

## Reasons Electronic Claims are Rejected

Error Message	Quick Reference	Step Resolution
Missing Invalid source of payment,	Check the insurance type verify payer number	<ol style="list-style-type: none"> <li>1. Go to list, insurance carriers</li> <li>2. Find the insurance that is receiving the rejection</li> <li>3. Click on the address tab</li> <li>4. Find the field labeled type</li> <li>5. Verify that the type is set correctly</li> <li>6. Click on the identification tab</li> <li>7. Find the box labeled payer number check with the most updated payer directory to confirm that the payer number is correct for the insurance carrier.</li> </ol>
Missing Invalid insured date of birth	Check the insured date of birth Check the relationship to insured	<ol style="list-style-type: none"> <li>1. Go to list, patients</li> <li>2. Find the patient that is receiving this rejection</li> <li>3. Click on the primary insurance tab</li> <li>4. Click on the button labeled set insured</li> <li>5. If the insured is not marked as self then click on the magnify glass to the right of the selected insured</li> <li>6. Edit the insured</li> <li>7. Find the field labeled date of birth</li> <li>8. Verify that a date is entered in</li> <li>9. Click ok</li> <li>10. Click ok on the find insured screen</li> <li>11. Find the field labeled relationship to insured</li> <li>12. Verify that the relationship to insured is set correctly</li> </ol>
Missing invalid HMO/PPO number	Check insurance type Check the provider id	<ol style="list-style-type: none"> <li>1. Go to list, insurance companies</li> <li>2. Find the insurance that is receiving the rejection</li> <li>3. Click on the address tab</li> <li>4. Find the field labeled type</li> <li>5. Verify that the type is set correctly</li> <li>6. Click on the identification tab</li> <li>7. Find the box labeled payer number check with the most updated payer directory to confirm that the payer number is correct for the insurance carrier</li> <li>8. Click on the identification tab</li> <li>9. Find the field labeled provider id not the numeric value entered in</li> <li>10. Go to list, providers</li> <li>11. Click on the insurance ids tab</li> <li>12. Find the corresponding number on the list</li> <li>13. Verify that the correct pin is entered in</li> </ol>
Missing invalid diagnosis code	Check the diagnosis code	<ol style="list-style-type: none"> <li>1. Go to billing, charges and payments</li> <li>2. Find the patient receiving the rejection</li> <li>3. Select the bill number attached to the rejected claim</li> <li>4. Highlight the procedure code</li> <li>5. Click on the detail button, more detail</li> <li>6. Check the diagnosis that are assigned to the transactions</li> <li>7. Click on the magnify glass to the right of the diagnosis code</li> <li>8. Edit the diagnosis code</li> <li>9. Find the field labeled ICD9</li> <li>10. Verify that the correct code is entered in</li> </ol>

		<p>IDC9 (diagnosis codes) are set by the American Medical Association. Codes may require additional digits and/or can be gender specific. If there is more than one diagnosis assigned to a transaction make sure that the previous codes are entered in.</p>
invalid insured Medicare number	check material status, gender, relationship to insured, check payer number	<ol style="list-style-type: none"> <li>1. Go to list, patients list</li> <li>2. Find the patient that is receiving this rejection</li> <li>3. On the patient information tab find the field labeled sex</li> <li>4. Verify that the correct gender is selected</li> <li>5. Find the field labeled material status</li> <li>6. Verify that the correct material status is entered in</li> <li>7. Click on the primary insurance tab</li> <li>8. Click on the button labeled set insured</li> <li>9. If the insured is not marked as self then click on the magnify glass to the right of the selected insured</li> <li>10. Edit the insured</li> <li>11. Find the field labeled date of birth</li> <li>12. Verify that a date is entered in</li> <li>13. Click ok</li> <li>14. Click ok on the find insured screen</li> <li>15. Find the field labeled relationship to insured</li> <li>16. Verify that the relationship to insured is set correctly</li> </ol>
Invalid or unknown terminal number	Check the TAT Number	<ol style="list-style-type: none"> <li>1. Go to list, providers</li> <li>2. Find the provider receiving the rejection</li> <li>3. Click on the other ids tab</li> <li>4. Find the field labeled TAT number</li> <li>5. Verify if that the correct TAT number is entered in</li> </ol>
