M O N T H L Y E X C E P T I O N S U M M A R Y

TYPE EXC CDE	ENTRY EXAM-ENTRY CLAIM TYPE EXCEPTION DESCRIPTION	DRUG DISPOSITION SS	D	S PR	P	FORCED OCCURS	FORCED PERCNT	DENIED OCCURS	DENIED PERCNT	NOT DENIED OR FORCED OCCURS	NOT DENIED OR FORCED PERCNT	TOTAL OCCURS	TOTAL PERCNT
98	3RD RX WITHIN A CALENDAR MONTH		X			0	0.00	0	0.00	131	100.00	131	100.00
101	EXACT DUPLICATE		X			0	0.00	0	0.00	456	100.00	456	100.00
121	ENTER YOUR PROVIDER NUMBER		X			0	0.00	0	0.00	20	100.00	20	100.00
124	MISSING "FROM" DATE OF SERVICE		X			0	0.00	0	0.00	8	100.00	8	100.00
125	CLAIM PAST TIMELY BILL LIMIT		X			0	0.00	0	0.00	152	100.00	152	100.00
127	DOS AFTER BATCH DATE		X			0	0.00	0	0.00	4	100.00	4	100.00
132	MISSING TOTAL CLAIM CHARGE		X			0	0.00	0	0.00	184	100.00	184	100.00
144	RX "WRITTEN" DATE MISSING.		X			0	0.00	0	0.00	68	100.00	68	100.00
151	MISSING PRESCRIBING PROV #		X			0	0.00	0	0.00	198	100.00	198	100.00
153	NDC INVALID		X			0	0.00	0	0.00	5	100.00	5	100.00
154	RX NUMBER MISSING		X			0	0.00	0	0.00	2	100.00	2	100.00
155	MISSING/INVALID DRUG QUANTITY		X			0	0.00	0	0.00	52	100.00	52	100.00
156	(NA) MISSING DAYS SUPPLY		X			0	0.00	0	0.00	43	100.00	43	100.00
245	(NA) HOSPICE CLIENT		X			0	0.00	0	0.00	1	100.00	1	100.00
250	NOT ELIG WITH THIS PIC.		X			0	0.00	0	0.00	120	100.00	120	100.00
261	(NA) ELIG FOR PART B				X	0	0.00	0	0.00	66	100.00	66	100.00
263	(NA) TPL COV. ON ELIG FILE		X			0	0.00	0	0.00	109	100.00	109	100.00
269	TPL - ELIG POST-PAYMENT MODE				X	0	0.00	0	0.00	105	100.00	105	100.00
271	RECIP NOT ELIGIBLE FOR DOS		X			0	0.00	0	0.00	55	100.00	55	100.00
284	(NA) LCP/MI-NON COVERED SRVC		X			0	0.00	0	0.00	21	100.00	21	100.00
300	VALID NUMBER BUT NOT ISSUED.		X			0	0.00	0	0.00	128	100.00	128	100.00
341	NDC REQUIRES PRIOR AUTH NUMBER		X			0	0.00	0	0.00	151	100.00	151	100.00
352	(NA) VERIFY # UNITS BILLED		X			0	0.00	0	0.00	1	100.00	1	100.00
360	INVALID NDC		X			0	0.00	0	0.00	158	100.00	158	100.00
378	UNABLE TO PRICE FOR THIS DOS		X			0	0.00	0	0.00	44	100.00	44	100.00
442	(NA) DRUG REQ APPROV-PT IN NH		X			0	0.00	0	0.00	1	100.00	1	100.00
457	(NA)5TH RX W/IN SAME CALEND MO		X			0	0.00	0	0.00	16	100.00	16	100.00
502	OBSOLETE DRUG		X			0	0.00	0	0.00	40	100.00	40	100.00
525	FAMILY PLANNING ONLY/TAKE CHG		X			0	0.00	0	0.00	17	100.00	17	100.00
552	HMO - MHC PLANS & BHP PLUS					0	0.00	0	0.00	51	100.00	51	100.00
559	EXPEDITED AUTH # INVALID.		X			0	0.00	0	0.00	81	100.00	81	100.00
570	DRUG POS DUR ALERT.		X			0	0.00	0	0.00	761	100.00	761	100.00
571	POS DUR HIGH DOSE ALERT.		X			0	0.00	0	0.00	39	100.00	39	100.00
572	POS DUR LOW DOSE ALERT.		X			0	0.00	0	0.00	2	100.00	2	100.00
573	THERAPEUTIC DUP ALERT.		X			0	0.00	0	0.00	29	100.00	29	100.00
574	POS REFILL TOO SOON.		X			0	0.00	0	0.00	195	100.00	195	100.00
575	INVALID MEDICAID GROUP NUMBER.		X			0	0.00	0	0.00	6	100.00	6	100.00
584	PEDIATRIC FLUORIDE - NOT VALID		X			0	0.00	0	0.00	6	100.00	6	100.00
1707	MISSING OR INVALID CLIENT ID		X			0	0.00	0	0.00	2	100.00	2	100.00
1829	M/I CMPND DISP UNIT FORM IND		X			0	0.00	0	0.00	9	100.00	9	100.00
1830	INV COMPOUND ROUTE OF ADMIN		X			0	0.00	0	0.00	9	100.00	9	100.00
	TOTAL FOR CLAIM TYPE					0	0.00	0	0.00	3,546	100.00	3,546	100.00

M O N T H L Y E X C E P T I O N S U M M A R Y

TYPE EXC CDE	ENTRY EXAM-ENTRY CLAIM TYPE EXCEPTION DESCRIPTION	CLM ADJUST DISPOSITION SS	D	S	PR	P	FORCED OCCURS	FORCED PERCNT	DENIED OCCURS	DENIED PERCNT	NOT DENIED OR FORCED OCCURS	NOT DENIED OR FORCED PERCNT	TOTAL OCCURS	TOTAL PERCNT
201	NO ICN TO CREDIT ON ADJUSTMENT		X				0	0.00	0	0.00	21	100.00	21	100.00
842	ADJUSTMENT CANNOT MATCH ON PIC			X			0	0.00	156	100.00	0	0.00	156	100.00
843	NO MATCH ON PROVIDER			X			0	0.00	113	100.00	0	0.00	113	100.00
850	ADJ.-NO MATCH IN HISTORY			X			0	0.00	101	100.00	0	0.00	101	100.00
851	ADJ-CLAIM WAS ALREADY CREDITED			X			0	0.00	465	100.00	0	0.00	465	100.00
859	MISSING DENY EOB					X	0	0.00	0	0.00	20	100.00	20	100.00
865	MULTIPLE ADJUSTMENTS			X			0	0.00	472	100.00	0	0.00	472	100.00
866	ADJUSTING A GROSS ADJ			X			0	0.00	1	100.00	0	0.00	1	100.00
867	ADJUSTING A CREDIT			X			0	0.00	7	100.00	0	0.00	7	100.00
	TOTAL FOR CLAIM TYPE						0	0.00	1,315	97.00	41	3.00	1,356	100.00

M O N T H L Y E X C E P T I O N S U M M A R Y

TYPE EXC CDE	ENTRY EXAM-ENTRY CLAIM TYPE EXCEPTION DESCRIPTION	PHYSICIAN DISPOSITION SS	D	S	PR	P	FORCED OCCURS	FORCED PERCNT	DENIED OCCURS	DENIED PERCNT	NOT DENIED OR FORCED OCCURS	NOT DENIED OR FORCED PERCNT	TOTAL OCCURS	TOTAL PERCNT
3	1 PRENATAL EXAM/9 MONTH PERIOD			X			8	11.00	8	11.00	55	78.00	71	100.00
6	2 NH CALLS FOR NON-EMERG CARE			X			166	49.00	129	38.00	44	13.00	339	100.00
9	ORTHODONTIC TRMT LIMIT/ 3 MOS.			X			0	0.00	0	0.00	1	100.00	1	100.00
13	AUTO/NON AUTO/PANEL LAB TESTS			X			1,113	59.00	58	3.00	700	38.00	1,871	100.00
15	PSYCH ALLOWANCE PER DAY			X			28	6.00	9	2.00	426	92.00	463	100.00
16	92552 INCLUDED IN 92553		X				0	0.00	0	0.00	1	100.00	1	100.00
21	90782-88 INCL IN E/M CODE		X				1	0.00	24	5.00	433	95.00	458	100.00
22	OMT NOT ALLOWED W/E&M		X				0	0.00	0	0.00	4	100.00	4	100.00
23	92555 INCLUDED IN 92556		X				0	0.00	0	0.00	1	100.00	1	100.00
32	A4550 NOT ALLOWED W/ PROCEDURE			X			0	0.00	4	80.00	1	20.00	5	100.00
35	1 REFRACTION ALLOWED 2 YEARS			X			9	5.00	51	26.00	139	69.00	199	100.00
41	1 DEPO PROVERA IN 65 DAYS			X			14	8.00	13	8.00	138	84.00	165	100.00
43	AFTER HR CHRG NOT IN ADD SUN			X			2	2.00	0	0.00	105	98.00	107	100.00
44	ESTABLISHED PT-FEE REDUCED			X			80	12.00	110	16.00	489	72.00	679	100.00
45	1 SUPP ALLOWED PER DELIVERY			X			33	52.00	22	35.00	8	13.00	63	100.00
46	VENTILATION ASSIST/E&M CODES			X			0	0.00	4	100.00	0	0.00	4	100.00
48	MAX OF 3 HRS GRP THERAPY/DAY			X			47	27.00	3	2.00	122	71.00	172	100.00
51	1 DELIVERY IN 9 MONTH PERIOD			X			496	68.00	34	5.00	204	27.00	734	100.00
53	MULT OPERATIVE PROC PERFORMED			X			3,886	62.00	659	10.00	1,759	28.00	6,304	100.00
55	CC/ADMIT/CNSLT/SURG INV COMBO			X			1,779	17.00	945	9.00	8,036	74.00	10,760	100.00
58	OSTEOPATHIC LIMIT OF 10			X			0	0.00	6	100.00	0	0.00	6	100.00
61	INIT PROC BILLED PREV SUB PD			X			71	64.00	23	21.00	17	15.00	111	100.00
63	NOT COV IN 30 DAY PREV DRUG AB			X			53	90.00	4	7.00	2	3.00	59	100.00
64	CONTRAINDICATED			X			37	77.00	1	2.00	10	21.00	48	100.00
65	SPEECH - 36 PER YR FOR DX			X			0	0.00	0	0.00	6	100.00	6	100.00
66	ONE 90801 ALLOWED PER YEAR			X			2	6.00	5	14.00	29	80.00	36	100.00
68	OT ADDT'L LIMIT 36 VISITS/YR			X			22	55.00	8	20.00	10	25.00	40	100.00
71	KIDNEY PT. - PHYSICIAN CLAIMS				X		0	0.00	0	0.00	318	100.00	318	100.00
75	CRITICAL CARE INCLUDES SERV			X			1	25.00	3	75.00	0	0.00	4	100.00
77	PEDIAT/NEONATE INCL(S) SERVICE			X			10	40.00	9	36.00	6	24.00	25	100.00
79	UA IN COMB W/OTHER UA		X				0	0.00	0	0.00	5	100.00	5	100.00
81	ONE EYE EXAM ALLOWED 2 YRS			X			10	7.00	23	15.00	119	78.00	152	100.00
87	MULTIPLE SURGERY ANES VS. ANES			X			296	56.00	29	6.00	202	38.00	527	100.00
88	LIMIT AUDITS			X			13	43.00	7	23.00	10	34.00	30	100.00
89	COMPONENT TESTS INCL. IN CBC		X				0	0.00	0	0.00	30	100.00	30	100.00
94	INTERPRETER SERVICES			X			1	100.00	0	0.00	0	0.00	1	100.00
99	CONTRAINDICATED AUDIT			X			194	69.00	5	2.00	84	29.00	283	100.00
100	DUPE/DIFFERENT JULIAN DATE		X				445	2.00	100	0.00	23,712	98.00	24,257	100.00
101	EXACT DUPLICATE			X			1,806	8.00	1,438	6.00	20,545	86.00	23,789	100.00
102	POSSIBLE DUPLICATE			X			587	22.00	202	7.00	1,914	71.00	2,703	100.00
103	POSSIBLE DUPLICATE - CONFLICT			X			99	12.00	83	10.00	666	78.00	848	100.00
104	CALLS INCL IN FLAT FEE			X			67	25.00	91	34.00	108	41.00	266	100.00
105	DIAGNOSIS NOT ALLOWED W/PROC			X			7,920	61.00	890	7.00	4,243	32.00	13,053	100.00
116	INVALID APPROVAL CODE	X					590	31.00	1,334	69.00	0	0.00	1,924	100.00
117	INVALID PROCEDURE MODIFIER			X			5	1.00	319	47.00	359	52.00	683	100.00
118	MISSING PLACE OF SERVICE		X				0	0.00	1	0.00	474	100.00	475	100.00
120	PROC MOD TC VS POS.			X			0	0.00	1	100.00	0	0.00	1	100.00
124	MISSING "FROM" DATE OF SERVICE			X			0	0.00	5	2.00	248	98.00	253	100.00

125	CLAIM PAST TIMELY BILL LIMIT	X		1,800	31.00	3,932	68.00	14	1.00	5,746	100.00
126	''FROM'' DATE PAST ''TO'' DATE		X	0	0.00	23	37.00	39	63.00	62	100.00

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TYPE EXC CDE	ENTRY EXAM-ENTRY CLAIM TYPE EXCEPTION DESCRIPTION	PHYSICIAN DISPOSITION SS	D	S	PR	P	FORCED OCCURS	FORCED PERCNT	DENIED OCCURS	DENIED PERCNT	NOT DENIED OR FORCED OCCURS	NOT DENIED OR FORCED PERCNT	TOTAL OCCURS	TOTAL PERCNT
127	DOS AFTER BATCH DATE			X			0	0.00	42	55.00	35	45.00	77	100.00
129	MISSING PIC	X					0	0.00	15	100.00	0	0.00	15	100.00
130	INVALID PIC	X					0	0.00	75	97.00	2	3.00	77	100.00
131	MODIFIER DL-MANUAL DENY LINE			X			0	0.00	509	100.00	1	0.00	510	100.00
132	MISSING TOTAL CLAIM CHARGE		X				0	0.00	2	0.00	567	100.00	569	100.00
133	CALC ERROR OF TOT CLAIM CHARGE		X				0	0.00	2	0.00	799	100.00	801	100.00
134	CALC ERROR OF NET CLAIM CHARGE		X				0	0.00	6	0.00	2,182	100.00	2,188	100.00
136	(NA) POS TO MODIFIER 26					X	0	0.00	0	0.00	825	100.00	825	100.00
141	(NA) PRIOR BIENNIUM DT OF SRVC					X	0	0.00	0	0.00	239	100.00	239	100.00
150	ITA/INDICATOR ERROR			X			53	76.00	5	7.00	12	17.00	70	100.00
159	INVALID LINE ITEM EOB CODE			X			0	0.00	0	0.00	2	100.00	2	100.00
160	INVALID EPSDT INDICATOR					X	0	0.00	0	0.00	3	100.00	3	100.00
163	MISSING DIAGNOSIS CODE		X				0	0.00	0	0.00	344	100.00	344	100.00
164	INVALID/MISSING REFERRING PROV		X				0	0.00	2	0.00	697	100.00	699	100.00
165	(NA) TPL/OTHER RESOURCES	X					9,705	95.00	495	5.00	0	0.00	10,200	100.00
166	(NA) TPR PAYMENT	X					6,742	58.00	4,873	42.00	0	0.00	11,615	100.00
169	(NA)MODIFIER INVALID W/ PROC.			X			50	5.00	260	24.00	791	71.00	1,101	100.00
170	INVALID PLACE OF SERVICE		X				0	0.00	7	2.00	369	98.00	376	100.00
172	MISSING PROCEDURE CODE		X				0	0.00	1	0.00	306	100.00	307	100.00
174	MISSING PERFORMING PROV. #			X			0	0.00	1,703	54.00	1,454	46.00	3,157	100.00
175	EPSDT REF RSN W/O EPSDT "I"					X	0	0.00	0	0.00	1	100.00	1	100.00
177	(NA) INVALID/INCORRECT UNITS			X			459	15.00	1,824	62.00	681	23.00	2,964	100.00
183	MISSING UNITS OR DAYS		X				0	0.00	11	2.00	536	98.00	547	100.00
184	MISSING LINE ITEM BILLED AMT			X			0	0.00	339	39.00	523	61.00	862	100.00
188	TYPE OF INS. A-K OR N			X			0	0.00	0	0.00	1	100.00	1	100.00
191	PROV # NOT TIED TO SUBMITTER					X	0	0.00	0	0.00	1,560	100.00	1,560	100.00
196	ANESTH UNITS EXCEED MAXIMUM			X			0	0.00	0	0.00	8	100.00	8	100.00
197	(NA) EMC WITH COMMENTS	X					12,953	100.00	0	0.00	0	0.00	12,953	100.00
203	INVALID TPL INDICATOR			X			0	0.00	0	0.00	3	100.00	3	100.00
222	(NA) SPLIT BILL PROV W/O MOD			X			175	40.00	114	26.00	151	34.00	440	100.00
223	(NA) TECH COMP W/O MOD 27/TC			X			0	0.00	13	57.00	10	43.00	23	100.00
226	MODIFIER MISSING ON PROCEDURE			X			6	1.00	427	77.00	120	22.00	553	100.00
227	ANESTHESIA SVCS & NO MODIFIER			X			0	0.00	17	43.00	23	57.00	40	100.00
239	MN UNDER 21-NO REFER PROVIDER			X			0	0.00	3	100.00	0	0.00	3	100.00
242	HEALTH DEPT MODIFER MISSING		X				0	0.00	6	1.00	574	99.00	580	100.00
244	LINE ITEM SVC DATES NOT ELIGIB	X					0	0.00	180	97.00	6	3.00	186	100.00
245	(NA) HOSPICE CLIENT			X			20	23.00	48	55.00	20	22.00	88	100.00
247	RECIP HAS QMB COVERAGE ONLY			X			93	23.00	235	59.00	72	18.00	400	100.00
250	NOT ELIG WITH THIS PIC.	X					0	0.00	631	96.00	27	4.00	658	100.00
253	POSSIBLE RECIPIENT DEATH			X			1	5.00	4	21.00	14	74.00	19	100.00
255	(NA) OVER AGE 65 & MED ELIG 0					X	0	0.00	2	0.00	5,733	100.00	5,735	100.00
256	(NA) DETAIL DOS NOT ELIGIBLE	X					0	0.00	1	100.00	0	0.00	1	100.00
257	(NA) STRICTED PT / ON REVIEW			X			13	27.00	30	61.00	6	12.00	49	100.00
260	RECIP NOT LISTED		X				0	0.00	5	0.00	4,492	100.00	4,497	100.00
261	(NA) ELIG FOR PART B			X			2,253	23.00	5,737	59.00	1,657	18.00	9,647	100.00
263	(NA) TPL COV. ON ELIG FILE		X				9,058	59.00	4,748	31.00	1,513	10.00	15,319	100.00
264	TPL CARRIER CODE WITH NO TPL $			X			240	72.00	0	0.00	93	28.00	333	100.00
269	TPL - ELIG POST-PAYMENT MODE					X	6	0.00	13	1.00	2,396	99.00	2,415	100.00

271	RECIP NOT ELIGIBLE FOR DOS	X		0	0.00	715	98.00	17	2.00	732	100.00
276	QMB DUAL RECIPIENT FOR DOS		X	0	0.00	0	0.00	7,195	100.00	7,195	100.00

M O N T H L Y E X C E P T I O N S U M M A R Y

TYPE EXC CDE	EXCEPTION DESCRIPTION	ENTRY SS	EXAM-ENTRY D	CLAIM TYPE S PR	PHYSICIAN DISPOSITION P	FORCED OCCURS	FORCED PERCNT	DENIED OCCURS	DENIED PERCNT	NOT DENIED OR FORCED OCCURS	NOT DENIED OR FORCED PERCNT	TOTAL OCCURS	TOTAL PERCNT
277	RECIP NOT ELIGIBLE FOR DOS		X			0	0.00	6	0.00	2,115	100.00	2,121	100.00
279	(NA) NOT ELIG-MED CODE 6	X				0	0.00	3	100.00	0	0.00	3	100.00
281	(NA) GAU-APPROVAL CHK ON SRVCS			X		808	55.00	214	15.00	444	30.00	1,466	100.00
282	LCP-ONE DAY SPEND DOWN COUPON				X	0	0.00	0	0.00	1	100.00	1	100.00
283	(NA) LCP/MN-NON COVERED SRVC			X		1	1.00	4	4.00	93	95.00	98	100.00
284	(NA) LCP/MI-NON COVERED SRVC			X		32	11.00	77	27.00	180	62.00	289	100.00
285	(NA) Q PROGRAM CODE WITH ITA			X		8	15.00	38	73.00	6	12.00	52	100.00
286	VERIFY DETOX RECIP & SVCS			X		0	0.00	16	100.00	0	0.00	16	100.00
287	MI PROGRAM ENDED 7/1/03			X		0	0.00	0	0.00	158	100.00	158	100.00
288	INVALID REFERRING PROV NUMBER			X		6	33.00	2	11.00	10	56.00	18	100.00
290	FROM DOS MORE THAN 3 YRS OLD			X		40	23.00	42	24.00	91	53.00	173	100.00
292	(NA) FISCAL YEAR END				X	0	0.00	0	0.00	715	100.00	715	100.00
299	ONCE PER LIFETIME PROCEDURE			X		314	59.00	9	2.00	209	39.00	532	100.00
301	(NA) INELIG FOR CAT OF SERVICE			X		2	0.00	2	0.00	1,070	100.00	1,074	100.00
304	PERFORM PROV NUMBR NOT ON FILE			X		3	1.00	97	40.00	141	59.00	241	100.00
305	(NA)PROV EXCEP 10-QRS REVIEW	X				2	100.00	0	0.00	0	0.00	2	100.00
307	(NA) VOLUNTARY TERMINATION		X			0	0.00	0	0.00	41	100.00	41	100.00
308	SECURITY ERROR ON PROV NUMBER				X	0	0.00	0	0.00	34	100.00	34	100.00
313	INCORRECT PROV# FOR CLAIM TYPE			X		2	1.00	96	37.00	164	62.00	262	100.00
316	(NA) PROV APPLICATION PENDING		X			0	0.00	0	0.00	35	100.00	35	100.00
317	(NA) OUT OF STATE PROVIDER				X	0	0.00	0	0.00	867	100.00	867	100.00
319	MANUAL PRICE EXCEEDS PDD ALLOW				X	0	0.00	0	0.00	1,051	100.00	1,051	100.00
320	(NA)ACCIDENT DIAG-TPL SUSPECT				X	2	0.00	0	0.00	1,735	100.00	1,737	100.00
323	(NA) INVALID RECIP AGE TO DX				X	0	0.00	0	0.00	88	100.00	88	100.00
324	(NA) INVALID SEX TO DX				X	0	0.00	0	0.00	1,600	100.00	1,600	100.00
325	(NA)ACCIDENT DIAG-TPL SUSPECT				X	0	0.00	1	0.00	4,650	100.00	4,651	100.00
326	PROCEDURE CODE NOT COVERED		X			48	1.00	132	3.00	4,658	96.00	4,838	100.00
328	(NA)INVALID RECIP AGE FOR PROC			X		2,000	63.00	346	11.00	821	26.00	3,167	100.00
329	(NA)INVALID RECIP SEX FOR PROC			X		4	5.00	22	29.00	51	66.00	77	100.00
330	NO ASSIST WITH THIS PROCEDURE					1	1.00	18	12.00	132	87.00	151	100.00
331	(NA) MANUAL PRICE REQUIRED			X		0	0.00	482	66.00	251	34.00	733	100.00
332	(NA) INVALID P/T FOR PROCEDURE			X		245	6.00	1,803	41.00	2,397	53.00	4,445	100.00
335	INVALID 2ND DIAGNOSIS CODE		X			0	0.00	0	0.00	58	100.00	58	100.00
340	ORTHOTICS W/MODS RT/LT			X		0	0.00	1	17.00	5	83.00	6	100.00
342	(NA) DX REQUIRES REVIEW.		X			10	11.00	0	0.00	78	89.00	88	100.00
343	DIAGNOSIS REQUIRES APPROVAL			X		1,329	27.00	1,800	37.00	1,731	36.00	4,860	100.00
344	INVALID PRIMARY DIAGNOSES CODE		X			0	0.00	1	0.00	723	100.00	724	100.00
345	(NA) DATE OF CONSENT REQUIRED			X		628	54.00	308	27.00	225	19.00	1,161	100.00
346	(NA) SPLIT-BILL MODIFIER ERROR			X		1	1.00	37	47.00	41	52.00	79	100.00
347	(NA) TAX CODE FOR TAXABLE SVC				X	0	0.00	0	0.00	19	100.00	19	100.00
348	(NA)BILLED AMT EXCEEDS MAX FEE			X		2	1.00	80	39.00	125	60.00	207	100.00
351	(NA) VARIANCE				X	3	0.00	1	0.00	3,868	100.00	3,872	100.00
352	(NA) VERIFY # UNITS BILLED				X	0	0.00	0	0.00	3,647	100.00	3,647	100.00
353	PROC REQ PRIOR APPROVAL			X		126	13.00	482	51.00	333	36.00	941	100.00
361	INVALID PROCEDURE CODE			X		0	0.00	311	42.00	427	58.00	738	100.00
362	(NA)SPECIAL AGREEMENT MODIFIER			X		4	57.00	0	0.00	3	43.00	7	100.00
365	(NA) INVALID POS FOR PROCEDURE			X		297	8.00	1,186	34.00	2,055	58.00	3,538	100.00
366	(NA)INVALID PROV SPEC FOR PROC		X			0	0.00	2	1.00	249	99.00	251	100.00

