Top Rejections and Denials
Kansas and Missouri

Kansas
Top 25 Rejections
Dates of service – 10/01 – 12/31/18; processed thru 01/09/19

Description	Claim Line Row Count
CLAIM SHOULD BE SENT TO HMO.	41,089
CLAIM LACKS INFORMATION NEEDED FOR ADJUDICATION.	20,069
CLAIM MUST BE SUBMITTED TO RRB.	12,398
DENIED-RENDERING PHYSICIAN # INVALID/MISSING. SUBMIT A NEW CLAIM	5,579
PATIENT/INSURED HICN AND NAME DO NOT MATCH.	4,587
APPENDAGE CLOSURE (LAAC) W/O MODIFIER	4,461
MISSING/INCOMPLETE/INVALID ORDERING PRIMARY IDENTIFIER.	3,879
DENIED-INVALID OR MISSING MODIFIER.	3,329
CLAIM MUST BE SUBMITTED TO DMERC.	2,449
PLACE OF SERVICE CONFLICTS WITH PROCEDURE CODE. SUBMIT NEW CLAIM	1,714
DENIED-CLIA NUMBER IS INVALID OR MISSING.	764
PA, NP, OR CNS NOT INTERNALLY ASSOCIATED WITH BILLING PROVIDER.	753
PATIENT'S HIC# NONENTITLED. SUBMIT A NEW CLAIM WITH VALID HIC#.	685
DENIED-NO SUBMITTED CHARGES BILLED. RESUBMIT A NEW CLAIM.	677
MISSING/INVALID/INCORRECT INFORMATION RECEIVED.	655
CLAIM/SERVICE LACKS INFORMATION NEEDED FOR ADJUDICATION.	590
INITIAL DATE 'ACTUAL' TREATMENT BEGAN REQUIRED FOR CMT.	588
DENIED-FIELD 11 OF HCFA 1500 MUST BE COMPLETED.	419
CLAIM MUST BE SUBMITTED TO UMWA.	329
MISSING/INCOMPLETE/INVALID PROCEDURE CODE(S).	327
CLAIM MUST BE SUBMITTED TO ANOTHER CONTRACTOR.	298
DENIED-INVALID/INCORRECT ICD-9 CODE. RESUBMIT AS A NEW CLAIM.	289
FACILITY/LABORATORY NAME AND ADDRESS OR PIN MISSING.	278
UNABLE TO OBTAIN PRIMARY INSURER INFORMATION.	272
CODE AND/OR MODIFIER INVALID FOR THIS DATE. SUBMIT A NEW CLAIM.	242

Missouri
Top 25 Rejections
Dates of Service – 10/01 – 12/31/18; processed thru 01/09/19

Description	Claim Line Row Count
CLAIM SHOULD BE SENT TO HMO.	61,471
CLAIM LACKS INFORMATION NEEDED FOR ADJUDICATION.	19,656
CLAIM MUST BE SUBMITTED TO RRB.	11,809
APPENDAGE CLOSURE (LAAC) W/O MODIFIER	10,202
DENIED-RENDERING PHYSICIAN # INVALID/MISSING. SUBMIT A NEW CLAIM	9,179
PATIENT/INSURED HICN AND NAME DO NOT MATCH.	7,171
DENIED-INVALID OR MISSING MODIFIER.	5,920
MISSING/INCOMPLETE/INVALID ORDERING PRIMARY IDENTIFIER.	4,603
DENIED-CLIA NUMBER IS INVALID OR MISSING.	3,358
FACILITY/LABORATORY NAME AND ADDRESS OR PIN MISSING.	2,772
THE HOSPITAL SHOULD BILL MEDICARE PART A FOR THIS SERVICE.	2,297
MOLDX-MISSING DOCUMENTATION	2,137
PLACE OF SERVICE CONFLICTS WITH PROCEDURE CODE. SUBMIT NEW CLAIM	1,812
DENIED-INVALID/INCORRECT ICD-9 CODE. RESUBMIT AS A NEW CLAIM.	1,689
CLAIM/SERVICE LACKS INFORMATION NEEDED FOR ADJUDICATION.	1,546
DENIED-NO SUBMITTED CHARGES BILLED. RESUBMIT A NEW CLAIM.	1,530
INITIAL DATE 'ACTUAL' TREATMENT BEGAN REQUIRED FOR CMT.	1,498
MISSING/INCOMPLETE/INVALID PROVIDER IDENTIFIER.SUBMIT A NEW CLAI	1,298
MISSING/INVALID/INCORRECT INFORMATION RECEIVED.	1,235
CLAIM MUST BE SUBMITTED TO DMERC.	1,136
PATIENT'S HIC# NONENTITLED. SUBMIT A NEW CLAIM WITH VALID HIC#.	1,008
DATE PATIENT LAST SEEN/ATTENDING PHYSICIAN UPIN REQUIRED.	950
LAIM MUST BE SUBMITTED TO UMWA.	949
CLAIM MUST BE SUBMITTED TO ANOTHER CONTRACTOR.	723
PA, NP, OR CNS NOT INTERNALLY ASSOCIATED WITH BILLING PROVIDER.	607

Kansas
Top 25 Denials by Reason
Dates of service – 10/01 – 12/31/18; processed thru 01/09/19

