1824 Medical Necessity Error Details II Report

Medical Necessity Error Details II report is an alternative to the standard Medical Necessity Error Details report:

- In each error group, claim order is controlled by the Claim Filter sort – default is patient last name.
- The report breaks between each claim so that the claims can be separated from each other.
- The report contains additional fields: Claim Date (submission date), Admitting Diagnosis and Description, Pat Type (UB-92 only – contents of Box 2, line 1), SL (service line number), and Statement From and Thru Dates.
- Each claim ends with a count of errors and the total value of the errors.
- At the end of each error group, a count of errors and their value is provided.
- The report can also be created as a delimited file for exporting into external programs. The delimited file contains the Admitting Diagnosis code, but not the supporting diagnosis codes and does not contain error counts and charges.

Tip: To create a report that does not contain *Warned* errors, use a filter that finds only *Rejected* claims.

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CLIENT: 9999
MEDICAL NECESSITY ERROR DETAILS II REPORT USER ID: bhyde

OPEN ERRORS

Patient: KRABAPPLE, EDNA **Account #:** 123456789 **Med Rec:** 000000111111
Prov.: DAN BONES **Prov. NPI:** NNNNNNNNNN **Prov. ID:** 111111111
Facility: ABC HOSPITAL **Payer:** ACME HEALTHCARE
Claim Date: 02/08/2006 **TOB:** 141 **Claim Total:** 20,500.00

Admit Dx: 78650 CHEST PAIN NOS **Pat Type:** VJWE45

Diagnosis Code	Diagnosis Code Description
78650	CHEST PAIN NOS
72982	CRAMP IN LIMB
7820	SKIN SENSATION DISTURB
7242	LUMBAGO
V140	HX-PENICILLIN ALLERGY
V142	HX-SULFONAMIDES ALLERGY

SL	Rev	Proc Cd	Description	From	Thru	Charge
12	341	78465	DOPPLER ECHO EXAM, HEART	05/03/2006	05/03/2006	594.00
			As defined by the Local Medical Review Policy, this HCPCS/CPT-4 Code is not Medically Necessary, based on the official policy number [C-18.10]. For more details see: http://www.bighealth.com /lmrp.asp?ID=244&lmrptype=parta.			
17	636	J0152	DOPPLER COLOR FLOW	05/03/2006	05/03/2006	456.50
			05/03/2006 As defined by the Local Medical Review Policy, this HCPCS/CPT-4 Code is not Medically Necessary, based on the official policy number [C-18.10]. For more details see: http://www.bighealth.com /lmrp.asp?ID=244&lmrptype=parta.			
			Error Count: 2	**Errored Charges on claim:**		1,050.50

Page Break
Sample Sub Total Section

TOTALS

Total Claims in Error: 1
Total Invalid Charges: 1,050.50

Total Per Policy	Policy Name	Occurrences
	C-18.10	2
		=========
	TOTAL OCCURRENCES:	2