Pended Claims Error Analysis

Error Code 280- Manual Pricing

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEMS
DEPARTMENT OF HEALTH AND HOSPITALS - MEDICAL (BHSF)
PENDED CLAIMS ERROR ANALYSIS

ERROR CODE	ERROR DESCRIPTION	HOSP 01	LTC 02	OPAT 03	PHY 04	RHAB 05	HH 06	AMBL 07	NAMB 08	DME 09	DNTLE 10	DNTL 11	RX 12	EPSDT 13	18-I 14	18-P 15	ADC 16	HAB 17	HMKR 18	TOTAL
008	SERV FRM GT ENTR DTE	0	0	0	0	0	0	0	0	0	0	0	0	7	0	0	0	0	0	7
009	SERV THR GT ENTR DTE	0	0	0	1	0	0	0	0	1	0	0	0	23	0	0	0	0	0	25
013	ORG CLM W ADJ/VD ICN	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	1
076	INV DME PA AMOUNT	0	0	0	0	0	0	0	0	7	0	0	0	0	0	0	0	0	0	7
078	RESUB W/ DOCUMENTS	2	0	3	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	5
136	NO ELIG SERVICE PAID	0	0	0	0	0	0	0	0	0	0	0	0	4	0	0	0	0	0	4
173	LON/LOC NOT MATCHED_	0	19	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	19
174	RECIP NOT XREF	0	0	0	0	0	0	0	0	0	0	0	0	0	7	11	0	0	0	18
190	PA NO NOT ON FILE___	0	0	4	2683	0	0	0	30	0	0	0	0	0	0	0	17	0	0	2734
194	CLAIM OVER PA LIMITS	0	0	0	2400	0	31	0	0	7	0	0	0	0	0	0	11	0	0	2449
215	RECIPIENT NOT ON FIL	0	1	30	79	0	0	6	0	8	29	50	0	29	19	43	0	0	0	294
216	RECIPIENT NOT ELIG	0	0	21	25	0	0	2	0	1	0	0	0	7	16	183	0	0	0	255
242	INPUT SPENDDOWN AMT	0	0	0	2	0	0	1	0	0	0	0	0	0	0	0	0	0	0	3
244	PROV RATE NOF	25	0	0	0	0	0	0	0	0	0	0	0	0	13	0	0	0	0	38
249	SURG REQ MED REV	1	0	0	34	0	0	0	0	0	0	0	0	0	0	0	0	0	0	35
250	DIAG/PROC REQ REVIEW	19	0	572	671	0	0	0	0	0	0	0	0	0	0	6	0	0	0	1268
259	ANESTH REQ REVIEW	0	0	0	51	0	0	0	0	0	0	0	0	0	0	3	0	0	0	54
264	PA-01 REQUIRES REVIE	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2
275	RECIP MEDICARE ELIG	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
280	MANUAL PRICE REQ	0	0	11	19	0	0	0	0	0	0	0	0	0	0	4	0	0	0	34
291	FOUND MULT RESOURCES	1	0	4	23	0	0	0	0	1	0	0	0	0	0	0	0	0	0	29
292	FOUND NO TPL AMOUNT	0	0	91	165	1	0	19	0	10	0	0	0	0	0	0	0	0	0	286
293	RECYC RECI INELG DOS	2	0	36	338	0	0	17	0	12	42	3	0	3	100	865	0	0	0	1418
296	CAR-CODE REQ REVIEW	1	0	81	938	1	0	24	0	14	0	0	0	0	27	105	0	0	0	1191
335	SERVICE LIMIT REVIEW	0	0	0	217	0	0	0	0	0	0	0	0	0	0	81	0	0	0	298
337	CONSENT FORM REVIEW	19	0	6	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	25
338	HYSTER REQ REVIEW	3	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	3
357	LTC DAYS/DATES CONFL	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
358	INVLD RATE FOR LOC	0	5	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	5
371	TIMELY FILING REVIEW	0	0	1	17	0	0	0	0	0	0	0	0	0	0	0	0	0	0	18
492	HMO REVIEW_____	3	0	10	32	0	0	0	0	1	0	0	0	0	0	0	0	0	0	46
493	NON HOSPICE PROVIDER	6	0	257	329	0	0	142	0	6	0	8	0	0	0	0	0	0	0	748
495	NOT HOSPICE ELIGIBLE	0	146	46	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	192
538	REV MED NECESSITY___	0	0	0	4	0	0	0	0	0	0	0	0	0	0	0	0	0	0	4
643	EXCEEDS DAY MAX VISI	0	0	0	17	0	0	0	0	0	0	0	0	0	0	0	0	0	0	17
646	EXCEEDS DAY MAX VISI	0	0	0	8	0	0	0	0	0	0	0	0	0	0	0	0	0	0	8
664	1 PAYABLE/180 DAYS__	0	0	0	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2
734	EXCEEDS-MAX-UNITS-AL	0	0	0	5	0	0	0	0	0	0	0	0	0	0	0	0	0	0	5
739	EXCEEDS-MAX-UNITS-AL	0	0	0	64	0	0	0	0	0	0	0	0	0	0	0	0	0	0	64
754	RVW READMIT/DSCHG DX	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2
782	SEND DATED NOTES	0	0	265	769	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1034
851	SUSPCT DUPE 01 TO 01	4	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	4
852	SUSPCT DUPE 01 TO 14	1	0	0	0	0	0	0	0	0	0	0	0	0	2	0	0	0	0	3
853	SUSPCT DUPE 02 TO 02	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
855	SUSPCT DUPE 03 TO 03	0	0	384	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	384