367	VERIFY REVENUE CODE	X	0	0.00	0	0.00	50	100.00	50	100.00
368	(NA) MOD REQUIRES MANUAL PRICE	X	7	2.00	47	17.00	228	81.00	282	100.00

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TYPE EXC CDE	EXCEPTION DESCRIPTION	ENTRY SS	EXAM-ENTRY D	CLAIM TYPE S PR	PHYSICIAN DISPOSITION P	FORCED OCCURS	FORCED PERCNT	DENIED OCCURS	DENIED PERCNT	NOT DENIED OR FORCED OCCURS	NOT DENIED OR FORCED PERCNT	TOTAL OCCURS	TOTAL PERCNT
371	(NA) ITA PROCEDURE ONLY				X	0	0.00	0	0.00	2	100.00	2	100.00
373	PROC FOR EPSDT CLAIMS ONLY			X		0	0.00	0	0.00	1	100.00	1	100.00
375	(NA)BILLED AMOUNT > $1100.00			X		0	0.00	13	45.00	16	55.00	29	100.00
377	(NA)APPROVAL OR TRANSPORT TEAM			X		56	95.00	0	0.00	3	5.00	59	100.00
378	UNABLE TO PRICE FOR THIS DOS			X		0	0.00	235	28.00	605	72.00	840	100.00
380	ANESTHESIA NOT ALLOWED W/PROC			X		0	0.00	42	84.00	8	16.00	50	100.00
387	LOCAL CODE NON-ALLOWABLE		X			7	1.00	5	1.00	886	98.00	898	100.00
401	(NA) PROV TERM - BAD ADDRESS		X			0	0.00	0	0.00	23	100.00	23	100.00
402	(NA)PROV TERMINATED-NUMBER CHG		X			0	0.00	0	0.00	19	100.00	19	100.00
403	(NA) PROV TERM-NO CORE AGRMT		X			0	0.00	0	0.00	1	100.00	1	100.00
404	(NA)PROV TERM-OTHER INVOL RSNS		X			0	0.00	0	0.00	232	100.00	232	100.00
416	PROV # NOT VALID FOR BILLING	X				0	0.00	933	100.00	1	0.00	934	100.00
421	TOS/PROC REVIEW-MSS			X		0	0.00	2	100.00	0	0.00	2	100.00
422	(NA) PROV NOT ENROLLED FOR DOS		X			0	0.00	3	2.00	182	98.00	185	100.00
423	(NA) LABARATORY NOT CERTIFIED				X	0	0.00	0	0.00	1	100.00	1	100.00
432	(NA)SRVC NOT ALLOWED TO NH PT.			X		0	0.00	1	100.00	0	0.00	1	100.00
433	(NA) CLAIM TYPE ERROR		X			0	0.00	0	0.00	154	100.00	154	100.00
440	(NA) PROV NOT ENROLLED FOR DOS				X	0	0.00	0	0.00	264	100.00	264	100.00
441	(NA)PERF/ATTEND/PRESC PROV DOS		X			0	0.00	0	0.00	65	100.00	65	100.00
458	PROVIDER HOLD 10 - QRS REVIEW			X		1	100.00	0	0.00	0	0.00	1	100.00
477	PERF PROV CAN'T BE A GROUP #		X			0	0.00	0	0.00	226	100.00	226	100.00
478	(NA)GROUP MEMB WRONG FOR TYPE				X	1	0.00	0	0.00	1,794	100.00	1,795	100.00
479	(NA)PERF PROV NOT COMPAT W/GRP			X		0	0.00	1	50.00	1	50.00	2	100.00
485	REFER PROV CAN'T BE A GROUP #		X			3	4.00	0	0.00	76	96.00	79	100.00
490	OTHER PD SVCS VS HMO CAP CLAIM			X		1	50.00	0	0.00	1	50.00	2	100.00
491	UNABLE TO PRICE HMO PREMIUM	X				102	71.00	41	29.00	0	0.00	143	100.00
492	HMO RECIP NOT ELIGIBLE FOR DOS	X				0	0.00	6	100.00	0	0.00	6	100.00
495	TPL PAY & CHASE SERVICES				X	140	9.00	281	17.00	1,199	74.00	1,620	100.00
496	NO 1H/SL MODIFIER RATE		X			0	0.00	1	1.00	148	99.00	149	100.00
497	NOT ELIGIBLE FOR HMO FOR DOS			X		0	0.00	59	87.00	9	13.00	68	100.00
498	DDD RECIPIENT FOR DOS ON CLAIM				X	0	0.00	0	0.00	7,874	100.00	7,874	100.00
500	CHIROPRACTIC SVCS NA OVER 20		X			0	0.00	0	0.00	4	100.00	4	100.00
506	M,N,Q,U,V,W PROG NOT ALLOWED		X			0	0.00	0	0.00	8	100.00	8	100.00
512	CLIA NUMBER NOT ON FILE		X			0	0.00	0	0.00	39	100.00	39	100.00
520	PARTIAL PCOP SEGMENT COVERAGE		X			14	11.00	0	0.00	109	89.00	123	100.00
521	PCCM REFERRAL # REQUIRED			X		8	2.00	404	81.00	84	17.00	496	100.00
523	PROCEDURE EXCLUDED FROM TPL			X		0	0.00	0	0.00	1	100.00	1	100.00
525	FAMILY PLANNING ONLY/TAKE CHG			X		2,491	54.00	1,144	25.00	963	21.00	4,598	100.00
549	CLIENT IS ON SLMB			X		0	0.00	87	74.00	31	26.00	118	100.00
552	HMO - MHC PLANS & BHP PLUS					120	2.00	50	1.00	5,308	97.00	5,478	100.00
553	FQHC ENCOUNTER & CALL			X		56	7.00	364	46.00	366	47.00	786	100.00
557	PROLONGED CARE W/O OTHER CODES			X		21	39.00	21	39.00	12	22.00	54	100.00
560	FQHC ENCOUNTER & NO PAID LINES		X			1	0.00	0	0.00	3,707	100.00	3,708	100.00
561	CLIENT COVERED BY PACE PROJECT		X			0	0.00	0	0.00	3	100.00	3	100.00
565	1C MODIFIER AND NO "B"		X			0	0.00	4	1.00	320	99.00	324	100.00
569	RSN PRIOR AUTHORIZATION #				X	0	0.00	0	0.00	2,117	100.00	2,117	100.00
577	ADMIN NOT VALID W/VACCINE CODE		X			0	0.00	64	11.00	503	89.00	567	100.00
578	0355M,0367M,0368M INVALID PROG			X		0	0.00	1	100.00	0	0.00	1	100.00

581	INFUSION PUMP RENTALS		X	0	0.00	0	0.00	1	100.00	1 100.00
585	NEWBORN PREMIUMS	X		25	57.00	19	43.00	0	0.00	44 100.00

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TYPE EXC CDE	ENTRY EXAM-ENTRY CLAIM TYPE EXCEPTION DESCRIPTION	PHYSICIAN DISPOSITION SS	D	S	PR	P	FORCED OCCURS	FORCED PERCNT	DENIED OCCURS	DENIED PERCNT	NOT DENIED OR FORCED OCCURS	NOT DENIED OR FORCED PERCNT	TOTAL OCCURS	TOTAL PERCNT
590	ORAL ANTI-EMETIC DRUGS		X				0	0.00	0	0.00	9	100.00	9	100.00
595	PERFORMING PROV NOT CERTIFIED					X	0	0.00	0	0.00	1	100.00	1	100.00
597	SAME PROV-SIMILAR SERVICE			X			638	22.00	357	13.00	1,843	65.00	2,838	100.00
599	EXACT DUPLICATE PT 73 OR PS 90			X			35	1.00	125	5.00	2,212	94.00	2,372	100.00
601	PCOP & POS "1"	X					97	17.00	463	83.00	0	0.00	560	100.00
602	(NA) NO RECORD OF PA NUMBER			X			0	0.00	12	32.00	25	68.00	37	100.00
604	NO RECIP MATCH ON PA FILE		X				0	0.00	0	0.00	11	100.00	11	100.00
606	DOS ON CLM NOT ON PA FILE			X			0	0.00	3	60.00	2	40.00	5	100.00
607	INSUFF $$ IN PA FILE FOR SRVC.					X	0	0.00	0	0.00	2	100.00	2	100.00
608	INSUFF AUTH UNITS ON FILE.			X			0	0.00	0	0.00	2	100.00	2	100.00
609	FQHC ENCOUNTER NOT PAYABLE		X				0	0.00	85	3.00	2,999	97.00	3,084	100.00
610	PA PROVIDER NUMBER MISMATCH			X			0	0.00	3	100.00	0	0.00	3	100.00
611	(NA)NON-COVERED CODE W/AUTH NO			X			0	0.00	118	76.00	38	24.00	156	100.00
625	LAB EVALUATION FOR AUTO DENY					X	0	0.00	0	0.00	211	100.00	211	100.00
628	TPL CASUALTY PRE-PAY REVIEW			X			0	0.00	0	0.00	1	100.00	1	100.00
635	QRS/PIP HISTORY ONLY ADJUSTMEN	X					1	100.00	0	0.00	0	0.00	1	100.00
636	PT 48/49 NOT VALID					X	0	0.00	0	0.00	23	100.00	23	100.00
638	EXCEPTIONAL THERAPY CARE			X			7	100.00	0	0.00	0	0.00	7	100.00
639	DIAGNOSIS CODE IS V71.5		X				0	0.00	0	0.00	11	100.00	11	100.00
640	INVALID DETOX DIAGNOSIS		X				0	0.00	0	0.00	3	100.00	3	100.00
649	ATTEND/PERF/REF NOT CERT DIET		X				0	0.00	0	0.00	18	100.00	18	100.00
655	M,R,X RECOUP ON PCOP SEGMENT		X				0	0.00	0	0.00	2	100.00	2	100.00
657	MISSING/INCORRECT FQHC/RHC			X			0	0.00	2	15.00	11	85.00	13	100.00
700	CASE MGMT-1 ALLOWED PER MONTH			X			8	26.00	10	32.00	13	42.00	31	100.00
701	CASE MGMT-1 FOLLOW-UP PER QTR			X			0	0.00	2	100.00	0	0.00	2	100.00
708	12 PSYCH PER CALENDAR YEAR			X			3	14.00	0	0.00	18	86.00	21	100.00
711	CONTRAINDICATED AUDIT			X			21	46.00	16	35.00	9	19.00	46	100.00
714	1 OT ASSESS PER CALENDAR YEAR			X			1	14.00	2	29.00	4	57.00	7	100.00
718	3 HMO NEWBORN CODES ALLOWED			X			0	0.00	0	0.00	1	100.00	1	100.00
720	CONTRAINDICATED AUDITS			X			9	10.00	9	10.00	72	80.00	90	100.00
722	1 CHILDBRTH ED & 1 CHLDCARE AU			X			1	6.00	8	44.00	9	50.00	18	100.00
724	URINALYSIS INCL IN DELIVERY		X				0	0.00	0	0.00	70	100.00	70	100.00
725	LIMIT/CONTRAINDICATED AUDIT			X			7	64.00	1	9.00	3	27.00	11	100.00
729	TAKE CHARGE APP AND ECRR LIMIT			X			13	16.00	23	28.00	45	56.00	81	100.00
740	OT LIMIT 12 PROGRAM VISITS YR			X			27	38.00	33	46.00	12	16.00	72	100.00
742	1 POSTPARTUM (59430) ALLOWED			X			1	13.00	2	25.00	5	62.00	8	100.00
751	1 0310M ALLOWED IN 12 MONTHS			X			0	0.00	2	100.00	0	0.00	2	100.00
753	E & M HOSP INCL IN DIALYSIS			X			0	0.00	4	80.00	1	20.00	5	100.00
756	INTERPRETER SIGN LANG OVER 6 U			X			56	97.00	0	0.00	2	3.00	58	100.00
758	SYNVISC/HYALGAN DOLLAR LIMIT			X			53	44.00	27	22.00	41	34.00	121	100.00
762	1 NORPLANT KIT ALLOWED IN 5 YR			X			0	0.00	2	100.00	0	0.00	2	100.00
767	20 SUPPORT SVCS PER PREGNANCY			X			0	0.00	7	100.00	0	0.00	7	100.00
771	1 PCOP ADULT/BABY PREM PER MO.			X			23	92.00	1	4.00	1	4.00	25	100.00
772	CONTRAST MEDIA INCL IN MRI/CAT			X			0	0.00	3	8.00	34	92.00	37	100.00
773	60 MSS 15 MIN/UNITS PER PREGNA			X			8	67.00	1	8.00	3	25.00	12	100.00
780	TRIMESTER CARE/HIGH RISK			X			0	0.00	2	9.00	21	91.00	23	100.00
782	TRIMESTER CARE			X			0	0.00	2	18.00	9	82.00	11	100.00
783	TRI CARE VS ANTEPARTUM			X			27	22.00	45	37.00	51	41.00	123	100.00

787	1	HIV/AIDS CASE MGMT PER MONTH	X	3	18.00	2	12.00	12	70.00	17 100.00
794		DIABETIC EDUCATION LIMIT/6	X	1	20.00	4	80.00	0	0.00	5 100.00

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TYPE EXC CDE	ENTRY EXAM-ENTRY CLAIM TYPE EXCEPTION DESCRIPTION	PHYSICIAN DISPOSITION SS	D	S	PR	P	FORCED OCCURS	FORCED PERCNT	DENIED OCCURS	DENIED PERCNT	NOT DENIED OR FORCED OCCURS	NOT DENIED OR FORCED PERCNT	TOTAL OCCURS	TOTAL PERCNT
795	6 DRUG SCREENS PER CALENDAR MO			X			1	50.00	1	50.00	0	0.00	2	100.00
797	HYDRATION INFUS/CHEMOTHERAPY		X				0	0.00	0	0.00	91	100.00	91	100.00
798	ALLOW 8 ADDT'L HRS OF 90781			X			0	0.00	0	0.00	14	100.00	14	100.00
855	ADJ HAS AUTO DENY	X					963	100.00	0	0.00	4	0.00	967	100.00
859	MISSING DENY EOB	X					0	0.00	0	0.00	1	100.00	1	100.00
875	CLAIM FOR NEW BIENNIUM					X	0	0.00	0	0.00	30	100.00	30	100.00
877	TAKE CHARGE CLIENT/NON TC PROV			X			0	0.00	218	44.00	280	56.00	498	100.00
878	CODES ONLY TAKE CHARGE CLIENTS		X				0	0.00	8	7.00	115	93.00	123	100.00
897	ADULT DENTAL NC AFTER 8-1-03						2	67.00	0	0.00	1	33.00	3	100.00
898	TOO MANY CLAIMS PER RECIP			X			0	0.00	0	0.00	199	100.00	199	100.00
1004	PROC/REV CODE REQUIRES NDC		X				12	2.00	25	3.00	704	95.00	741	100.00
1007	GENERAL INFORMATION					X	0	0.00	0	0.00	27	100.00	27	100.00
1030	GENERAL INFORMATION					X	0	0.00	0	0.00	3	100.00	3	100.00
1501	DASA THERAP. CHILD CARE					X	0	0.00	0	0.00	123	100.00	123	100.00
1502	MAX OF 5 HR CASE MNGMT/MONTH			X			44	86.00	7	14.00	0	0.00	51	100.00
1503	MAX OF 3 HRS INDIV THER/DAY			X			0	0.00	0	0.00	2	100.00	2	100.00
	TOTAL FOR CLAIM TYPE						74,552	25.00	46,797	16.00	176,390	59.00	297,739	100.00

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TYPE EXC CDE	ENTRY	EXAM-ENTRY	CLAIM TYPE	EXCEPTION DESCRIPTION	DENTAL DISPOSITION SS	D	S	PR	P	FORCED OCCURS	FORCED PERCNT	DENIED OCCURS	DENIED PERCNT	NOT DENIED OR FORCED OCCURS	NOT DENIED OR FORCED PERCNT	TOTAL OCCURS	TOTAL PERCNT
1	1			ROOT CANAL COVERED PER TOOTH			X			4	36.00	7	64.00	0	0.00	11	100.00
2	1			EXAM COVERED IN 6 MONTHS			X			223	47.00	236	49.00	18	4.00	477	100.00
4				ONE CROWN PER TOOTH IN 5 YEARS			X			4	50.00	4	50.00	0	0.00	8	100.00
9				ORTHODONTIC TRMT LIMIT/ 3 MOS.			X			0	0.00	3	75.00	1	25.00	4	100.00
12				LIMIT AUDITS			X			9	16.00	45	82.00	1	2.00	55	100.00
18				ORTHODONTIA TRTMT/2 YR MAX			X			0	0.00	2	100.00	0	0.00	2	100.00
20	1			PROPHY ALLOWED EVERY 6 MONTH			X			56	40.00	79	56.00	6	4.00	141	100.00
24	1			PANOREX/FMS ALLOWED IN 3 YRS			X			81	38.00	129	60.00	6	2.00	216	100.00
27	1			UPPER DENTURE ALLOWED/10 YR			X			76	71.00	14	13.00	17	16.00	107	100.00
28	4			BITEWINGS ALLOWED PER 12 MO.			X			2,358	89.00	216	8.00	89	3.00	2,663	100.00
30	1			RELINE ALLOWED IN 5 YEARS			X			7	35.00	12	60.00	1	5.00	20	100.00
31	1			ROOT PLANING PER 24 MONTHS			X			213	46.00	219	47.00	31	7.00	463	100.00
33	1			ADULT PROPHY ALLOWED 12 MO.			X			220	60.00	129	35.00	16	5.00	365	100.00
34				ADJ/RELINE/TISS CND INC IN FEE			X			0	0.00	0	0.00	3	100.00	3	100.00
36				RELINE DENTURE ONCE IN 5 YRS			X			4	31.00	8	62.00	1	7.00	13	100.00
40				MULTIPLE DENTAL OPERATIVE PROC			X			30	59.00	3	6.00	18	35.00	51	100.00
42				ADJ/RELINE/TISS COND IN FEE.			X			0	0.00	2	50.00	2	50.00	4	100.00
44				ESTABLISHED PT-FEE REDUCED			X			67	14.00	14	3.00	414	83.00	495	100.00
47				ORTHO BANDING VS EA ADD 3 MO		X				0	0.00	0	0.00	3	100.00	3	100.00
69				ORAL HYGIENE INSTR ONCE A YR			X			7	16.00	35	81.00	1	3.00	43	100.00
78				X-RAY INCLUDED IN 00210		X				0	0.00	0	0.00	25	100.00	25	100.00
82	1			LOWER DENTURE ALLOWED/10 YR			X			60	74.00	10	12.00	11	14.00	81	100.00
88				LIMIT AUDITS			X			48	42.00	64	56.00	3	2.00	115	100.00
90	1			INITIAL EXTRACTION ALLOWED			X			3	38.00	0	0.00	5	62.00	8	100.00
92				ALLOW 1 SEALANT PER TOOTH			X			70	14.00	412	83.00	12	3.00	494	100.00
93				RESTORATIONS NA WITH CROWNS.		X				0	0.00	0	0.00	43	100.00	43	100.00
101				EXACT DUPLICATE			X			3,781	31.00	7,869	65.00	430	4.00	12,080	100.00
102				POSSIBLE DUPLICATE			X			194	29.00	310	47.00	161	24.00	665	100.00
103				POSSIBLE DUPLICATE - CONFLICT			X			23	7.00	205	61.00	106	32.00	334	100.00
116				INVALID APPROVAL CODE	X					83	31.00	180	68.00	1	1.00	264	100.00
118				MISSING PLACE OF SERVICE		X				0	0.00	0	0.00	14	100.00	14	100.00
124				MISSING "FROM" DATE OF SERVICE			X			0	0.00	108	43.00	144	57.00	252	100.00
125				CLAIM PAST TIMELY BILL LIMIT	X					398	58.00	287	42.00	3	0.00	688	100.00
127				DOS AFTER BATCH DATE			X			0	0.00	10	77.00	3	23.00	13	100.00
129				MISSING PIC	X					0	0.00	17	100.00	0	0.00	17	100.00
130				INVALID PIC	X					0	0.00	13	87.00	2	13.00	15	100.00
132				MISSING TOTAL CLAIM CHARGE			X			0	0.00	14	25.00	43	75.00	57	100.00
133				CALC ERROR OF TOT CLAIM CHARGE			X			0	0.00	1	2.00	49	98.00	50	100.00
134				CALC ERROR OF NET CLAIM CHARGE			X			0	0.00	8	9.00	81	91.00	89	100.00
141				(NA) PRIOR BIENNIUM DT OF SRVC				X		0	0.00	0	0.00	84	100.00	84	100.00
150				ITA/INDICATOR ERROR				X		0	0.00	0	0.00	10	100.00	10	100.00
164				INVALID/MISSING REFERRING PROV				X		0	0.00	0	0.00	1	100.00	1	100.00
165				(NA) TPL/OTHER RESOURCES	X					590	89.00	70	11.00	0	0.00	660	100.00
166				(NA) TPR PAYMENT	X					574	50.00	583	50.00	0	0.00	1,157	100.00
170				INVALID PLACE OF SERVICE		X				0	0.00	0	0.00	4	100.00	4	100.00
172				MISSING PROCEDURE CODE		X				0	0.00	0	0.00	131	100.00	131	100.00
174				MISSING PERFORMING PROV. #			X			2	1.00	257	93.00	18	6.00	277	100.00
177				(NA) INVALID/INCORRECT UNITS			X			0	0.00	30	100.00	0	0.00	30	100.00

183	MISSING UNITS OR DAYS	X	0	0.00	287	94.00	18	6.00	305	100.00
184	MISSING LINE ITEM BILLED AMT	X	0	0.00	583	86.00	98	14.00	681	100.00