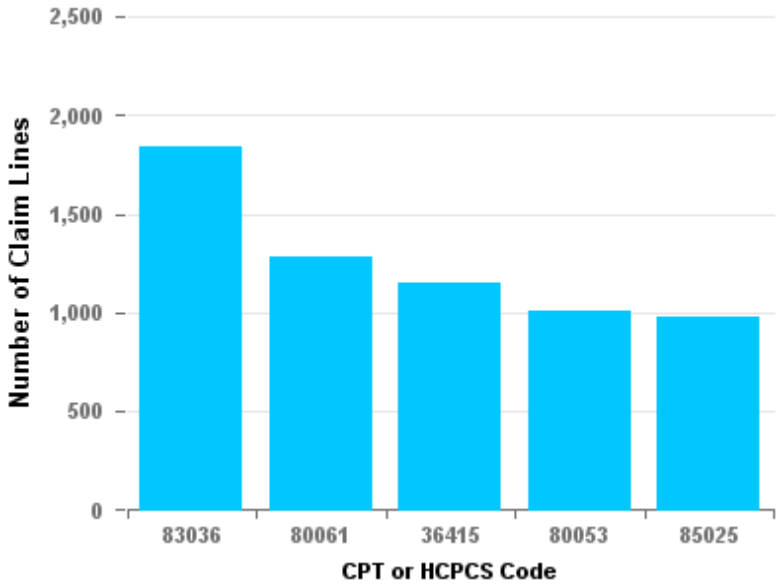
Description	Claim Line Count
DUPLICATE CHARGE OF CLAIM ?001XXXXXXXXX NOW BEING PROCESSED.	31,203
THE PROCEDURE CODE SUBMITTED IS A NON-COVERED MEDICARE SERVICE.	30,242
THIS SERVICE BY A CHIROPRACTOR IS NOT COVERED BY MEDICARE.	14,621
CLAIM MUST BE SENT TO EGHP FIRST.	11,453
SEPARATE PAYMENT NOT MADE FOR THIS SERVICE. DO NOT BILL PATIENT.	10,768
DUPLICATE CHARGE PAID ?002XX ON CLAIM ?001XXXXXXXXX.	9,554
THIS PHYSICIAN (SUPPLIER) IS NOT ELIGIBLE TO RECEIVE PAYMENTS.	9,364
DENIED-INVALID OR MISSING MODIFIER.	9,124
THESE SERVICES ARE DENIED BECAUSE THE PATIENT IS IN A HOSPICE.	7,594
THE PROCEDURE CODE SUBMITTED IS A NON-COVERED MEDICARE SERVICE.	7,239
EXPENSES INCURRED PRIOR TO COVERAGE.	6,731
DENIED SERVICE/UNITS OF SERVICE ARE EXCEEDED.	6,639
MEDICARE WILL NOT PAY FOR THIS SERVICE FOR THIS CONDITION.	5,837
THE PHYSICAL THERAPY OR OT LIMIT HAS BEEN EXCEEDED FOR THE YEAR.	5,438
CLAIM MUST BE SENT TO EGHP OR LGHP FIRST.	4,836
MEDICARE WILL NOT PAY FOR THIS SERVICE FOR THIS CONDITION.	4,069
THIS IS A DUPLICATE OF CHARGE ALREADY SUBMITTED.	4,067
IMMUNIZATIONS AND ROUTINE PREVENTATIVE SERVICES ARE DENIED.	3,892
THE REFERRING PROVIDER IS NOT ELIGIBLE TO REFER THIS SERVICE.	3,867
EXPENSES INCURRED AFTER COVERAGE TERMINATED.	3,279
MEDICARE WILL NOT PAY FOR THIS SERVICE FOR THIS CONDITION.	3,157
MEDICARE WILL NOT PAY FOR THIS SERVICE FOR THIS CONDITION.	3,089
PRE/POST OP CARE INCLUDED IN SURGERY. YOU MAY NOT BILL PATIENT.	2,892
DENIED-THIS IS A DUPLICATE OF ANOTHER SERVICE ON YOUR CLAIM.	2,868
THIS IS A DUPLICATE OF CHARGE ALREADY SUBMITTED.	2,753

Kansas
Top 20 Denials by CPT/HCPCS
Dates of service – 10/01 – 12/31/18; processed thru 01/09/19

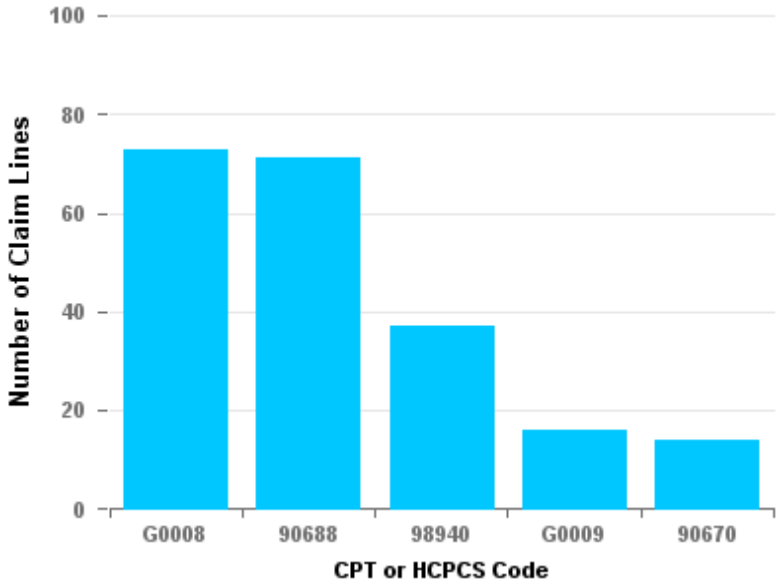
CPT or HCPCS Code	Description
99213	Established patient office or other outpatient visit, typically 15 minutes
99214	Established patient office or other outpatient, visit typically 25 minutes
83036	Hemoglobin A1C level
36415	Insertion of needle into vein for collection of blood sample
98941	Chiropractic manipulative treatment, 3 to 4 spinal regions
97110	Therapeutic exercise to develop strength, endurance, range of motion, and flexibility, each 15 minutes
80053	Blood test, comprehensive group of blood chemicals
98940	Chiropractic manipulative treatment, 1-2 spinal regions
85025	Complete blood cell count (red cells, white blood cell, platelets), automated test
G0008	Administration of influenza virus vaccine
80061	Blood test, lipids (cholesterol and triglycerides)
G0283	Electrical stimulation (unattended), to one or more areas for indication(s) other than wound care, as part of a therapy plan of care
84443	Blood test, thyroid stimulating hormone (TSH)
99232	Subsequent hospital inpatient care, typically 25 minutes per day
90471	Administration of 1 vaccine
97140	Manual (physical) therapy techniques to 1 or more regions, each 15 minutes
97530	Therapeutic activities to improve function, with one-on-one contact between patient and provider, each 15 minutes
99212	Established patient office or other outpatient visit, typically 10 minutes
P9603	Travel allowance one way in connection with medically necessary laboratory specimen collection drawn from home bound or nursing home bound patient; prorated miles actually travelled
99203	New patient office or other outpatient visit, typically 30 minutes

