

Edit	Description	Count	SumOfBilled	Denial %
258	RECIPIENT NOT ELIGIBLE ON DATES OF SERVICE-NO STICKER/ATTACHMENT	695	\$378,348.14	38.36%
254	DIAGNOSIS AGE RESTRICTION	303	\$197,311.38	16.72%
358	BILL THIRD PARTY RESOURCE	280	\$224,844.34	15.45%
804	DUPLICATE OF PREVIOUSLY PAID CLAIM	245	\$147,603.52	13.52%
265	RECIPIENT IS MEDICARE PART B ELIGIBLE	63	\$36,442.66	3.48%
951	PER YOUR REQUEST,THIS CLAIM IS BEING DENIED	49	\$30,502.62	2.70%
196	IHS PROVIDER NOT ELIGIBLE FOR CAMA PAYMENT FOR IHS BENEFICIARY	47	\$23,641.34	2.59%
216	RECIPIENT NOT ON FILE-NO STICKER/ATTACHMENT	20	\$60,629.93	1.10%
219	RECIPIENT NOT ELIGIBLE FOR SERVICES RENDERED	14	\$5,795.70	0.77%
077	SERVICE DATES SPAN ONE DAY SERVICE	13	\$18,320.68	0.72%
228	PROVIDER NOT VALID FOR PRIMARY CARE RECIPIENT	11	\$5,525.32	0.61%
600	PA NUMBER MISSING OR NOT GREATER THAN 00000000	10	\$4,210.50	0.55%
930	NO CHANGES OR INCORRECT CHANGES SUBMITTED ON RTD	9	\$26,903.14	0.50%
217	RECIPIENT NOT ELIGIBLE ON DATES OF SERVICE-STICKER/ATTACHMENT PRESENT	7	\$2,275.26	0.39%
551	CLAIM PROVIDER DOES NOT MATCH PA PROVIDER	7	\$8,396.00	0.39%
800	DUPLICATE OF PREVIOUSLY PAID CLAIM	6	\$20,852.55	0.33%
946	insufficient medical necessity justification	5	\$1,942.82	0.28%
552	CLAIM RECIPIENT DOES NOT MATCH PA RECIPIENT	5	\$36,959.10	0.28%
224	DATE OF SERVICE IS PRIOR TO DATE OF BIRTH	3	\$17,968.00	0.17%
288	PROCEDURE/ITEM NOT COVERED FOR MEDICAID	3	\$1,017.42	0.17%
550	PA NUMBER NOT ON PA FILE	3	\$53,904.00	0.17%
255	DIAGNOSIS SEX RESTRICTION	2	\$628.45	0.11%
257	RECIPIENT NOT ON FILE - NO STICKER/ATTACHMENT	2	\$482.00	0.11%
003	RECIPIENT NUMBER INVALID	2	\$733.00	0.11%
487	UNITS BILLED HAVE BEEN EXHAUSTED	2	\$50,610.38	0.11%
261	PROVIDER NOT AUTHORIZED FOR BILLED SERVICES	2	\$376.20	0.11%
252	DIAGNOSIS NOT ON FILE	1	\$11,745.33	0.06%
980	CONSENT FORM DOES NOT MEET STATE GUIDELINES	1	\$4,492.00	0.06%
388	DIAGNOSIS NOT VALID FOR CAMA CLIENT	1	\$406.20	0.06%
866	SERVICE PREVIOUSLY PAID TO ANOTHER PROVIDER	1	\$760.42	0.06%
	Total	1812	\$1,373,628.40	100.00%