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TYPE EXC CDE	ENTRY EXAM-ENTRY CLAIM TYPE EXCEPTION DESCRIPTION	DENTAL DISPOSITION SS	D	S PR	P	FORCED OCCURS	FORCED PERCNT	DENIED OCCURS	DENIED PERCNT	NOT DENIED OR FORCED OCCURS	NOT DENIED OR FORCED PERCNT	TOTAL OCCURS	TOTAL PERCNT
191	PROV # NOT TIED TO SUBMITTER				X	0	0.00	0	0.00	86	100.00	86	100.00
197	(NA) EMC WITH COMMENTS	X				134	100.00	0	0.00	0	0.00	134	100.00
203	INVALID TPL INDICATOR			X		0	0.00	0	0.00	4	100.00	4	100.00
219	INVALID NUMBER OF SURFACES			X		0	0.00	131	58.00	94	42.00	225	100.00
244	LINE ITEM SVC DATES NOT ELIGIB	X				0	0.00	16	100.00	0	0.00	16	100.00
245	(NA) HOSPICE CLIENT				X	0	0.00	0	0.00	5	100.00	5	100.00
247	RECIP HAS QMB COVERAGE ONLY			X		0	0.00	33	94.00	2	6.00	35	100.00
250	NOT ELIG WITH THIS PIC.	X				0	0.00	1,119	99.00	14	1.00	1,133	100.00
253	POSSIBLE RECIPIENT DEATH			X		0	0.00	1	100.00	0	0.00	1	100.00
257	(NA) STRICTED PT / ON REVIEW				X	0	0.00	0	0.00	16	100.00	16	100.00
263	(NA) TPL COV. ON ELIG FILE		X			319	39.00	293	36.00	210	25.00	822	100.00
264	TPL CARRIER CODE WITH NO TPL $			X		1	33.00	0	0.00	2	67.00	3	100.00
269	TPL - ELIG POST-PAYMENT MODE				X	96	8.00	192	16.00	944	76.00	1,232	100.00
271	RECIP NOT ELIGIBLE FOR DOS	X				0	0.00	365	100.00	1	0.00	366	100.00
279	(NA) NOT ELIG-MED CODE 6	X				0	0.00	1	100.00	0	0.00	1	100.00
281	(NA) GAU-APPROVAL CHK ON SRVCS			X		0	0.00	177	60.00	119	40.00	296	100.00
284	(NA) LCP/MI-NON COVERED SRVC			X		0	0.00	0	0.00	3	100.00	3	100.00
287	MI PROGRAM ENDED 7/1/03		X			0	0.00	0	0.00	1	100.00	1	100.00
290	FROM DOS MORE THAN 3 YRS OLD			X		20	50.00	17	43.00	3	7.00	40	100.00
292	(NA) FISCAL YEAR END				X	0	0.00	0	0.00	97	100.00	97	100.00
293	(NA) PROV EXCEP 11-QRS REVIEW			X		1	100.00	0	0.00	0	0.00	1	100.00
299	ONCE PER LIFETIME PROCEDURE			X		11	2.00	54	10.00	499	88.00	564	100.00
301	(NA) INELIG FOR CAT OF SERVICE			X		0	0.00	0	0.00	558	100.00	558	100.00
304	PERFORM PROV NUMBR NOT ON FILE			X		0	0.00	2	20.00	8	80.00	10	100.00
305	(NA)PROV EXCEP 10-QRS REVIEW	X				36	95.00	2	5.00	0	0.00	38	100.00
307	(NA) VOLUNTARY TERMINATION		X			0	0.00	0	0.00	10	100.00	10	100.00
312	DENTAL SEALANTS		X			0	0.00	5	1.00	951	99.00	956	100.00
313	INCORRECT PROV# FOR CLAIM TYPE			X		0	0.00	6	7.00	79	93.00	85	100.00
317	(NA) OUT OF STATE PROVIDER				X	0	0.00	0	0.00	24	100.00	24	100.00
319	MANUAL PRICE EXCEEDS PDD ALLOW				X	2	0.00	0	0.00	453	100.00	455	100.00
326	PROCEDURE CODE NOT COVERED		X			0	0.00	0	0.00	604	100.00	604	100.00
328	(NA)INVALID RECIP AGE FOR PROC			X		309	12.00	2,091	81.00	187	7.00	2,587	100.00
331	(NA) MANUAL PRICE REQUIRED			X		0	0.00	37	41.00	54	59.00	91	100.00
332	(NA) INVALID P/T FOR PROCEDURE			X		0	0.00	0	0.00	303	100.00	303	100.00
348	(NA)BILLED AMT EXCEEDS MAX FEE			X		154	95.00	0	0.00	8	5.00	162	100.00
351	(NA) VARIANCE				X	0	0.00	0	0.00	291	100.00	291	100.00
352	(NA) VERIFY # UNITS BILLED				X	1	0.00	1	0.00	284	100.00	286	100.00
353	PROC REQ PRIOR APPROVAL			X		50	9.00	245	43.00	276	48.00	571	100.00
354	MISSING TOOTH NUMBER/ARCH/QUAD			X		99	34.00	122	42.00	68	24.00	289	100.00
355	INVALID TOOTH NUMBER/ARCH/QUAD		X			0	0.00	0	0.00	61	100.00	61	100.00
356	MISSING TOOTH SURFACE		X			0	0.00	1	0.00	592	100.00	593	100.00
357	INVALID TOOTH SURFACE		X			0	0.00	0	0.00	38	100.00	38	100.00
361	INVALID PROCEDURE CODE		X			0	0.00	4	0.00	1,388	100.00	1,392	100.00
365	(NA) INVALID POS FOR PROCEDURE				X	0	0.00	0	0.00	263	100.00	263	100.00
366	(NA)INVALID PROV SPEC FOR PROC			X		314	42.00	42	6.00	398	52.00	754	100.00
378	UNABLE TO PRICE FOR THIS DOS		X			0	0.00	2	0.00	4,842	100.00	4,844	100.00
387	LOCAL CODE NON-ALLOWABLE		X			0	0.00	1	0.00	565	100.00	566	100.00
404	(NA)PROV TERM-OTHER INVOL RSNS		X			0	0.00	0	0.00	126	100.00	126	100.00

405 (NA) PROV TERMINATED-MED AUTH	X	0	0.00	0	0.00	5	100.00	5 100.00
407 (NA) PROV TERM-LICENSE EXPIRED	X	0	0.00	0	0.00	1	100.00	1 100.00

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TYPE EXC CDE	ENTRY EXAM-ENTRY CLAIM TYPE EXCEPTION DESCRIPTION	DENTAL DISPOSITION SS	D	S PR	P	FORCED OCCURS	FORCED PERCNT	DENIED OCCURS	DENIED PERCNT	NOT DENIED OR FORCED OCCURS	NOT DENIED OR FORCED PERCNT	TOTAL OCCURS	TOTAL PERCNT
416	PROV # NOT VALID FOR BILLING	X				0	0.00	277	100.00	0	0.00	277	100.00
421	TOS/PROC REVIEW-MSS			X		76	64.00	20	17.00	23	19.00	119	100.00
422	(NA) PROV NOT ENROLLED FOR DOS		X			0	0.00	0	0.00	49	100.00	49	100.00
440	(NA) PROV NOT ENROLLED FOR DOS				X	0	0.00	0	0.00	49	100.00	49	100.00
458	PROVIDER HOLD 10 - QRS REVIEW			X		9	100.00	0	0.00	0	0.00	9	100.00
473	TOS/PROC REVIEW - OPS			X		27	36.00	44	59.00	3	5.00	74	100.00
477	PERF PROV CAN'T BE A GROUP #		X			0	0.00	0	0.00	216	100.00	216	100.00
483	PROCEDURE CODE VS TOOTH #			X		27	3.00	586	68.00	254	29.00	867	100.00
498	DDD RECIPIENT FOR DOS ON CLAIM				X	0	0.00	0	0.00	1,982	100.00	1,982	100.00
523	PROCEDURE EXCLUDED FROM TPL			X		111	61.00	0	0.00	70	39.00	181	100.00
525	FAMILY PLANNING ONLY/TAKE CHG		X			0	0.00	2	3.00	63	97.00	65	100.00
549	CLIENT IS ON SLMB			X		0	0.00	18	95.00	1	5.00	19	100.00
552	HMO - MHC PLANS & BHP PLUS				X	0	0.00	0	0.00	66	100.00	66	100.00
553	FQHC ENCOUNTER & CALL				X	2	2.00	0	0.00	122	98.00	124	100.00
560	FQHC ENCOUNTER & NO PAID LINES		X			0	0.00	0	0.00	894	100.00	894	100.00
569	RSN PRIOR AUTHORIZATION #				X	0	0.00	0	0.00	3	100.00	3	100.00
599	EXACT DUPLICATE PT 73 OR PS 90			X		195	15.00	993	79.00	73	6.00	1,261	100.00
602	(NA) NO RECORD OF PA NUMBER		X			0	0.00	0	0.00	24	100.00	24	100.00
604	NO RECIP MATCH ON PA FILE			X		0	0.00	3	50.00	3	50.00	6	100.00
606	DOS ON CLM NOT ON PA FILE			X		0	0.00	0	0.00	9	100.00	9	100.00
607	INSUFF $$ IN PA FILE FOR SRVC.			X		1	25.00	1	25.00	2	50.00	4	100.00
608	INSUFF AUTH UNITS ON FILE.			X		0	0.00	3	3.00	92	97.00	95	100.00
609	FQHC ENCOUNTER NOT PAYABLE		X			0	0.00	0	0.00	410	100.00	410	100.00
610	PA PROVIDER NUMBER MISMATCH			X		1	4.00	25	89.00	2	7.00	28	100.00
611	(NA)NON-COVERED CODE W/AUTH NO	X				0	0.00	4	100.00	0	0.00	4	100.00
637	ABCD SERVICE/NON-ABCD CLIENT				X	0	0.00	0	0.00	151	100.00	151	100.00
719	6 EA ADDITIONAL 3 MO ORTHO TX			X		0	0.00	0	0.00	2	100.00	2	100.00
737	1 DENTAL EXAM ALLOWED PER DAY			X		52	10.00	31	6.00	418	84.00	501	100.00
745	1 DENTAL EXAM ALLOWED PER DAY			X		59	12.00	6	1.00	436	87.00	501	100.00
747	1 U/PARTIAL ALLOWED IN 5YRS			X		28	67.00	7	17.00	7	16.00	42	100.00
748	1 L/PARTIAL ALLOWED IN 5YRS			X		27	77.00	4	11.00	4	12.00	35	100.00
749	TOOTH PREVIOUSLY EXTRACTED			X		45	9.00	55	12.00	374	79.00	474	100.00
789	FLUORIDE VS FLUORIDE VARNISH		X			0	0.00	0	0.00	1	100.00	1	100.00
824	INSUFFICIENT UNITS IN PA FILE			X		0	0.00	2	100.00	0	0.00	2	100.00
855	ADJ HAS AUTO DENY	X				503	100.00	0	0.00	0	0.00	503	100.00
875	CLAIM FOR NEW BIENNIUM				X	0	0.00	0	0.00	2	100.00	2	100.00
877	TAKE CHARGE CLIENT/NON TC PROV			X		0	0.00	0	0.00	23	100.00	23	100.00
897	ADULT DENTAL NC AFTER 8-1-03					6	1.00	1	0.00	461	99.00	468	100.00
1003	NEED APPLIANCE PLACEMENT DATE			X		0	0.00	34	44.00	44	56.00	78	100.00
1016	# OF UNITS DOES NOT = # TEETH				X	1	2.00	0	0.00	64	98.00	65	100.00
1017	# UNITS DOES NOT = # QUAD/ARCH				X	0	0.00	0	0.00	46	100.00	46	100.00
1021	INVALID QUADRANT OR ARCH CODE			X		0	0.00	1	100.00	0	0.00	1	100.00
1022	INVALID QUAD/ARCH FOR PROC COD			X		0	0.00	22	79.00	6	21.00	28	100.00
	TOTAL FOR CLAIM TYPE					11,902	22.00	19,574	36.00	23,114	42.00	54,590	100.00

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TYPE EXC CDE	ENTRY EXAM-ENTRY CLAIM TYPE EXCEPTION DESCRIPTION	EPSDT DISPOSITION SS	D	S	PR	P	FORCED OCCURS	FORCED PERCNT	DENIED OCCURS	DENIED PERCNT	NOT DENIED OR FORCED OCCURS	NOT DENIED OR FORCED PERCNT	TOTAL OCCURS	TOTAL PERCNT
10	5 SCREENS COV 1ST YEAR LIFE			X			10	71.00	0	0.00	4	29.00	14	100.00
11	1 ANNUAL SCREEN AFT 4TH YEAR			X			3	3.00	11	10.00	94	87.00	108	100.00
21	90782-88 INCL IN E/M CODE					X	0	0.00	0	0.00	6	100.00	6	100.00
38	MAX OF 3 EPSDT EXAMS ALLOWED			X			0	0.00	0	0.00	4	100.00	4	100.00
44	ESTABLISHED PT-FEE REDUCED			X			39	18.00	33	15.00	142	67.00	214	100.00
53	MULT OPERATIVE PROC PERFORMED					X	0	0.00	0	0.00	2	100.00	2	100.00
55	CC/ADMIT/CNSLT/SURG INV COMBO					X	0	0.00	0	0.00	42	100.00	42	100.00
89	COMPONENT TESTS INCL. IN CBC		X				0	0.00	0	0.00	1	100.00	1	100.00
101	EXACT DUPLICATE		X				32	3.00	4	0.00	1,105	97.00	1,141	100.00
102	POSSIBLE DUPLICATE			X			0	0.00	18	56.00	14	44.00	32	100.00
105	DIAGNOSIS NOT ALLOWED W/PROC					X	0	0.00	0	0.00	89	100.00	89	100.00
116	INVALID APPROVAL CODE	X					7	5.00	130	95.00	0	0.00	137	100.00
117	INVALID PROCEDURE MODIFIER			X			1	0.00	155	70.00	67	30.00	223	100.00
118	MISSING PLACE OF SERVICE		X				0	0.00	0	0.00	28	100.00	28	100.00
124	MISSING "FROM" DATE OF SERVICE			X			0	0.00	0	0.00	1	100.00	1	100.00
125	CLAIM PAST TIMELY BILL LIMIT	X					24	17.00	119	83.00	0	0.00	143	100.00
126	''FROM'' DATE PAST ''TO'' DATE			X			0	0.00	2	100.00	0	0.00	2	100.00
127	DOS AFTER BATCH DATE			X			0	0.00	0	0.00	1	100.00	1	100.00
130	INVALID PIC	X					0	0.00	7	100.00	0	0.00	7	100.00
131	MODIFIER DL-MANUAL DENY LINE			X			0	0.00	7	100.00	0	0.00	7	100.00
132	MISSING TOTAL CLAIM CHARGE		X				0	0.00	0	0.00	10	100.00	10	100.00
133	CALC ERROR OF TOT CLAIM CHARGE		X				0	0.00	0	0.00	47	100.00	47	100.00
134	CALC ERROR OF NET CLAIM CHARGE		X				0	0.00	0	0.00	51	100.00	51	100.00
136	(NA) POS TO MODIFIER 26					X	0	0.00	0	0.00	2	100.00	2	100.00
141	(NA) PRIOR BIENNIUM DT OF SRVC					X	0	0.00	0	0.00	5	100.00	5	100.00
161	MISSING/INVALID EPSDT REF IND			X			0	0.00	1	100.00	0	0.00	1	100.00
164	INVALID/MISSING REFERRING PROV		X				0	0.00	0	0.00	1	100.00	1	100.00
165	(NA) TPL/OTHER RESOURCES	X					434	90.00	48	10.00	0	0.00	482	100.00
166	(NA) TPR PAYMENT	X					252	47.00	282	53.00	0	0.00	534	100.00
168	INVALID MODIFIER FOR EPSDT					X	0	0.00	0	0.00	6,672	100.00	6,672	100.00
169	(NA)MODIFIER INVALID W/ PROC.					X	0	0.00	0	0.00	589	100.00	589	100.00
170	INVALID PLACE OF SERVICE		X				0	0.00	0	0.00	2	100.00	2	100.00
172	MISSING PROCEDURE CODE		X				0	0.00	0	0.00	2	100.00	2	100.00
174	MISSING PERFORMING PROV. #			X			0	0.00	43	43.00	57	57.00	100	100.00
177	(NA) INVALID/INCORRECT UNITS			X			0	0.00	3	3.00	107	97.00	110	100.00
183	MISSING UNITS OR DAYS		X				0	0.00	1	4.00	24	96.00	25	100.00
184	MISSING LINE ITEM BILLED AMT			X			0	0.00	42	33.00	87	67.00	129	100.00
191	PROV # NOT TIED TO SUBMITTER					X	0	0.00	0	0.00	34	100.00	34	100.00
197	(NA) EMC WITH COMMENTS	X					1,119	100.00	0	0.00	0	0.00	1,119	100.00
242	HEALTH DEPT MODIFER MISSING		X				0	0.00	9	1.00	603	99.00	612	100.00
244	LINE ITEM SVC DATES NOT ELIGIB	X					0	0.00	19	100.00	0	0.00	19	100.00
245	(NA) HOSPICE CLIENT					X	0	0.00	0	0.00	1	100.00	1	100.00
249	(NA) EPSDT MUST BE UNDER 21			X			3	1.00	356	70.00	146	29.00	505	100.00
250	NOT ELIG WITH THIS PIC.	X					0	0.00	24	96.00	1	4.00	25	100.00
260	RECIP NOT LISTED		X				0	0.00	0	0.00	144	100.00	144	100.00
263	(NA) TPL COV. ON ELIG FILE		X				47	49.00	26	27.00	23	24.00	96	100.00
264	TPL CARRIER CODE WITH NO TPL $			X			0	0.00	0	0.00	1	100.00	1	100.00
269	TPL - ELIG POST-PAYMENT MODE					X	0	0.00	0	0.00	8	100.00	8	100.00

271	RECIP NOT ELIGIBLE FOR DOS	X		0	0.00	27	96.00	1	4.00	28	100.00
276	QMB DUAL RECIPIENT FOR DOS		X	0	0.00	0	0.00	20	100.00	20	100.00

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TYPE EXC CDE	ENTRY EXAM-ENTRY CLAIM TYPE EPSDT EXCEPTION DESCRIPTION	DISPOSITION SS	D	S PR	P	FORCED OCCURS	FORCED PERCNT	DENIED OCCURS	DENIED PERCNT	NOT DENIED OR FORCED OCCURS	NOT DENIED OR FORCED PERCNT	TOTAL OCCURS	TOTAL PERCNT
277	RECIP NOT ELIGIBLE FOR DOS		X			0	0.00	0	0.00	73	100.00	73	100.00
279	(NA) NOT ELIG-MED CODE 6	X				0	0.00	1	100.00	0	0.00	1	100.00
281	(NA) GAU-APPROVAL CHK ON SRVCS		X			0	0.00	0	0.00	43	100.00	43	100.00
290	FROM DOS MORE THAN 3 YRS OLD			X		0	0.00	1	33.00	2	67.00	3	100.00
292	(NA) FISCAL YEAR END				X	0	0.00	0	0.00	25	100.00	25	100.00
299	ONCE PER LIFETIME PROCEDURE				X	0	0.00	0	0.00	15	100.00	15	100.00
301	(NA) INELIG FOR CAT OF SERVICE			X		0	0.00	116	46.00	136	54.00	252	100.00
304	PERFORM PROV NUMBR NOT ON FILE				X	0	0.00	0	0.00	37	100.00	37	100.00
308	SECURITY ERROR ON PROV NUMBER				X	0	0.00	0	0.00	3	100.00	3	100.00
317	(NA) OUT OF STATE PROVIDER				X	0	0.00	0	0.00	4	100.00	4	100.00
324	(NA) INVALID SEX TO DX				X	0	0.00	0	0.00	19	100.00	19	100.00
325	(NA)ACCIDENT DIAG-TPL SUSPECT				X	0	0.00	0	0.00	13	100.00	13	100.00
326	PROCEDURE CODE NOT COVERED			X		0	0.00	6	3.00	180	97.00	186	100.00
328	(NA)INVALID RECIP AGE FOR PROC			X		319	24.00	166	12.00	844	64.00	1,329	100.00
329	(NA)INVALID RECIP SEX FOR PROC				X	0	0.00	0	0.00	2	100.00	2	100.00
330	NO ASSIST WITH THIS PROCEDURE				X	0	0.00	0	0.00	2	100.00	2	100.00
331	(NA) MANUAL PRICE REQUIRED			X		0	0.00	0	0.00	11	100.00	11	100.00
332	(NA) INVALID P/T FOR PROCEDURE			X		0	0.00	1	1.00	115	99.00	116	100.00
342	(NA) DX REQUIRES REVIEW.		X			0	0.00	0	0.00	17	100.00	17	100.00
343	DIAGNOSIS REQUIRES APPROVAL			X		292	54.00	36	7.00	215	39.00	543	100.00
344	INVALID PRIMARY DIAGNOSES CODE		X			0	0.00	1	6.00	15	94.00	16	100.00
351	(NA) VARIANCE				X	0	0.00	0	0.00	46	100.00	46	100.00
352	(NA) VERIFY # UNITS BILLED				X	0	0.00	0	0.00	276	100.00	276	100.00
353	PROC REQ PRIOR APPROVAL				X	0	0.00	0	0.00	2	100.00	2	100.00
361	INVALID PROCEDURE CODE		X			0	0.00	0	0.00	37	100.00	37	100.00
365	(NA) INVALID POS FOR PROCEDURE			X		0	0.00	49	25.00	147	75.00	196	100.00
368	(NA) MOD REQUIRES MANUAL PRICE			X		0	0.00	0	0.00	11	100.00	11	100.00
376	INVALID EPSDT PROCEDURE		X			0	0.00	12	1.00	829	99.00	841	100.00
378	UNABLE TO PRICE FOR THIS DOS					0	0.00	0	0.00	9	100.00	9	100.00
380	ANESTHESIA NOT ALLOWED W/PROC				X	0	0.00	0	0.00	2	100.00	2	100.00
387	LOCAL CODE NON-ALLOWABLE		X			0	0.00	0	0.00	6	100.00	6	100.00
416	PROV # NOT VALID FOR BILLING	X				0	0.00	50	100.00	0	0.00	50	100.00
422	(NA) PROV NOT ENROLLED FOR DOS		X			0	0.00	0	0.00	2	100.00	2	100.00
440	(NA) PROV NOT ENROLLED FOR DOS				X	0	0.00	0	0.00	1	100.00	1	100.00
441	(NA)PERF/ATTEND/PRESC PROV DOS		X			0	0.00	0	0.00	4	100.00	4	100.00
477	PERF PROV CAN'T BE A GROUP #		X			0	0.00	0	0.00	10	100.00	10	100.00
495	TPL PAY & CHASE SERVICES				X	55	7.00	185	23.00	553	70.00	793	100.00
496	NO 1H/SL MODIFIER RATE			X		0	0.00	35	42.00	49	58.00	84	100.00
498	DDD RECIPIENT FOR DOS ON CLAIM				X	0	0.00	0	0.00	138	100.00	138	100.00
520	PARTIAL PCOP SEGMENT COVERAGE		X			0	0.00	0	0.00	6	100.00	6	100.00
521	PCCM REFERRAL # REQUIRED		X			0	0.00	0	0.00	14	100.00	14	100.00
523	PROCEDURE EXCLUDED FROM TPL				X	0	0.00	0	0.00	1	100.00	1	100.00
525	FAMILY PLANNING ONLY/TAKE CHG			X		1	1.00	80	52.00	72	47.00	153	100.00
552	HMO - MHC PLANS & BHP PLUS					21	4.00	26	5.00	449	91.00	496	100.00
553	FQHC ENCOUNTER & CALL				X	0	0.00	0	0.00	47	100.00	47	100.00
560	FQHC ENCOUNTER & NO PAID LINES		X			0	0.00	0	0.00	384	100.00	384	100.00
577	ADMIN NOT VALID W/VACCINE CODE		X			0	0.00	21	4.00	556	96.00	577	100.00
599	EXACT DUPLICATE PT 73 OR PS 90			X		16	8.00	124	59.00	69	33.00	209	100.00

609	FQHC ENCOUNTER NOT PAYABLE		X		0	0.00	11	3.00	349	97.00	360 100.00
855	ADJ HAS AUTO DENY	X			53	100.00	0	0.00	0	0.00	53 100.00

M O N T H L Y E X C E P T I O N S U M M A R Y

TYPE ENTRY EXC CDE	EXAM-ENTRY	CLAIM TYPE	EPSDT DISPOSITION SS	D	S PR	P	FORCED OCCURS	FORCED PERCNT	DENIED OCCURS	DENIED PERCNT	NOT DENIED OR FORCED OCCURS	NOT DENIED OR FORCED PERCNT	TOTAL OCCURS	TOTAL PERCNT
875	CLAIM FOR NEW BIENNIUM					X	0	0.00	0	0.00	1	100.00	1	100.00
877	TAKE CHARGE CLIENT/NON TC PROV				X		0	0.00	0	0.00	8	100.00	8	100.00
	TOTAL FOR CLAIM TYPE						2,728	13.00	2,288	11.00	16,087	76.00	21,103	100.00