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEMS
DEPARTMENT OF HEALTH AND HOSPITALS - MEDICAL (BHSF)
PENDED CLAIMS ERROR ANALYSIS

ERROR CODE	ERROR DESCRIPTION	HOSP 01	LTC 02	OPAT 03	PHY 04	RHAB 05	HH 06	AMBL 07	NAMB 08	DME 09	DNTLE 10	DNTL 11	RX 12	EPSDT 13	18-I 14	18-P 15	ADC 16	HAB 17	HMKR 18	TOTAL
863	SUSPCT DUPE 04 TO 04	0	0	0	6	0	0	0	0	0	0	0	0	0	0	0	0	0	0	6
864	SUSPCT DUPE 04 TO 15	0	0	0	4	0	0	0	0	0	0	0	0	0	0	5	0	0	0	9
866	SUSPCT DUPE 05 TO 06	0	0	0	0	4	0	0	0	0	0	0	0	0	0	0	0	0	0	4
872	SUSPCT DUPE 06 TO 06	0	0	0	0	0	3	0	0	0	0	0	0	0	0	0	0	0	0	3
877	SUSPECT DUPE 06-14	0	0	0	0	0	0	0	0	0	0	0	0	0	2	0	0	0	0	2
878	SUSPCT DUPE 07 TO 07	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1
896	SUSPCT DUPE 14 TO 14	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	1
897	SUSPCT DUPE 15 TO 15	0	0	0	0	0	0	0	0	0	0	0	0	0	0	833	0	0	0	833
000	***** TOTAL *****	92	173	1822	8903	6	34	212	30	68	71	61	0	74	187	2139	28	0	0	13900
	*** CLAIM TOT ***	70	99	1805	8771	6	34	212	30	67	71	61	0	74	180	2128	28	0	0	13636

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ERROR CODE	ERROR DESCRIPTION	HOSP 01	LTC 02	OPAT 03	PHY 04	RHAB 05	HH 06	AMBL 07	NAMB 08	DME 09	DNTLE 10	DNTL 11	RX 12	EPSDT 13	18-I 14	18-P 15	ADC 16	HAB 17	HMKR 18	TOTAL
005	INVAL SERV FROM DATE	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	1
006	INVAL SERV THRU DATE	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	1
008	SERV FRM GT ENTR DTE	0	0	0	0	0	0	0	0	0	0	0	0	9	0	0	0	0	0	9
009	SERV THR GT ENTR DTE	0	0	0	0	0	0	0	0	19	0	0	0	21	0	8	0	0	0	48
013	ORG CLM W ADJ/VD ICN	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	1
021	INVALID FORMER REFNO	0	0	0	0	0	0	0	0	0	0	0	0	0	2	0	0	0	0	2
043	INV ATTENDING PHYS	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	1
059	SUSP COND MISSNG/REQ	0	0	0	0	0	0	0	0	0	0	0	0	4	0	0	0	0	0	4
076	INV DME PA AMOUNT	0	0	0	0	0	0	0	0	4	0	0	0	0	0	0	0	0	0	4
078	RESUB W/ DOCUMENTS	0	0	1	4	0	0	0	0	0	0	0	0	0	0	0	0	0	0	5
092	INVLD/MISSNG MODIFR	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	1
103	INV TOOTH/CAVITY CDE	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	1
136	NO ELIG SERVICE PAID	0	0	0	0	0	0	0	0	0	0	0	0	11	0	0	0	0	0	11
170	PRECERT REVIEW	0	0	0	7	0	0	0	0	0	0	0	0	0	0	0	0	0	0	7
173	LON/LOC NOT MATCHED_	0	66	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	66
174	RECIP NOT XREF	0	0	0	0	0	0	0	0	0	0	0	0	0	6	38	0	0	0	44
175	CHARGES MISSING	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	1
190	PA NO NOT ON FILE___	0	0	16	3839	0	6	0	43	0	0	0	0	0	0	0	22	0	0	3926
194	CLAIM OVER PA LIMITS	0	0	0	2151	0	25	0	0	0	0	0	0	0	0	0	30	0	0	2206
200	PROV/ATTEND NOF	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	1
210	PROV PROC CONFLICT	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	1
211	DOS LESS THAN DOB	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
215	RECIPIENT NOT ON FIL	2	10	76	204	2	0	10	4	16	17	20	0	95	16	213	0	0	0	685
216	RECIPIENT NOT ELIG	2	0	2	144	0	0	4	0	1	13	1	0	13	31	201	0	0	0	412
218	LOCK IN RECIPIENT	0	0	0	3	0	0	0	0	0	0	0	0	0	0	0	0	0	0	3
222	SVC OVERLAPS REC ELI	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	1
242	INPUT SPENDDOWN AMT	1	0	26	6	0	0	2	0	0	0	0	0	0	0	0	0	0	0	35
244	PROV RATE NOF	21	0	0	0	0	0	0	0	0	0	0	0	0	13	0	0	0	0	34
249	SURG REQ MED REV	0	0	0	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2
250	DIAG/PROC REQ REVIEW	0	0	1856	316	0	0	0	0	0	0	0	0	0	0	1	0	0	0	2173
258	SPAN DATES/QUANT DIF	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
259	ANESTH REQ REVIEW	0	0	0	9	0	0	0	0	0	0	0	0	0	0	0	0	0	0	9
275	RECIP MEDICARE ELIG	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	1
280	MANUAL PRICE REQ	0	0	11	6	0	0	0	0	0	0	0	0	0	0	0	0	0	0	17
291	FOUND MULT RESOURCES	0	0	1	5	0	0	0	0	0	0	0	0	0	0	0	0	0	0	6
292	FOUND NO TPL AMOUNT	0	0	102	109	6	0	31	0	13	0	0	0	0	0	0	0	0	0	261
293	RECYC RECI INELG DOS	3	0	88	337	0	1	38	0	0	80	4	0	7	50	774	0	0	0	1382
296	CAR-CODE REQ REVIEW	0	0	173	257	0	0	122	0	6	0	0	0	0	25	153	0	0	0	736
335	SERVICE LIMIT REVIEW	0	0	0	136	0	0	0	0	0	0	0	0	0	0	44	0	0	0	180
337	CONSENT FORM REVIEW	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
338	HYSTER REQ REVIEW	0	0	3	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	3
357	LTC DAYS/DATES CONFL	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
358	INVLD RATE FOR LOC	0	7	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	7
371	TIMELY FILING REVIEW	3	0	48	64	0	0	1	0	0	0	1	0	0	0	0	0	0	0	117
492	HMO REVIEW_____	0	0	51	9	0	0	2	0	5	0	0	0	0	0	0	0	0	0	67

