

Georgia Top Five Reasons for Claim Rejections for April 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.

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 April 2007, these are:

1. 209- INVALID LAST NAME FOR HIC NUMBER- 17,148 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. INVALID FIRST NAME/INIT FOR HIC- 14,435 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.

3. 333- INVALID PROVIDER NUMBER IN LOOP XXXXXX- 10,714 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. 434- PROC CODE REQUIRES REFERRING UPIN- 8,657 claims

A code for a diagnostic procedure or consult was billed without the UPIN of the ordering or referring physician. Diagnostic procedures, such as X-rays and EKGs, require the UPIN of the ordering physician. Consults require the UPIN of the referring physician.

5. 421- DIAG CODE (XXXXX) INVALID FOR DATE SVC- 8,592 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.

Source: Electronic Data Interchange (EDI) Department
Cahaba GBA- Medicare Part B