M O N T H L Y E X C E P T I O N S U M M A R Y

TYPE EXC CDE	EXCEPTION DESCRIPTION	ENTRY SS	EXAM-ENTRY D	CLAIM TYPE S PR	OUTPATIENT P	FORCED OCCURS	FORCED PERCNT	DENIED OCCURS	DENIED PERCNT	NOT DENIED OR FORCED OCCURS	NOT DENIED OR FORCED PERCNT	TOTAL OCCURS	TOTAL PERCNT
13	AUTO/NON AUTO/PANEL LAB TESTS		X			0	0.00	1	1.00	123	99.00	124	100.00
26	SPEECH THERAPY LIMIT/12/CAL YR			X		5	71.00	2	29.00	0	0.00	7	100.00
68	OT ADDT'L LIMIT 36 VISITS/YR			X		38	58.00	27	42.00	0	0.00	65	100.00
89	COMPONENT TESTS INCL. IN CBC		X			8	7.00	2	2.00	97	91.00	107	100.00
101	EXACT DUPLICATE		X			9	1.00	0	0.00	932	99.00	941	100.00
102	POSSIBLE DUPLICATE			X		339	37.00	224	24.00	354	39.00	917	100.00
103	POSSIBLE DUPLICATE - CONFLICT			X		156	54.00	40	14.00	91	32.00	287	100.00
105	DIAGNOSIS NOT ALLOWED W/PROC			X		1	11.00	3	33.00	5	56.00	9	100.00
116	INVALID APPROVAL CODE	X				45	10.00	385	90.00	0	0.00	430	100.00
124	MISSING "FROM" DATE OF SERVICE			X		0	0.00	105	88.00	15	12.00	120	100.00
125	CLAIM PAST TIMELY BILL LIMIT	X				351	39.00	543	61.00	3	0.00	897	100.00
126	''FROM'' DATE PAST ''TO'' DATE			X		0	0.00	5	56.00	4	44.00	9	100.00
127	DOS AFTER BATCH DATE			X		0	0.00	2	100.00	0	0.00	2	100.00
129	MISSING PIC	X				0	0.00	53	100.00	0	0.00	53	100.00
130	INVALID PIC	X				0	0.00	59	100.00	0	0.00	59	100.00
132	MISSING TOTAL CLAIM CHARGE			X		0	0.00	11	65.00	6	35.00	17	100.00
133	CALC ERROR OF TOT CLAIM CHARGE			X		0	0.00	92	82.00	20	18.00	112	100.00
134	CALC ERROR OF NET CLAIM CHARGE			X		0	0.00	742	85.00	136	15.00	878	100.00
137	CALC ERROR NON-COVERED CHARGE		X			0	0.00	0	0.00	2	100.00	2	100.00
139	MISSING ATTENDING PROV NUMBER			X		0	0.00	46	59.00	32	41.00	78	100.00
141	(NA) PRIOR BIENNIUM DT OF SRVC				X	0	0.00	0	0.00	52	100.00	52	100.00
148	MISSING REVENUE CODE			X		0	0.00	110	32.00	231	68.00	341	100.00
163	MISSING DIAGNOSIS CODE			X		0	0.00	11	46.00	13	54.00	24	100.00
165	(NA) TPL/OTHER RESOURCES	X				1,820	97.00	57	3.00	0	0.00	1,877	100.00
166	(NA) TPR PAYMENT	X				1,710	57.00	1,290	43.00	0	0.00	3,000	100.00
171	NON-COV CHG MORE THAN BILLED			X		0	0.00	0	0.00	3	100.00	3	100.00
176	(NA)ONE DATE OF SRVC PER CLAIM				X	327	19.00	8	0.00	1,389	81.00	1,724	100.00
177	(NA) INVALID/INCORRECT UNITS				X	0	0.00	0	0.00	885	100.00	885	100.00
183	MISSING UNITS OR DAYS			X		0	0.00	78	67.00	38	33.00	116	100.00
184	MISSING LINE ITEM BILLED AMT		X			0	0.00	9	4.00	215	96.00	224	100.00
190	MISSING/INVALID ITA INDICATOR			X		1	100.00	0	0.00	0	0.00	1	100.00
194	HOSPICE-DOS/DAYS DO NOT AGREE			X		12	21.00	25	45.00	19	34.00	56	100.00
197	(NA) EMC WITH COMMENTS	X				401	100.00	0	0.00	0	0.00	401	100.00
204	INVALID ATTENDING PROV NUMBER			X		2	13.00	7	47.00	6	40.00	15	100.00
208	INVALID ACCIDENT CODE				X	0	0.00	0	0.00	10	100.00	10	100.00
211	INVALID 3RD DIAGNOSIS CODE		X			0	0.00	0	0.00	3	100.00	3	100.00
212	INVALID 4TH DIAGNOSIS		X			0	0.00	0	0.00	3	100.00	3	100.00
213	INVALID 5TH DIAGNOSIS		X			0	0.00	0	0.00	1	100.00	1	100.00
220	SURG DATE NOT WITHIN DT OF SVC				X	0	0.00	0	0.00	75	100.00	75	100.00
224	DUPLICATE REV. CODES				X	1	0.00	0	0.00	1,140	100.00	1,141	100.00
231	MISSING ADMISSION HOUR			X		0	0.00	220	78.00	62	22.00	282	100.00
232	MISSING DISCHARGE HOUR			X		4	0.00	605	57.00	456	43.00	1,065	100.00
240	(NA) KIDNEY DIALYSIS REVIEW				X	0	0.00	0	0.00	2,278	100.00	2,278	100.00
243	HOSPICE CLM-RECIP NOT ON CNP			X		0	0.00	3	7.00	40	93.00	43	100.00
245	(NA) HOSPICE CLIENT			X		1	4.00	16	62.00	9	34.00	26	100.00
246	POSSIBLE MEDICARE COVERAGE-HH				X	0	0.00	0	0.00	157	100.00	157	100.00
247	RECIP HAS QMB COVERAGE ONLY			X		0	0.00	35	92.00	3	8.00	38	100.00
250	NOT ELIG WITH THIS PIC.	X				0	0.00	275	91.00	28	9.00	303	100.00

252	(NA) NOT ELIG FOR ALL DOS	X	0	0.00	13	57.00	10	43.00	23	100.00
253	POSSIBLE RECIPIENT DEATH	X	0	0.00	4	31.00	9	69.00	13	100.00

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TYPE EXC CDE	EXCEPTION DESCRIPTION	ENTRY SS	EXAM-ENTRY D	CLAIM TYPE S	OUTPATIENT DISPOSITION PR	P	FORCED OCCURS	FORCED PERCNT	DENIED OCCURS	DENIED PERCNT	NOT DENIED OR FORCED OCCURS	NOT DENIED OR FORCED PERCNT	TOTAL OCCURS	TOTAL PERCNT
255	(NA) OVER AGE 65 & MED ELIG 0					X	0	0.00	0	0.00	508	100.00	508	100.00
257	(NA) STRICTED PT / ON REVIEW				X		0	0.00	0	0.00	24	100.00	24	100.00
259	(NA) ELIG FOR MEDICARE PART A			X			542	89.00	17	3.00	47	8.00	606	100.00
261	(NA) ELIG FOR PART B			X			721	45.00	787	49.00	98	6.00	1,606	100.00
262	(NA) TPL SUSPECT			X			150	68.00	3	1.00	66	31.00	219	100.00
263	(NA) TPL COV. ON ELIG FILE		X				2,126	62.00	1,224	36.00	57	2.00	3,407	100.00
264	TPL CARRIER CODE WITH NO TPL $			X			0	0.00	0	0.00	5	100.00	5	100.00
269	TPL - ELIG POST-PAYMENT MODE					X	1	0.00	7	2.00	310	98.00	318	100.00
271	RECIP NOT ELIGIBLE FOR DOS	X					0	0.00	189	99.00	1	1.00	190	100.00
281	(NA) GAU-APPROVAL CHK ON SRVCS			X			22	67.00	6	18.00	5	15.00	33	100.00
283	(NA) LCP/MN-NON COVERED SRVC			X			40	17.00	74	31.00	127	52.00	241	100.00
284	(NA) LCP/MI-NON COVERED SRVC			X			1	17.00	5	83.00	0	0.00	6	100.00
285	(NA) Q PROGRAM CODE WITH ITA			X			0	0.00	2	67.00	1	33.00	3	100.00
287	MI PROGRAM ENDED 7/1/03		X				0	0.00	0	0.00	19	100.00	19	100.00
290	FROM DOS MORE THAN 3 YRS OLD			X			14	54.00	3	12.00	9	34.00	26	100.00
292	(NA) FISCAL YEAR END					X	0	0.00	0	0.00	21	100.00	21	100.00
301	(NA) INELIG FOR CAT OF SERVICE			X			0	0.00	19	11.00	154	89.00	173	100.00
315	INVALID ATTENDING PROV NUMBER			X			0	0.00	0	0.00	1	100.00	1	100.00
317	(NA) OUT OF STATE PROVIDER					X	0	0.00	0	0.00	359	100.00	359	100.00
319	MANUAL PRICE EXCEEDS PDD ALLOW					X	0	0.00	0	0.00	36	100.00	36	100.00
323	(NA) INVALID RECIP AGE TO DX			X			0	0.00	2	67.00	1	33.00	3	100.00
324	(NA) INVALID SEX TO DX			X			1	25.00	0	0.00	3	75.00	4	100.00
325	(NA)ACCIDENT DIAG-TPL SUSPECT					X	0	0.00	0	0.00	963	100.00	963	100.00
326	PROCEDURE CODE NOT COVERED			X			0	0.00	38	73.00	14	27.00	52	100.00
328	(NA)INVALID RECIP AGE FOR PROC			X			2	10.00	10	48.00	9	42.00	21	100.00
332	(NA) INVALID P/T FOR PROCEDURE			X			4	100.00	0	0.00	0	0.00	4	100.00
335	INVALID 2ND DIAGNOSIS CODE		X				0	0.00	0	0.00	14	100.00	14	100.00
343	DIAGNOSIS REQUIRES APPROVAL			X			230	38.00	167	28.00	209	34.00	606	100.00
344	INVALID PRIMARY DIAGNOSES CODE		X				0	0.00	0	0.00	3	100.00	3	100.00
345	(NA) DATE OF CONSENT REQUIRED			X			88	42.00	41	20.00	80	38.00	209	100.00
351	(NA) VARIANCE					X	1	0.00	0	0.00	5,313	100.00	5,314	100.00
352	(NA) VERIFY # UNITS BILLED			X			22	88.00	2	8.00	1	4.00	25	100.00
353	PROC REQ PRIOR APPROVAL			X			123	37.00	156	46.00	57	17.00	336	100.00
361	INVALID PROCEDURE CODE		X				0	0.00	0	0.00	2	100.00	2	100.00
364	MISSING OCCURRENCE CODE DATE.			X			0	0.00	4	100.00	0	0.00	4	100.00
367	VERIFY REVENUE CODE			X			0	0.00	301	52.00	277	48.00	578	100.00
369	REVENUE CODE NOT ALLOWED		X				0	0.00	72	6.00	1,082	94.00	1,154	100.00
375	(NA)BILLED AMOUNT > $1100.00			X			2	6.00	11	31.00	23	63.00	36	100.00
377	(NA)APPROVAL OR TRANSPORT TEAM			X			523	67.00	12	2.00	242	31.00	777	100.00
378	UNABLE TO PRICE FOR THIS DOS			X			0	0.00	982	72.00	375	28.00	1,357	100.00
379	(NA) UNABLE TO PRICE			X			0	0.00	0	0.00	23	100.00	23	100.00
388	LIMIT AUDITS			X			0	0.00	0	0.00	2	100.00	2	100.00
399	(NA) EXCLUDED REVENUE CODE			X			0	0.00	6	11.00	50	89.00	56	100.00
402	(NA)PROV TERMINATED-NUMBER CHG		X				0	0.00	0	0.00	7	100.00	7	100.00
404	(NA)PROV TERM-OTHER INVOL RSNS		X				0	0.00	0	0.00	64	100.00	64	100.00
416	PROV # NOT VALID FOR BILLING	X					0	0.00	72	100.00	0	0.00	72	100.00
422	(NA) PROV NOT ENROLLED FOR DOS		X				0	0.00	0	0.00	1	100.00	1	100.00
432	(NA)SRVC NOT ALLOWED TO NH PT.		X				8	31.00	0	0.00	18	69.00	26	100.00

440	(NA) PROV NOT ENROLLED FOR DOS	X	0	0.00	0	0.00	16	100.00	16	100.00
441	(NA)PERF/ATTEND/PRESC PROV DOS	X	0	0.00	0	0.00	1	100.00	1	100.00

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TYPE EXC CDE	ENTRY EXAM-ENTRY CLAIM TYPE EXCEPTION DESCRIPTION	OUTPATIENT DISPOSITION SS	D	S	PR	P	FORCED OCCURS	FORCED PERCNT	DENIED OCCURS	DENIED PERCNT	NOT DENIED OR FORCED OCCURS	NOT DENIED OR FORCED PERCNT	TOTAL OCCURS	TOTAL PERCNT
448	HOME HLTH SRVC MAY REQ REVIEW			X			101	35.00	103	35.00	88	30.00	292	100.00
495	TPL PAY & CHASE SERVICES					X	18	4.00	137	32.00	273	64.00	428	100.00
498	DDD RECIPIENT FOR DOS ON CLAIM					X	0	0.00	0	0.00	789	100.00	789	100.00
505	HOSPICE PROV/NONHOSPICE RECIP			X			6	6.00	33	35.00	54	59.00	93	100.00
521	PCCM REFERRAL # REQUIRED			X			2	1.00	224	94.00	13	5.00	239	100.00
525	FAMILY PLANNING ONLY/TAKE CHG			X			336	47.00	106	15.00	274	38.00	716	100.00
532	INVALID 7TH DIAGNOSIS CODE.		X				0	0.00	0	0.00	1	100.00	1	100.00
549	CLIENT IS ON SLMB			X			0	0.00	12	100.00	0	0.00	12	100.00
552	HMO - MHC PLANS & BHP PLUS						2	1.00	2	1.00	375	98.00	379	100.00
555	DELIVERY SERVICES BILLED ON M			X			0	0.00	14	54.00	12	46.00	26	100.00
567	HOSPICE CLAIMS BYPASSING TPL				X		0	0.00	0	0.00	246	100.00	246	100.00
569	RSN PRIOR AUTHORIZATION #					X	0	0.00	0	0.00	3	100.00	3	100.00
602	(NA) NO RECORD OF PA NUMBER			X			0	0.00	3	50.00	3	50.00	6	100.00
611	(NA)NON-COVERED CODE W/AUTH NO			X			0	0.00	3	21.00	11	79.00	14	100.00
627	LONG TERM ACUTE CARE OR PM&R.			X			0	0.00	0	0.00	1	100.00	1	100.00
639	DIAGNOSIS CODE IS V71.5		X				0	0.00	0	0.00	15	100.00	15	100.00
649	ATTEND/PERF/REF NOT CERT DIET		X				0	0.00	0	0.00	19	100.00	19	100.00
707	1 PHYSICAL THERAPY EVAL PER YR			X			4	25.00	6	38.00	6	37.00	16	100.00
714	1 OT ASSESS PER CALENDAR YEAR			X			6	55.00	0	0.00	5	45.00	11	100.00
740	OT LIMIT 12 PROGRAM VISITS YR			X			85	52.00	55	34.00	22	14.00	162	100.00
754	1 SPEECH EVAL PER CALENDAR YR			X			0	0.00	1	33.00	2	67.00	3	100.00
772	CONTRAST MEDIA INCL IN MRI/CAT			X			0	0.00	7	58.00	5	42.00	12	100.00
785	SERVICES BEYOND PROGRAM LIMITS			X			125	47.00	54	20.00	88	33.00	267	100.00
786	SERVICES BEYOND PROGRAM LIMITS			X			12	100.00	0	0.00	0	0.00	12	100.00
855	ADJ HAS AUTO DENY	X					205	100.00	0	0.00	0	0.00	205	100.00
898	TOO MANY CLAIMS PER RECIP			X			0	0.00	0	0.00	139	100.00	139	100.00
1004	PROC/REV CODE REQUIRES NDC		X				0	0.00	0	0.00	228	100.00	228	100.00
1006	MISSING CPT/HCPCS CODE			X			0	0.00	271	55.00	221	45.00	492	100.00
1011	DATE(S) NOT WITHIN HEADER SPAN			X			4	1.00	322	63.00	184	36.00	510	100.00
1030	GENERAL INFORMATION					X	0	0.00	0	0.00	7	100.00	7	100.00
	TOTAL FOR CLAIM TYPE						10,758	24.00	10,673	24.00	22,737	52.00	44,168	100.00

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TYPE EXC CDE	EXCEPTION DESCRIPTION	ENTRY SS	EXAM-ENTRY D	CLAIM TYPE S PR	MCARE NON P	FORCED OCCURS	FORCED PERCNT	DENIED OCCURS	DENIED PERCNT	NOT DENIED OR FORCED OCCURS	NOT DENIED OR FORCED PERCNT	TOTAL OCCURS	TOTAL PERCNT
100	DUPE/DIFFERENT JULIAN DATE		X			3	0.00	4	0.00	2,427	100.00	2,434	100.00
101	EXACT DUPLICATE			X		43	2.00	178	6.00	2,536	92.00	2,757	100.00
102	POSSIBLE DUPLICATE			X		139	24.00	147	25.00	302	51.00	588	100.00
103	POSSIBLE DUPLICATE - CONFLICT				X	0	0.00	0	0.00	405	100.00	405	100.00
104	CALLS INCL IN FLAT FEE				X	0	0.00	0	0.00	6	100.00	6	100.00
105	DIAGNOSIS NOT ALLOWED W/PROC				X	2	0.00	0	0.00	1,462	100.00	1,464	100.00
106	MEDICARE CLAIM OUT OF BALANCE			X		0	0.00	0	0.00	1	100.00	1	100.00
107	MC ALLOWED MORE THAN BILL AMT			X		1	17.00	2	33.00	3	50.00	6	100.00
114	MCARE DED GT THAN ALLOW AMT	X				0	0.00	3	100.00	0	0.00	3	100.00
116	INVALID APPROVAL CODE	X				17	7.00	215	93.00	0	0.00	232	100.00
117	INVALID PROCEDURE MODIFIER			X		11	8.00	46	33.00	83	59.00	140	100.00
118	MISSING PLACE OF SERVICE	X				0	0.00	31	100.00	0	0.00	31	100.00
124	MISSING "FROM" DATE OF SERVICE			X		0	0.00	0	0.00	22	100.00	22	100.00
125	CLAIM PAST TIMELY BILL LIMIT				X	0	0.00	0	0.00	995	100.00	995	100.00
127	DOS AFTER BATCH DATE			X		0	0.00	73	70.00	32	30.00	105	100.00
129	MISSING PIC	X				0	0.00	60	100.00	0	0.00	60	100.00
133	CALC ERROR OF TOT CLAIM CHARGE			X		0	0.00	8	24.00	26	76.00	34	100.00
136	(NA) POS TO MODIFIER 26				X	0	0.00	0	0.00	182	100.00	182	100.00
141	(NA) PRIOR BIENNIUM DT OF SRVC				X	0	0.00	0	0.00	21	100.00	21	100.00
150	ITA/INDICATOR ERROR				X	0	0.00	0	0.00	10	100.00	10	100.00
165	(NA) TPL/OTHER RESOURCES	X				963	98.00	22	2.00	0	0.00	985	100.00
166	(NA) TPR PAYMENT	X				72	78.00	20	22.00	0	0.00	92	100.00
169	(NA)MODIFIER INVALID W/ PROC.			X		309	46.00	11	2.00	354	52.00	674	100.00
170	INVALID PLACE OF SERVICE		X			0	0.00	0	0.00	39	100.00	39	100.00
172	MISSING PROCEDURE CODE		X			0	0.00	0	0.00	62	100.00	62	100.00
177	(NA) INVALID/INCORRECT UNITS				X	0	0.00	0	0.00	228	100.00	228	100.00
183	MISSING UNITS OR DAYS			X		0	0.00	126	77.00	38	23.00	164	100.00
184	MISSING LINE ITEM BILLED AMT			X		0	0.00	2	5.00	41	95.00	43	100.00
192	MEDICARE BILLING LIMITATION			X		338	19.00	1,264	71.00	187	10.00	1,789	100.00
222	(NA) SPLIT BILL PROV W/O MOD			X		2	40.00	0	0.00	3	60.00	5	100.00
226	MODIFIER MISSING ON PROCEDURE			X		0	0.00	1	5.00	20	95.00	21	100.00
228	MISSING MEDICARE PAID DATE			X		0	0.00	770	66.00	403	34.00	1,173	100.00
229	NO PIC FOR THIS HIC		X			0	0.00	0	0.00	26	100.00	26	100.00
237	CLMS W/O DOS SPAN				X	0	0.00	0	0.00	130	100.00	130	100.00
242	HEALTH DEPT MODIFER MISSING				X	0	0.00	0	0.00	3	100.00	3	100.00
244	LINE ITEM SVC DATES NOT ELIGIB	X				0	0.00	19	100.00	0	0.00	19	100.00
245	(NA) HOSPICE CLIENT				X	0	0.00	1	4.00	22	96.00	23	100.00
250	NOT ELIG WITH THIS PIC.	X				0	0.00	753	100.00	0	0.00	753	100.00
253	POSSIBLE RECIPIENT DEATH			X		5	11.00	3	6.00	39	83.00	47	100.00
256	(NA) DETAIL DOS NOT ELIGIBLE	X				0	0.00	16	100.00	0	0.00	16	100.00
257	(NA) STRICTED PT / ON REVIEW				X	0	0.00	0	0.00	5	100.00	5	100.00
263	(NA) TPL COV. ON ELIG FILE		X			920	75.00	74	6.00	227	19.00	1,221	100.00
264	TPL CARRIER CODE WITH NO TPL $				X	0	0.00	0	0.00	1	100.00	1	100.00
269	TPL - ELIG POST-PAYMENT MODE				X	0	0.00	0	0.00	199	100.00	199	100.00
271	RECIP NOT ELIGIBLE FOR DOS	X				5	1.00	761	98.00	7	1.00	773	100.00
283	(NA) LCP/MN-NON COVERED SRVC				X	0	0.00	0	0.00	4	100.00	4	100.00
284	(NA) LCP/MI-NON COVERED SRVC				X	0	0.00	0	0.00	1	100.00	1	100.00
285	(NA) Q PROGRAM CODE WITH ITA				X	0	0.00	0	0.00	14	100.00	14	100.00

287 MI PROGRAM ENDED 7/1/03	X		0	0.00	0	0.00	1	100.00	1	100.00
290 FROM DOS MORE THAN 3 YRS OLD		X	0	0.00	3	19.00	13	81.00	16	100.00

M O N T H L Y E X C E P T I O N S U M M A R Y

TYPE EXC CDE	ENTRY EXAM-ENTRY CLAIM TYPE EXCEPTION DESCRIPTION	MCARE DISPOSITION SS	D	S	PR	NON P	FORCED OCCURS	FORCED PERCNT	DENIED OCCURS	DENIED PERCNT	NOT DENIED OR FORCED OCCURS	NOT DENIED OR FORCED PERCNT	TOTAL OCCURS	TOTAL PERCNT
292	(NA) FISCAL YEAR END					X	0	0.00	0	0.00	305	100.00	305	100.00
299	ONCE PER LIFETIME PROCEDURE					X	0	0.00	0	0.00	4	100.00	4	100.00
301	(NA) INELIG FOR CAT OF SERVICE			X			0	0.00	0	0.00	85	100.00	85	100.00
307	(NA) VOLUNTARY TERMINATION		X				0	0.00	1	33.00	2	67.00	3	100.00
313	INCORRECT PROV# FOR CLAIM TYPE			X			18	23.00	48	61.00	13	16.00	79	100.00
317	(NA) OUT OF STATE PROVIDER					X	0	0.00	0	0.00	464	100.00	464	100.00
319	MANUAL PRICE EXCEEDS PDD ALLOW					X	0	0.00	0	0.00	4	100.00	4	100.00
320	(NA)ACCIDENT DIAG-TPL SUSPECT					X	0	0.00	0	0.00	62	100.00	62	100.00
323	(NA) INVALID RECIP AGE TO DX					X	0	0.00	0	0.00	10	100.00	10	100.00
324	(NA) INVALID SEX TO DX					X	0	0.00	0	0.00	1	100.00	1	100.00
326	PROCEDURE CODE NOT COVERED			X			3	1.00	4	1.00	297	98.00	304	100.00
328	(NA)INVALID RECIP AGE FOR PROC					X	0	0.00	0	0.00	27	100.00	27	100.00
329	(NA)INVALID RECIP SEX FOR PROC					X	0	0.00	0	0.00	1	100.00	1	100.00
330	NO ASSIST WITH THIS PROCEDURE	X					4	80.00	1	20.00	0	0.00	5	100.00
335	INVALID 2ND DIAGNOSIS CODE					X	0	0.00	0	0.00	125	100.00	125	100.00
340	ORTHOTICS W/MODS RT/LT					X	0	0.00	0	0.00	3	100.00	3	100.00
343	DIAGNOSIS REQUIRES APPROVAL					X	0	0.00	0	0.00	638	100.00	638	100.00
344	INVALID PRIMARY DIAGNOSES CODE					X	0	0.00	0	0.00	122	100.00	122	100.00
345	(NA) DATE OF CONSENT REQUIRED					X	0	0.00	0	0.00	12	100.00	12	100.00
346	(NA) SPLIT-BILL MODIFIER ERROR					X	2	13.00	0	0.00	13	87.00	15	100.00
347	(NA) TAX CODE FOR TAXABLE SVC					X	0	0.00	0	0.00	15	100.00	15	100.00
361	INVALID PROCEDURE CODE			X			0	0.00	35	14.00	207	86.00	242	100.00
368	(NA) MOD REQUIRES MANUAL PRICE	X					9	56.00	7	44.00	0	0.00	16	100.00
371	(NA) ITA PROCEDURE ONLY					X	0	0.00	0	0.00	1	100.00	1	100.00
373	PROC FOR EPSDT CLAIMS ONLY					X	0	0.00	0	0.00	16	100.00	16	100.00
375	(NA)BILLED AMOUNT > $1100.00					X	0	0.00	0	0.00	13	100.00	13	100.00
378	UNABLE TO PRICE FOR THIS DOS	X					0	0.00	37	100.00	0	0.00	37	100.00
380	ANESTHESIA NOT ALLOWED W/PROC	X					3	60.00	2	40.00	0	0.00	5	100.00
387	LOCAL CODE NON-ALLOWABLE		X				0	0.00	0	0.00	44	100.00	44	100.00
401	(NA) PROV TERM - BAD ADDRESS		X				0	0.00	0	0.00	11	100.00	11	100.00
402	(NA)PROV TERMINATED-NUMBER CHG		X				0	0.00	0	0.00	2	100.00	2	100.00
404	(NA)PROV TERM-OTHER INVOL RSNS		X				0	0.00	0	0.00	16	100.00	16	100.00
416	PROV # NOT VALID FOR BILLING			X			0	0.00	239	84.00	45	16.00	284	100.00
422	(NA) PROV NOT ENROLLED FOR DOS		X				0	0.00	0	0.00	13	100.00	13	100.00
430	MEDICARE $ EXCEEDS DSHS ALLOW		X				18	0.00	76	0.00	15,464	100.00	15,558	100.00
450	MEDICARE PAID IN FULL-HEADER		X				0	0.00	0	0.00	23	100.00	23	100.00
451	MEDICARE PAID IN FULL - DETAIL		X				0	0.00	2	0.00	748	100.00	750	100.00
452	DENIED BY MEDICARE-HEADER			X			0	0.00	1,076	56.00	858	44.00	1,934	100.00
453	DENIED BY MEDICARE-DETAIL		X				0	0.00	104	9.00	1,095	91.00	1,199	100.00
496	NO 1H/SL MODIFIER RATE					X	0	0.00	0	0.00	1	100.00	1	100.00
498	DDD RECIPIENT FOR DOS ON CLAIM					X	0	0.00	0	0.00	1,384	100.00	1,384	100.00
500	CHIROPRACTIC SVCS NA OVER 20		X				0	0.00	0	0.00	2	100.00	2	100.00
525	FAMILY PLANNING ONLY/TAKE CHG					X	0	0.00	0	0.00	7	100.00	7	100.00
549	CLIENT IS ON SLMB			X			0	0.00	299	90.00	34	10.00	333	100.00
552	HMO - MHC PLANS & BHP PLUS			X			0	0.00	12	43.00	16	57.00	28	100.00
553	FQHC ENCOUNTER & CALL					X	0	0.00	0	0.00	479	100.00	479	100.00
560	FQHC ENCOUNTER & NO PAID LINES					X	0	0.00	0	0.00	41	100.00	41	100.00
561	CLIENT COVERED BY PACE PROJECT		X				0	0.00	0	0.00	1	100.00	1	100.00