Kansas
Top Denials by CPT/HCPCS by County
Dates of service – 10/01 – 12/31/18; processed thru 01/09/19

Ellis County

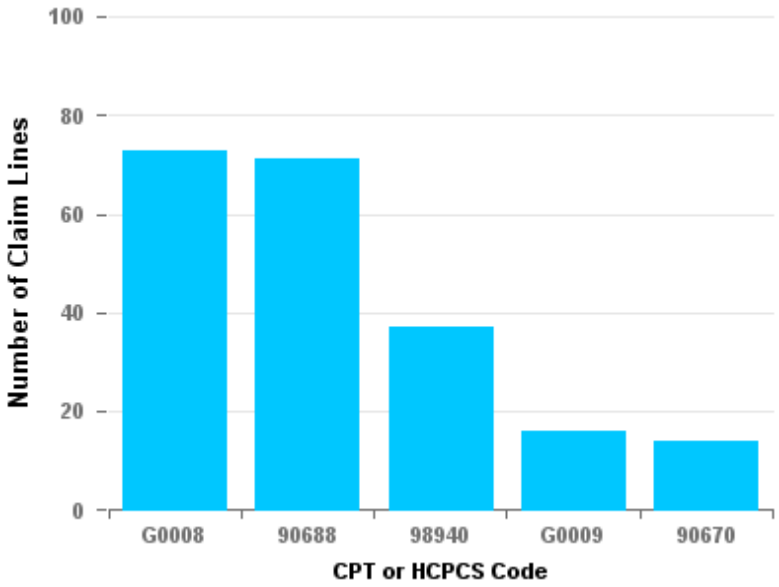


Sedgwick County

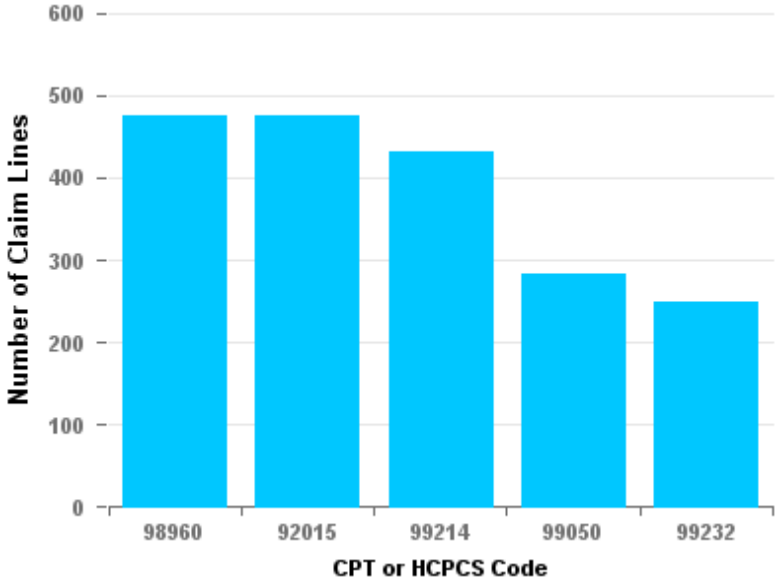


Kansas
Top Denials by CPT/HCPCS by County
Dates of service – 10/01 – 12/31/18; processed thru 01/09/19

Shawnee County



Wyandotte County



Kansas
Denial Reason by CPT/HCPCS
Dates of service – 10/01 – 12/31/18; processed thru 01/09/19

CPT/HCPCS Code: 80053 - Blood test, comprehensive group of blood chemicals

Denial Reason	Claim Line Count
DUPLICATE CHARGE OF CLAIM ?001XXXXXXXXX NOW BEING PROCESSED.	1,114
CLAIM MUST BE SENT TO EGHP FIRST.	444
DENIED SERVICE/UNITS OF SERVICE ARE EXCEEDED.	386
THIS IS A DUPLICATE OF CHARGE ALREADY SUBMITTED.	302
ROUTINE EXAMINATIONS AND RELATED SERVICES ARE NOT COVERED.	277
THE REFERRING PROVIDER IS NOT ELIGIBLE TO REFER THIS SERVICE.	214
CLAIM MUST BE SENT TO EGHP OR LGHP FIRST.	207
A SNF EPISODE OF CARE NOTICE HAS BEEN FILED FOR THIS PATIENT.	181
DUPLICATE CHARGE PAID ?002XX ON CLAIM ?001XXXXXXXXX.	158
THESE SERVICES ARE DENIED BECAUSE THE PATIENT IS IN A HOSPICE.	140