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PENDED CLAIMS ERROR ANALYSIS

ERROR CODE	ERROR DESCRIPTION	HOSP 01	LTC 02	OPAT 03	PHY 04	RHAB 05	HH 06	AMBL 07	NAMB 08	DME 09	DNTLE 10	DNTL 11	RX 12	EPSDT 13	18-I 14	18-P 15	ADC 16	HAB 17	HMKR 18	TOTAL
493	NON HOSPICE PROVIDER	4	0	204	294	0	0	118	0	5	0	6	0	0	0	0	0	0	0	631
495	NOT HOSPICE ELIGIBLE	0	240	58	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	298
553	SUSPCT DUPE 16 TO 16	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	7	0	0	7
643	EXCEEDS DAY MAX VISI	0	0	0	18	0	0	0	0	0	0	0	0	0	0	0	0	0	0	18
646	EXCEEDS DAY MAX VISI	0	0	0	8	0	0	0	0	0	0	0	0	0	0	0	0	0	0	8
664	1 PAYABLE/180 DAYS__	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
739	EXCEEDS-MAX-UNITS-AL	0	0	0	62	0	0	0	0	0	0	0	0	0	0	0	0	0	0	62
754	RVW READMIT/DSCHG DX	4	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	4
782	SEND DATED NOTES	0	0	143	501	0	0	0	0	0	0	0	0	0	0	0	0	0	0	644
832	EXACT DUPE 07 TO 15	0	0	0	0	0	0	0	0	0	0	0	0	0	0	4	0	0	0	4
852	SUSPCT DUPE 01 TO 14	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2
853	SUSPCT DUPE 02 TO 02	0	7	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	7
855	SUSPCT DUPE 03 TO 03	0	0	463	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	463
863	SUSPCT DUPE 04 TO 04	0	0	0	65	0	0	0	0	0	0	0	0	0	0	0	0	0	0	65
864	SUSPCT DUPE 04 TO 15	0	0	0	4	0	0	0	0	0	0	0	0	0	0	2	0	0	0	6
866	SUSPCT DUPE 05 TO 06	0	0	0	0	5	0	0	0	0	0	0	0	0	0	0	0	0	0	5
872	SUSPCT DUPE 06 TO 06	0	0	0	0	0	2	0	0	0	0	0	0	0	0	0	0	0	0	2
877	SUSPECT DUPE 06-14	0	0	0	0	0	9	0	0	0	0	0	0	0	1	0	0	0	0	10
878	SUSPCT DUPE 07 TO 07	0	0	0	0	0	0	3	0	0	0	0	0	0	0	0	0	0	0	3
896	SUSPCT DUPE 14 TO 14	0	0	0	0	0	0	0	0	0	0	0	0	0	2	0	0	0	0	2
897	SUSPCT DUPE 15 TO 15	0	0	0	0	0	0	0	0	0	0	0	0	0	0	424	0	0	0	424
978	CAL.PRICE IS ZERO	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
000	***** TOTAL *****	42	331	3324	8563	13	44	331	47	72	111	32	0	161	149	1864	59	0	0	15143
	*** CLAIM TOT ***	35	210	3199	8772	13	44	330	47	70	111	32	0	157	141	1819	59	0	0	15039