Invalid Payer organization number	Check the Payer number	<ol style="list-style-type: none"> <li>1. Go to list, insurance companies</li> <li>2. Find the insurance company receiving the rejection</li> <li>3. Click on the identification tab</li> <li>4. Find the field labeled payer id</li> </ol>
Missing invalid Type of SRVC	Check the Type of Service on the transaction	<ol style="list-style-type: none"> <li>1. Go to billing, charges and payments</li> <li>2. Find the patient receiving the rejection</li> <li>3. Find the bill number assigned to the claim</li> <li>4. Find the column labeled code</li> <li>5. Click in the code field</li> <li>6. Click on the magnify glass</li> <li>7. Edit the code</li> <li>8. Click on the defaults tab</li> <li>9. Find the field labeled type of service</li> <li>10. Verify that the correct type of service is entered in for the procedure, only Medicare approved type of service codes will be accepted. If there is a unique type of service required the clearinghouse will convert the type of service code</li> </ol> <p>Valid type of service codes can be found in the NDCLytec help files</p>

Missing invalid Place of SRVC	Check the place of service	<ol style="list-style-type: none"> <li>1. Go to list, patients</li> <li>2. Find the patient receiving this rejection</li> <li>3. On the address tab find the field labeled fee schedule</li> <li>4. Note the fee schedule that is set, if a fee schedule is not set enter in the correct fee schedule</li> <li>5. Go to billing, charges and payments</li> <li>6. Find the patient receiving the rejection</li> <li>7. Find the bill number assigned to the claim</li> <li>8. Find the column labeled code</li> <li>9. Click in the code field</li> <li>10. Click on the magnify glass</li> <li>11. Edit the code</li> <li>12. Click on the fee schedule tab</li> <li>13. Find the fee schedule that is assigned to the patient</li> <li>14. Find the column labeled place of service (this may require scrolling to the right)</li> <li>15. Verify that the correct place of service code is entered in. Only Medicare approved place of service codes will be accepted, if the place of service code are not Medicare standard the clearinghouse will convert to the appropriate code.</li> </ol> <p>Valid place of service codes can be found in the NDCLytec help file</p>
Admit date is required for date of SVC Code	Check the Hospitalization date	<ol style="list-style-type: none"> <li>1. Go to billing, charges and payments</li> <li>2. Find the patient receiving the rejection</li> <li>3. Find the bill number assigned to the claim</li> <li>4. Click on billing, bill options</li> <li>5. Click on the billing information tab</li> <li>6. Click on the more information button</li> <li>7. Find the field labeled hospitalization date verify that the date is a valid date for the procedure billed</li> </ol>
Invalid hospice ind	Check the hospice employed indicator	<ol style="list-style-type: none"> <li>1. Go to list, providers</li> <li>2. Find the provider that is receiving the rejection</li> <li>3. Click on the tab labeled other ids</li> <li>4. Find the check box labeled hospice employed</li> <li>5. Verify that the indicator is correct; if the box is checked this is indicated that the provider is a hospice provider, unchecked the provider is not a hospice provider</li> </ol>

Tapi Communications Error	Change the tapi device being used	<ol style="list-style-type: none"> <li>1. Go to your Windows Start button and click on it.</li> <li>2. Click on run</li> <li>3. Click on browse At the bottom in the files of type Box,</li> <li>4. Click the down arrow and click on all files</li> <li>5. At the top of the browse screen find the field labeled Look in</li> <li>6. Click on the 'Down Arrow'</li> <li>7. Select the c drive</li> <li>8. Find the folder labeled program files, double click on the folder</li> <li>9. Find the folder labeled lytec systems, double click on the folder</li> <li>10. Find the folder labeled lytec medical xe</li> <li>11. Find the file labeled tapicm21.dll, double click on this file</li> <li>12. Once you have double clicked on the file it should bring you back to the run screen</li> <li>13. in the run now the full path should appear C:\Program Files\Lytec Systems\Lytec Medical XE\Tapicm21.dll</li> <li>14. Click to the begging of the path</li> <li>15. Type at the beginning of the path regsvr32 with a space after it The path should now look like this regsvr32 C:\Program Files\Lytec Systems\Lytec Medical XE\Tapicm21.dll</li> <li>16. Click on ok</li> <li>17. After clicking on ok you should receive a message stating "DllRegisterServer in C:\Program Files\Lytec Systems\Lytec Medical XE\Tapicm21.dll succeeded"</li> <li>18. Click on ok</li> </ol>