CPT/HCPCS Code: 83036 - Hemoglobin A1C level

Denial Reason	Claim Line Count
MEDICARE WILL NOT PAY FOR THIS SERVICE FOR THIS CONDITION.	1,246
MEDICARE WILL NOT PAY FOR THIS SERVICE FOR THIS CONDITION.	1,054
MEDICARE WILL NOT PAY FOR THIS SERVICE FOR THIS CONDITION.	813
DUPLICATE CHARGE OF CLAIM ?001XXXXXXXXX NOW BEING PROCESSED.	610
MEDICARE WILL NOT PAY FOR THIS SERVICE FOR THIS CONDITION.	427
DENIED SERVICE/UNITS OF SERVICE ARE EXCEEDED.	251
CLAIM MUST BE SENT TO EGHP FIRST.	222
MEDICARE DOES NOT PAY FOR VITAMIN SHOTS FOR THIS CONDITION.	93
DENIED-PROV NOT ENROLLED IN CLIA PROGRAM OR WAS TERMINATED.	91
CLAIM MUST BE SENT TO EGHP OR LGHP FIRST.	86
THE REFERRING PROVIDER IS NOT ELIGIBLE TO REFER THIS SERVICE.	86

Kansas
Denial Reason by CPT/HCPCS
Dates of service – 10/01 – 12/31/18; processed thru 01/09/19

CPT/HCPCS Code: 97110 - Therapeutic exercise to develop strength, endurance, range of motion, and flexibility, each 15 minutes

Denial Reason	Claim Line Count
THE PHYSICAL THERAPY OR OT LIMIT HAS BEEN EXCEEDED FOR THE YEAR.	1,790
THIS SERVICE BY A CHIROPRACTOR IS NOT COVERED BY MEDICARE.	570
DUPLICATE CHARGE OF CLAIM ?001XXXXXXXXX NOW BEING PROCESSED.	415
THIS IS A DUPLICATE OF CHARGE ALREADY SUBMITTED.	212
PROVIDER'S CERTIFICATION EXPIRED.	203
DUPLICATE CHARGE PAID ?002XX ON CLAIM ?001XXXXXXXXX.	144
CLAIM MUST BE SENT TO EGHP FIRST.	144
SERVICES CAN BE PAID BY AUTO MEDICAL INSURANCE OR NO-FAULT PLAN.	62
SERVICES CAN BE PAID BY AUTO MEDICAL INSURANCE OR NO-FAULT PLAN.	57
CLAIM MUST BE SENT TO EGHP OR LGHP FIRST.	51

CPT/HCPCS Code: 99203 - New patient office or other outpatient visit, typically 30 minutes

Denial Reason	Claim Line Count
DENIED-CAN PAY ONLY ONE INITIAL VISIT PER SPECIALTY PER GROUP.	1,033
THIS SERVICE BY A CHIROPRACTOR IS NOT COVERED BY MEDICARE.	326
DUPLICATE CHARGE OF CLAIM ?001XXXXXXXXX NOW BEING PROCESSED.	188
BENEFIT MAXIMUM FOR TIME FRAME	157
CLAIM MUST BE SENT TO EGHP FIRST.	119
DUPLICATE CHARGE PAID ?002XX ON CLAIM ?001XXXXXXXXX.	89
ONE VISIT/CONSULT PER DOCTOR PER DAY. DO NOT BILL PATIENT.	57
CLAIM MUST BE SENT TO EGHP OR LGHP FIRST.	48
EXPENSES INCURRED PRIOR TO COVERAGE.	44
THIS PHYSICIAN (SUPPLIER) IS NOT ELIGIBLE TO RECEIVE PAYMENTS.	42
DENIED SERVICE/UNITS OF SERVICE ARE EXCEEDED.	42

Kansas
Denial Reason by CPT/HCPCS
Dates of service – 10/01 – 12/31/18; processed thru 01/09/19

CPT/HCPCS Code: 99213 - Established patient office or other outpatient visit, typically 15 minutes

Denial Reason	Claim Line Count
DUPLICATE CHARGE OF CLAIM ?001XXXXXXXXX NOW BEING PROCESSED.	1,588
DENIED-INVALID OR MISSING MODIFIER.	774
PRE/POST OP CARE INCLUDED IN SURGERY. YOU MAY NOT BILL PATIENT.	744
THIS PHYSICIAN (SUPPLIER) IS NOT ELIGIBLE TO RECEIVE PAYMENTS.	729
DUPLICATE CHARGE PAID ?002XX ON CLAIM ?001XXXXXXXXX.	580
CLAIM MUST BE SENT TO EGHP FIRST.	566
THIS IS A DUPLICATE OF CHARGE ALREADY SUBMITTED.	424
ONE VISIT/CONSULT PER DOCTOR PER DAY. DO NOT BILL PATIENT.	384
THIS SERVICE BY A CHIROPRACTOR IS NOT COVERED BY MEDICARE.	289
CLAIM MUST BE SENT TO EGHP OR LGHP FIRST.	251

CPT/HCPCS Code: 99214 - Established patient office or other outpatient, visit typically 25 minutes

Denial Reason	Claim Line Count
DENIED-INVALID OR MISSING MODIFIER.	1,115
DUPLICATE CHARGE OF CLAIM ?001XXXXXXXXX NOW BEING PROCESSED.	1,057
DUPLICATE CHARGE PAID ?002XX ON CLAIM ?001XXXXXXXXX.	697
CLAIM MUST BE SENT TO EGHP FIRST.	663
THIS PHYSICIAN (SUPPLIER) IS NOT ELIGIBLE TO RECEIVE PAYMENTS.	384
THIS IS A DUPLICATE OF CHARGE ALREADY SUBMITTED.	344
CLAIM MUST BE SENT TO EGHP OR LGHP FIRST.	316
ONE VISIT/CONSULT PER DOCTOR PER DAY. DO NOT BILL PATIENT.	315
PRE/POST OP CARE INCLUDED IN SURGERY. YOU MAY NOT BILL PATIENT.	277
THIS SERVICE BY A CHIROPRACTOR IS NOT COVERED BY MEDICARE.	228

