

Claim Rejection Tips

Helpful Rejection Reference

Medicare Edits website: www.cignagovernmentservices.com/medicare_dynamic/MCS_edits

- 2010AA- Billing Provider Info/ Box 33a, 33b on 1500 form
- 2310A- Referring Provider Info/ Box 17a, 17b
- 2310B- Rendering Provider Info/ Box 24J

Note: In these fields/records, each clearinghouse/payer will match NPI and provider ID (PTAN, Group #, PIN) in their “crosswalk” system. If the NPI and PIN combination used doesn’t match, a rejection will be generated.

Report Types

- **997 report** = Functional Acknowledgement generated when file is non-compliant
 - *Certain circumstances will prevent a 997 report from generating. Contact clearinghouse to research*
- **837 Confirmation** = Confirms file made it into the adjudication system
- **835 Remits Advice/Electronic EOB** = Information in the Remittance Advice transaction is generated by the payers adjudication system.

Note: All Clearinghouses generate the above reports. If you have any questions about a rejection or are uncertain of the information contained within a report, please contact the Clearinghouse directly for assistance.

Most Common Errors

- **837 Confirmation Report**
 - Billing NPI doesn't match provider ID sent- This is in the 2010AA record also known as 33a, 33b on the 1500 form.

Note: If you have both a group NPI and an Individual NPI, check w/ your payers to find out if you need to provide the group NPI along with a group PIN or use the providers Individual NPI with Individual PIN for processing as some have specific edits.

- Missing provider ID (PIN, PTAN, Group#)
 - Service Date > Illness Date (looks as if patient visited the doctor before they were sick- check DX date of current and date of first Illness linked to DOS)
 - Invalid DX code-expired
- **997 Report**
 - NPI missing for Billing, Referring, Rendering Provider
 - Extra spaces or other non-compliant characters etc.
 - Record sequence