563	AMBUL MILEAGE VS AMBUL MILEAGE	X	0	0.00	0	0.00	1	100.00	1	100.00
576	X-OVER CLAIM W/MPI OF 3	X	0	0.00	0	0.00	23	100.00	23	100.00

M O N T H L Y E X C E P T I O N S U M M A R Y

TYPE EXC CDE	ENTRY EXAM-ENTRY CLAIM TYPE EXCEPTION DESCRIPTION	MCARE NON DISPOSITION SS	D	S PR	P	FORCED OCCURS	FORCED PERCNT	DENIED OCCURS	DENIED PERCNT	NOT DENIED OR FORCED OCCURS	NOT DENIED OR FORCED PERCNT	TOTAL OCCURS	TOTAL PERCNT
577	ADMIN NOT VALID W/VACCINE CODE				X	0	0.00	0	0.00	1	100.00	1	100.00
580	STATE ASSIGNED TRANS CODES				X	0	0.00	0	0.00	98	100.00	98	100.00
581	INFUSION PUMP RENTALS				X	0	0.00	0	0.00	11	100.00	11	100.00
589	PSYCH CODES SUSPEND MANUAL PR.				X	0	0.00	0	0.00	1,498	100.00	1,498	100.00
596	MEDICARE PD/DEDUCTIBLE =ZERO			X		2	0.00	20	1.00	1,948	99.00	1,970	100.00
636	PT 48/49 NOT VALID				X	0	0.00	0	0.00	3	100.00	3	100.00
855	ADJ HAS AUTO DENY	X				92	100.00	0	0.00	0	0.00	92	100.00
856	PART B CLAIM OUT OF BALANCE	X				3	75.00	1	25.00	0	0.00	4	100.00
875	CLAIM FOR NEW BIENNIUM				X	0	0.00	0	0.00	3	100.00	3	100.00
877	TAKE CHARGE CLIENT/NON TC PROV			X		0	0.00	1	33.00	2	67.00	3	100.00
898	TOO MANY CLAIMS PER RECIP			X		0	0.00	0	0.00	24	100.00	24	100.00
	TOTAL FOR CLAIM TYPE					2,984	6.00	6,578	14.00	36,916	80.00	46,478	100.00

M O N T H L Y E X C E P T I O N S U M M A R Y

TYPE EXC CDE	ENTRY EXAM-ENTRY CLAIM TYPE EXCEPTION DESCRIPTION	MED VENDOR DISPOSITION SS	D	S PR	P	FORCED OCCURS	FORCED PERCNT	DENIED OCCURS	DENIED PERCNT	NOT DENIED OR FORCED OCCURS	NOT DENIED OR FORCED PERCNT	TOTAL OCCURS	TOTAL PERCNT
12	LIMIT AUDITS			X		1	9.00	8	73.00	2	18.00	11	100.00
14	ONE PER YEAR LIMITATION			X		0	0.00	0	0.00	1	100.00	1	100.00
29	ALS VS BLS SAME DAY			X		43	28.00	11	7.00	100	65.00	154	100.00
49	INCLUDED IN OXY SYSTEM			X		0	0.00	3	75.00	1	25.00	4	100.00
52	0020A NOT ALLOWED W/0001A		X			0	0.00	0	0.00	2	100.00	2	100.00
54	NON-DME/MSE LIMIT 2 PER MONTH			X		21	47.00	18	40.00	6	13.00	45	100.00
55	CC/ADMIT/CNSLT/SURG INV COMBO				X	0	0.00	0	0.00	1	100.00	1	100.00
57	EAR MOLD IS INCL. HEARING AID			X		2	20.00	5	50.00	3	30.00	10	100.00
59	LIMIT 3 PER/MO. OXYGEN/NON-DME			X		10	77.00	3	23.00	0	0.00	13	100.00
60	INCLUDED IN OXY SYSTEM			X		0	0.00	1	50.00	1	50.00	2	100.00
67	MAX OF 180 PER MONTH			X		50	49.00	16	16.00	37	35.00	103	100.00
73	DME LIMIT 1 PER YEAR			X		1	25.00	2	50.00	1	25.00	4	100.00
96	NONDME & MSE LIMIT 10 PER MO.			X		57	84.00	4	6.00	7	10.00	68	100.00
100	DUPE/DIFFERENT JULIAN DATE		X			112	4.00	9	0.00	2,975	96.00	3,096	100.00
101	EXACT DUPLICATE			X		408	13.00	150	5.00	2,682	82.00	3,240	100.00
102	POSSIBLE DUPLICATE			X		472	42.00	97	9.00	555	49.00	1,124	100.00
103	POSSIBLE DUPLICATE - CONFLICT			X		208	49.00	20	5.00	194	46.00	422	100.00
105	DIAGNOSIS NOT ALLOWED W/PROC			X		1	7.00	0	0.00	14	93.00	15	100.00
116	INVALID APPROVAL CODE	X				48	15.00	267	85.00	0	0.00	315	100.00
117	INVALID PROCEDURE MODIFIER			X		17	4.00	118	30.00	260	66.00	395	100.00
118	MISSING PLACE OF SERVICE		X			0	0.00	0	0.00	197	100.00	197	100.00
124	MISSING "FROM" DATE OF SERVICE			X		0	0.00	10	11.00	79	89.00	89	100.00
125	CLAIM PAST TIMELY BILL LIMIT	X				89	15.00	519	85.00	3	0.00	611	100.00
126	''FROM'' DATE PAST ''TO'' DATE			X		0	0.00	16	55.00	13	45.00	29	100.00
127	DOS AFTER BATCH DATE			X		0	0.00	382	88.00	54	12.00	436	100.00
129	MISSING PIC	X				0	0.00	14	100.00	0	0.00	14	100.00
130	INVALID PIC	X				0	0.00	106	100.00	0	0.00	106	100.00
131	MODIFIER DL-MANUAL DENY LINE			X		0	0.00	189	100.00	0	0.00	189	100.00
132	MISSING TOTAL CLAIM CHARGE		X			0	0.00	0	0.00	228	100.00	228	100.00
133	CALC ERROR OF TOT CLAIM CHARGE		X			0	0.00	0	0.00	335	100.00	335	100.00
134	CALC ERROR OF NET CLAIM CHARGE		X			0	0.00	1	0.00	490	100.00	491	100.00
141	(NA) PRIOR BIENNIUM DT OF SRVC				X	0	0.00	0	0.00	43	100.00	43	100.00
150	ITA/INDICATOR ERROR			X		0	0.00	0	0.00	2	100.00	2	100.00
159	INVALID LINE ITEM EOB CODE			X		0	0.00	0	0.00	1	100.00	1	100.00
160	INVALID EPSDT INDICATOR				X	0	0.00	0	0.00	1	100.00	1	100.00
163	MISSING DIAGNOSIS CODE		X			0	0.00	0	0.00	451	100.00	451	100.00
164	INVALID/MISSING REFERRING PROV		X			0	0.00	0	0.00	107	100.00	107	100.00
165	(NA) TPL/OTHER RESOURCES			X		1,348	98.00	30	2.00	0	0.00	1,378	100.00
166	(NA) TPR PAYMENT			X		1,104	77.00	337	23.00	0	0.00	1,441	100.00
169	(NA)MODIFIER INVALID W/ PROC.			X		345	32.00	98	9.00	622	59.00	1,065	100.00
170	INVALID PLACE OF SERVICE		X			0	0.00	0	0.00	178	100.00	178	100.00
172	MISSING PROCEDURE CODE		X			0	0.00	1	0.00	373	100.00	374	100.00
174	MISSING PERFORMING PROV. #				X	0	0.00	1	0.00	1,687	100.00	1,688	100.00
177	(NA) INVALID/INCORRECT UNITS			X		160	33.00	88	18.00	238	49.00	486	100.00
183	MISSING UNITS OR DAYS		X			0	0.00	5	1.00	380	99.00	385	100.00
184	MISSING LINE ITEM BILLED AMT			X		0	0.00	19	6.00	307	94.00	326	100.00
191	PROV # NOT TIED TO SUBMITTER				X	0	0.00	0	0.00	153	100.00	153	100.00
197	(NA) EMC WITH COMMENTS	X				2,973	100.00	1	0.00	0	0.00	2,974	100.00

226	MODIFIER MISSING ON PROCEDURE		0	0.00	16	4.00	350	96.00	366	100.00
237	CLMS W/O DOS SPAN	X	18	16.00	0	0.00	92	84.00	110	100.00

M O N T H L Y E X C E P T I O N S U M M A R Y

TYPE EXC CDE	ENTRY EXAM-ENTRY CLAIM TYPE EXCEPTION DESCRIPTION	MED VENDOR DISPOSITION SS	D	S PR	P	FORCED OCCURS	FORCED PERCNT	DENIED OCCURS	DENIED PERCNT	NOT DENIED OR FORCED OCCURS	NOT DENIED OR FORCED PERCNT	TOTAL OCCURS	TOTAL PERCNT
244	LINE ITEM SVC DATES NOT ELIGIB	X				0	0.00	19	100.00	0	0.00	19	100.00
245	(NA) HOSPICE CLIENT			X		14	32.00	22	50.00	8	18.00	44	100.00
246	POSSIBLE MEDICARE COVERAGE-HH				X	0	0.00	0	0.00	3	100.00	3	100.00
247	RECIP HAS QMB COVERAGE ONLY			X		18	26.00	37	53.00	15	21.00	70	100.00
250	NOT ELIG WITH THIS PIC.	X				0	0.00	163	96.00	6	4.00	169	100.00
253	POSSIBLE RECIPIENT DEATH			X		0	0.00	9	26.00	25	74.00	34	100.00
255	(NA) OVER AGE 65 & MED ELIG 0				X	0	0.00	0	0.00	1,188	100.00	1,188	100.00
256	(NA) DETAIL DOS NOT ELIGIBLE	X				0	0.00	3	100.00	0	0.00	3	100.00
257	(NA) STRICTED PT / ON REVIEW				X	0	0.00	0	0.00	22	100.00	22	100.00
260	RECIP NOT LISTED		X			0	0.00	4	0.00	1,082	100.00	1,086	100.00
261	(NA) ELIG FOR PART B			X		2,574	42.00	2,371	39.00	1,211	19.00	6,156	100.00
263	(NA) TPL COV. ON ELIG FILE			X		1,843	70.00	780	30.00	2	0.00	2,625	100.00
264	TPL CARRIER CODE WITH NO TPL $			X		1	25.00	0	0.00	3	75.00	4	100.00
269	TPL - ELIG POST-PAYMENT MODE				X	7	1.00	1	0.00	783	99.00	791	100.00
271	RECIP NOT ELIGIBLE FOR DOS	X				0	0.00	78	100.00	0	0.00	78	100.00
276	QMB DUAL RECIPIENT FOR DOS				X	2	0.00	1	0.00	12,001	100.00	12,004	100.00
277	RECIP NOT ELIGIBLE FOR DOS		X			0	0.00	9	5.00	181	95.00	190	100.00
281	(NA) GAU-APPROVAL CHK ON SRVCS			X		60	66.00	4	4.00	27	30.00	91	100.00
283	(NA) LCP/MN-NON COVERED SRVC			X		7	2.00	276	77.00	77	21.00	360	100.00
284	(NA) LCP/MI-NON COVERED SRVC			X		0	0.00	4	57.00	3	43.00	7	100.00
285	(NA) Q PROGRAM CODE WITH ITA			X		0	0.00	23	100.00	0	0.00	23	100.00
287	MI PROGRAM ENDED 7/1/03		X			0	0.00	0	0.00	5	100.00	5	100.00
288	INVALID REFERRING PROV NUMBER			X		5	38.00	2	15.00	6	47.00	13	100.00
290	FROM DOS MORE THAN 3 YRS OLD			X		13	41.00	4	13.00	15	46.00	32	100.00
292	(NA) FISCAL YEAR END				X	0	0.00	0	0.00	359	100.00	359	100.00
299	ONCE PER LIFETIME PROCEDURE			X		1	100.00	0	0.00	0	0.00	1	100.00
301	(NA) INELIG FOR CAT OF SERVICE			X		0	0.00	1	1.00	156	99.00	157	100.00
304	PERFORM PROV NUMBR NOT ON FILE				X	0	0.00	0	0.00	74	100.00	74	100.00
305	(NA)PROV EXCEP 10-QRS REVIEW			X		0	0.00	0	0.00	6	100.00	6	100.00
307	(NA) VOLUNTARY TERMINATION		X			0	0.00	0	0.00	1	100.00	1	100.00
308	SECURITY ERROR ON PROV NUMBER				X	0	0.00	0	0.00	4	100.00	4	100.00
313	INCORRECT PROV# FOR CLAIM TYPE			X		0	0.00	5	45.00	6	55.00	11	100.00
316	(NA) PROV APPLICATION PENDING		X			0	0.00	0	0.00	6	100.00	6	100.00
317	(NA) OUT OF STATE PROVIDER				X	0	0.00	0	0.00	1,424	100.00	1,424	100.00
319	MANUAL PRICE EXCEEDS PDD ALLOW				X	0	0.00	0	0.00	174	100.00	174	100.00
320	(NA)ACCIDENT DIAG-TPL SUSPECT				X	0	0.00	0	0.00	90	100.00	90	100.00
323	(NA) INVALID RECIP AGE TO DX				X	0	0.00	0	0.00	32	100.00	32	100.00
324	(NA) INVALID SEX TO DX				X	0	0.00	0	0.00	35	100.00	35	100.00
325	(NA)ACCIDENT DIAG-TPL SUSPECT				X	0	0.00	0	0.00	4,784	100.00	4,784	100.00
326	PROCEDURE CODE NOT COVERED		X			2	0.00	1	0.00	799	100.00	802	100.00
328	(NA)INVALID RECIP AGE FOR PROC			X		19	9.00	157	71.00	44	20.00	220	100.00
329	(NA)INVALID RECIP SEX FOR PROC				X	0	0.00	0	0.00	4	100.00	4	100.00
330	NO ASSIST WITH THIS PROCEDURE				X	0	0.00	0	0.00	5	100.00	5	100.00
331	(NA) MANUAL PRICE REQUIRED			X		0	0.00	1,126	64.00	628	36.00	1,754	100.00
332	(NA) INVALID P/T FOR PROCEDURE			X		12	1.00	175	13.00	1,155	86.00	1,342	100.00
335	INVALID 2ND DIAGNOSIS CODE		X			0	0.00	0	0.00	42	100.00	42	100.00
342	(NA) DX REQUIRES REVIEW.		X			0	0.00	0	0.00	2	100.00	2	100.00
343	DIAGNOSIS REQUIRES APPROVAL				X	0	0.00	0	0.00	2,525	100.00	2,525	100.00

344	INVALID PRIMARY DIAGNOSES CODE	X		0	0.00	0	0.00	706	100.00	706	100.00
347	(NA) TAX CODE FOR TAXABLE SVC		X	0	0.00	0	0.00	7	100.00	7	100.00

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TYPE EXC CDE	EXCEPTION DESCRIPTION	ENTRY SS	EXAM-ENTRY D	CLAIM TYPE S	PR	MED VENDOR DISPOSITION P	FORCED OCCURS	FORCED PERCNT	DENIED OCCURS	DENIED PERCNT	NOT DENIED OR FORCED OCCURS	NOT DENIED OR FORCED PERCNT	TOTAL OCCURS	TOTAL PERCNT
351	(NA) VARIANCE					X	0	0.00	0	0.00	574	100.00	574	100.00
352	(NA) VERIFY # UNITS BILLED					X	3	0.00	0	0.00	1,496	100.00	1,499	100.00
353	PROC REQ PRIOR APPROVAL			X			896	47.00	286	15.00	718	38.00	1,900	100.00
361	INVALID PROCEDURE CODE			X			0	0.00	522	36.00	919	64.00	1,441	100.00
362	(NA)SPECIAL AGREEMENT MODIFIER			X			0	0.00	0	0.00	3	100.00	3	100.00
365	(NA) INVALID POS FOR PROCEDURE			X			27	3.00	527	50.00	506	47.00	1,060	100.00
366	(NA)INVALID PROV SPEC FOR PROC		X				0	0.00	1	4.00	23	96.00	24	100.00
367	VERIFY REVENUE CODE			X			0	0.00	0	0.00	4	100.00	4	100.00
368	(NA) MOD REQUIRES MANUAL PRICE					X	0	0.00	0	0.00	272	100.00	272	100.00
375	(NA)BILLED AMOUNT > $1100.00					X	0	0.00	0	0.00	33	100.00	33	100.00
378	UNABLE TO PRICE FOR THIS DOS		X				0	0.00	16	1.00	1,089	99.00	1,105	100.00
380	ANESTHESIA NOT ALLOWED W/PROC					X	0	0.00	0	0.00	3	100.00	3	100.00
387	LOCAL CODE NON-ALLOWABLE		X				0	0.00	8	1.00	991	99.00	999	100.00
388	LIMIT AUDITS			X			1	13.00	0	0.00	7	87.00	8	100.00
402	(NA)PROV TERMINATED-NUMBER CHG		X				0	0.00	0	0.00	20	100.00	20	100.00
404	(NA)PROV TERM-OTHER INVOL RSNS		X				0	0.00	1	5.00	21	95.00	22	100.00
416	PROV # NOT VALID FOR BILLING	X					0	0.00	937	100.00	0	0.00	937	100.00
421	TOS/PROC REVIEW-MSS			X			0	0.00	3	13.00	20	87.00	23	100.00
422	(NA) PROV NOT ENROLLED FOR DOS		X				0	0.00	0	0.00	16	100.00	16	100.00
432	(NA)SRVC NOT ALLOWED TO NH PT.			X			73	14.00	168	33.00	263	53.00	504	100.00
440	(NA) PROV NOT ENROLLED FOR DOS					X	0	0.00	0	0.00	10	100.00	10	100.00
477	PERF PROV CAN'T BE A GROUP #		X				0	0.00	2	3.00	73	97.00	75	100.00
478	(NA)GROUP MEMB WRONG FOR TYPE					X	0	0.00	0	0.00	297	100.00	297	100.00
485	REFER PROV CAN'T BE A GROUP #		X				0	0.00	0	0.00	40	100.00	40	100.00
498	DDD RECIPIENT FOR DOS ON CLAIM					X	0	0.00	0	0.00	6,363	100.00	6,363	100.00
500	CHIROPRACTIC SVCS NA OVER 20		X				0	0.00	0	0.00	20	100.00	20	100.00
501	NO REFER # FOR CHIROPRACTIC		X				0	0.00	0	0.00	36	100.00	36	100.00
520	PARTIAL PCOP SEGMENT COVERAGE			X			4	67.00	1	17.00	1	16.00	6	100.00
521	PCCM REFERRAL # REQUIRED		X				0	0.00	1	6.00	15	94.00	16	100.00
523	PROCEDURE EXCLUDED FROM TPL			X			0	0.00	0	0.00	1	100.00	1	100.00
525	FAMILY PLANNING ONLY/TAKE CHG			X			165	73.00	44	19.00	17	8.00	226	100.00
549	CLIENT IS ON SLMB			X			0	0.00	22	73.00	8	27.00	30	100.00
552	HMO - MHC PLANS & BHP PLUS						11	2.00	17	3.00	498	95.00	526	100.00
561	CLIENT COVERED BY PACE PROJECT		X				0	0.00	0	0.00	1	100.00	1	100.00
563	AMBUL MILEAGE VS AMBUL MILEAGE			X			223	56.00	114	29.00	59	15.00	396	100.00
566	POSSIBLE DUPLICATE			X			0	0.00	0	0.00	2	100.00	2	100.00
581	INFUSION PUMP RENTALS		X				0	0.00	0	0.00	46	100.00	46	100.00
590	ORAL ANTI-EMETIC DRUGS					X	0	0.00	0	0.00	1	100.00	1	100.00
602	(NA) NO RECORD OF PA NUMBER		X				0	0.00	0	0.00	32	100.00	32	100.00
603	PA IS IN PENDING STATUS		X				0	0.00	0	0.00	23	100.00	23	100.00
604	NO RECIP MATCH ON PA FILE			X			0	0.00	2	25.00	6	75.00	8	100.00
606	DOS ON CLM NOT ON PA FILE		X				2	4.00	0	0.00	45	96.00	47	100.00
607	INSUFF $$ IN PA FILE FOR SRVC.			X			1	1.00	29	43.00	38	56.00	68	100.00
608	INSUFF AUTH UNITS ON FILE.			X			19	20.00	35	36.00	42	44.00	96	100.00
610	PA PROVIDER NUMBER MISMATCH		X				0	0.00	0	0.00	7	100.00	7	100.00
611	(NA)NON-COVERED CODE W/AUTH NO			X			0	0.00	1	50.00	1	50.00	2	100.00
630	P&O LICENSURE REQUIREMENT			X			0	0.00	34	52.00	31	48.00	65	100.00
649	ATTEND/PERF/REF NOT CERT DIET						0	0.00	10	3.00	277	97.00	287	100.00

705 NONDME & MSE LIMIT 30 PER MO.	X	5	83.00	1	17.00	0	0.00	6	100.00
706 NON-DME LIMIT 1 PER MONTH	X	14	25.00	23	42.00	18	33.00	55	100.00

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TYPE EXC CDE	ENTRY EXAM-ENTRY CLAIM TYPE EXCEPTION DESCRIPTION	MED VENDOR DISPOSITION SS	D	S	PR	P	FORCED OCCURS	FORCED PERCNT	DENIED OCCURS	DENIED PERCNT	NOT DENIED OR FORCED OCCURS	NOT DENIED OR FORCED PERCNT	TOTAL OCCURS	TOTAL PERCNT
707	1 PHYSICAL THERAPY EVAL PER YR			X			16	20.00	38	48.00	25	32.00	79	100.00
713	MULT AMBUL CODE 0010A -OXYGEN			X			5	36.00	1	7.00	8	57.00	14	100.00
716	MAX ALLOWED 4 PER/YR - NONDME			X			5	19.00	21	78.00	1	3.00	27	100.00
728	DISP DIAP LIMIT 300 PER MO			X			6	60.00	0	0.00	4	40.00	10	100.00
731	UROLOGICAL SUPPLY-120/MONTH			X			28	72.00	7	18.00	4	10.00	39	100.00
734	4 PER/MONTH/COMPLIANCE PKGING.			X			118	76.00	24	15.00	14	9.00	156	100.00
741	BUNDLED MEDICAL SUPPLIES			X			11	50.00	2	9.00	9	41.00	22	100.00
743	LIMIT 1 PER/MO. OXY/MED VENDOR			X			225	63.00	17	5.00	114	32.00	356	100.00
744	NON-DME/MSE MAX LIMIT 3 PER MO			X			6	60.00	4	40.00	0	0.00	10	100.00
746	BUNDLED MEDICAL SUPPLIES			X			6	22.00	3	11.00	18	67.00	27	100.00
750	ONE PER CLIENT EVERY 5 YRS			X			2	10.00	7	35.00	11	55.00	20	100.00
759	4 ALLOWED PER YEAR			X			0	0.00	1	17.00	5	83.00	6	100.00
769	UROLOGICAL SUPPLY 240/MONTH			X			57	30.00	8	4.00	124	66.00	189	100.00
784	UROLOGICAL LMT 150/300 PER MO.			X			220	75.00	9	3.00	65	22.00	294	100.00
785	SERVICES BEYOND PROGRAM LIMITS			X			354	48.00	207	28.00	182	24.00	743	100.00
786	SERVICES BEYOND PROGRAM LIMITS			X			1	33.00	2	67.00	0	0.00	3	100.00
792	NOT ALLOWED IN COMBO(DIAPERS)			X			345	62.00	150	27.00	60	11.00	555	100.00
799	MALE EXTERNAL CATHS/60 PER MO.			X			3	100.00	0	0.00	0	0.00	3	100.00
824	INSUFFICIENT UNITS IN PA FILE			X			0	0.00	1	100.00	0	0.00	1	100.00
855	ADJ HAS AUTO DENY	X					154	100.00	0	0.00	0	0.00	154	100.00
875	CLAIM FOR NEW BIENNIUM					X	0	0.00	0	0.00	3	100.00	3	100.00
877	TAKE CHARGE CLIENT/NON TC PROV			X			0	0.00	1	6.00	16	94.00	17	100.00
1004	PROC/REV CODE REQUIRES NDC		X				0	0.00	0	0.00	16	100.00	16	100.00
1005	V58.9 NOT VALID.		X				0	0.00	0	0.00	10	100.00	10	100.00
1007	GENERAL INFORMATION					X	0	0.00	0	0.00	10	100.00	10	100.00
1008	PT 44 P CLAIM INSTEAD OF M			X			9	9.00	77	79.00	11	12.00	97	100.00
1030	GENERAL INFORMATION					X	0	0.00	0	0.00	2	100.00	2	100.00
	TOTAL FOR CLAIM TYPE						15,081	18.00	11,225	13.00	58,655	69.00	84,961	100.00