Kansas
Denial Reason by CPT/HCPCS
Dates of service – 10/01 – 12/31/18; processed thru 01/09/19

CPT/HCPCS Code: 99232 - Subsequent hospital inpatient care, typically 25 minutes per day

Denial Reason	Claim Line Count
EXPENSES INCURRED PRIOR TO COVERAGE.	566
DUPLICATE CHARGE OF CLAIM ?001XXXXXXXXX NOW BEING PROCESSED.	499
THIS PHYSICIAN (SUPPLIER) IS NOT ELIGIBLE TO RECEIVE PAYMENTS.	397
CLAIM MUST BE SENT TO EGHP FIRST.	247
DUPLICATE CHARGE PAID ?002XX ON CLAIM ?001XXXXXXXXX.	173
EXPENSES INCURRED AFTER COVERAGE TERMINATED.	168
ONE VISIT/CONSULT PER DOCTOR PER DAY. DO NOT BILL PATIENT.	156
DENIED SERVICE/UNITS OF SERVICE ARE EXCEEDED.	144
THIS IS A DUPLICATE OF CHARGE ALREADY SUBMITTED.	108
DENIED-INVALID OR MISSING MODIFIER.	101

CPT/HCPCS Code: G0008 - Administration of influenza virus vaccine

Denial Reason	Claim Line Count
THIS PHYSICIAN (SUPPLIER) IS NOT ELIGIBLE TO RECEIVE PAYMENTS.	1,436
DUPLICATE CHARGE OF CLAIM ?001XXXXXXXXX NOW BEING PROCESSED.	562
MEDICARE DOES NOT PAY FOR THIS INJECTION FOR THIS ILLNESS.	359
DUPLICATE CHARGE PAID ?002XX ON CLAIM ?001XXXXXXXXX.	246
THESE SERVICES ARE DENIED BECAUSE THE PATIENT IS IN A HOSPICE.	222
DENIED SERVICE/UNITS OF SERVICE ARE EXCEEDED.	181
CLAIM MUST BE SENT TO EGHP FIRST.	121
DENIED-INVALID OR MISSING MODIFIER.	104
EXPENSES INCURRED PRIOR TO COVERAGE.	77
PAYMENT FOR THIS SERVICE HAS BEEN PAID TO ANOTHER CONTRACTOR.	59

Missouri
Top 25 Denials by Reason
Dates of service – 10/01 – 12/31/18; processed thru 01/09/19

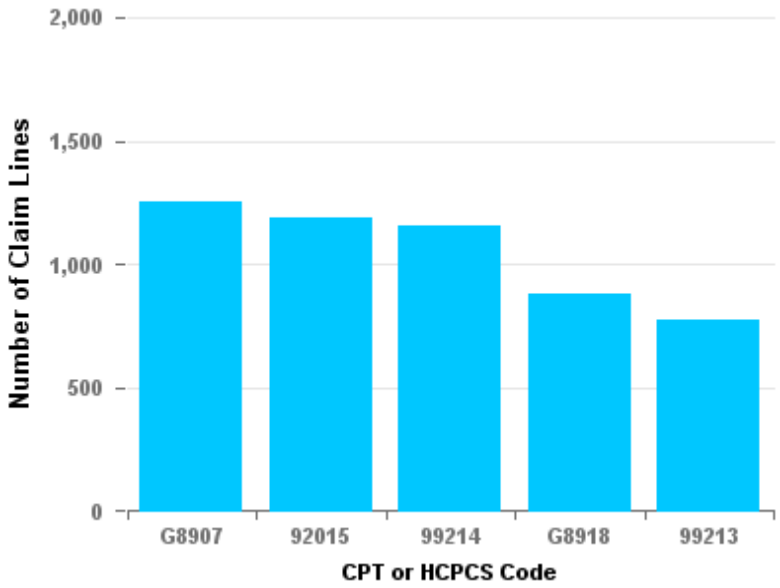
Description	Claim Line Count
DUPLICATE CHARGE OF CLAIM ?001XXXXXXXXX NOW BEING PROCESSED.	43,446
THE PROCEDURE CODE SUBMITTED IS A NON-COVERED MEDICARE SERVICE.	30,552
THESE SERVICES ARE DENIED BECAUSE THE PATIENT IS IN A HOSPICE.	21,803
SEPARATE PAYMENT NOT MADE FOR THIS SERVICE. DO NOT BILL PATIENT.	21,293
THIS SERVICE BY A CHIROPRACTOR IS NOT COVERED BY MEDICARE.	19,563
THIS PHYSICIAN (SUPPLIER) IS NOT ELIGIBLE TO RECEIVE PAYMENTS.	18,111
DUPLICATE CHARGE PAID ?002XX ON CLAIM ?001XXXXXXXXX.	17,017
CLAIM MUST BE SENT TO EGHP FIRST.	15,717
DENIED-INVALID OR MISSING MODIFIER.	14,288
EXPENSES INCURRED PRIOR TO COVERAGE.	11,922
DENIED SERVICE/UNITS OF SERVICE ARE EXCEEDED.	9,183
MEDICARE WILL NOT PAY FOR THIS SERVICE FOR THIS CONDITION.	9,089
EXPENSES INCURRED AFTER COVERAGE TERMINATED.	8,860
CLAIM MUST BE SENT TO EGHP OR LGHP FIRST.	8,372
THE PHYSICAL THERAPY OR OT LIMIT HAS BEEN EXCEEDED FOR THE YEAR.	7,144
THE REFERRING PROVIDER IS NOT ELIGIBLE TO REFER THIS SERVICE.	6,783
MEDICARE WILL NOT PAY FOR THIS SERVICE FOR THIS CONDITION.	6,089
MEDICARE WILL NOT PAY FOR THIS SERVICE FOR THIS CONDITION.	5,492
THE PROCEDURE CODE SUBMITTED IS A NON-COVERED MEDICARE SERVICE.	5,082
PRE/POST OP CARE INCLUDED IN SURGERY. YOU MAY NOT BILL PATIENT.	4,999
IMMUNIZATIONS AND ROUTINE PREVENTATIVE SERVICES ARE DENIED.	4,764
MEDICARE WILL NOT PAY FOR THIS SERVICE FOR THIS CONDITION.	4,292
THIS IS A DUPLICATE OF CHARGE ALREADY SUBMITTED.	4,009
DENIED-MEDICARE DOES NOT PAY SEPARATELY. DO NOT BILL PATIENT.	3,851
DENIED-CAN PAY ONLY ONE INITIAL VISIT PER SPECIALTY PER GROUP.	3,514