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ERROR CODE	ERROR DESCRIPTION	HOSP 01	LTC 02	OPAT 03	PHY 04	RHAB 05	HH 06	AMBL 07	NAMB 08	DME 09	DNTLE 10	DNTL 11	RX 12	EPSDT 13	18-I 14	18-P 15	ADC 16	HAB 17	HMKR 18	TOTAL
005	INVAL SERV FROM DATE	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	1
006	INVAL SERV THRU DATE	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	1
008	SERV FRM GT ENTR DTE	0	0	0	0	0	0	0	0	0	0	0	0	9	0	0	0	0	0	9
009	SERV THR GT ENTR DTE	0	0	0	0	0	0	0	1	36	0	0	0	21	0	12	0	0	0	70
013	ORG CLM W ADJ/VD ICN	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	1
014	IMM COMPL MISS/INVLD	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	1
021	INVALID FORMER REFNO	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	1
030	SERV THRU DT TOO OLD	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
043	INV ATTENDING PHYS	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	1
058	SUSP COND DISCRPANCY	0	0	0	0	0	0	0	0	0	0	0	0	4	0	0	0	0	0	4
076	INV DME PA AMOUNT	0	0	0	0	0	0	0	0	4	0	0	0	0	0	0	0	0	0	4
078	RESUB W/ DOCUMENTS	0	0	1	9	0	0	0	0	0	0	0	0	0	0	0	0	0	0	10
092	INVLD/MISSNG MODIFR	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	1
093	REVENUE CODE MISSING	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	1
115	HCPC CD NOT ON FILE	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
136	NO ELIG SERVICE PAID	0	0	0	0	0	0	0	0	0	0	0	0	11	0	0	0	0	0	11
170	PRECERT REVIEW	0	0	0	60	0	0	0	0	0	0	0	0	0	0	0	0	0	0	60
173	LON/LOC NOT MATCHED_	0	88	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	88
174	RECIP NOT XREF	0	0	0	0	0	0	0	0	0	0	0	0	0	1	114	0	0	0	115
190	PA NO NOT ON FILE___	0	0	17	4314	0	0	0	51	0	0	0	0	0	0	0	21	0	0	4403
194	CLAIM OVER PA LIMITS	0	0	0	2407	0	21	0	0	1	0	0	0	0	0	0	65	0	0	2494
200	PROV/ATTEND NOF	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	1
210	PROV PROC CONFLICT	0	0	0	0	0	0	0	0	0	0	0	0	0	0	20	0	0	0	20
211	DOS LESS THAN DOB	1	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2
215	RECIPIENT NOT ON FIL	5	22	120	284	0	10	43	8	15	70	72	0	105	13	306	0	0	0	1073
216	RECIPIENT NOT ELIG	2	0	38	186	0	1	19	0	0	33	2	0	23	25	516	0	0	0	845
222	SVC OVERLAPS REC ELI	0	0	0	0	0	0	0	0	0	0	0	0	0	3	1	0	0	0	4
242	INPUT SPENDDOWN AMT	20	0	25	6	0	1	0	0	0	0	0	0	0	0	5	0	0	0	57
244	PROV RATE NOF	21	0	0	0	0	0	0	0	0	0	0	0	0	13	0	0	0	0	34
249	SURG REQ MED REV	5	0	0	28	0	0	0	0	0	0	0	0	0	0	0	0	0	0	33
250	DIAG/PROC REQ REVIEW	39	0	2919	1025	0	0	3	0	0	0	0	0	0	0	2	0	0	0	3988
258	SPAN DATES/QUANT DIF	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
259	ANESTH REQ REVIEW	0	0	0	118	0	0	0	0	0	0	0	0	0	0	3	0	0	0	121
264	PA-01 REQUIRES REVIE	7	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	7
275	RECIP MEDICARE ELIG	4	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	4
280	MANUAL PRICE REQ	0	0	27	74	0	0	0	0	0	0	0	0	0	0	4	0	0	0	105
285	PAYMENT GR BILLED CH	0	0	0	0	0	0	0	0	0	0	0	0	0	2	0	0	0	0	2
291	FOUND MULT RESOURCES	1	0	1	5	0	0	0	0	0	0	0	0	0	0	0	0	0	0	7
292	FOUND NO TPL AMOUNT	0	0	103	136	28	0	30	0	7	0	0	0	0	0	0	0	0	0	304
293	RECYC RECI INELG DOS	0	0	28	769	0	0	1	1	4	30	0	0	0	102	656	0	0	0	1591
296	CAR-CODE REQ REVIEW	3	0	89	487	0	0	68	0	13	0	0	0	0	28	102	0	0	0	790
335	SERVICE LIMIT REVIEW	0	0	0	165	0	0	0	0	0	0	0	0	0	0	65	0	0	0	230
337	CONSENT FORM REVIEW	46	0	5	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	51
338	HYSTER REQ REVIEW	4	0	5	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	9
357	LTC DAYS/DATES CONFL	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEMS
DEPARTMENT OF HEALTH AND HOSPITALS - MEDICAL (BHSF)
PENDED CLAIMS ERROR ANALYSIS

