

Georgia: Top Five Reasons for Claim Rejections for January 2007

Audit trails show which of your claims were accepted by the Cahaba GBA Part B processing system, along with claims that were rejected and the reason for the rejection. Referring to this report will allow you to correct and resubmit claims quickly, resulting in a dramatically reduced turnaround time. You will also become aware of any major problems with your claims so they can be corrected before they create an interruption in your cash flow. Audit trail reports are available the next business day for files that are received before 4:30 p.m. Eastern Time. If you are not receiving your audit trails contact your software vendor, billing service, or clearing house.

In order to increase the number of claims that successfully pass through audit trails and into processing Cahaba GBA Part B EDI Services is providing you with the top five reasons for claim rejections. For the month of January 2007, these are:

1. 333- INVALID PROVIDER NUMBER IN LOOP XXXXXX- 21,860 claims

The provider number in the indicated loop is not valid. The invalid provider number used will appear in the text for the edit.

2. 209- INVALID LAST NAME FOR HIC NUMBER- 18,795 claims

The last name submitted for the beneficiary does not match the last name we have on record for the HIC number on the claim. The beneficiary's last name must include apostrophes, spaces, hyphens, etc., if they appear in the beneficiary's last name on his or her Medicare card.

3. 210- INVALID FIRST NAME/INIT FOR HIC- 17,075 claims

The first name submitted for the beneficiary does not match the first name we have on record for the HIC number on the claim. The beneficiary's first name must appear as it does on the beneficiary's Medicare card. This includes spaces, hyphens, apostrophes, etc.

4. 421- DIAG CODE (XXXXX) INVALID FOR DATE SVC- 11,848 claims

The invalid diagnosis code will appear inside the parenthesis. Be sure that you are using the latest ICD-9 diagnosis codes, and that the code you are using is the most specific one. Also be sure that you are not using a date of service that is before the effective date of the diagnosis code.

5. 443- INVALID PROVIDER NUMBER IN LOOP XXXXXX- 9,969 claims

An invalid provider number was submitted in the loop indicated. The invalid provider number used will appear in the text of the edit message.