Missouri
Top 20 Denials by CPT/HCPCS
Dates of service – 10/01 – 12/31/18; processed thru 01/09/19

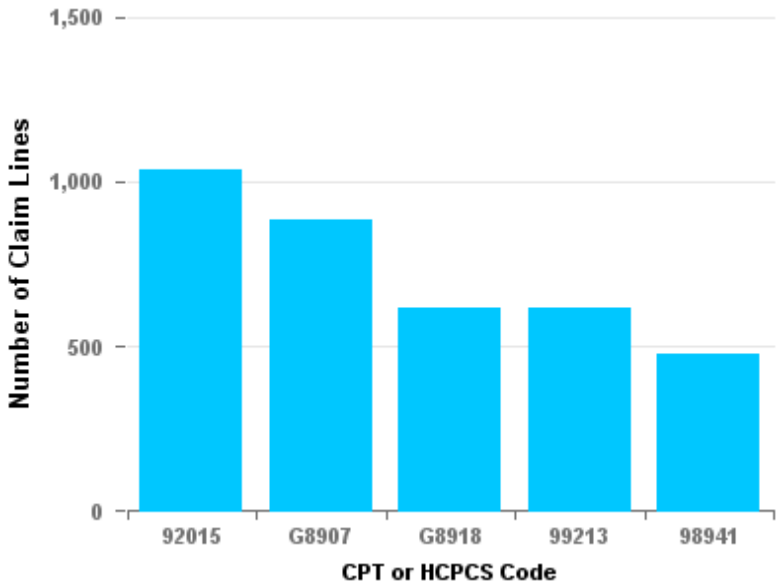
CPT or HCPCS Code	Description
99213	Established patient office or other outpatient visit, typically 15 minutes
99214	Established patient office or other outpatient, visit typically 25 minutes
99232	Subsequent hospital inpatient care, typically 25 minutes per day
98941	Chiropractic manipulative treatment, 3 to 4 spinal regions
83036	Hemoglobin A1C level
G0283	Electrical stimulation (unattended), to one or more areas for indication(s) other than wound care, as part of a therapy plan of care
97010	Application of hot or cold packs to 1 or more areas
71045	X-ray of chest, 1 view
97110	Therapeutic exercise to develop strength, endurance, range of motion, and flexibility, each 15 minutes
G0471	Collection of venous blood by venipuncture or urine sample by catheterization from an individual in a skilled nursing facility (SNF) or by a laboratory on behalf of a home health agency (HHA)
98940	Chiropractic manipulative treatment, 1-2 spinal regions
36415	Insertion of needle into vein for collection of blood sample
P9603	Travel allowance one way in connection with medically necessary laboratory specimen collection drawn from home bound or nursing home bound patient; prorated miles actually travelled
99100	Anesthesia for patient younger than 1 year and older than 70 years of age
85025	Complete blood cell count (red cells, white blood cell, platelets), automated test
93010	Routine electrocardiogram (EKG) using at least 12 leads with interpretation and report
99233	Subsequent hospital inpatient care, typically 35 minutes per day
99212	Established patient office or other outpatient visit, typically 10 minutes
36416	Puncture of skin for collection of blood sample
99203	New patient office or other outpatient visit, typically 30 minutes

Missouri
Top Denials by CPT/HCPCS by County
Dates of service – 10/01 – 12/31/18; processed thru 01/09/19