insufficient length for HMO/PPO Prov #	Check the provider id	<ol style="list-style-type: none"> <li>1. Go to list, insurance companies</li> <li>2. Find the insurance that is receiving the rejection</li> <li>3. Click on the address tab</li> <li>4. Find the field labeled type</li> <li>5. Verify that the type is set correctly</li> <li>6. Click on the identification tab</li> <li>7. Find the box labeled payer number check with the most updated payer directory to confirm that the payer number is correct for the insurance carrier</li> <li>8. Click on the identification tab</li> <li>9. Find the field labeled provider id not the numeric value entered in</li> <li>10. Go to list, providers</li> <li>11. Click on the insurance ids tab</li> <li>12. Find the corresponding number on the list</li> <li>13. Verify that the correct pin is entered in</li> </ol>
Prior Auth # required for insured id	Check the prior authorization number	<ol style="list-style-type: none"> <li>1. Go to billing, charges and payments</li> <li>2. Find the patient receiving the rejection</li> <li>3. Find the bill number assigned to the claim</li> <li>4. Click on bill options</li> <li>5. On the primary insurance tab, find the field labeled authorization</li> <li>6. Verify that there is a authorization assigned to the this bill number</li> </ol>

<p>Prior Auth Number required for procedure.</p>	<p>Check the prior authorization number</p>	<ol style="list-style-type: none"> <li>1. Go to billing, charges and payments</li> <li>2. Find the patient receiving the rejection</li> <li>3. Find the bill number assigned to the claim</li> <li>4. Click on bill options</li> <li>5. On the primary insurance tab, find the field labeled authorization</li> <li>6. Verify that there is a authorization assigned to the this bill number</li> </ol>
<p>Missing invalid Payer City</p>	<p>Check the insurance address info city</p>	<ol style="list-style-type: none"> <li>1. Go to list, insurance companies</li> <li>2. Find the insurance company receiving the rejection</li> <li>3. On the name and address tab verify that the address is filled out include street, city, state and zip code</li> </ol>
<p>Missing invalid Payer Zip Code</p>	<p>Check the insurance zip code</p>	<ol style="list-style-type: none"> <li>1. Go to list, insurance companies</li> <li>2. Find the insurance company receiving the rejection</li> <li>3. On the name and address tab verify that the address is filled out include street, city, state and zip code</li> </ol> <p>To verify if the zip code is a valid zip code please check the USPS website at <a href="http://www.usps.com/zip4/citytown.htm">http://www.usps.com/zip4/citytown.htm</a></p>
<p>Missing or invalid referring provider name</p>	<p>Check referring provider info</p>	<ol style="list-style-type: none"> <li>1. Go to billing, charges and payments</li> <li>2. Find the patient receiving the rejection</li> <li>3. Find the bill number assigned to the claim</li> <li>4. Click on bill options</li> <li>5. Click on the billing information tab</li> <li>6. Find the field labeled ref provider</li> <li>7. Verify that a referring provider is assigned to the bill number</li> <li>8. If there is a referring provider already assigned to the bill number</li> <li>9. Click on the magnify glass</li> <li>10. Edit the referring provider</li> <li>11. Check that both the first and last name are filled out not only the full title</li> </ol>
<p>Missing invalid sequence no</p>	<p>Check the max transaction</p>	<ol style="list-style-type: none"> <li>1. Go to list, insurance companies</li> <li>2. Find the insurance carrier that is receiving the rejection</li> <li>3. Click on the edi and eligibility tab</li> <li>4. Find the field labeled max transaction per claim</li> <li>5. Set the value to 5</li> </ol>