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TYPE ENTRY EXC CDE	EXAM-ENTRY	CLAIM TYPE	EXCEPTION DESCRIPTION	GROSS ADJ DISPOSITION SS	D	S	PR	P	FORCED OCCURS	FORCED PERCNT	DENIED OCCURS	DENIED PERCNT	NOT DENIED OR FORCED OCCURS	NOT DENIED OR FORCED PERCNT	TOTAL OCCURS	TOTAL PERCNT
125			CLAIM PAST TIMELY BILL LIMIT					X	0	0.00	0	0.00	111	100.00	111	100.00
127			DOS AFTER BATCH DATE					X	0	0.00	0	0.00	592	100.00	592	100.00
141			(NA) PRIOR BIENNIUM DT OF SRVC					X	0	0.00	0	0.00	33	100.00	33	100.00
199			MATCH CODE ERROR-GR ADJ					X	0	0.00	0	0.00	1,086	100.00	1,086	100.00
200			PROGRAM CODE ERROR-GR ADJ					X	0	0.00	0	0.00	1	100.00	1	100.00
290			FROM DOS MORE THAN 3 YRS OLD					X	0	0.00	0	0.00	30	100.00	30	100.00
292			(NA) FISCAL YEAR END					X	0	0.00	0	0.00	45	100.00	45	100.00
301			(NA) INELIG FOR CAT OF SERVICE					X	0	0.00	0	0.00	17	100.00	17	100.00
306			(NA) PROVIDER NOT ACTIVE					X	0	0.00	0	0.00	16	100.00	16	100.00
307			(NA) VOLUNTARY TERMINATION					X	0	0.00	0	0.00	3	100.00	3	100.00
317			(NA) OUT OF STATE PROVIDER					X	0	0.00	0	0.00	6	100.00	6	100.00
402			(NA)PROV TERMINATED-NUMBER CHG					X	0	0.00	0	0.00	1	100.00	1	100.00
422			(NA) PROV NOT ENROLLED FOR DOS					X	0	0.00	0	0.00	5	100.00	5	100.00
852			GROSS ADJ EXCEEDS MAX					X	0	0.00	0	0.00	48	100.00	48	100.00
			TOTAL FOR CLAIM TYPE						0	0.00	0	0.00	1,994	100.00	1,994	100.00

M O N T H L Y E X C E P T I O N S U M M A R Y

TYPE EXC CDE	EXCEPTION DESCRIPTION	ENTRY SS	EXAM-ENTRY D	CLAIM TYPE S	DRG PR	DISPOSITION P	FORCED OCCURS	FORCED PERCNT	DENIED OCCURS	DENIED PERCNT	NOT DENIED OR FORCED OCCURS	NOT DENIED OR FORCED PERCNT	TOTAL OCCURS	TOTAL PERCNT
101	EXACT DUPLICATE		X				1	2.00	0	0.00	62	98.00	63	100.00
102	POSSIBLE DUPLICATE			X			34	41.00	13	16.00	36	43.00	83	100.00
103	POSSIBLE DUPLICATE - CONFLICT			X			79	57.00	1	1.00	59	42.00	139	100.00
115	CONFLICT:TOT DAYS VS SVC DATES					X	0	0.00	0	0.00	41	100.00	41	100.00
116	INVALID APPROVAL CODE	X					10	6.00	164	94.00	0	0.00	174	100.00
124	MISSING "FROM" DATE OF SERVICE			X			0	0.00	1	20.00	4	80.00	5	100.00
125	CLAIM PAST TIMELY BILL LIMIT	X					68	48.00	75	52.00	0	0.00	143	100.00
129	MISSING PIC	X					0	0.00	10	100.00	0	0.00	10	100.00
130	INVALID PIC	X					0	0.00	15	100.00	0	0.00	15	100.00
132	MISSING TOTAL CLAIM CHARGE			X			0	0.00	3	75.00	1	25.00	4	100.00
133	CALC ERROR OF TOT CLAIM CHARGE			X			0	0.00	3	38.00	5	62.00	8	100.00
134	CALC ERROR OF NET CLAIM CHARGE			X			0	0.00	104	72.00	41	28.00	145	100.00
137	CALC ERROR NON-COVERED CHARGE		X				0	0.00	0	0.00	3	100.00	3	100.00
139	MISSING ATTENDING PROV NUMBER			X			0	0.00	1	5.00	19	95.00	20	100.00
141	(NA) PRIOR BIENNIUM DT OF SRVC					X	0	0.00	0	0.00	12	100.00	12	100.00
147	LACKS DAILY ROOM RATE					X	0	0.00	0	0.00	6	100.00	6	100.00
148	MISSING REVENUE CODE					X	0	0.00	0	0.00	16	100.00	16	100.00
163	MISSING DIAGNOSIS CODE			X			0	0.00	0	0.00	17	100.00	17	100.00
165	(NA) TPL/OTHER RESOURCES	X					135	99.00	1	1.00	0	0.00	136	100.00
166	(NA) TPR PAYMENT	X					261	75.00	89	25.00	0	0.00	350	100.00
167	INVALID PATIENT STATUS CODE			X			0	0.00	1	7.00	13	93.00	14	100.00
171	NON-COV CHG MORE THAN BILLED			X			0	0.00	0	0.00	2	100.00	2	100.00
176	(NA)ONE DATE OF SRVC PER CLAIM					X	0	0.00	0	0.00	1	100.00	1	100.00
184	MISSING LINE ITEM BILLED AMT					X	0	0.00	0	0.00	15	100.00	15	100.00
185	MISSING DATE OF ADMIT			X			0	0.00	3	21.00	11	79.00	14	100.00
190	MISSING/INVALID ITA INDICATOR			X			5	17.00	19	63.00	6	20.00	30	100.00
195	MISSING ADMIT DIAGNOSIS			X			0	0.00	6	43.00	8	57.00	14	100.00
197	(NA) EMC WITH COMMENTS	X					37	100.00	0	0.00	0	0.00	37	100.00
198	(NA) LACKS SURGERY/DELIVERY DT					X	0	0.00	0	0.00	32	100.00	32	100.00
204	INVALID ATTENDING PROV NUMBER			X			0	0.00	0	0.00	1	100.00	1	100.00
205	INVALID ADMISSION TYPE			X			0	0.00	5	23.00	17	77.00	22	100.00
206	INVALID ADMISSION SOURCE			X			0	0.00	0	0.00	14	100.00	14	100.00
213	INVALID 5TH DIAGNOSIS		X				0	0.00	0	0.00	1	100.00	1	100.00
217	INVALID PATIENT STATUS			X			9	64.00	1	7.00	4	29.00	14	100.00
218	READMITS WITHIN 7 DAYS OR LESS			X			67	47.00	52	36.00	25	17.00	144	100.00
220	SURG DATE NOT WITHIN DT OF SVC			X			4	36.00	2	18.00	5	46.00	11	100.00
230	NA) ADMIT & FROM DTE NOT EQUAL			X			9	36.00	3	12.00	13	52.00	25	100.00
232	MISSING DISCHARGE HOUR			X			0	0.00	0	0.00	19	100.00	19	100.00
235	LOS LESS THAN 24 HOURS.					X	3	6.00	1	2.00	45	92.00	49	100.00
240	(NA) KIDNEY DIALYSIS REVIEW				X		0	0.00	0	0.00	4	100.00	4	100.00
245	(NA) HOSPICE CLIENT			X			1	100.00	0	0.00	0	0.00	1	100.00
250	NOT ELIG WITH THIS PIC.	X					0	0.00	19	100.00	0	0.00	19	100.00
252	(NA) NOT ELIG FOR ALL DOS			X			3	30.00	1	10.00	6	60.00	10	100.00
255	(NA) OVER AGE 65 & MED ELIG 0					X	0	0.00	0	0.00	52	100.00	52	100.00
259	(NA) ELIG FOR MEDICARE PART A			X			108	61.00	57	32.00	12	7.00	177	100.00
262	(NA) TPL SUSPECT			X			15	79.00	1	5.00	3	16.00	19	100.00
263	(NA) TPL COV. ON ELIG FILE		X				271	70.00	99	26.00	16	4.00	386	100.00
264	TPL CARRIER CODE WITH NO TPL $			X			3	100.00	0	0.00	0	0.00	3	100.00

269	TPL - ELIG POST-PAYMENT MODE		X	0	0.00	1	4.00	24	96.00	25	100.00
271	RECIP NOT ELIGIBLE FOR DOS	X		0	0.00	11	100.00	0	0.00	11	100.00

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TYPE EXC CDE	ENTRY EXAM-ENTRY CLAIM TYPE EXCEPTION DESCRIPTION	DRG DISPOSITION SS	D	S	PR	P	FORCED OCCURS	FORCED PERCNT	DENIED OCCURS	DENIED PERCNT	NOT DENIED OR FORCED OCCURS	NOT DENIED OR FORCED PERCNT	TOTAL OCCURS	TOTAL PERCNT
285	(NA) Q PROGRAM CODE WITH ITA			X			27	73.00	5	14.00	5	13.00	37	100.00
287	MI PROGRAM ENDED 7/1/03			X			0	0.00	0	0.00	3	100.00	3	100.00
290	FROM DOS MORE THAN 3 YRS OLD			X			5	50.00	2	20.00	3	30.00	10	100.00
292	(NA) FISCAL YEAR END					X	0	0.00	0	0.00	29	100.00	29	100.00
301	(NA) INELIG FOR CAT OF SERVICE			X			0	0.00	0	0.00	14	100.00	14	100.00
317	(NA) OUT OF STATE PROVIDER					X	0	0.00	0	0.00	2	100.00	2	100.00
320	(NA)ACCIDENT DIAG-TPL SUSPECT					X	0	0.00	0	0.00	97	100.00	97	100.00
324	(NA) INVALID SEX TO DX			X			3	50.00	2	33.00	1	17.00	6	100.00
343	DIAGNOSIS REQUIRES APPROVAL			X			69	45.00	5	3.00	78	52.00	152	100.00
345	(NA) DATE OF CONSENT REQUIRED			X			92	46.00	61	30.00	49	24.00	202	100.00
352	(NA) VERIFY # UNITS BILLED					X	0	0.00	0	0.00	3	100.00	3	100.00
364	MISSING OCCURRENCE CODE DATE.			X			0	0.00	2	67.00	1	33.00	3	100.00
367	VERIFY REVENUE CODE					X	0	0.00	0	0.00	8	100.00	8	100.00
398	(NA) NO DRG RECORD FOR PRICING			X			0	0.00	42	67.00	21	33.00	63	100.00
404	(NA)PROV TERM-OTHER INVOL RSNS		X				0	0.00	0	0.00	1	100.00	1	100.00
416	PROV # NOT VALID FOR BILLING	X					0	0.00	12	100.00	0	0.00	12	100.00
428	NO OUTLIER REIMB RATE (NA)					X	0	0.00	0	0.00	1	100.00	1	100.00
433	(NA) CLAIM TYPE ERROR			X			1	4.00	0	0.00	25	96.00	26	100.00
436	(NA)INVALID HOSPITAL TYPE			X			0	0.00	0	0.00	16	100.00	16	100.00
438	DAYS BILLED EXCEED ITA ALLOWED			X			0	0.00	0	0.00	5	100.00	5	100.00
440	(NA) PROV NOT ENROLLED FOR DOS					X	0	0.00	0	0.00	2	100.00	2	100.00
498	DDD RECIPIENT FOR DOS ON CLAIM					X	0	0.00	0	0.00	48	100.00	48	100.00
504	PSYCH PROV AND NOT PSYCH DX	X					0	0.00	3	100.00	0	0.00	3	100.00
505	HOSPICE PROV/NONHOSPICE RECIP					X	0	0.00	0	0.00	3	100.00	3	100.00
521	PCCM REFERRAL # REQUIRED			X			0	0.00	1	50.00	1	50.00	2	100.00
525	FAMILY PLANNING ONLY/TAKE CHG			X			0	0.00	1	33.00	2	67.00	3	100.00
534	INVALID 9TH DIAGNOSIS CODE.		X				2	100.00	0	0.00	0	0.00	2	100.00
542	POSSIBLE HIGH OUTLIER CLAIM.				X		1	1.00	0	0.00	124	99.00	125	100.00
552	HMO - MHC PLANS & BHP PLUS						4	17.00	0	0.00	20	83.00	24	100.00
564	BORDER PROVIDER BILLING ITA			X			0	0.00	0	0.00	1	100.00	1	100.00
569	RSN PRIOR AUTHORIZATION #					X	0	0.00	0	0.00	91	100.00	91	100.00
586	PSYCH CLAIM WITH NO 88 AUTH #.			X			0	0.00	12	40.00	18	60.00	30	100.00
588	CLAIM FOR TRANSFERRED BABY.			X			6	67.00	0	0.00	3	33.00	9	100.00
602	(NA) NO RECORD OF PA NUMBER			X			0	0.00	2	25.00	6	75.00	8	100.00
606	DOS ON CLM NOT ON PA FILE			X			1	100.00	0	0.00	0	0.00	1	100.00
620	IP/DRG ADMIT REQUIRES APPROVAL			X			53	55.00	15	15.00	29	30.00	97	100.00
621	(NA)NON-CONTRACT HOSP REQ AUTH			X			3	30.00	1	10.00	6	60.00	10	100.00
635	QRS/PIP HISTORY ONLY ADJUSTMEN	X					91	100.00	0	0.00	0	0.00	91	100.00
855	ADJ HAS AUTO DENY	X					5	100.00	0	0.00	0	0.00	5	100.00
1030	GENERAL INFORMATION					X	0	0.00	0	0.00	1	100.00	1	100.00
	TOTAL FOR CLAIM TYPE						1,486	39.00	928	24.00	1,388	37.00	3,802	100.00

M O N T H L Y E X C E P T I O N S U M M A R Y

TYPE EXC CDE	EXCEPTION DESCRIPTION	ENTRY SS	EXAM-ENTRY D	CLAIM TYPE S PR	INPATIENT DISPOSITION P	FORCED OCCURS	FORCED PERCNT	DENIED OCCURS	DENIED PERCNT	NOT DENIED OR FORCED OCCURS	NOT DENIED OR FORCED PERCNT	TOTAL OCCURS	TOTAL PERCNT
101	EXACT DUPLICATE		X			0	0.00	0	0.00	52	100.00	52	100.00
102	POSSIBLE DUPLICATE			X		17	37.00	9	20.00	20	43.00	46	100.00
103	POSSIBLE DUPLICATE - CONFLICT			X		43	54.00	2	3.00	35	43.00	80	100.00
109	EXCEEDS PAS ALLOWANCE			X		55	30.00	66	36.00	62	34.00	183	100.00
115	CONFLICT:TOT DAYS VS SVC DATES			X		21	55.00	5	13.00	12	32.00	38	100.00
116	INVALID APPROVAL CODE	X				8	32.00	17	68.00	0	0.00	25	100.00
125	CLAIM PAST TIMELY BILL LIMIT	X				31	42.00	42	58.00	0	0.00	73	100.00
130	INVALID PIC	X				0	0.00	5	100.00	0	0.00	5	100.00
133	CALC ERROR OF TOT CLAIM CHARGE			X		0	0.00	5	71.00	2	29.00	7	100.00
134	CALC ERROR OF NET CLAIM CHARGE			X		0	0.00	31	61.00	20	39.00	51	100.00
137	CALC ERROR NON-COVERED CHARGE		X			0	0.00	0	0.00	2	100.00	2	100.00
139	MISSING ATTENDING PROV NUMBER			X		0	0.00	0	0.00	5	100.00	5	100.00
141	(NA) PRIOR BIENNIUM DT OF SRVC				X	0	0.00	0	0.00	9	100.00	9	100.00
147	LACKS DAILY ROOM RATE		X			0	0.00	0	0.00	8	100.00	8	100.00
148	MISSING REVENUE CODE			X		0	0.00	0	0.00	1	100.00	1	100.00
150	ITA/INDICATOR ERROR			X		0	0.00	1	17.00	5	83.00	6	100.00
165	(NA) TPL/OTHER RESOURCES	X				87	100.00	0	0.00	0	0.00	87	100.00
166	(NA) TPR PAYMENT	X				101	70.00	43	30.00	0	0.00	144	100.00
171	NON-COV CHG MORE THAN BILLED			X		0	0.00	2	100.00	0	0.00	2	100.00
183	MISSING UNITS OR DAYS			X		0	0.00	0	0.00	1	100.00	1	100.00
184	MISSING LINE ITEM BILLED AMT			X		0	0.00	13	38.00	21	62.00	34	100.00
190	MISSING/INVALID ITA INDICATOR			X		7	32.00	9	41.00	6	27.00	22	100.00
195	MISSING ADMIT DIAGNOSIS			X		0	0.00	2	29.00	5	71.00	7	100.00
197	(NA) EMC WITH COMMENTS	X				11	100.00	0	0.00	0	0.00	11	100.00
198	(NA) LACKS SURGERY/DELIVERY DT				X	0	0.00	0	0.00	34	100.00	34	100.00
204	INVALID ATTENDING PROV NUMBER			X		0	0.00	0	0.00	1	100.00	1	100.00
206	INVALID ADMISSION SOURCE			X		0	0.00	6	67.00	3	33.00	9	100.00
207	INVALID OUTLIER CODE			X		0	0.00	1	33.00	2	67.00	3	100.00
213	INVALID 5TH DIAGNOSIS		X			0	0.00	0	0.00	1	100.00	1	100.00
220	SURG DATE NOT WITHIN DT OF SVC				X	0	0.00	0	0.00	14	100.00	14	100.00
224	DUPLICATE REV. CODES				X	0	0.00	0	0.00	79	100.00	79	100.00
232	MISSING DISCHARGE HOUR			X		0	0.00	0	0.00	1	100.00	1	100.00
234	INVALID DISCHARGE HOUR			X		0	0.00	1	100.00	0	0.00	1	100.00
235	LOS LESS THAN 24 HOURS.				X	1	4.00	0	0.00	22	96.00	23	100.00
250	NOT ELIG WITH THIS PIC.	X				0	0.00	8	100.00	0	0.00	8	100.00
252	(NA) NOT ELIG FOR ALL DOS			X		0	0.00	8	89.00	1	11.00	9	100.00
253	POSSIBLE RECIPIENT DEATH			X		0	0.00	0	0.00	1	100.00	1	100.00
255	(NA) OVER AGE 65 & MED ELIG 0				X	0	0.00	0	0.00	10	100.00	10	100.00
257	(NA) STRICTED PT / ON REVIEW				X	0	0.00	0	0.00	1	100.00	1	100.00
259	(NA) ELIG FOR MEDICARE PART A			X		29	54.00	18	33.00	7	13.00	54	100.00
262	(NA) TPL SUSPECT			X		6	86.00	0	0.00	1	14.00	7	100.00
263	(NA) TPL COV. ON ELIG FILE		X			113	67.00	48	29.00	7	4.00	168	100.00
264	TPL CARRIER CODE WITH NO TPL $			X		1	100.00	0	0.00	0	0.00	1	100.00
269	TPL - ELIG POST-PAYMENT MODE				X	0	0.00	0	0.00	20	100.00	20	100.00
274	(NA) RECIPIENT EXPIRED			X		0	0.00	0	0.00	1	100.00	1	100.00
284	(NA) LCP/MI-NON COVERED SRVC			X		0	0.00	1	100.00	0	0.00	1	100.00
285	(NA) Q PROGRAM CODE WITH ITA			X		53	90.00	6	10.00	0	0.00	59	100.00
290	FROM DOS MORE THAN 3 YRS OLD			X		1	50.00	1	50.00	0	0.00	2	100.00

292	(NA)	FISCAL YEAR END		X	0	0.00	0	0.00	31	100.00	31	100.00
301	(NA)	INELIG FOR CAT OF SERVICE	X		0	0.00	1	7.00	14	93.00	15	100.00

M O N T H L Y E X C E P T I O N S U M M A R Y

TYPE EXC CDE	EXCEPTION DESCRIPTION	ENTRY SS	EXAM-ENTRY D	CLAIM TYPE S PR	INPATIENT DISPOSITION P	FORCED OCCURS	FORCED PERCNT	DENIED OCCURS	DENIED PERCNT	NOT DENIED OR FORCED OCCURS	NOT DENIED OR FORCED PERCNT	TOTAL OCCURS	TOTAL PERCNT
317	(NA) OUT OF STATE PROVIDER				X	0	0.00	0	0.00	47	100.00	47	100.00
320	(NA)ACCIDENT DIAG-TPL SUSPECT				X	0	0.00	0	0.00	66	100.00	66	100.00
335	INVALID 2ND DIAGNOSIS CODE		X			0	0.00	0	0.00	1	100.00	1	100.00
343	DIAGNOSIS REQUIRES APPROVAL			X		25	34.00	14	19.00	35	47.00	74	100.00
345	(NA) DATE OF CONSENT REQUIRED			X		26	54.00	10	21.00	12	25.00	48	100.00
358	(NA) NO ACCOM RATE ON FILE			X		0	0.00	0	0.00	9	100.00	9	100.00
367	VERIFY REVENUE CODE			X		0	0.00	1	6.00	15	94.00	16	100.00
369	REVENUE CODE NOT ALLOWED		X			0	0.00	3	1.00	295	99.00	298	100.00
377	(NA)APPROVAL OR TRANSPORT TEAM			X		81	32.00	27	11.00	144	57.00	252	100.00
378	UNABLE TO PRICE FOR THIS DOS			X		0	0.00	2	100.00	0	0.00	2	100.00
379	(NA) UNABLE TO PRICE			X		0	0.00	0	0.00	4	100.00	4	100.00
381	ROOM RATE EXCEEDS CAP RATE.			X		6	43.00	0	0.00	8	57.00	14	100.00
399	(NA) EXCLUDED REVENUE CODE			X		0	0.00	0	0.00	8	100.00	8	100.00
404	(NA)PROV TERM-OTHER INVOL RSNS		X			0	0.00	0	0.00	10	100.00	10	100.00
416	PROV # NOT VALID FOR BILLING	X				0	0.00	4	100.00	0	0.00	4	100.00
433	(NA) CLAIM TYPE ERROR			X		0	0.00	0	0.00	6	100.00	6	100.00
434	BIRTH WT MISSING OR < 100 GMS.			X		0	0.00	19	86.00	3	14.00	22	100.00
436	(NA)INVALID HOSPITAL TYPE			X		0	0.00	0	0.00	4	100.00	4	100.00
437	(NA) NO STATE ONLY PERCENTAGE			X		0	0.00	0	0.00	14	100.00	14	100.00
438	DAYS BILLED EXCEED ITA ALLOWED			X		35	63.00	14	25.00	7	12.00	56	100.00
480	ALLOWED AMOUNT OVER THRESHOLD			X		4	57.00	0	0.00	3	43.00	7	100.00
494	EXCEEDS 3/5 DAY DETOX LIMIT			X		0	0.00	1	50.00	1	50.00	2	100.00
498	DDD RECIPIENT FOR DOS ON CLAIM				X	0	0.00	0	0.00	18	100.00	18	100.00
504	PSYCH PROV AND NOT PSYCH DX	X				2	33.00	4	67.00	0	0.00	6	100.00
521	PCCM REFERRAL # REQUIRED			X		0	0.00	2	100.00	0	0.00	2	100.00
525	FAMILY PLANNING ONLY/TAKE CHG			X		0	0.00	3	60.00	2	40.00	5	100.00
532	INVALID 7TH DIAGNOSIS CODE.		X			0	0.00	0	0.00	1	100.00	1	100.00
535	INVALID 4TH PROCEDURE CODE.			X		0	0.00	1	100.00	0	0.00	1	100.00
549	CLIENT IS ON SLMB			X		0	0.00	2	100.00	0	0.00	2	100.00
552	HMO - MHC PLANS & BHP PLUS					2	13.00	0	0.00	13	87.00	15	100.00
556	INVALID CLM TYPE FOR MEDICARE			X		0	0.00	1	25.00	3	75.00	4	100.00
569	RSN PRIOR AUTHORIZATION #				X	0	0.00	0	0.00	278	100.00	278	100.00
582	CLAIM GROUPS TO TRANSPLANT DRG			X		0	0.00	1	50.00	1	50.00	2	100.00
586	PSYCH CLAIM WITH NO 88 AUTH #.			X		0	0.00	12	60.00	8	40.00	20	100.00
588	CLAIM FOR TRANSFERRED BABY.			X		4	50.00	0	0.00	4	50.00	8	100.00
602	(NA) NO RECORD OF PA NUMBER			X		1	20.00	0	0.00	4	80.00	5	100.00
604	NO RECIP MATCH ON PA FILE		X			1	14.00	0	0.00	6	86.00	7	100.00
620	IP/DRG ADMIT REQUIRES APPROVAL			X		15	75.00	4	20.00	1	5.00	20	100.00
621	(NA)NON-CONTRACT HOSP REQ AUTH			X		0	0.00	0	0.00	2	100.00	2	100.00
627	LONG TERM ACUTE CARE OR PM&R.			X		0	0.00	0	0.00	1	100.00	1	100.00
635	QRS/PIP HISTORY ONLY ADJUSTMEN	X				5	100.00	0	0.00	0	0.00	5	100.00
642	INVALID SECONDARY DETOX DX			X		0	0.00	1	100.00	0	0.00	1	100.00
643	INVALID 3RD POSITION DETOX DX			X		0	0.00	2	33.00	4	67.00	6	100.00
644	INVALID 4TH POSITION DETOX DX			X		0	0.00	0	0.00	4	100.00	4	100.00
645	INVALID 5TH POSITION DETOX DX			X		0	0.00	0	0.00	4	100.00	4	100.00
646	INVALID DETOX ADMIT DX			X		0	0.00	1	100.00	0	0.00	1	100.00
651	INVALID 6TH POSITION DETOX DX			X		0	0.00	0	0.00	2	100.00	2	100.00
652	INVALID 7TH POSITION DETOX DX				X	0	0.00	0	0.00	1	100.00	1	100.00