Clay County

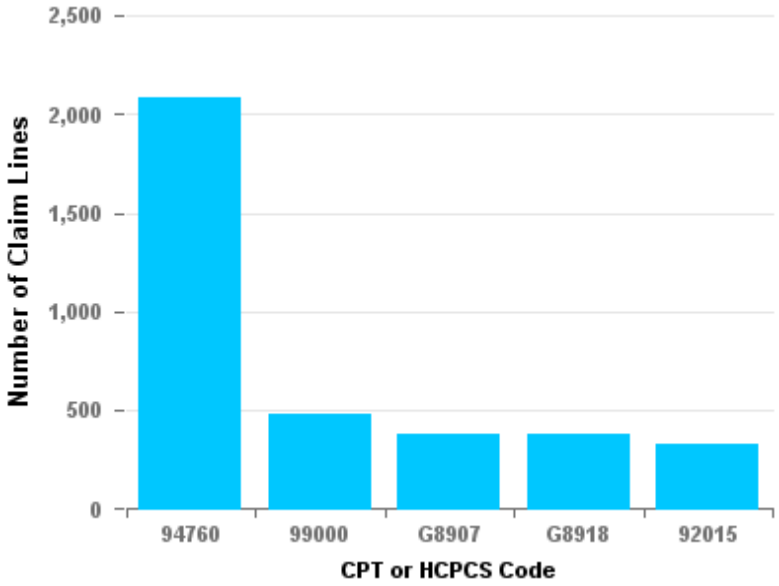


Greene County

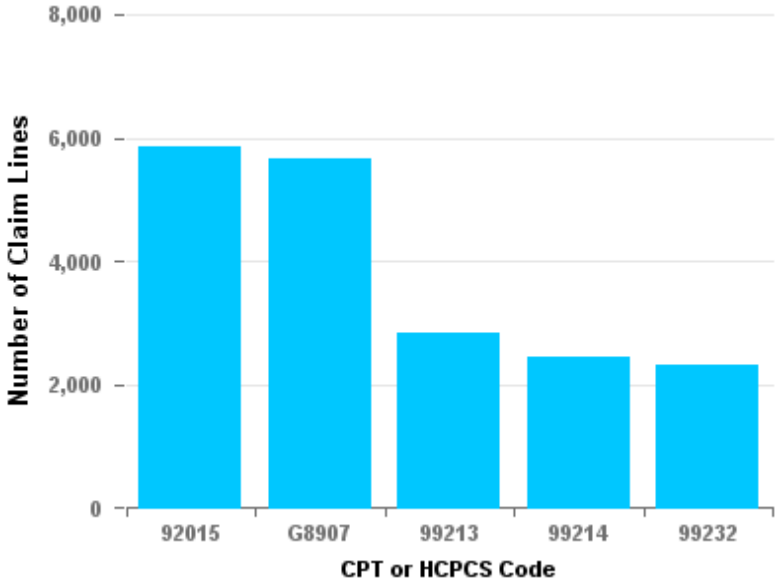


Missouri
Top Denials by CPT/HCPCS by County
Dates of service – 10/01 – 12/31/18; processed thru 01/09/19

Platte County



St. Louis County



Missouri
Denial Reason by CPT/HCPCS
Dates of service – 10/01 – 12/31/18; processed thru 01/09/19

CPT/HCPCS Code: 71045 – X-ray of chest, 1 view

Denial Reason	Claim Line Count
DUPLICATE CHARGE OF CLAIM ?001XXXXXXXXX NOW BEING PROCESSED.	810
EXPENSES INCURRED PRIOR TO COVERAGE.	663
EXPENSES INCURRED AFTER COVERAGE TERMINATED.	453
THESE SERVICES ARE DENIED BECAUSE THE PATIENT IS IN A HOSPICE.	359
THIS PHYSICIAN (SUPPLIER) IS NOT ELIGIBLE TO RECEIVE PAYMENTS.	338
DUPLICATE CHARGE PAID ?002XX ON CLAIM ?001XXXXXXXXX.	267
DENIED-INVALID OR MISSING MODIFIER.	264
THIS IS A DUPLICATE OF CHARGE ALREADY SUBMITTED.	177
THIS IS A DUPLICATE OF CHARGE ALREADY SUBMITTED.	171
CLAIM MUST BE SENT TO EGHP FIRST.	169

CPT/HCPCS Code: 83036 – Hemoglobin A1C level

Denial Reason	Claim Line Count
DUPLICATE CHARGE OF CLAIM ?001XXXXXXXXX NOW BEING PROCESSED.	810
EXPENSES INCURRED PRIOR TO COVERAGE.	663
EXPENSES INCURRED AFTER COVERAGE TERMINATED.	453
THESE SERVICES ARE DENIED BECAUSE THE PATIENT IS IN A HOSPICE.	359
THIS PHYSICIAN (SUPPLIER) IS NOT ELIGIBLE TO RECEIVE PAYMENTS.	338
DUPLICATE CHARGE PAID ?002XX ON CLAIM ?001XXXXXXXXX.	267
DENIED-INVALID OR MISSING MODIFIER.	264
THIS IS A DUPLICATE OF CHARGE ALREADY SUBMITTED.	177
THIS IS A DUPLICATE OF CHARGE ALREADY SUBMITTED.	171
CLAIM MUST BE SENT TO EGHP FIRST.	169

Missouri
Denial Reason by CPT/HCPCS
Dates of service – 10/01 – 12/31/18; processed thru 01/09/19

CPT/HCPCS Code: 97010 – Application of hot or cold packs to 1 or more areas

Denial Reason	Claim Line Count
SEPARATE PAYMENT NOT MADE FOR THIS SERVICE. DO NOT BILL PATIENT.	4,910
THIS PHYSICIAN (SUPPLIER) IS NOT ELIGIBLE TO RECEIVE PAYMENTS.	2

CPT/HCPCS Code: 99212 – Established patient office or other outpatient visit, typically 10 minutes

Denial Reason	Claim Line Count
THIS SERVICE BY A CHIROPRACTOR IS NOT COVERED BY MEDICARE.	1,719
PRE/POST OP CARE INCLUDED IN SURGERY. YOU MAY NOT BILL PATIENT.	438
DUPLICATE CHARGE OF CLAIM ?001XXXXXXXXX NOW BEING PROCESSED.	399
DUPLICATE CHARGE PAID ?002XX ON CLAIM ?001XXXXXXXXX.	252
DENIED-INVALID OR MISSING MODIFIER.	235
CLAIM MUST BE SENT TO EGHP FIRST.	141
THIS PHYSICIAN (SUPPLIER) IS NOT ELIGIBLE TO RECEIVE PAYMENTS.	126
ONE VISIT/CONSULT PER DOCTOR PER DAY. DO NOT BILL PATIENT.	110
CLAIM MUST BE SENT TO EGHP OR LGHP FIRST.	63
ROUTINE EXAMINATIONS AND RELATED SERVICES ARE NOT COVERED.	51

Missouri
Denial Reason by CPT/HCPCS
Dates of service – 10/01 – 12/31/18; processed thru 01/09/19

CPT/HCPCS Code: 99213 – Established patient office or other outpatient visit, typically 15 minutes

