



UEI Coding Alert # 27

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Top Avoidable Claim Denials

The most common reasons for claim denials can be avoided. Having to submit corrected claims is time consuming and an unnecessary expense to any practice.

According to Medicare and several commercial insurance carriers, the following is a list of the most common reasons for claim denials:

1. No documentation of service
2. No signature or authentication
3. Always assigning the same level of service (LOS) - i.e. Level 3
4. Consult versus outpatient/office visit
5. Invalid codes due to outdated or invalid CPT or ICD-9 Codes.
6. Carrier processing error
7. Misinterpreted abbreviations
8. No chief complaint listed/reflected
9. Global fee service billed separately
10. Mismatching diagnoses and procedures

While several reasons for denial fall outside our control, others can be avoided by careful coding and documentation.