<p>HMO/PPO Indicator Requ'd for insured id</p>	<p>Check insurance type Check provider pin</p>	<ol style="list-style-type: none"> <li>1. Go to list, insurance companies</li> <li>2. Find the insurance that is receiving the rejection</li> <li>3. Click on the address tab</li> <li>4. Find the field labeled type</li> <li>5. Verify that the type is set correctly</li> <li>6. Click on the identification tab</li> <li>7. Find the box labeled payer number check with the most updated payer directory to confirm that the payer number is correct for the insurance carrier</li> <li>8. Click on the identification tab</li> <li>9. Find the field labeled provider id not the numeric value entered in</li> <li>10. Go to list, providers</li> <li>11. Click on the insurance ids tab</li> <li>12. Find the corresponding number on the list</li> <li>13. Verify that the correct pin is entered in</li> </ol>

Release of info indicator must = yes	Check the release of info box	<ol style="list-style-type: none"> <li>1. Go to list, patients</li> <li>2. Find the patient receiving the rejection</li> <li>3. Click on the claim information tab</li> <li>4. Find the field labeled release of information authorized</li> </ol>
Missing or invalid referring provider upin	Check referring provider is setup on case and that upin is enter in	<ol style="list-style-type: none"> <li>1. Go to billing, charges and payments</li> <li>2. Find the patient receiving the rejection</li> <li>3. Find the bill number assigned to the claim</li> <li>4. Click on bill options</li> <li>5. Click on the billing information tab</li> <li>6. Find the field labeled ref provider</li> <li>7. Verify that a referring provider is assigned to the bill number</li> <li>8. If there is a referring provider already assigned to the bill number</li> <li>9. Click on the magnify glass</li> <li>10. Edit the referring provider</li> <li>11. Click on the insurance code tab</li> <li>12. Find the field labeled insurance code 1</li> <li>13. Enter the upin of the referring provider</li> </ol>
Referring provider required for procedure	Check referring provider is setup	<ol style="list-style-type: none"> <li>1. Go to billing, charges and payments</li> <li>2. Find the patient receiving the rejection</li> <li>3. Find the bill number assigned to the claim</li> <li>4. Click on bill options</li> <li>5. Click on the billing information tab</li> <li>6. Find the field labeled ref provider</li> <li>7. Verify that a referring provider is assigned to the bill number</li> </ol>
Missing invalid date from	Check the date from in transaction entry	<ol style="list-style-type: none"> <li>1. Go to billing, charges and payments</li> <li>2. Find the patient receiving the rejection</li> <li>3. Find the bill number assigned to the claim</li> <li>4. Find the columns labeled date from and date to</li> <li>5. Verify that the dates are correct (that the date of service must occur on or before the transmission date; the date from must occur on or before the date to)</li> </ol>
Death indicator present without death date	Check the death status	<ol style="list-style-type: none"> <li>1. Go to lists, patients</li> <li>2. Find the patient receiving the rejection</li> <li>3. Click on the primary insurance tab</li> <li>4. Find the field labeled status/death</li> <li>5. Verify that the indicator is correct</li> <li>6. If the status is deceased verify that a death date is entered in</li> </ol>
Missing invalid certificate number	Check the insured id	<ol style="list-style-type: none"> <li>1. Go to billing, charges and payments</li> <li>2. Find the patient receiving the rejection</li> <li>3. Find the bill number assigned to the claim</li> <li>4. Click on bill options, billing information</li> <li>5. On the primary insurance tab find the field labeled insured id</li> <li>6. Verify that the correct id number is entered in</li> </ol>
Inv insured id- inv length or characters	Check the insured id	<ol style="list-style-type: none"> <li>1. Go to billing, charges and payments</li> <li>2. Find the patient receiving the rejection</li> <li>3. Find the bill number assigned to the claim</li> <li>4. Click on bill options, billing information</li> <li>5. On the primary insurance tab find the field labeled insured id</li> <li>6. Verify that the correct id number is entered in</li> </ol>

Missing invalid insured city	Check the city of the insured	<ol style="list-style-type: none"> <li>1. Go to list, patients list</li> <li>2. Find the patient that is receiving this rejection</li> <li>3. Click on the primary insurance tab</li> <li>4. Click on the button labeled set insured</li> <li>5. If the insured is not marked as self then click on the magnify glass to the right of the selected insured</li> <li>6. Edit the insured</li> <li>7. Verify that the address information is entered in correctly including street, city, state, and zip code</li> </ol> <p>To verify the city matches the state and zip code check USPS website at: <a href="http://www.usps.com/zip4/citytown.htm">http://www.usps.com/zip4/citytown.htm</a></p>