Denial Reason	Claim Line Count
DUPLICATE CHARGE OF CLAIM ?001XXXXXXXXX NOW BEING PROCESSED.	2,622
THIS PHYSICIAN (SUPPLIER) IS NOT ELIGIBLE TO RECEIVE PAYMENTS.	1,502
DENIED-INVALID OR MISSING MODIFIER.	1,196
CLAIM MUST BE SENT TO EGHP FIRST.	1,171
DUPLICATE CHARGE PAID ?002XX ON CLAIM ?001XXXXXXXXX.	1,078
PRE/POST OP CARE INCLUDED IN SURGERY. YOU MAY NOT BILL PATIENT.	958
ONE VISIT/CONSULT PER DOCTOR PER DAY. DO NOT BILL PATIENT.	702
CLAIM MUST BE SENT TO EGHP OR LGHP FIRST.	610
THIS SERVICE BY A CHIROPRACTOR IS NOT COVERED BY MEDICARE.	532
THIS IS A DUPLICATE OF CHARGE ALREADY SUBMITTED.	346

CPT/HCPCS Code: 99214 – Established patient office or other outpatient visit, typically 25 minutes

Denial Reason	Claim Line Count
DUPLICATE CHARGE OF CLAIM ?001XXXXXXXXX NOW BEING PROCESSED.	2,428
THIS PHYSICIAN (SUPPLIER) IS NOT ELIGIBLE TO RECEIVE PAYMENTS.	1,465
DUPLICATE CHARGE PAID ?002XX ON CLAIM ?001XXXXXXXXX.	1,387
CLAIM MUST BE SENT TO EGHP FIRST.	1,311
DENIED-INVALID OR MISSING MODIFIER.	1,027
CLAIM MUST BE SENT TO EGHP OR LGHP FIRST.	766
ONE VISIT/CONSULT PER DOCTOR PER DAY. DO NOT BILL PATIENT.	683
PRE/POST OP CARE INCLUDED IN SURGERY. YOU MAY NOT BILL PATIENT.	491
EXPENSES INCURRED AFTER COVERAGE TERMINATED.	309
EXPENSES INCURRED PRIOR TO COVERAGE.	303

Missouri
Denial Reason by CPT/HCPCS
Dates of service – 10/01 – 12/31/18; processed thru 01/09/19

CPT/HCPCS Code: 99232 – Subsequent hospital inpatient care, typically 25 minutes per day

Denial Reason	Claim Line Count
DUPLICATE CHARGE OF CLAIM ?001XXXXXXXXX NOW BEING PROCESSED.	1,640
EXPENSES INCURRED PRIOR TO COVERAGE.	1,128
THIS PHYSICIAN (SUPPLIER) IS NOT ELIGIBLE TO RECEIVE PAYMENTS.	749
EXPENSES INCURRED AFTER COVERAGE TERMINATED.	743
ONE VISIT/CONSULT PER DOCTOR PER DAY. DO NOT BILL PATIENT.	600
DENIED SERVICE/UNITS OF SERVICE ARE EXCEEDED.	476
CLAIM MUST BE SENT TO EGHP FIRST.	464
DUPLICATE CHARGE PAID ?002XX ON CLAIM ?001XXXXXXXXX.	456
CLAIM MUST BE SENT TO EGHP OR LGHP FIRST.	318
DENIED-INVALID OR MISSING MODIFIER.	243

CPT/HCPCS Code: 99233 - Subsequent hospital inpatient care, typically 35 minutes per day

Denial Reason	Claim Line Count
DUPLICATE CHARGE OF CLAIM ?001XXXXXXXXX NOW BEING PROCESSED.	955
ONE VISIT/CONSULT PER DOCTOR PER DAY. DO NOT BILL PATIENT.	444
EXPENSES INCURRED PRIOR TO COVERAGE.	402
EXPENSES INCURRED AFTER COVERAGE TERMINATED.	352
CLAIM MUST BE SENT TO EGHP FIRST.	293
DUPLICATE CHARGE PAID ?002XX ON CLAIM ?001XXXXXXXXX.	282
CLAIM MUST BE SENT TO EGHP OR LGHP FIRST.	175
THIS PHYSICIAN (SUPPLIER) IS NOT ELIGIBLE TO RECEIVE PAYMENTS.	159
DENIED SERVICE/UNITS OF SERVICE ARE EXCEEDED.	145
THESE SERVICES ARE DENIED BECAUSE THE PATIENT IS IN A HOSPICE.	112

Missouri
Denial Reason by CPT/HCPCS
Dates of service – 10/01 – 12/31/18; processed thru 01/09/19

CPT/HCPCS Code: G0283 - Electrical stimulation (unattended), to one or more areas for indication(s) other than wound care, as part of a therapy plan of care

Denial Reason	Claim Line Count
THIS SERVICE BY A CHIROPRACTOR IS NOT COVERED BY MEDICARE.	4,444
THE PHYSICAL THERAPY OR OT LIMIT HAS BEEN EXCEEDED FOR THE YEAR.	542
DUPLICATE CHARGE OF CLAIM ?001XXXXXXXXX NOW BEING PROCESSED.	167
DENIED SERVICE/UNITS OF SERVICE ARE EXCEEDED.	80
CLAIM MUST BE SENT TO EGHP FIRST.	64
DUPLICATE CHARGE PAID ?002XX ON CLAIM ?001XXXXXXXXX.	37
THIS PHYSICIAN (SUPPLIER) IS NOT ELIGIBLE TO RECEIVE PAYMENTS.	34
SERVICES CAN BE PAID BY AUTO MEDICAL INSURANCE OR NO-FAULT PLAN.	17
CLAIM MUST BE SENT TO EGHP OR LGHP FIRST.	15
SERVICES CAN BE PAID BY AUTO MEDICAL INSURANCE OR NO-FAULT PLAN.	13