ERROR CODE	ERROR DESCRIPTION	HOSP 01	LTC 02	OPAT 03	PHY 04	RHAB 05	HH 06	AMBL 07	NAMB 08	DME 09	DNTLE 10	DNTL 11	RX 12	EPSDT 13	18-I 14	18-P 15	ADC 16	HAB 17	HMKR 18	TOTAL
358	INVLD RATE FOR LOC	0	8	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	8
371	TIMELY FILING REVIEW	11	0	40	68	0	37	0	0	28	11	1	0	0	0	0	0	0	0	196
400	REFER PHYSICIAN REQD	0	0	0	0	0	6	0	0	0	0	0	0	0	0	0	0	0	0	6
480	DEDUCT EXCEEDS MAX	0	0	0	0	0	0	0	0	0	0	0	0	0	0	4	0	0	0	4
492	HMO REVIEW_____	0	0	14	13	0	0	0	0	0	0	0	0	0	0	0	0	0	0	27
493	NON HOSPICE PROVIDER	2	0	190	279	0	0	113	0	4	0	6	0	0	0	0	0	0	0	594
495	NOT HOSPICE ELIGIBLE	0	200	53	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	253
538	REV MED NECESSITY___	0	0	0	5	0	0	0	0	0	0	0	0	0	0	0	0	0	0	5
553	SUSPCT DUPE 16 TO 16	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	1
643	EXCEEDS DAY MAX VISI	0	0	0	11	0	0	0	0	0	0	0	0	0	0	0	0	0	0	11
646	EXCEEDS DAY MAX VISI	0	0	0	13	0	0	0	0	0	0	0	0	0	0	0	0	0	0	13
734	EXCEEDS-MAX-UNITS-AL	0	0	0	5	0	0	0	0	0	0	0	0	0	0	0	0	0	0	5
739	EXCEEDS-MAX-UNITS-AL	0	0	0	47	0	0	0	0	0	0	0	0	0	0	0	0	0	0	47
754	RVW READMIT/DSCHG DX	3	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	3
782	SEND DATED NOTES	0	0	175	567	0	0	0	0	0	0	0	0	0	0	0	0	0	0	742
852	SUSPCT DUPE 01 TO 14	3	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	3
853	SUSPCT DUPE 02 TO 02	0	3	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	3
855	SUSPCT DUPE 03 TO 03	0	0	548	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	548
863	SUSPCT DUPE 04 TO 04	0	0	0	16	0	0	0	0	0	0	0	0	0	0	0	0	0	0	16
864	SUSPCT DUPE 04 TO 15	0	0	0	6	0	0	0	0	0	0	0	0	0	0	2	0	0	0	8
866	SUSPCT DUPE 05 TO 06	0	0	0	0	3	0	0	0	0	0	0	0	0	0	0	0	0	0	3
872	SUSPCT DUPE 06 TO 06	0	0	0	0	0	13	0	0	0	0	0	0	0	0	0	0	0	0	13
877	SUSPECT DUPE 06-14	0	0	0	0	0	0	0	0	0	0	0	0	0	2	0	0	0	0	2
878	SUSPCT DUPE 07 TO 07	0	0	0	0	0	0	6	0	0	0	0	0	0	0	0	0	0	0	6
896	SUSPCT DUPE 14 TO 14	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	1
897	SUSPCT DUPE 15 TO 15	0	0	0	0	0	0	0	0	0	0	0	0	0	0	838	0	0	0	838
978	CAL.PRICE IS ZERO	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
980	INVALID ADJ REASON	0	0	0	0	0	0	0	0	0	0	0	0	2	0	0	0	0	0	2
000	***** TOTAL *****	177	323	440	011	105	31	90	283	61	115	144	81	0	177	193	2650	87	0	0	19917
	*** CLAIM TOT ***	139	221	411	412	090	31	84	283	61	112	144	81	0	172	189	2525	87	0	0	20333

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEMS
DEPARTMENT OF HEALTH AND HOSPITALS - MEDICAL (BHSF)
PENDED CLAIMS ERROR ANALYSIS

ERROR CODE	ERROR DESCRIPTION	HOSP 01	LTC 02	OPAT 03	PHY 04	RHAB 05	HH 06	AMBL 07	NAMB 08	DME 09	DNTLE 10	DNTL 11	RX 12	EPSDT 13	18-I 14	18-P 15	ADC 16	HAB 17	HMKR 18	TOTAL
005	INVAL SERV FROM DATE	0	0	0	0	0	0	0	0	0	0	0	0	0	2	0	0	0	0	2
006	INVAL SERV THRU DATE	0	0	0	0	0	0	0	0	0	0	0	0	0	2	0	0	0	0	2
008	SERV FRM GT ENTR DTE	0	0	0	0	0	0	0	0	0	0	0	0	11	0	1	0	0	0	12
009	SERV THR GT ENTR DTE	0	0	0	0	0	0	0	0	20	0	0	0	21	0	7	0	0	0	48
013	ORG CLM W ADJ/VD ICN	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	1
014	IMM COMPL MISS/INVLD	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	1
020	INVAL/MISS DIAG CODE	0	0	0	0	0	0	0	0	3	0	0	0	0	0	0	0	0	0	3
021	INVALID FORMER REFNO	1	0	1	0	0	0	0	0	0	1	0	0	0	1	0	0	0	0	4
023	INV PARTIAL RECIP	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
025	IMM NOT COMP RSN MIS	0	0	0	0	0	0	0	0	0	0	0	0	3	0	0	0	0	0	3
043	INV ATTENDING PHYS	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	1
045	INV PATIENT STATUS	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
057	WERE SUSP COND -MISS	0	0	0	0	0	0	0	0	0	0	0	0	4	0	0	0	0	0	4
058	SUSP COND DISCRPANCY	0	0	0	0	0	0	0	0	0	0	0	0	9	0	0	0	0	0	9
059	SUSP COND MISSNG/REQ	0	0	0	0	0	0	0	0	0	0	0	0	4	0	0	0	0	0	4
060	INVALID COVERED DAYS	7	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	7
068	INV SOURCE ADMISN	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
076	INV DME PA AMOUNT	0	0	0	0	0	0	0	0	3	0	0	0	0	0	0	0	0	0	3
078	RESUB W/ DOCUMENTS	2	0	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	4
092	INVLD/MISSNG MODIFR	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	1
096	REVENUE CHG MISSING	3	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	3
103	INV TOOTH/CAVITY CDE	0	0	0	0	0	0	0	0	0	38	0	0	0	0	0	0	0	0	38
115	HCPC CD NOT ON FILE	0	0	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2
136	NO ELIG SERVICE PAID	0	0	0	0	0	0	0	0	0	0	0	0	4	0	0	0	0	0	4
155	REF MISS/REQ-MEDICAL	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	1
156	REF MISS/REQ-VISION_	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	1
170	PRECERT REVIEW	0	0	0	53	0	0	0	0	0	0	0	0	0	0	0	0	0	0	53
173	LON/LOC NOT MATCHED_	0	130	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	130
174	RECIP NOT XREF	0	0	0	0	0	0	0	0	0	0	0	0	0	20	88	0	0	0	108
175	CHARGES MISSING	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	1
190	PA NO NOT ON FILE___	0	0	18	3062	0	0	0	50	3	6	0	0	0	0	0	130	0	0	3269
194	CLAIM OVER PA LIMITS	0	0	0	3366	0	24	0	0	1	0	0	0	0	0	0	84	0	0	3475
200	PROV/ATTEND NOF	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	1
210	PROV PROC CONFLICT	0	0	0	1	0	0	0	0	0	0	0	0	0	0	39	0	0	0	40
211	DOS LESS THAN DOB	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
215	RECIPIENT NOT ON FIL	2	38	138	214	0	0	10	11	20	94	82	0	64	44	278	43	0	0	1038
216	RECIPIENT NOT ELIG	0	0	28	675	0	0	0	1	4	30	0	0	14	84	555	0	0	0	1391
217	RECIP NAME MISMATCH	0	4	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	4
218	LOCK IN RECIPIENT	0	0	0	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2
222	SVC OVERLAPS REC ELI	1	0	0	0	0	0	0	0	2	0	0	0	0	0	1	0	0	0	4
242	INPUT SPENDDOWN AMT	23	0	360	217	0	0	0	0	0	0	0	0	0	1	2	0	0	0	603
244	PROV RATE NOF	21	0	0	0	0	0	0	0	0	0	0	0	0	13	0	0	0	0	34
249	SURG REQ MED REV	3	0	0	53	0	0	0	0	0	0	0	0	0	0	0	0	0	0	56
250	DIAG/PROC REQ REVIEW	31	0	1599	1447	0	0	13	0	0	0	0	0	0	0	4	0	0	0	3094
258	SPAN DATES/QUANT DIF	0	0	0	3	0	0	0	0	0	0	0	0	0	0	0	1	0	0	4