Missing invalid insured zip	Check the zip code of the insured	<ol style="list-style-type: none"> <li>1. Go to list, patients list</li> <li>2. Find the patient that is receiving this rejection</li> <li>3. Click on the primary insurance tab</li> <li>4. Click on the button labeled set insured</li> <li>5. If the insured is not marked as self then click on the magnify glass to the right of the selected insured</li> <li>6. Edit the insured</li> <li>7. Verify that the address information is entered in correctly including street, city, state, and zip code</li> </ol> <p>To verify the city matches the state and zip code check USPS website at: <a href="http://www.usps.com/zip4/citytown.htm">http://www.usps.com/zip4/citytown.htm</a></p>
Missing invalid insured state	check the state of the insured	<ol style="list-style-type: none"> <li>1. Go to list, patients list</li> <li>2. Find the patient that is receiving this rejection</li> <li>3. Click on the primary insurance tab</li> <li>4. Click on the button labeled set insured</li> <li>5. If the insured is not marked as self then click on the magnify glass to the right of the selected insured</li> <li>6. Edit the insured</li> <li>7. Verify that the address information is entered in correctly including street, city, state, and zip code</li> </ol> <p>To verify the city matches the state and zip code check USPS website at: <a href="http://www.usps.com/zip4/citytown.htm">http://www.usps.com/zip4/citytown.htm</a></p>
Missing invalid Patient Last Name	Check that the patient has both a first and last name	<ol style="list-style-type: none"> <li>1. Go to list, patients</li> <li>2. Find the patient receiving the rejection</li> <li>3. Verify that there is a first and last name entered in</li> </ol>
Missing invalid group number	Check the group number under the case info	<ol style="list-style-type: none"> <li>1. Go to billing, charges and payments</li> <li>2. Find the patient receiving the rejection</li> <li>3. Find the bill number assigned to the claim</li> <li>4. Click on bill options, billing information</li> <li>5. On the primary insurance tab find the field labeled group number</li> <li>6. Verify that the correct group number is entered in</li> </ol>

<p>Accident date required for Diagnosis</p>	<p>Check the injury illness date</p>	<ol style="list-style-type: none"> <li>1. Go to billing, charges and payments</li> <li>2. Find the patient receiving the rejection</li> <li>3. Find the bill number assigned to the claim</li> <li>4. Click on billing, bill options,</li> <li>5. Click on the billing information tab</li> <li>6. Click on the more information button</li> <li>7. Find the area labeled accident</li> <li>8. Find the field labeled date</li> <li>9. Verify that the date is a valid date</li> </ol> <p>Diagnosis codes that are in the 800 or 900 series normally require an accident date</p>
<p>1st symptom date req'd w/ 1st</p>	<p>Check the injury illness date</p>	<ol style="list-style-type: none"> <li>1. Go to billing, charges and payments</li> <li>2. Find the patient receiving the rejection</li> <li>3. Find the bill number assigned to the claim</li> <li>4. Click on billing, bill options,</li> <li>5. Click on the billing information tab</li> <li>7. Find the area labeled symptom</li> <li>8. Find the field labeled date</li> <li>9. Verify that the date is a valid date</li> </ol>
<p>Referring Provider Number Must be Numeric</p>	<p>Check the referring provider insurance code 1</p>	<ol style="list-style-type: none"> <li>1. Go to billing, charges and payments</li> <li>2. Find the patient receiving the rejection</li> <li>3. Find the bill number assigned to the claim</li> <li>4. Click on bill options</li> <li>5. Click on the billing information tab</li> <li>6. Find the field labeled ref provider</li> <li>7. Verify that a referring provider is assigned to the bill number</li> <li>8. If there is a referring provider already assigned to the bill number</li> <li>9. Click on the magnify glass</li> <li>10. Edit the referring provider</li> <li>11. Click on the insurance code tab</li> <li>12. Find the field labeled insurance code 1</li> <li>13. Enter the correct pin of the referring provider</li> </ol>
