

## Georgia Medicare Part A Top Five Reasons for EDI Claim Rejections for November 2009

Audit trails show which of your claims were accepted by the Cahaba GBA Part A processing system, along with claims that were rejected and the reason for the rejection. Referring to this report will allow you to correct and resubmit claims quickly, resulting in a dramatically reduced turnaround time. You will also become aware of any major problems with your claims so they can be corrected before they create an interruption in your cash flow. Audit trail reports are available the next business day for files that are received before 3:30 p.m. Central Time. If you are not receiving your audit trails contact your software vendor, billing service, or clearing house.

See [Audit Trail Explanations](#) for a more complete list of edits, along with descriptions of loops that might be referenced in an edit.

In order to increase the number of claims that successfully pass through audit trails and into processing Cahaba GBA Part A EDI Services is providing you with the top five reasons for claim rejections. For the month of **November 2009**, these are:

Claim Rejection	Description	Number of Claims
777	<b>APASS MODULE REJECTION</b> An undefined error has occurred. Contact EDI Services at (866) 582-3253 for more information	1,635
888	<b>INSTREAM REJECTION</b> There was a problem involving HIPAA required loops, segments, or values. The specific loop will be identified, for example, 'ELEMENT N401 (D.E. 19) AT COL. 4 IS MISSING, THOUGH MARKED "MUST BE USED" (LOOP:2010BA POS:3140)'. The number after 'POS' indicates the position in the file where the error occurred.	978
344	<b>VALUE CD 12 REQUIRES BENE AGE &gt; 64</b> Value Code 12 (Working Aged) was submitted on this Medicare Secondary Payer (MSP) claim, but the beneficiary is not over 64 years of age.	184
333	<b>INVALID PAT STATUS FOR TYPE BILL</b> The patient status submitted is invalid for the type of bill submitted.	180
351	<b>VAL AMT 44 MUST BE &gt; 0 &amp; &lt; TOT CHG</b> Value Code 44 was submitted and the amount associated with it was equal to zero or equal to or greater than the total charge. If the primary payer allowed the full billed amount then value code 44 should not be submitted.	160