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEMS
DEPARTMENT OF HEALTH AND HOSPITALS - MEDICAL (BHSF)
PENDED CLAIMS ERROR ANALYSIS

ERROR CODE	ERROR DESCRIPTION	HOSP 01	LTC 02	OPAT 03	PHY 04	RHAB 05	HH 06	AMBL 07	NAMB 08	DME 09	DNTLE 10	DNTL 11	RX 12	EPSDT 13	18-I 14	18-P 15	ADC 16	HAB 17	HMKR 18	TOTAL
259	ANESTH REQ REVIEW	0	0	0	121	0	0	0	0	0	0	0	0	0	0	0	0	0	0	121
264	PA-01 REQUIRES REVIE	3	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	3
275	RECIP MEDICARE ELIG	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2
280	MANUAL PRICE REQ	0	0	52	155	0	0	0	0	0	0	0	0	0	0	13	0	0	0	220
285	PAYMENT GR BILLED CH	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	1
291	FOUND MULT RESOURCES	2	0	12	18	0	0	0	0	2	0	0	0	0	2	0	0	0	0	36
292	FOUND NO TPL AMOUNT	0	0	236	123	0	0	17	0	6	0	0	0	0	0	0	0	0	0	382
293	RECYC RECI INELG DOS	0	0	73	642	0	1	1	0	4	47	0	0	0	129	620	0	0	0	1517
296	CAR-CODE REQ REVIEW	2	0	339	521	0	0	57	0	14	0	0	0	0	33	144	0	0	0	1110
300	CLAIM SPANS FISCL YR	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
308	REF MISS/REQ-PSY/SOC	0	0	0	0	0	0	0	0	0	0	0	0	2	0	0	0	0	0	2
314	SUSP CON MIS/REQ-RF1	0	0	0	0	0	0	0	0	0	0	0	0	4	0	0	0	0	0	4
317	STMT DTE/ACCOM CONFL	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2
326	APP DATE MIS/REQ-RF1	0	0	0	0	0	0	0	0	0	0	0	0	3	0	0	0	0	0	3
335	SERVICE LIMIT REVIEW	0	0	0	188	0	0	0	0	0	0	0	0	0	0	74	0	0	0	262
337	CONSENT FORM REVIEW	32	0	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	34
338	HYSTER REQ REVIEW	6	0	6	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	12
343	APP DATE MIS/REQ RF2	0	0	0	0	0	0	0	0	0	0	0	0	3	0	0	0	0	0	3
357	LTC DAYS/DATES CONFL	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
358	INVLD RATE FOR LOC	0	34	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	34
371	TIMELY FILING REVIEW	5	0	232	397	0	1	0	0	5	15	1	0	0	0	0	0	0	0	656
373	INVALID LEAVE DATE	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
400	REFER PHYSICIAN REQD	0	0	0	6	0	0	0	0	0	0	0	0	0	0	0	0	0	0	6
480	DEDUCT EXCEEDS MAX	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2	0	0	0	2
492	HMO REVIEW_____	0	0	23	20	0	0	2	0	1	0	0	0	0	0	0	0	0	0	46
493	NON HOSPICE PROVIDER	2	0	176	253	0	0	101	0	4	0	6	0	0	0	0	0	0	0	542
495	NOT HOSPICE ELIGIBLE	0	182	45	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	227
538	REV MED NECESSITY___	0	0	0	6	0	0	0	0	0	0	0	0	0	0	0	0	0	0	6
643	EXCEEDS DAY MAX VISI	0	0	0	40	0	0	0	0	0	0	0	0	0	0	0	0	0	0	40
646	EXCEEDS DAY MAX VISI	0	0	0	20	0	0	0	0	0	0	0	0	0	0	0	0	0	0	20
664	1 PAYABLE/180 DAYS__	0	0	0	6	0	0	0	0	0	0	0	0	0	0	0	0	0	0	6
734	EXCEEDS-MAX-UNITS-AL	0	0	0	6	0	0	0	0	0	0	0	0	0	0	0	0	0	0	6
739	EXCEEDS-MAX-UNITS-AL	0	0	0	42	0	0	0	0	0	0	0	0	0	0	0	0	0	0	42
754	RVW READMIT/DSCHG DX	9	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	9
782	SEND DATED NOTES	0	0	211	927	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1138
832	EXACT DUPE 07 TO 15	0	0	0	0	0	0	3	0	0	0	0	0	0	0	2	0	0	0	5
852	SUSPCT DUPE 01 TO 14	4	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	4
853	SUSPCT DUPE 02 TO 02	0	16	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	16
855	SUSPCT DUPE 03 TO 03	0	0	449	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	449
863	SUSPCT DUPE 04 TO 04	0	0	0	16	0	0	0	0	0	0	0	0	0	0	0	0	0	0	16
864	SUSPCT DUPE 04 TO 15	0	0	0	6	0	0	0	0	0	0	0	0	0	0	1	0	0	0	7
866	SUSPCT DUPE 05 TO 06	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	1
872	SUSPCT DUPE 06 TO 06	0	0	0	0	0	3	0	0	0	0	0	0	0	0	0	0	0	0	3
896	SUSPCT DUPE 14 TO 14	0	0	0	0	0	0	0	0	0	0	0	0	0	5	0	0	0	0	5
897	SUSPCT DUPE 15 TO 15	0	0	0	0	0	0	0	0	0	0	0	0	0	0	862	0	0	0	862

