



## Top Denial Codes (NE States—2014 YTD)

	Description	Payer Responses	True Denials	Distinct Patients	Distinct Claims
ALL CLAIMS		23847	21483	3968	10779
16	Payer needs more info	3495	3481	797	1898
97	The benefit for this service is included in payment for another service	2437	2431	550	1655
50	Service is not medically necessary	1440	1440	404	943
96	The charge is not covered	1873	1098	396	895
197	No prior authorization	1413	1412	433	805
B7	This provider was not eligible to provide this service on this dates	1443	1443	266	407
35	Lifetime benefit maximum has been reached	1002	44	90	987
22	This care may be covered by another payer due to coordination of benefits	1052	1028	155	338

# FINANCIAL ADVOCACY NETWORK

Resources & Tools for the Multidisciplinary Team



	Description	Payer Responses	True Denials	Distinct Patients	Distinct Claims
109	Claim was not covered by this contractor or payer	705	705	169	330
151	Payment adjusted because the payer does not cover this many of this service	444	160	134	303
B15	This service requires that a qualifying procedure or service be received and covered	298	298	74	281