DE: UNPAID CLAIM REASON CODE SUMMARY REPORT

This report contains only errors retrieved from the Medicare FISS.
Percentage totals are +/- .05%

Denied Status (D)

CODE	COUNT	%	CLAIM CHARGES	%	DESCRIPTION
W0777	10	83.3	109,345.00	78.0	THIS CLAIM HAS BEEN DENIED BECAUSE A RADIOLOGY REVENUE CENTER OF 32X, 333,34X, 35X, 40X, OR 61X . . .
30800	2	16.7	30,987.00	22.0	A FULL DENIAL DETERMINATION HAS BEEN MADE BY THE PEER REVIEW ORGANIZATION
TOTAL:	12	100.0	140,332.00	100.0	

Rejected Status (R)

CODE	COUNT	%	CLAIM CHARGES	%	DESCRIPTION
W1444	4	60	20,234.00	22.2	THIS CLAIM REJECTED BECAUSE A CONFLICT OF MORE THAN TWO OCCURRENCES OF HCPC(CPT-4) CODES 66983 OR 66984 . . .
W0236	2	40	70,987.00	77.8	OCE FOUND A NON-COVERED HCPC PROCEDURE REPORTED IN REVENUE CODE LINE 2. . .
TOTAL:	6	100.0	91,221.00	100.0	

RTP Status (T)

CODE	COUNT	%	CLAIM CHARGES	%	DESCRIPTION
W1478	25	83.3	67,987.00	8.5	CLAIM WAS REJECTED DUE TO A DUPLICATION OF THE PRINCIPAL DIAGNOSIS CODE AND A SECONDARY DIAGNOSIS CODE.
W0564	5	16.7	734,567.89	91.5	MCE HAS DETECTED AN ICD-9 ERROR IN THE 1ST PROCEDURE CODE.. . .
TOTAL:	30	100.0	802,554.89	100.0	

Suspense Status (S)

CODE	COUNT	%	CLAIM CHARGES	%	DESCRIPTION
31929	145	80.5	1,456,987.00	93.5	VALUE CODE IS PRESENT WITHOUT A VALUE CODE AMOUNT. . .
32206	35	19.4	100,456.00	6.5	EITHER THE REVENUE CODE IS INVALID FOR THE BILL TYPE (OR) THE REVENUE CODE SHOWS COVERED . . .
TOTAL:	180	99.9	1,557,443.00	100.0	

REPORT TOTALS	COUNT	%	CLAIM CHARGES	%
Denied	12	5.3	140,332.00	5.4
Rejected	6	2.6	91,221.00	3.5
RTP	30	13.2	802,554.89	36.0
Suspense	180	78.9	1,557,443.00	55.1
GRAND TOTAL:	228	100.0	2,591,550.89	100.0