

Georgia

Top Five Reasons for Claim Rejections for January 2008

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. ET. If you are not receiving your audit trails contact your software vendor, billing service, or clearing house.

For a more complete list of edits, along with descriptions of loops that might be referenced in an edit, please visit www.cahabagba.com/part_b/edi/electronic_report_files_audit_trails_explanation.htm.

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 2008**, these are:

1. 209- INVALID LAST NAME FOR HIC NUMBER- 16,461 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.

2. 210- INVALID FIRST NAME/INIT FOR HIC- 14,049 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. 333- INVALID PROVIDER NUMBER IN LOOP XXXXXX- 11,905 claims

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

4. 888- INSTREAM REJECTION- 11,484 claims

There was a problem involving HIPAA required loops, segments, or values. The specific loop will be identified, for example, 'ELEMENT N401 (D.E. 19) AT COL. 4 IS MISSING, THOUGH MARKED "MUST BE USED" (LOOP:2010BA POS:3140)'. The number after 'POS' indicates the position in the file where the error occurred. If you need help locating specific positions in your 4010A1 file, here is an article explaining one way you may do this:

http://www.cahabagba.com/part_b/edi/hipaa_identifying_your_errors.htm

For further assistance with Instream Rejection edits contact your software vendor, clearing house, or billing service.

5. 421- DIAG CODE (XXXXX) INVALID FOR DATE SVC- 10,441 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.