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEMS
DEPARTMENT OF HEALTH AND HOSPITALS - MEDICAL (BHSF)
PENDED CLAIMS ERROR ANALYSIS

ERROR CODE	ERROR DESCRIPTION	HOSP 01	LTC 02	OPAT 03	PHY 04	RHAB 05	HH 06	AMBL 07	NAMB 08	DME 09	DNTLE 10	DNTL 11	RX 12	EPSDT 13	18-I 14	18-P 15	ADC 16	HAB 17	HMKR 18	TOTAL
978	CAL.PRICE IS ZERO	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
980	INVALID ADJ REASON	0	0	0	0	0	0	0	0	0	0	0	0	2	0	0	0	0	0	2
000	***** TOTAL *****	165	408	400	512	607	1	29	204	62	95	231	89	0	152	337	2694	258	0	0	21337
	*** CLAIM TOT ***	130	314	384	013	193	1	29	204	62	92	215	89	0	145	315	2600	258	0	0	21487

LAM2W240
RUN: 07/31/10 08:03:08
CYCLE: 08/03/10

LOUISIANA MEDICAID MANAGEMENT INFORMATION SYSTEMS
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ERROR CODE	ERROR DESCRIPTION	HOSP 01	LTC 02	OPAT 03	PHY 04	RHAB 05	HH 06	AMBL 07	NAMB 08	DME 09	DNTLE 10	DNTL 11	RX 12	EPSDT 13	18-I 14	18-P 15	ADC 16	HAB 17	HMKR 18	TOTAL
002	INVALID PROVIDER NO	0	0	0	0	0	0	0	0	0	4	0	0	0	0	0	0	0	0	4
008	SERV FRM GT ENTR DTE	0	0	0	0	0	0	0	0	0	6	0	0	9	0	0	0	0	0	15
009	SERV THR GT ENTR DTE	0	0	0	0	0	0	0	1	1	6	0	0	20	0	8	0	0	0	36
013	ORG CLM W ADJ/VD ICN	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	1
021	INVALID FORMER REFNO	0	1	0	2	0	0	0	0	0	0	0	0	0	1	1	0	0	0	5
076	INV DME PA AMOUNT	0	0	0	0	0	0	0	0	6	0	0	0	0	0	0	0	0	0	6
078	RESUB W/ DOCUMENTS	2	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	3
096	REVENUE CHG MISSING	3	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	3
103	INV TOOTH/CAVITY CDE	0	0	0	0	0	0	0	0	0	15	4	0	0	0	0	0	0	0	19
170	PRECERT REVIEW	0	0	0	51	0	0	0	0	0	0	0	0	0	0	0	0	0	0	51
173	LON/LOC NOT MATCHED_	0	65	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	65
174	RECIP NOT XREF	0	0	0	0	0	0	0	0	0	0	0	0	0	7	90	0	0	0	97
190	PA NO NOT ON FILE___	0	0	14	3235	0	0	0	31	2	0	0	0	0	0	0	0	0	0	3282
194	CLAIM OVER PA LIMITS	0	0	0	2839	0	34	0	0	0	0	0	0	0	0	0	9	0	0	2882
200	PROV/ATTEND NOF	0	0	0	0	0	0	0	0	0	4	0	0	0	0	0	0	0	0	4
210	PROV PROC CONFLICT	0	0	0	11	0	0	0	0	0	0	0	0	0	0	1	0	0	0	12
211	DOS LESS THAN DOB	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
215	RECIPIENT NOT ON FIL	3	34	38	121	0	0	16	11	12	61	29	0	55	27	231	0	0	0	638
216	RECIPIENT NOT ELIG	0	0	18	86	0	1	1	0	0	10	0	0	10	99	403	0	0	0	628
218	LOCK IN RECIPIENT	0	0	0	6	0	0	0	0	0	0	0	0	0	0	0	0	0	0	6
222	SVC OVERLAPS REC ELI	3	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	3
242	INPUT SPENDDOWN AMT	20	0	64	20	0	0	0	0	0	0	0	0	0	2	0	0	0	0	106
244	PROV RATE NOF	26	0	0	0	0	0	0	0	0	0	0	0	0	13	0	0	0	0	39
249	SURG REQ MED REV	4	0	0	14	0	0	0	0	0	0	0	0	0	0	0	0	0	0	18
250	DIAG/PROC REQ REVIEW	26	0	1034	427	0	0	0	0	0	0	0	0	0	0	5	0	0	0	1492
258	SPAN DATES/QUANT DIF	0	0	0	5	0	0	0	0	0	0	0	0	0	0	0	0	0	0	5
259	ANESTH REQ REVIEW	0	0	0	53	0	0	0	0	0	0	0	0	0	0	3	0	0	0	56
264	PA-01 REQUIRES REVIE	7	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	7
275	RECIP MEDICARE ELIG	3	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	4
280	MANUAL PRICE REQ	0	0	40	29	0	0	0	0	0	0	0	0	0	0	26	0	0	0	95
291	FOUND MULT RESOURCES	2	0	6	10	0	0	0	0	2	0	0	0	0	4	1	0	0	0	25
292	FOUND NO TPL AMOUNT	0	0	88	100	0	0	11	0	10	0	0	0	0	0	0	0	0	0	209
293	RECYC RECI INELG DOS	0	0	8	174	0	0	0	0	23	55	2	0	1	4	343	0	0	0	610
296	CAR-CODE REQ REVIEW	2	0	217	305	0	0	13	0	15	0	0	0	0	19	97	0	0	0	668
300	CLAIM SPANS FISCL YR	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2
335	SERVICE LIMIT REVIEW	0	0	0	158	0	0	0	0	0	0	0	0	0	0	84	0	0	0	242
337	CONSENT FORM REVIEW	20	0	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	22
338	HYSTER REQ REVIEW	14	0	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	16
357	LTC DAYS/DATES CONFL	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
358	INVLD RATE FOR LOC	0	32	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	32
371	TIMELY FILING REVIEW	9	0	233	162	0	11	34	0	4	9	2	0	0	0	0	0	0	0	464
400	REFER PHYSICIAN REQD	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
402	NO SERV EXCEEDS MAX	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1
458	MAC/FUL COST IS ZERO	0	0	0	0	0	0	0	0	0	0	0	2	0	0	0	0	0	0	2
492	HMO REVIEW_____	0	0	13	25	0	0	0	0	1	0	0	0	0	0	0	0	0	0	39

