

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

1. 209- INVALID LAST NAME FOR HIC NUMBER- 19,534 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- 15,392 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. 383- INVALID NPI/LEGACY MEDICARE PROVIDER NUMBER COMBIN- 14,245 claims

The legacy provider number submitted in the indicated loop is not associated on our crosswalk with the NPI submitted. Be sure the NPI submitted is the correct NPI for the legacy provider number submitted. If it is then verify the provider's information with the enumerator—be sure all of the information entered is correct and complete, including tax ID numbers, addresses, phone numbers, etc. (Note: It takes from 5 to 7 days for our system to receive the updated information from the enumerator if changes are made.) If this information is correct then contact the provider enrollment department at (877) 567-7271.

4. 888- INSTREAM REJECTION- 10,577 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- 12,524 claims

The date of service was outside of the effective date range of the diagnosis code used. The invalid diagnosis code will appear inside the parenthesis.

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