<p>Invalid Missing Referring Provider Name</p>	<p>Check the referring provider first and last name</p>	<ol style="list-style-type: none"> <li>1. Go to billing, charges and payments</li> <li>2. Find the patient receiving the rejection</li> <li>3. Find the bill number assigned to the claim</li> <li>4. Click on bill options</li> <li>5. Click on the billing information tab</li> <li>6. Find the field labeled ref provider</li> <li>7. Verify that a referring provider is assigned to the bill number</li> <li>8. If there is a referring provider already assigned to the bill number</li> <li>9. Click on the magnify glass</li> <li>10. Edit the referring provider</li> <li>11. Check that both the first and last name are filled out not only the full title</li> </ol>

Discharge date req'd for place of service	Check the hospitalization date	<ol style="list-style-type: none"> <li>1. Go to billing, charges and payments</li> <li>2. Find the patient receiving the rejection</li> <li>3. Find the bill number assigned to the claim</li> <li>4. Click on billing, bill options,</li> <li>5. Click on the billing information tab</li> <li>6. Click on the more information button</li> <li>7. Find the area labeled dates</li> <li>8. Find the field labeled hospitalization</li> <li>9. Verify that a valid date is entered in</li> </ol>
Outside Lab ind must = Y	Check the outside indicator box	<ol style="list-style-type: none"> <li>1. Go to billing, charges and payments</li> <li>2. Find the patient receiving the rejection</li> <li>3. Find the bill number assigned to the claim</li> <li>4. Click on billing, bill options,</li> <li>5. Click on the billing information tab</li> <li>6. Find the area labeled laboratory</li> <li>7. Find the check box labeled lab charges, check when a lab is indicator is needed</li> </ol>
Facility number required for pos code	Check the facility id	<ol style="list-style-type: none"> <li>1. Go to billing, charges and payments</li> <li>2. Find the patient receiving the rejection</li> <li>3. Find the bill number assigned to the claim</li> <li>4. Click on billing, bill options,</li> <li>5. Click on the billing information tab</li> <li>6. Find the field labeled facility</li> <li>7. Verify that a facility is set on the bill</li> </ol>
Invalid/missing date of last x-ray	Check the date of last x-ray	<ol style="list-style-type: none"> <li>1. Go to billing, charges and payments</li> <li>2. Find the patient receiving the rejection</li> <li>3. Find the bill number assigned to the claim</li> <li>4. Click on billing, bill options,</li> <li>5. Click on the billing information tab</li> <li>6. Click on the more information button</li> <li>7. Find the area labeled dates</li> <li>8. Find the field labeled x-ray</li> <li>9. Verify that the date is a valid date for the date of service</li> </ol>
Claim cannot span calendar year	Check the date of service attached to claims	<ol style="list-style-type: none"> <li>1. Go to billing, charges and payments</li> <li>2. Find the patient receiving the rejection</li> <li>3. Find the bill number assigned to the claim</li> <li>4. Find the claims with the dates from a different year</li> <li>5. These claims need to be moved to a different bill number</li> <li>6. This can be done by deleting the transactions and placing them on a new bill</li> </ol>
Audit edit report not coming up after transmission	Check the transmission mode	<ol style="list-style-type: none"> <li>1. Go to list, edi receivers</li> <li>2. Find the receiver that you are using to transmit claims</li> <li>3. Click on the modem tab</li> <li>4. Find the field labeled transmission mode</li> <li>5. Change the transmission mode to active</li> </ol>
Error coping file	Change the name of the claim file being created	When creating the claim file to be transmitted name it something then it was previously named

Missing invalid facility street	Check the facility street	<ol style="list-style-type: none"> <li>1. Go to billing, charges and payments</li> <li>2. Find the patient receiving the rejection</li> <li>3. Find the bill number assigned to the claim</li> <li>4. Click on billing, bill options,</li> <li>5. Click on the billing information tab</li> <li>6. Find the field labeled facility</li> <li>7. Verify that a facility is set on the bill</li> <li>8. Click on the magnify glass</li> <li>9. Edit the facility</li> <li>10. Verify that the street address. city, state and zip code are entered in</li> </ol>
