

Georgia Top Five Reasons for Claim Rejections for June 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 June 2007, these are:

1. 209- INVALID LAST NAME FOR HIC NUMBER- 16,508 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/her Medicare card.

2. 482- INVALID ADJUSTMENT REASON CODE (XX) IN LOOP XXXX- 16,162

For a Medicare Secondary Payer (MSP) claim an invalid adjustment reason code was submitted in the indicated loop. This may be a code that is no longer valid. For a list of all valid adjustment reason codes visit the Washington Publishing Company's Web site at http://www.wpc-edi.com/custom_html/claimadjustment.htm.

3. 210- INVALID FIRST NAME/INIT FOR HIC- 13,371 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. 333- INVALID PROVIDER NUMBER IN LOOP XXXXXX- 12,236 claims

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

5. 434- PROC CODE REQUIRES REFERRING UPIN- 14,144 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.

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