hospital Inpatient	0	0	0	1	0	0	0	0	0	0	5	0	0	0					114	
Acute Hospital Outpatient	0	0	0	17	0	0	0	0	0	11	3	0	0	0					756	
Psych Hospital Inpatient	0	0	0	0	0	0	0	0	0	0	0	0	0	0					11	
Psych Hospital Outpatient	0	0	0	0	0	0	0	0	0	0	0	0	0	0					136	
State Psych Hospital Inpatient	0	0	0	38	0	0	0	0	0	0	0	0	0	0					54	
State Psych Hospital Outpatient	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	1	0	0	0					1	
Mental Health Clinic	0	0	1	0	0	7	1	1	12	0	9	1	0	2					2803	
FQHC Mental Health Clinic	0	4	0	0	0	0	0	11	0	0	135	0	1	0					373	
FQHC Medical Clinic	0	1	0	0	0	0	0	0	0	0	1	0	0	0					407	
School Based Health Center	0	0	0	0	0	0	2	0	0	0	0	0	0	0					33	
Methadone Clinic	0	0	0	0	0	0	11	3	0	0	4	0	0	0					229	
Freestanding Detox Facility Inpt	4	0	4	0	0	0	0	0	0	0	0	0	0	0					75	
Freestanding Detox Facility Outpt	0	0	0	0	0	0	0	0	0	0	0	0	0	0					35	
Home Health Agency	0	0	0	0	54	0	0	0	0	0	0	0	0	0					94	
Independent MD's and APRN's				0				1	0							0	3	0	0	315
Independent Non-prescribers				2				1	13							14	10	2	1	1291
<b>TOTAL</b>	<b>4</b>	<b>5</b>	<b>7</b>	<b>56</b>	<b>54</b>	<b>7</b>	<b>16</b>	<b>15</b>	<b>25</b>	<b>11</b>	<b>158</b>	<b>1</b>	<b>1</b>	<b>2</b>	<b>14</b>	<b>13</b>	<b>2</b>	<b>1</b>	<b>6727</b>	
<b>GROUP TOTAL</b>	<b>392</b>																			