653	INVALID 8TH POSITION DETOX DX		X	0	0.00	0	0.00	1	100.00	1	100.00
855	ADJ HAS AUTO DENY	X		8	89.00	1	11.00	0	0.00	9	100.00

M O N T H L Y E X C E P T I O N S U M M A R Y

TYPE ENTRY EXC CDE	EXAM-ENTRY	CLAIM TYPE	EXCEPTION DESCRIPTION	INPATIENT DISPOSITION SS	D	S	PR	P	FORCED OCCURS	FORCED PERCNT	DENIED OCCURS	DENIED PERCNT	NOT DENIED OR FORCED OCCURS	NOT DENIED OR FORCED PERCNT	TOTAL OCCURS	TOTAL PERCNT
877	TAKE CHARGE CLIENT/NON TC PROV					X			0	0.00	1	100.00	0	0.00	1	100.00
	TOTAL FOR CLAIM TYPE								800	28.00	482	17.00	1,567	55.00	2,849	100.00

M O N T H L Y E X C E P T I O N S U M M A R Y

TYPE EXC CDE	ENTRY EXAM-ENTRY CLAIM TYPE EXCEPTION DESCRIPTION	NH DISPOSITION SS	D	S	PR	P	FORCED OCCURS	FORCED PERCNT	DENIED OCCURS	DENIED PERCNT	NOT DENIED OR FORCED OCCURS	NOT DENIED OR FORCED PERCNT	TOTAL OCCURS	TOTAL PERCNT
103	POSSIBLE DUPLICATE - CONFLICT			X			29	88.00	2	6.00	2	6.00	33	100.00
115	CONFLICT:TOT DAYS VS SVC DATES			X			0	0.00	8	100.00	0	0.00	8	100.00
125	CLAIM PAST TIMELY BILL LIMIT	X					8	100.00	0	0.00	0	0.00	8	100.00
166	(NA) TPR PAYMENT					X	1	1.00	0	0.00	76	99.00	77	100.00
241	NH DATES NOT W/IN ELIG SPAN			X			0	0.00	1	100.00	0	0.00	1	100.00
245	(NA) HOSPICE CLIENT			X			21	100.00	0	0.00	0	0.00	21	100.00
267	NOT ELIG PER NH RECORD			X			0	0.00	2	100.00	0	0.00	2	100.00
268	NH PROVIDER NUMBER INCORRECT			X			0	0.00	1	100.00	0	0.00	1	100.00
269	TPL - ELIG POST-PAYMENT MODE					X	0	0.00	0	0.00	1,153	100.00	1,153	100.00
271	RECIP NOT ELIGIBLE FOR DOS	X					0	0.00	2	100.00	0	0.00	2	100.00
274	(NA) RECIPIENT EXPIRED			X			0	0.00	0	0.00	1	100.00	1	100.00
279	(NA) NOT ELIG-MED CODE 6					X	0	0.00	0	0.00	1	100.00	1	100.00
498	DDD RECIPIENT FOR DOS ON CLAIM					X	0	0.00	0	0.00	30	100.00	30	100.00
624	STOP CLAIM IND FOR N/H SEGMENT			X			8	100.00	0	0.00	0	0.00	8	100.00
1014	COB TEST					X	0	0.00	0	0.00	1	100.00	1	100.00
	TOTAL FOR CLAIM TYPE						67	5.00	16	1.00	1,264	94.00	1,347	100.00

M O N T H L Y E X C E P T I O N S U M M A R Y

TYPE EXC CDE	ENTRY EXAM-ENTRY CLAIM TYPE EXCEPTION DESCRIPTION	MCARE DISPOSITION SS	D	S PR	INP P	FORCED OCCURS	FORCED PERCNT	DENIED OCCURS	DENIED PERCNT	NOT DENIED OR FORCED OCCURS	NOT DENIED OR FORCED PERCNT	TOTAL OCCURS	TOTAL PERCNT
101	EXACT DUPLICATE		X			0	0.00	0	0.00	383	100.00	383	100.00
102	POSSIBLE DUPLICATE			X		43	29.00	17	12.00	87	59.00	147	100.00
106	MEDICARE CLAIM OUT OF BALANCE			X		71	20.00	0	0.00	278	80.00	349	100.00
115	CONFLICT:TOT DAYS VS SVC DATES				X	0	0.00	0	0.00	7	100.00	7	100.00
116	INVALID APPROVAL CODE	X				0	0.00	132	100.00	0	0.00	132	100.00
125	CLAIM PAST TIMELY BILL LIMIT				X	0	0.00	0	0.00	89	100.00	89	100.00
126	''FROM'' DATE PAST ''TO'' DATE			X		0	0.00	0	0.00	3	100.00	3	100.00
127	DOS AFTER BATCH DATE			X		0	0.00	0	0.00	1	100.00	1	100.00
129	MISSING PIC	X				0	0.00	2	100.00	0	0.00	2	100.00
165	(NA) TPL/OTHER RESOURCES	X				39	100.00	0	0.00	0	0.00	39	100.00
166	(NA) TPR PAYMENT	X				25	86.00	4	14.00	0	0.00	29	100.00
167	INVALID PATIENT STATUS CODE				X	0	0.00	0	0.00	5	100.00	5	100.00
173	ADMIT DATE AFTER ''FROM"" DATE				X	0	0.00	0	0.00	4	100.00	4	100.00
185	MISSING DATE OF ADMIT				X	0	0.00	0	0.00	17	100.00	17	100.00
192	MEDICARE BILLING LIMITATION			X		70	37.00	44	24.00	73	39.00	187	100.00
228	MISSING MEDICARE PAID DATE			X		0	0.00	36	44.00	45	56.00	81	100.00
229	NO PIC FOR THIS HIC		X			0	0.00	0	0.00	6	100.00	6	100.00
245	(NA) HOSPICE CLIENT			X		5	33.00	1	7.00	9	60.00	15	100.00
250	NOT ELIG WITH THIS PIC.	X				0	0.00	60	100.00	0	0.00	60	100.00
252	(NA) NOT ELIG FOR ALL DOS			X		4	13.00	8	27.00	18	60.00	30	100.00
253	POSSIBLE RECIPIENT DEATH				X	0	0.00	0	0.00	6	100.00	6	100.00
257	(NA) STRICTED PT / ON REVIEW				X	0	0.00	0	0.00	5	100.00	5	100.00
263	(NA) TPL COV. ON ELIG FILE		X			93	74.00	5	4.00	28	22.00	126	100.00
269	TPL - ELIG POST-PAYMENT MODE				X	0	0.00	0	0.00	17	100.00	17	100.00
271	RECIP NOT ELIGIBLE FOR DOS	X				0	0.00	18	100.00	0	0.00	18	100.00
282	LCP-ONE DAY SPEND DOWN COUPON				X	0	0.00	0	0.00	1	100.00	1	100.00
284	(NA) LCP/MI-NON COVERED SRVC				X	0	0.00	0	0.00	2	100.00	2	100.00
285	(NA) Q PROGRAM CODE WITH ITA				X	0	0.00	0	0.00	11	100.00	11	100.00
287	MI PROGRAM ENDED 7/1/03		X			0	0.00	0	0.00	1	100.00	1	100.00
292	(NA) FISCAL YEAR END				X	0	0.00	0	0.00	42	100.00	42	100.00
301	(NA) INELIG FOR CAT OF SERVICE			X		0	0.00	0	0.00	15	100.00	15	100.00
317	(NA) OUT OF STATE PROVIDER				X	0	0.00	0	0.00	11	100.00	11	100.00
343	DIAGNOSIS REQUIRES APPROVAL				X	0	0.00	0	0.00	23	100.00	23	100.00
344	INVALID PRIMARY DIAGNOSES CODE				X	0	0.00	0	0.00	4	100.00	4	100.00
379	(NA) UNABLE TO PRICE			X		0	0.00	0	0.00	14	100.00	14	100.00
384	MEDICARE MAX DED EXCEEDED			X		1	33.00	0	0.00	2	67.00	3	100.00
385	CO-INS PERCENTAGE EXCEEDED				X	0	0.00	0	0.00	12	100.00	12	100.00
404	(NA)PROV TERM-OTHER INVOL RSNS		X			0	0.00	0	0.00	1	100.00	1	100.00
416	PROV # NOT VALID FOR BILLING	X				0	0.00	12	100.00	0	0.00	12	100.00
498	DDD RECIPIENT FOR DOS ON CLAIM				X	0	0.00	0	0.00	73	100.00	73	100.00
549	CLIENT IS ON SLMB			X		0	0.00	28	61.00	18	39.00	46	100.00
591	MEDICARE PAID MORE THAN		X			0	0.00	0	0.00	1,128	100.00	1,128	100.00
592	MEDICARE PAID LESS THAN				X	0	0.00	0	0.00	1,535	100.00	1,535	100.00
596	MEDICARE PD/DEDUCTIBLE =ZERO				X	0	0.00	0	0.00	138	100.00	138	100.00
855	ADJ HAS AUTO DENY	X				2	100.00	0	0.00	0	0.00	2	100.00
	TOTAL FOR CLAIM TYPE					353	7.00	367	8.00	4,112	85.00	4,832	100.00

M O N T H L Y E X C E P T I O N S U M M A R Y

TYPE EXC CDE	ENTRY EXAM-ENTRY CLAIM TYPE EXCEPTION DESCRIPTION	MCARE OP DISPOSITION SS	D	S PR	P	FORCED OCCURS	FORCED PERCNT	DENIED OCCURS	DENIED PERCNT	NOT DENIED OR FORCED OCCURS	NOT DENIED OR FORCED PERCNT	TOTAL OCCURS	TOTAL PERCNT
101	EXACT DUPLICATE		X			0	0.00	0	0.00	4,766	100.00	4,766	100.00
102	POSSIBLE DUPLICATE			X		318	24.00	484	37.00	510	39.00	1,312	100.00
106	MEDICARE CLAIM OUT OF BALANCE			X		5,268	76.00	6	0.00	1,691	24.00	6,965	100.00
110	MEDICARE ASSIGNMENT INDICATOR				X	0	0.00	0	0.00	4	100.00	4	100.00
115	CONFLICT:TOT DAYS VS SVC DATES				X	0	0.00	0	0.00	61	100.00	61	100.00
116	INVALID APPROVAL CODE	X				0	0.00	882	100.00	0	0.00	882	100.00
124	MISSING "FROM" DATE OF SERVICE			X		0	0.00	2	67.00	1	33.00	3	100.00
125	CLAIM PAST TIMELY BILL LIMIT				X	0	0.00	1	0.00	880	100.00	881	100.00
126	''FROM'' DATE PAST ''TO'' DATE			X		0	0.00	2	100.00	0	0.00	2	100.00
127	DOS AFTER BATCH DATE			X		0	0.00	1	25.00	3	75.00	4	100.00
129	MISSING PIC	X				0	0.00	14	100.00	0	0.00	14	100.00
141	(NA) PRIOR BIENNIUM DT OF SRVC				X	0	0.00	0	0.00	14	100.00	14	100.00
165	(NA) TPL/OTHER RESOURCES	X				198	99.00	2	1.00	0	0.00	200	100.00
166	(NA) TPR PAYMENT	X				93	89.00	12	11.00	0	0.00	105	100.00
167	INVALID PATIENT STATUS CODE				X	1	0.00	0	0.00	11,206	100.00	11,207	100.00
173	ADMIT DATE AFTER ''FROM"" DATE				X	0	0.00	0	0.00	30	100.00	30	100.00
183	MISSING UNITS OR DAYS			X		0	0.00	0	0.00	8	100.00	8	100.00
192	MEDICARE BILLING LIMITATION			X		494	33.00	654	44.00	348	23.00	1,496	100.00
203	INVALID TPL INDICATOR			X		0	0.00	0	0.00	1	100.00	1	100.00
228	MISSING MEDICARE PAID DATE			X		4	1.00	170	31.00	381	68.00	555	100.00
229	NO PIC FOR THIS HIC		X			1	2.00	0	0.00	46	98.00	47	100.00
245	(NA) HOSPICE CLIENT			X		5	26.00	10	53.00	4	21.00	19	100.00
250	NOT ELIG WITH THIS PIC.	X				0	0.00	627	100.00	0	0.00	627	100.00
252	(NA) NOT ELIG FOR ALL DOS			X		2	8.00	9	36.00	14	56.00	25	100.00
253	POSSIBLE RECIPIENT DEATH				X	0	0.00	0	0.00	8	100.00	8	100.00
257	(NA) STRICTED PT / ON REVIEW				X	0	0.00	0	0.00	79	100.00	79	100.00
263	(NA) TPL COV. ON ELIG FILE		X			292	46.00	38	6.00	298	48.00	628	100.00
264	TPL CARRIER CODE WITH NO TPL $			X		6	86.00	0	0.00	1	14.00	7	100.00
269	TPL - ELIG POST-PAYMENT MODE				X	0	0.00	0	0.00	403	100.00	403	100.00
271	RECIP NOT ELIGIBLE FOR DOS	X				0	0.00	492	100.00	0	0.00	492	100.00
284	(NA) LCP/MI-NON COVERED SRVC				X	0	0.00	0	0.00	5	100.00	5	100.00
285	(NA) Q PROGRAM CODE WITH ITA				X	0	0.00	0	0.00	2	100.00	2	100.00
290	FROM DOS MORE THAN 3 YRS OLD			X		6	86.00	0	0.00	1	14.00	7	100.00
292	(NA) FISCAL YEAR END				X	0	0.00	0	0.00	22	100.00	22	100.00
301	(NA) INELIG FOR CAT OF SERVICE			X		103	5.00	3	0.00	1,827	95.00	1,933	100.00
310	RURAL HEALTH & FQHC X-OVERS			X		11,356	84.00	4	0.00	2,082	16.00	13,442	100.00
317	(NA) OUT OF STATE PROVIDER				X	0	0.00	0	0.00	71	100.00	71	100.00
323	(NA) INVALID RECIP AGE TO DX				X	0	0.00	0	0.00	1	100.00	1	100.00
324	(NA) INVALID SEX TO DX				X	0	0.00	0	0.00	1	100.00	1	100.00
343	DIAGNOSIS REQUIRES APPROVAL				X	0	0.00	0	0.00	524	100.00	524	100.00
344	INVALID PRIMARY DIAGNOSES CODE				X	0	0.00	0	0.00	43	100.00	43	100.00
379	(NA) UNABLE TO PRICE			X		13	10.00	0	0.00	121	90.00	134	100.00
401	(NA) PROV TERM - BAD ADDRESS		X			0	0.00	0	0.00	4	100.00	4	100.00
402	(NA)PROV TERMINATED-NUMBER CHG			X		0	0.00	0	0.00	1	100.00	1	100.00
404	(NA)PROV TERM-OTHER INVOL RSNS		X			0	0.00	0	0.00	1,814	100.00	1,814	100.00
416	PROV # NOT VALID FOR BILLING	X				0	0.00	97	100.00	0	0.00	97	100.00
498	DDD RECIPIENT FOR DOS ON CLAIM				X	0	0.00	0	0.00	1,387	100.00	1,387	100.00
505	HOSPICE PROV/NONHOSPICE RECIP				X	0	0.00	0	0.00	1	100.00	1	100.00

525	FAMILY PLANNING ONLY/TAKE CHG	X	0	0.00	1	50.00	1	50.00	2	100.00
549	CLIENT IS ON SLMB	X	0	0.00	385	80.00	97	20.00	482	100.00

M O N T H L Y E X C E P T I O N S U M M A R Y

TYPE ENTRY EXC CDE	EXAM-ENTRY	CLAIM TYPE	EXCEPTION DESCRIPTION	MCARE OP DISPOSITION SS	D	S	PR	P	FORCED OCCURS	FORCED PERCNT	DENIED OCCURS	DENIED PERCNT	NOT DENIED OR FORCED OCCURS	NOT DENIED OR FORCED PERCNT	TOTAL OCCURS	TOTAL PERCNT
591			MEDICARE PAID MORE THAN		X				0	0.00	0	0.00	4,797	100.00	4,797	100.00
592			MEDICARE PAID LESS THAN					X	0	0.00	0	0.00	14,681	100.00	14,681	100.00
596			MEDICARE PD/DEDUCTIBLE =ZERO					X	0	0.00	0	0.00	886	100.00	886	100.00
855			ADJ HAS AUTO DENY	X					2	100.00	0	0.00	0	0.00	2	100.00
875			CLAIM FOR NEW BIENNIUM					X	0	0.00	0	0.00	1	100.00	1	100.00
898			TOO MANY CLAIMS PER RECIP			X			0	0.00	0	0.00	20	100.00	20	100.00
			TOTAL FOR CLAIM TYPE						18,162	26.00	3,896	5.00	49,147	69.00	71,205	100.00
			TOTAL FOR TYPE OF ENTRY						138,873	22.00	104,139	16.00	396,958	62.00	639,970	100.00

M O N T H L Y E X C E P T I O N S U M M A R Y

TYPE EXC CDE	ENTRY DIR-ENTRY CLAIM TYPE EXCEPTION DESCRIPTION	DRUG DISPOSITION SS	D	S PR	P	FORCED OCCURS	FORCED PERCNT	DENIED OCCURS	DENIED PERCNT	NOT DENIED OR FORCED OCCURS	NOT DENIED OR FORCED PERCNT	TOTAL OCCURS	TOTAL PERCNT
98	3RD RX WITHIN A CALENDAR MONTH		X			0	0.00	0	0.00	34,512	100.00	34,512	100.00
101	EXACT DUPLICATE		X			0	0.00	0	0.00	25,922	100.00	25,922	100.00
121	ENTER YOUR PROVIDER NUMBER		X			0	0.00	0	0.00	38	100.00	38	100.00
124	MISSING "FROM" DATE OF SERVICE		X			0	0.00	0	0.00	9	100.00	9	100.00
125	CLAIM PAST TIMELY BILL LIMIT		X			0	0.00	0	0.00	192	100.00	192	100.00
127	DOS AFTER BATCH DATE		X			0	0.00	0	0.00	569	100.00	569	100.00
132	MISSING TOTAL CLAIM CHARGE		X			0	0.00	0	0.00	451	100.00	451	100.00
144	RX "WRITTEN" DATE MISSING.		X			0	0.00	0	0.00	709	100.00	709	100.00
151	MISSING PRESCRIBING PROV #		X			0	0.00	0	0.00	6,745	100.00	6,745	100.00
153	NDC INVALID		X			0	0.00	0	0.00	549	100.00	549	100.00
154	RX NUMBER MISSING		X			0	0.00	0	0.00	1	100.00	1	100.00
155	MISSING/INVALID DRUG QUANTITY		X			0	0.00	0	0.00	590	100.00	590	100.00
156	(NA) MISSING DAYS SUPPLY		X			0	0.00	0	0.00	11,174	100.00	11,174	100.00
245	(NA) HOSPICE CLIENT		X			0	0.00	0	0.00	1,547	100.00	1,547	100.00
250	NOT ELIG WITH THIS PIC.		X			0	0.00	0	0.00	16,389	100.00	16,389	100.00
257	(NA) STRICTED PT / ON REVIEW		X			0	0.00	0	0.00	106	100.00	106	100.00
261	(NA) ELIG FOR PART B				X	0	0.00	0	0.00	24,872	100.00	24,872	100.00
263	(NA) TPL COV. ON ELIG FILE		X			0	0.00	0	0.00	24,789	100.00	24,789	100.00
269	TPL - ELIG POST-PAYMENT MODE				X	0	0.00	0	0.00	31,515	100.00	31,515	100.00
271	RECIP NOT ELIGIBLE FOR DOS		X			0	0.00	0	0.00	36,602	100.00	36,602	100.00
284	(NA) LCP/MI-NON COVERED SRVC		X			0	0.00	0	0.00	84	100.00	84	100.00
300	VALID NUMBER BUT NOT ISSUED.		X			0	0.00	0	0.00	502	100.00	502	100.00
336	(NA) RESTRICTED NARC-NO REFILL		X			0	0.00	0	0.00	667	100.00	667	100.00
341	NDC REQUIRES PRIOR AUTH NUMBER		X			0	0.00	0	0.00	15,951	100.00	15,951	100.00
360	INVALID NDC		X			0	0.00	0	0.00	3,387	100.00	3,387	100.00
378	UNABLE TO PRICE FOR THIS DOS		X			0	0.00	0	0.00	24,472	100.00	24,472	100.00
422	(NA) PROV NOT ENROLLED FOR DOS		X			0	0.00	0	0.00	1	100.00	1	100.00
442	(NA) DRUG REQ APPROV-PT IN NH		X			0	0.00	0	0.00	1,243	100.00	1,243	100.00
457	(NA)5TH RX W/IN SAME CALEND MO		X			0	0.00	0	0.00	5,221	100.00	5,221	100.00
502	OBSOLETE DRUG		X			0	0.00	0	0.00	3,947	100.00	3,947	100.00
525	FAMILY PLANNING ONLY/TAKE CHG		X			0	0.00	0	0.00	4,422	100.00	4,422	100.00
552	HMO - MHC PLANS & BHP PLUS					0	0.00	0	0.00	34,943	100.00	34,943	100.00
559	EXPEDITED AUTH # INVALID.		X			0	0.00	0	0.00	80,689	100.00	80,689	100.00
570	DRUG POS DUR ALERT.		X			0	0.00	0	0.00	307,593	100.00	307,593	100.00
571	POS DUR HIGH DOSE ALERT.		X			0	0.00	0	0.00	5,351	100.00	5,351	100.00
572	POS DUR LOW DOSE ALERT.		X			0	0.00	0	0.00	21	100.00	21	100.00
573	THERAPEUTIC DUP ALERT.		X			0	0.00	0	0.00	13,834	100.00	13,834	100.00
574	POS REFILL TOO SOON.		X			0	0.00	0	0.00	79,692	100.00	79,692	100.00
575	INVALID MEDICAID GROUP NUMBER.		X			0	0.00	0	0.00	7	100.00	7	100.00
584	PEDIATRIC FLUORIDE - NOT VALID		X			0	0.00	0	0.00	2,151	100.00	2,151	100.00
1707	MISSING OR INVALID CLIENT ID		X			0	0.00	0	0.00	420	100.00	420	100.00
1761	DRUG NOT COV'D FOR RECIP SEX		X			0	0.00	0	0.00	42	100.00	42	100.00
1771	GENERAL INFORMATION				X	0	0.00	0	0.00	8,239	100.00	8,239	100.00
1806	M/I OTHER PAYER COVERAGE TYPE		X			0	0.00	0	0.00	24	100.00	24	100.00
1809	DATE WRITTEN AFTER DATE FILLED		X			0	0.00	0	0.00	600	100.00	600	100.00
1826	MISSING CMPND INGREDIENT QTY		X			0	0.00	0	0.00	12	100.00	12	100.00
1828	M/I COMPOUND DOS FORM DESC CD		X			0	0.00	0	0.00	201	100.00	201	100.00
1829	M/I CMPND DISP UNIT FORM IND		X			0	0.00	0	0.00	251	100.00	251	100.00

1830	INV COMPOUND ROUTE OF ADMIN	X	0	0.00	0	0.00	390	100.00	390	100.00
1843	M/I OTHER PAYER DATE	X	0	0.00	0	0.00	7,511	100.00	7,511	100.00