PENDED CLAIMS ERROR ANALYSIS

ERROR CODE	ERROR DESCRIPTION	HOSP 01	LTC 02	OPAT 03	PHY 04	RHAB 05	HH 06	AMBL 07	NAMB 08	DME 09	DNTLE 10	DNTL 11	RX 12	EPSDT 13	18-I 14	18-P 15	ADC 16	HAB 17	HMKR 18	TOTAL
493	NON HOSPICE PROVIDER	1	0	148	226	0	0	76	0	4	0	4	0	0	0	0	0	0	0	459
495	NOT HOSPICE ELIGIBLE	0	128	43	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	171
643	EXCEEDS DAY MAX VISI	0	0	0	22	0	0	0	0	0	0	0	0	0	0	0	0	0	0	22
646	EXCEEDS DAY MAX VISI	0	0	0	18	0	0	0	0	0	0	0	0	0	0	0	0	0	0	18
664	1 PAYABLE/180 DAYS__	0	0	0	6	0	0	0	0	0	0	0	0	0	0	0	0	0	0	6
734	EXCEEDS-MAX-UNITS-AL	0	0	0	3	0	0	0	0	0	0	0	0	0	0	0	0	0	0	3
739	EXCEEDS-MAX-UNITS-AL	0	0	0	34	0	0	0	0	0	0	0	0	0	0	0	0	0	0	34
754	RVW READMIT/DSCHG DX	3	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	3
782	SEND DATED NOTES	0	0	196	854	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1050
852	SUSPCT DUPE 01 TO 14	1	0	0	0	0	0	0	0	0	0	0	0	0	2	0	0	0	0	3
855	SUSPCT DUPE 03 TO 03	0	0	410	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	410
863	SUSPCT DUPE 04 TO 04	0	0	0	406	0	0	0	0	0	0	0	0	0	0	0	0	0	0	406
864	SUSPCT DUPE 04 TO 15	0	0	0	3	0	0	0	0	0	0	0	0	0	0	1	0	0	0	4
866	SUSPCT DUPE 05 TO 06	0	0	0	0	3	0	0	0	0	0	0	0	0	0	0	0	0	0	3
872	SUSPCT DUPE 06 TO 06	0	0	0	0	0	7	0	0	0	0	0	0	0	0	0	0	0	0	7
877	SUSPECT DUPE 06-14	0	0	0	0	0	1	0	0	0	0	0	0	0	3	0	0	0	0	4
878	SUSPCT DUPE 07 TO 07	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1
896	SUSPCT DUPE 14 TO 14	0	0	0	0	0	0	0	0	0	0	0	0	0	3	0	0	0	0	3
897	SUSPCT DUPE 15 TO 15	0	0	0	0	0	0	0	0	0	0	0	0	0	0	461	0	0	0	461
978	CAL.PRICE IS ZERO	0	0	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2
980	INVALID ADJ REASON	0	0	0	0	0	0	0	0	0	0	0	0	2	0	0	0	0	0	2
000	***** TOTAL *****	151	261	2578	9407	3	55	152	43	80	170	41	2	98	184	1755	9	0	0	14989
	*** CLAIM TOT ***	116	195	2507	9849	3	55	152	42	80	160	37	2	98	177	1662	9	0	0	15144