

Top Ten Reason Codes in TB9997

Reason Code	Total Claims Returned to Providers during April, May and June 2002	Type of Error	Resolution by Provider
30715 – 5.9%	8,597	This error is being worked by the FI. Claims are not updating our 10I file, CSI has been logged with our system maintainer, in house claims processors are manually updating the file until Arkansas can fix the problem.	No provider action needed.
32226 – 3.0%	4,400	Billing – units required but are not present on claim.	Educate internal billing staff or vendor.
38119 – 2.41%	3,497	Sequential billing	First claim in a series must finalize before next claim is submitted. Educate internal billing staff or vendor.
12302 – 2.40%	3,489	Billing – number of covered and non-covered days do not equal the number of days in the from and through dates.	Educate internal billing staff or vendor.
12206 – 2.3%	3,282	Billing – 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%	3,211	HCPC billing error.	Educate internal billing staff or vendor.
15701 – 1.6%	2,382	Billing – Payer ID omitted or incorrect.	Educate internal billing staff or vendor.
19300 – 1.59%	2,314	Billing – operating physician ID and name missing.	Educate internal billing staff or vendor.
32206 – 1.53%	2,230	Billing – revenue code billed is invalid for type of bill.	Educate internal billing staff or vendor.
32242 – 1.52%	2,229	Billing – revenue code and covered charges conflict	Educate internal billing staff or vendor.
Total	35,631		