missing invalid subluxation	Check the level of subluxation	<ol style="list-style-type: none"> <li>1. Go to list, patients</li> <li>2. Find the patient receiving the rejection</li> <li>3. Click on the Claim information tab</li> <li>4. Click on the more information button</li> <li>5. Find the field labeled level of subluxation</li> <li>6. Enter the level of subluxation</li> </ol> <p>The first character must be an L or a C or a T, followed by a number which indicates the specific vertebra affected. Do not put dashes or commas in this area. If there is more than one level of subluxation, the second one must be type beginning in position 5 of this field. For example, if a patient has subluxations in the 2nd and 3rd cervical vertebrae, then this field should contain C2 C3 (C2 followed by 2 spaces followed by C3).</p>
missing or invalid diagnosis pointer	Check the diagnosis pointer assigned to the transaction	<ol style="list-style-type: none"> <li>1. Go to billing, charges and payments</li> <li>2. Find the patient receiving the rejection</li> <li>3. Find the bill number assigned to the claim</li> <li>4. Click on detail, more detail</li> <li>5. Verify that the diagnosis code are assigned to each procedure</li> </ol>
Missing invalid clia number	Check the clia number	<ol style="list-style-type: none"> <li>1. Go to billing, charges and payments</li> <li>2. Find the patient receiving the rejection</li> <li>3. Find the bill number assigned to the claim</li> <li>4. Click on bill options</li> <li>5. Click on the billing information tab</li> <li>6. Click on the magnifying glass, find the lab that is being used</li> <li>7. Click on edit at the bottom of this screen.</li> <li>8. Make sure that the CLIA number is entered in.</li> <li>9. Check the procedure code to make sure the procedure is set up to be billed as a lab.</li> <li>10. Go to list, transaction codes</li> <li>11. Edit the transaction code</li> <li>12. Find the transaction that is trying to be billed with a CLIA number.</li> <li>13. On description tab find the field labeled which requires a CLIA Number where applicable</li> <li>14. Verify there is a check mark in this box</li> </ol>
missing or Invalid modifier for procedure	Check the modify assigned to the transaction	<ol style="list-style-type: none"> <li>1. Go to billing, charges and payments</li> <li>2. Find the patient receiving the rejection</li> <li>3. Find the bill number assigned to the claim</li> <li>4. Find the column labeled mod</li> <li>5. Verify that the correct modifier is entered in for the</li> </ol>

		procedure
missing or invalid treatment date	Check the first date consulted	<ol style="list-style-type: none"> <li>1. Go to billing, charges and payments</li> <li>2. Find the patient receiving the rejection</li> <li>3. Find the bill number assigned to the claim</li> <li>4. Click on billing, bill options,</li> <li>5. Click on the billing information tab</li> <li>6. Click on the more information button</li> <li>7. Find the area labeled dates</li> <li>8. Find the field labeled consultation</li> <li>9. Verify that the date is a valid date</li> </ol>
Missing invalid Mammography cert no	Check the mammography number	<ol style="list-style-type: none"> <li>1. Go to list, providers</li> <li>2. Find the provider receiving the rejection</li> <li>3. Click on the other ids tab</li> <li>4. Find the field labeled mammography cert. num</li> <li>5. Verify that the mammography cert. Num is correct</li> </ol>
Missing or Invalid Initial Treatment Date	Check the first date consulted	<ol style="list-style-type: none"> <li>1. Go to billing, charges and payments</li> <li>2. Find the patient receiving the rejection</li> <li>3. Find the bill number assigned to the claim</li> <li>4. Click on billing, bill options,</li> <li>5. Click on the billing information tab</li> <li>6. Click on the more information button</li> <li>7. Find the area labeled dates</li> <li>8. Find the field labeled consultation</li> <li>9. Verify that the date is a valid date</li> </ol>
Accident indicator required for diagnosis		<ol style="list-style-type: none"> <li>1. Go to billing, charges and payments</li> <li>2. Find the patient receiving the rejection</li> <li>3. Find the bill number assigned to the claim</li> <li>4. Click on billing, bill options,</li> <li>5. Click on the billing information tab</li> <li>6. Click on the more information button</li> <li>7. Find the area labeled accident</li> <li>8. Find the field labeled type</li> <li>9. Verify the accident indicator is set correctly, blank= non accident; auto=auto accident; other= all other accidents</li> </ol> <p>Diagnosis codes that are in the 800 or 900 series normally require an accident indicate</p>