

**DENIAL ANALYSIS
TOTALS BY MONTH**

Rejection Description	Remit Date:		1/11/02		1/25/02		2/15/02		2/29/02		3/14/02		3/28/02		4/11/02		4/25/02		5/9/02		5/31/02		Total #	Total \$
	Month:	Code	#	\$	#	\$	#	\$	#	\$	#	\$	#	\$	#	\$	#	\$	#	\$	#	\$		
			January	February	March	April	May																	
Prior authorization # invalid	291			1	\$17,136	8	\$61,938	7	\$87,417	1	\$8,539	1	\$7,117	1	\$8,539			5	\$61,778	5	\$56,058	29	\$308,522	
Claim denied for past filing limit	76														2	\$22,593	12	\$227,967					14	\$250,560
Surgery dates must be within dates of service on claim	160					1	\$9,209	1	\$56,770			1	\$3,213			3	\$34,663	2	\$88,342	1	\$57,217	9	\$249,414	
Prior auth services exhausted-file for add'l prior auth benefits	292	1	\$5,964	2	\$11,893					11	\$91,463	1	\$11,885	1	\$50,130			1	\$7,246	4	\$56,691	21	\$235,272	
Quantity disagrees with days elapsed	117					1	\$9,563					2	\$56,658	1	\$13,925	1	\$87,380	1	\$2,729	6	\$24,189	12	\$194,444	
Payment reduced by other ins/adj to pmt amount	95			1	\$6,716					2	\$32,956					4	\$29,839			2	\$77,756	9	\$147,267	
Admission code is missing or invalid	184			2	\$21,902							1	\$45,682	2	\$52,919					1	\$9,739	6	\$130,242	
Total accommodation days billed are not equal to the elapsed days	31											4	\$42,819	1	\$12,441			1	\$10,166	3	\$55,907	9	\$121,333	
Recipient's name and number disagree	28			3	\$9,149	1	\$3,174			1	\$9,592	7	\$14,698					1	\$76,206	1	\$850	14	\$113,669	
This recipient number is not on file	145	1	\$63,333									1	\$14,841	1	\$4,096					5	\$28,202	8	\$110,472	
Bill Medicare Part B first	88																	3	\$76,925	1	\$8,629	4	\$85,554	
Claim denied; service included in MCO coverage	860	1	\$9,506	1	\$1,270							7	\$17,419	2	\$11,766	1	\$1,441	5	\$30,577	3	\$12,739	20	\$84,718	
Denied: Medicare A denial voucher not present	68											1	\$21,090	1	\$12,115			1	\$51,388			3	\$84,593	
Billed amount is missing	37													1	\$31,943					1	\$1,766	2	\$33,709	
Invalid provider # for prior auth #	293									1	\$9,288	1	\$3,404	1	\$19,657								3	\$32,349
Bill private carrier first	108												1	\$21,928					1	\$4,377			2	\$26,305
Date of service is not within prior auth effective dates	295	2	\$12,064			1	\$9,209											1	\$3,533				4	\$24,806
Recipient ineligible for dates of service	3					1	\$9,316							1	\$7,163					1	\$3,937	3	\$20,416	
Exact duplicate of a claim already in process	609					1	\$9,506			6	\$7,063	2	\$3,739										9	\$20,308
Duplicate of a paid claim	16							1	\$2,865							2	\$16,077						3	\$18,942
Admission date is missing or invalid	175					1	\$10,332																1	\$10,332
Secondary diagnosis is not on file	502											1	\$3,625							1	\$1,853	2	\$5,478	
Claim denied after medical policy review	136			1	\$1,490																		1	\$1,490
TOTALS:		5	\$90,867	11	\$69,556	15	\$122,247	9	\$147,052	22	\$158,901	31	\$268,118	13	\$224,694	13	\$191,993	34	\$641,234	35	\$395,533	188	\$2,310,195	

Source: Sinaiko Healthcare Consulting Inc.