

Top Ten Reason Codes in TB9997

Reason Code	Total Claims Returned to Providers During October, November and December 2002	Type of Error	Resolution by Provider
30715 7%	9,687	Patient Last/First name does not match the information found in 'HIQA'	Educate internal billing staff. If HIQA has incorrect information that you are aware of you must have the patient contact Social Security, resubmit the claim once HIQA has been corrected.
12302 2.1%	2,993	The sum of covered days plus the number of non-covered days must equal the number of days between the from and through dates on the claim.	Educate internal billing staff or vendor.
12206 2%	2829	The system has identified an inconsistency between the statement from and thru dates, patient status code, occurrence span code(s) and/or covered and non-covered days field.	Educate internal billing staff or vendor.
32404 2%	2,770	HCPC billing error. Either a revenue code is present requiring a HCPC, or a HCPC code on the claim is no longer valid or a HCPC code on the claim does not exist on the HCPC file.	Educate internal billing staff or vendor.
38119 1.8%	2,572	Sequential billing. First or prior claim in a series must finalize before next claim can be submitted.	Educate internal billing staff or vendor.
15701 1.7%	2,389	Payer ID keyed incorrectly.	Educate internal billing staff or vendor.
32206 1.7%	2,306	Revenue code billed on the claim is invalid for the type of bill.	Educate internal billing staff or vendor.
32242 1.7%	2,302	Rev. code is non-billable for this tob; covd charges are greater then zero.	Educate internal billing staff or vendor.
W7040 1.5%	2,116	A component of a comprehensive procedure is present on claim w/o a modifier. Please verify HCPCS code highlighted on page 2 and add modifier if appropriate	Educate internal billing staff or vendor.
32415 1.4%	1,884	When HCPCS code Q0124, 90732 or 90724 is present, a cond. code A6 must be present. Please correct/resubmit	Educate internal billing staff or vendor.
Total	31,848		