

Alaska

Part B Top Ten Denials

December 1, 2010 – February 28, 2011

1. Beneficiary Eligibility.
 - No Part B.
 - Medicare Advantage Plan.
 - Medicare Secondary.
2. Routine/Screening Service.
 - E/M services with “V” diagnosis (i.e. V700).
 - Eye exams (i.e. CPT 92014 with “V” diagnosis).
3. Medical Necessity.
 - Services submitted without covered diagnosis. Procedures submitted by Alaska facilities that have a Local Coverage Determination (LCD) include:
 - EKG and Echocardiograph;
 - Colonoscopy;
 - Foot Care (i.e. nail debridement, routine foot care);
 - Ophthalmology;
 - Trigger point injections.
4. Provider Eligibility.
 - Provider not eligible on date of service billed. Either the service was prior to the provider’s effective date or after the provider had been deactivated.
 - Provider not eligible for procedure. (Example: Claim for behavior health assessment with provider specialty of Physician Assistant).
5. Place of Service Not Valid for Procedure.
 - X-rays without 26 modifier. (Without the modifier to indicate a physician service only, the procedure contains a technical component which is a Part A service).
 - Home visits submitted with incorrect place of service code (POS should be 12).
6. Duplicate Service.
7. Part A Service.
 - CPT 93000 for EKG is complete procedure. For hospital place of services, CPT 93010 should be submitted if your provider performed interpretation.
 - Laboratory services performed in a hospital place of service are not billable on the Part B claim form unless they have a physician interpretation component.



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8. National Correct Coding Initiative (NCCI).
NCCI edits were established to bundle certain services when provided on the same day. There are indicators in the edits that advised if these services can or cannot be paid separately based on certain criteria (i.e. separate body locations or different patient encounter). Examples of NCCI denials for Alaska are:
 - CPT 73565 (x-ray of both knees) bundles with 73564 (x-ray of knee).
 - EKG will bundle with surgery on same day.

9. Non-Covered Service.
 - CPT 92015 (eye refraction) is a non-covered service.
 - CPT 99387, 99396 and 99397 (preventive service).

10. Bundled service.
These are procedures that are considered bundled into other services that may be performed on the same day. They are never covered.
 - Patient supplies (i.e. A4206)
 - Qualifying circumstances for anesthesia (i.e. 99100).