M O N T H L Y E X C E P T I O N S U M M A R Y

TYPE EXC CDE	ENTRY	DIR-ENTRY	CLAIM TYPE	DRUG DISPOSITION SS	D	S PR	P	FORCED OCCURS	FORCED PERCNT	DENIED OCCURS	DENIED PERCNT	NOT DENIED OR FORCED OCCURS	NOT DENIED OR FORCED PERCNT	TOTAL OCCURS	TOTAL PERCNT
1846	M/I OTHER PAYER AMT PD QUAL				X			0	0.00	0	0.00	83	100.00	83	100.00
1881	MISMATCHED PIC PART TO COMPL				X			0	0.00	0	0.00	16	100.00	16	100.00
1884	M/I RX NUMBER ON COMPLETION				X			0	0.00	0	0.00	2	100.00	2	100.00
1885	M/I RX DATE ON COMPLETION				X			0	0.00	0	0.00	11	100.00	11	100.00
1894	M/I COMPOUND PRODUCT ID				X			0	0.00	0	0.00	165	100.00	165	100.00
	TOTAL FOR CLAIM TYPE							0	0.00	0	0.00	819,426	100.00	819,426	100.00

M O N T H L Y E X C E P T I O N S U M M A R Y

TYPE EXC CDE	ENTRY DIR-ENTRY CLAIM TYPE EXCEPTION DESCRIPTION	PHYSICIAN DISPOSITION SS	D	S	PR	P	FORCED OCCURS	FORCED PERCNT	DENIED OCCURS	DENIED PERCNT	NOT DENIED OR FORCED OCCURS	NOT DENIED OR FORCED PERCNT	TOTAL OCCURS	TOTAL PERCNT
6	2 NH CALLS FOR NON-EMERG CARE			X			1	10.00	9	90.00	0	0.00	10	100.00
13	AUTO/NON AUTO/PANEL LAB TESTS			X			0	0.00	0	0.00	137	100.00	137	100.00
15	PSYCH ALLOWANCE PER DAY			X			1	14.00	1	14.00	5	72.00	7	100.00
21	90782-88 INCL IN E/M CODE		X				0	0.00	0	0.00	8	100.00	8	100.00
35	1 REFRACTION ALLOWED 2 YEARS			X			1	50.00	0	0.00	1	50.00	2	100.00
41	1 DEPO PROVERA IN 65 DAYS			X			1	25.00	1	25.00	2	50.00	4	100.00
43	AFTER HR CHRG NOT IN ADD SUN			X			0	0.00	0	0.00	1	100.00	1	100.00
44	ESTABLISHED PT-FEE REDUCED			X			12	23.00	8	15.00	33	62.00	53	100.00
45	1 SUPP ALLOWED PER DELIVERY			X			2	5.00	1	2.00	39	93.00	42	100.00
46	VENTILATION ASSIST/E&M CODES			X			0	0.00	1	100.00	0	0.00	1	100.00
51	1 DELIVERY IN 9 MONTH PERIOD			X			51	67.00	5	7.00	20	26.00	76	100.00
53	MULT OPERATIVE PROC PERFORMED			X			209	60.00	22	6.00	117	34.00	348	100.00
55	CC/ADMIT/CNSLT/SURG INV COMBO			X			263	35.00	60	8.00	433	57.00	756	100.00
61	INIT PROC BILLED PREV SUB PD			X			0	0.00	2	67.00	1	33.00	3	100.00
71	KIDNEY PT. - PHYSICIAN CLAIMS				X		0	0.00	0	0.00	10	100.00	10	100.00
77	PEDIAT/NEONATE INCL(S) SERVICE			X			1	50.00	1	50.00	0	0.00	2	100.00
81	ONE EYE EXAM ALLOWED 2 YRS			X			1	50.00	0	0.00	1	50.00	2	100.00
87	MULTIPLE SURGERY ANES VS. ANES			X			18	72.00	3	12.00	4	16.00	25	100.00
89	COMPONENT TESTS INCL. IN CBC		X				0	0.00	0	0.00	1	100.00	1	100.00
99	CONTRAINDICATED AUDIT			X			7	78.00	0	0.00	2	22.00	9	100.00
100	DUPE/DIFFERENT JULIAN DATE		X				4	0.00	2	0.00	927	100.00	933	100.00
101	EXACT DUPLICATE			X			24	2.00	189	17.00	894	81.00	1,107	100.00
102	POSSIBLE DUPLICATE			X			12	17.00	4	6.00	54	77.00	70	100.00
103	POSSIBLE DUPLICATE - CONFLICT			X			0	0.00	1	33.00	2	67.00	3	100.00
104	CALLS INCL IN FLAT FEE			X			4	31.00	7	54.00	2	15.00	13	100.00
105	DIAGNOSIS NOT ALLOWED W/PROC			X			517	70.00	63	8.00	163	22.00	743	100.00
116	INVALID APPROVAL CODE	X					0	0.00	6	100.00	0	0.00	6	100.00
117	INVALID PROCEDURE MODIFIER			X			0	0.00	10	50.00	10	50.00	20	100.00
118	MISSING PLACE OF SERVICE		X				0	0.00	0	0.00	1	100.00	1	100.00
124	MISSING "FROM" DATE OF SERVICE			X			0	0.00	0	0.00	1	100.00	1	100.00
125	CLAIM PAST TIMELY BILL LIMIT	X					27	21.00	0	0.00	99	79.00	126	100.00
126	''FROM'' DATE PAST ''TO'' DATE			X			0	0.00	0	0.00	4	100.00	4	100.00
127	DOS AFTER BATCH DATE			X			0	0.00	0	0.00	4	100.00	4	100.00
130	INVALID PIC	X					0	0.00	0	0.00	6	100.00	6	100.00
131	MODIFIER DL-MANUAL DENY LINE			X			0	0.00	9	100.00	0	0.00	9	100.00
133	CALC ERROR OF TOT CLAIM CHARGE		X				0	0.00	0	0.00	14	100.00	14	100.00
134	CALC ERROR OF NET CLAIM CHARGE		X				0	0.00	0	0.00	7	100.00	7	100.00
136	(NA) POS TO MODIFIER 26					X	0	0.00	0	0.00	23	100.00	23	100.00
160	INVALID EPSDT INDICATOR					X	0	0.00	0	0.00	6	100.00	6	100.00
163	MISSING DIAGNOSIS CODE		X				0	0.00	0	0.00	1	100.00	1	100.00
164	INVALID/MISSING REFERRING PROV		X				0	0.00	0	0.00	103	100.00	103	100.00
165	(NA) TPL/OTHER RESOURCES	X					1,781	100.00	8	0.00	0	0.00	1,789	100.00
166	(NA) TPR PAYMENT	X					38	42.00	52	58.00	0	0.00	90	100.00
169	(NA)MODIFIER INVALID W/ PROC.			X			0	0.00	21	58.00	15	42.00	36	100.00
170	INVALID PLACE OF SERVICE		X				0	0.00	0	0.00	1	100.00	1	100.00
172	MISSING PROCEDURE CODE		X				0	0.00	0	0.00	2	100.00	2	100.00
174	MISSING PERFORMING PROV. #			X			0	0.00	0	0.00	332	100.00	332	100.00
177	(NA) INVALID/INCORRECT UNITS			X			22	41.00	8	15.00	24	44.00	54	100.00

183	MISSING UNITS OR DAYS	X		0	0.00	0	0.00	7	100.00	7	100.00
184	MISSING LINE ITEM BILLED AMT		X	0	0.00	0	0.00	2	100.00	2	100.00

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TYPE EXC CDE	ENTRY DIR-ENTRY CLAIM TYPE EXCEPTION DESCRIPTION	PHYSICIAN DISPOSITION SS	D	S	PR	P	FORCED OCCURS	FORCED PERCNT	DENIED OCCURS	DENIED PERCNT	NOT DENIED OR FORCED OCCURS	NOT DENIED OR FORCED PERCNT	TOTAL OCCURS	TOTAL PERCNT
197	(NA) EMC WITH COMMENTS	X					4,398	100.00	0	0.00	0	0.00	4,398	100.00
203	INVALID TPL INDICATOR			X			0	0.00	0	0.00	1	100.00	1	100.00
222	(NA) SPLIT BILL PROV W/O MOD			X			0	0.00	13	72.00	5	28.00	18	100.00
223	(NA) TECH COMP W/O MOD 27/TC			X			0	0.00	1	50.00	1	50.00	2	100.00
226	MODIFIER MISSING ON PROCEDURE			X			0	0.00	0	0.00	18	100.00	18	100.00
227	ANESTHESIA SVCS & NO MODIFIER			X			0	0.00	1	50.00	1	50.00	2	100.00
237	CLMS W/O DOS SPAN					X	0	0.00	0	0.00	6	100.00	6	100.00
242	HEALTH DEPT MODIFER MISSING		X				0	0.00	0	0.00	11	100.00	11	100.00
244	LINE ITEM SVC DATES NOT ELIGIB	X					0	0.00	0	0.00	3	100.00	3	100.00
245	(NA) HOSPICE CLIENT			X			5	38.00	4	31.00	4	31.00	13	100.00
247	RECIP HAS QMB COVERAGE ONLY			X			58	79.00	0	0.00	15	21.00	73	100.00
250	NOT ELIG WITH THIS PIC.	X					0	0.00	0	0.00	127	100.00	127	100.00
255	(NA) OVER AGE 65 & MED ELIG 0					X	0	0.00	0	0.00	590	100.00	590	100.00
256	(NA) DETAIL DOS NOT ELIGIBLE	X					0	0.00	1	100.00	0	0.00	1	100.00
257	(NA) STRICTED PT / ON REVIEW			X			7	78.00	2	22.00	0	0.00	9	100.00
261	(NA) ELIG FOR PART B			X			1,150	77.00	0	0.00	341	23.00	1,491	100.00
263	(NA) TPL COV. ON ELIG FILE		X				1,399	86.00	79	5.00	148	9.00	1,626	100.00
269	TPL - ELIG POST-PAYMENT MODE					X	0	0.00	1	1.00	189	99.00	190	100.00
271	RECIP NOT ELIGIBLE FOR DOS	X					0	0.00	17	18.00	80	82.00	97	100.00
276	QMB DUAL RECIPIENT FOR DOS					X	1	0.00	0	0.00	1,183	100.00	1,184	100.00
281	(NA) GAU-APPROVAL CHK ON SRVCS			X			28	67.00	6	14.00	8	19.00	42	100.00
283	(NA) LCP/MN-NON COVERED SRVC			X			4	67.00	0	0.00	2	33.00	6	100.00
284	(NA) LCP/MI-NON COVERED SRVC			X			0	0.00	0	0.00	12	100.00	12	100.00
286	VERIFY DETOX RECIP & SVCS			X			0	0.00	0	0.00	1	100.00	1	100.00
287	MI PROGRAM ENDED 7/1/03			X			0	0.00	0	0.00	5	100.00	5	100.00
288	INVALID REFERRING PROV NUMBER			X			0	0.00	0	0.00	4	100.00	4	100.00
292	(NA) FISCAL YEAR END					X	0	0.00	0	0.00	18	100.00	18	100.00
299	ONCE PER LIFETIME PROCEDURE			X			3	38.00	1	13.00	4	49.00	8	100.00
301	(NA) INELIG FOR CAT OF SERVICE			X			1	4.00	0	0.00	26	96.00	27	100.00
304	PERFORM PROV NUMBR NOT ON FILE			X			0	0.00	0	0.00	31	100.00	31	100.00
308	SECURITY ERROR ON PROV NUMBER					X	0	0.00	0	0.00	766	100.00	766	100.00
313	INCORRECT PROV# FOR CLAIM TYPE			X			0	0.00	39	91.00	4	9.00	43	100.00
319	MANUAL PRICE EXCEEDS PDD ALLOW					X	0	0.00	0	0.00	34	100.00	34	100.00
320	(NA)ACCIDENT DIAG-TPL SUSPECT					X	0	0.00	0	0.00	129	100.00	129	100.00
323	(NA) INVALID RECIP AGE TO DX					X	0	0.00	0	0.00	2	100.00	2	100.00
324	(NA) INVALID SEX TO DX					X	0	0.00	0	0.00	23	100.00	23	100.00
325	(NA)ACCIDENT DIAG-TPL SUSPECT					X	0	0.00	0	0.00	432	100.00	432	100.00
326	PROCEDURE CODE NOT COVERED		X				9	3.00	0	0.00	252	97.00	261	100.00
328	(NA)INVALID RECIP AGE FOR PROC			X			117	57.00	47	23.00	41	20.00	205	100.00
329	(NA)INVALID RECIP SEX FOR PROC			X			0	0.00	0	0.00	2	100.00	2	100.00
330	NO ASSIST WITH THIS PROCEDURE						0	0.00	0	0.00	7	100.00	7	100.00
331	(NA) MANUAL PRICE REQUIRED			X			0	0.00	22	63.00	13	37.00	35	100.00
332	(NA) INVALID P/T FOR PROCEDURE			X			18	6.00	136	43.00	163	51.00	317	100.00
335	INVALID 2ND DIAGNOSIS CODE		X				0	0.00	0	0.00	1	100.00	1	100.00
342	(NA) DX REQUIRES REVIEW.		X				0	0.00	0	0.00	2	100.00	2	100.00
343	DIAGNOSIS REQUIRES APPROVAL			X			53	15.00	218	61.00	85	24.00	356	100.00
344	INVALID PRIMARY DIAGNOSES CODE		X				0	0.00	0	0.00	17	100.00	17	100.00
345	(NA) DATE OF CONSENT REQUIRED			X			1	11.00	7	78.00	1	11.00	9	100.00

346 (NA) SPLIT-BILL MODIFIER ERROR	X	0	0.00	0	0.00	4	100.00	4 100.00
348 (NA)BILLED AMT EXCEEDS MAX FEE	X	0	0.00	19	79.00	5	21.00	24 100.00

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TYPE EXC CDE	ENTRY DIR-ENTRY CLAIM TYPE EXCEPTION DESCRIPTION	PHYSICIAN DISPOSITION SS	D	S	PR	P	FORCED OCCURS	FORCED PERCNT	DENIED OCCURS	DENIED PERCNT	NOT DENIED OR FORCED OCCURS	NOT DENIED OR FORCED PERCNT	TOTAL OCCURS	TOTAL PERCNT
351	(NA) VARIANCE					X	0	0.00	0	0.00	355	100.00	355	100.00
352	(NA) VERIFY # UNITS BILLED					X	0	0.00	0	0.00	2,178	100.00	2,178	100.00
353	PROC REQ PRIOR APPROVAL			X			0	0.00	15	60.00	10	40.00	25	100.00
361	INVALID PROCEDURE CODE			X			0	0.00	0	0.00	37	100.00	37	100.00
365	(NA) INVALID POS FOR PROCEDURE			X			13	18.00	23	32.00	36	50.00	72	100.00
366	(NA)INVALID PROV SPEC FOR PROC		X				2	6.00	0	0.00	30	94.00	32	100.00
368	(NA) MOD REQUIRES MANUAL PRICE			X			0	0.00	0	0.00	4	100.00	4	100.00
375	(NA)BILLED AMOUNT > $1100.00			X			0	0.00	3	60.00	2	40.00	5	100.00
378	UNABLE TO PRICE FOR THIS DOS			X			0	0.00	7	47.00	8	53.00	15	100.00
387	LOCAL CODE NON-ALLOWABLE		X				0	0.00	0	0.00	3	100.00	3	100.00
402	(NA)PROV TERMINATED-NUMBER CHG		X				0	0.00	0	0.00	1	100.00	1	100.00
404	(NA)PROV TERM-OTHER INVOL RSNS		X				0	0.00	0	0.00	17	100.00	17	100.00
440	(NA) PROV NOT ENROLLED FOR DOS					X	0	0.00	0	0.00	15	100.00	15	100.00
477	PERF PROV CAN'T BE A GROUP #		X				0	0.00	0	0.00	37	100.00	37	100.00
478	(NA)GROUP MEMB WRONG FOR TYPE					X	0	0.00	0	0.00	27	100.00	27	100.00
485	REFER PROV CAN'T BE A GROUP #		X				0	0.00	0	0.00	3	100.00	3	100.00
490	OTHER PD SVCS VS HMO CAP CLAIM			X			5	45.00	0	0.00	6	55.00	11	100.00
491	UNABLE TO PRICE HMO PREMIUM	X					98	96.00	4	4.00	0	0.00	102	100.00
492	HMO RECIP NOT ELIGIBLE FOR DOS	X					0	0.00	1	100.00	0	0.00	1	100.00
495	TPL PAY & CHASE SERVICES					X	1	5.00	2	9.00	19	86.00	22	100.00
496	NO 1H/SL MODIFIER RATE		X				0	0.00	0	0.00	6	100.00	6	100.00
497	NOT ELIGIBLE FOR HMO FOR DOS			X			0	0.00	17	85.00	3	15.00	20	100.00
498	DDD RECIPIENT FOR DOS ON CLAIM					X	0	0.00	0	0.00	527	100.00	527	100.00
520	PARTIAL PCOP SEGMENT COVERAGE		X				9	100.00	0	0.00	0	0.00	9	100.00
521	PCCM REFERRAL # REQUIRED			X			1	7.00	13	93.00	0	0.00	14	100.00
525	FAMILY PLANNING ONLY/TAKE CHG			X			2	2.00	75	77.00	20	21.00	97	100.00
549	CLIENT IS ON SLMB			X			0	0.00	10	91.00	1	9.00	11	100.00
552	HMO - MHC PLANS & BHP PLUS						0	0.00	3	1.00	240	99.00	243	100.00
557	PROLONGED CARE W/O OTHER CODES			X			1	20.00	1	20.00	3	60.00	5	100.00
565	1C MODIFIER AND NO "B"		X				0	0.00	0	0.00	1	100.00	1	100.00
569	RSN PRIOR AUTHORIZATION #					X	0	0.00	0	0.00	95	100.00	95	100.00
577	ADMIN NOT VALID W/VACCINE CODE		X				0	0.00	0	0.00	32	100.00	32	100.00
578	0355M,0367M,0368M INVALID PROG			X			0	0.00	2	20.00	8	80.00	10	100.00
585	NEWBORN PREMIUMS			X			24	86.00	1	4.00	3	10.00	28	100.00
597	SAME PROV-SIMILAR SERVICE			X			6	21.00	10	36.00	12	43.00	28	100.00
602	(NA) NO RECORD OF PA NUMBER			X			0	0.00	1	100.00	0	0.00	1	100.00
606	DOS ON CLM NOT ON PA FILE			X			0	0.00	1	100.00	0	0.00	1	100.00
611	(NA)NON-COVERED CODE W/AUTH NO			X			0	0.00	6	100.00	0	0.00	6	100.00
625	LAB EVALUATION FOR AUTO DENY					X	0	0.00	0	0.00	36	100.00	36	100.00
639	DIAGNOSIS CODE IS V71.5		X				0	0.00	0	0.00	2	100.00	2	100.00
649	ATTEND/PERF/REF NOT CERT DIET		X				1	5.00	0	0.00	19	95.00	20	100.00
657	MISSING/INCORRECT FQHC/RHC			X			0	0.00	12	52.00	11	48.00	23	100.00
700	CASE MGMT-1 ALLOWED PER MONTH			X			2	17.00	9	75.00	1	8.00	12	100.00
711	CONTRAINDICATED AUDIT			X			1	25.00	2	50.00	1	25.00	4	100.00
715	ALLOW 1 WOUND CARE PER DAY			X			1	50.00	0	0.00	1	50.00	2	100.00
718	3 HMO NEWBORN CODES ALLOWED			X			0	0.00	34	18.00	150	82.00	184	100.00
720	CONTRAINDICATED AUDITS			X			0	0.00	0	0.00	1	100.00	1	100.00
722	1 CHILDBRTH ED & 1 CHLDCARE AU			X			0	0.00	1	50.00	1	50.00	2	100.00

751	1	0310M ALLOWED IN 12 MONTHS	X	2	100.00	0	0.00	0	0.00	2	100.00
753		E & M HOSP INCL IN DIALYSIS	X	0	0.00	1	100.00	0	0.00	1	100.00

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TYPE EXC CDE	ENTRY DIR-ENTRY CLAIM TYPE EXCEPTION DESCRIPTION	PHYSICIAN DISPOSITION SS	D	S	PR	P	FORCED OCCURS	FORCED PERCNT	DENIED OCCURS	DENIED PERCNT	NOT DENIED OR FORCED OCCURS	NOT DENIED OR FORCED PERCNT	TOTAL OCCURS	TOTAL PERCNT
758	SYNVISC/HYALGAN DOLLAR LIMIT			X			3	100.00	0	0.00	0	0.00	3	100.00
771	1 PCOP ADULT/BABY PREM PER MO.			X			24	11.00	26	12.00	171	77.00	221	100.00
772	CONTRAST MEDIA INCL IN MRI/CAT			X			0	0.00	0	0.00	6	100.00	6	100.00
773	60 MSS 15 MIN/UNITS PER PREGNA			X			1	100.00	0	0.00	0	0.00	1	100.00
783	TRI CARE VS ANTEPARTUM			X			2	40.00	2	40.00	1	20.00	5	100.00
875	CLAIM FOR NEW BIENNIUM					X	0	0.00	0	0.00	1	100.00	1	100.00
877	TAKE CHARGE CLIENT/NON TC PROV			X			0	0.00	8	31.00	18	69.00	26	100.00
1004	PROC/REV CODE REQUIRES NDC		X				0	0.00	0	0.00	4	100.00	4	100.00
1007	GENERAL INFORMATION					X	0	0.00	0	0.00	2	100.00	2	100.00
	TOTAL FOR CLAIM TYPE						10,448	43.00	1,398	6.00	12,501	51.00	24,347	100.00

M O N T H L Y E X C E P T I O N S U M M A R Y

TYPE EXC CDE	ENTRY	DIR-ENTRY	CLAIM TYPE	EXCEPTION DESCRIPTION	DENTAL DISPOSITION SS	D	S	PR	P	FORCED OCCURS	FORCED PERCNT	DENIED OCCURS	DENIED PERCNT	NOT DENIED OR FORCED OCCURS	NOT DENIED OR FORCED PERCNT	TOTAL OCCURS	TOTAL PERCNT
2	1			EXAM COVERED IN 6 MONTHS			X			12	40.00	18	60.00	0	0.00	30	100.00
20	1			PROPHY ALLOWED EVERY 6 MONTH			X			11	46.00	13	54.00	0	0.00	24	100.00
24	1			PANOREX/FMS ALLOWED IN 3 YRS			X			9	38.00	14	58.00	1	4.00	24	100.00
28	4			BITEWINGS ALLOWED PER 12 MO.			X			23	79.00	5	17.00	1	4.00	29	100.00
31	1			ROOT PLANING PER 24 MONTHS			X			2	100.00	0	0.00	0	0.00	2	100.00
44				ESTABLISHED PT-FEE REDUCED			X			0	0.00	1	33.00	2	67.00	3	100.00
78				X-RAY INCLUDED IN 00210		X				0	0.00	0	0.00	4	100.00	4	100.00
88				LIMIT AUDITS			X			21	40.00	31	60.00	0	0.00	52	100.00
92				ALLOW 1 SEALANT PER TOOTH			X			0	0.00	39	100.00	0	0.00	39	100.00
101				EXACT DUPLICATE			X			31	42.00	43	58.00	0	0.00	74	100.00
102				POSSIBLE DUPLICATE			X			2	40.00	3	60.00	0	0.00	5	100.00
103				POSSIBLE DUPLICATE - CONFLICT			X			1	100.00	0	0.00	0	0.00	1	100.00
197				(NA) EMC WITH COMMENTS	X					7	100.00	0	0.00	0	0.00	7	100.00
219				INVALID NUMBER OF SURFACES			X			0	0.00	0	0.00	1	100.00	1	100.00
250				NOT ELIG WITH THIS PIC.	X					0	0.00	0	0.00	1	100.00	1	100.00
263				(NA) TPL COV. ON ELIG FILE		X				0	0.00	0	0.00	8	100.00	8	100.00
269				TPL - ELIG POST-PAYMENT MODE					X	0	0.00	0	0.00	25	100.00	25	100.00
312				DENTAL SEALANTS		X				0	0.00	0	0.00	34	100.00	34	100.00
326				PROCEDURE CODE NOT COVERED		X				0	0.00	0	0.00	3	100.00	3	100.00
328				(NA)INVALID RECIP AGE FOR PROC			X			6	10.00	56	89.00	1	1.00	63	100.00
331				(NA) MANUAL PRICE REQUIRED			X			0	0.00	3	100.00	0	0.00	3	100.00
351				(NA) VARIANCE					X	0	0.00	0	0.00	3	100.00	3	100.00
353				PROC REQ PRIOR APPROVAL			X			0	0.00	14	70.00	6	30.00	20	100.00
354				MISSING TOOTH NUMBER/ARCH/QUAD			X			0	0.00	2	100.00	0	0.00	2	100.00
355				INVALID TOOTH NUMBER/ARCH/QUAD		X				0	0.00	0	0.00	1	100.00	1	100.00
356				MISSING TOOTH SURFACE		X				0	0.00	0	0.00	3	100.00	3	100.00
361				INVALID PROCEDURE CODE		X				0	0.00	0	0.00	42	100.00	42	100.00
366				(NA)INVALID PROV SPEC FOR PROC			X			1	6.00	15	83.00	2	11.00	18	100.00
378				UNABLE TO PRICE FOR THIS DOS		X				0	0.00	0	0.00	9	100.00	9	100.00
483				PROCEDURE CODE VS TOOTH #			X			0	0.00	16	73.00	6	27.00	22	100.00
498				DDD RECIPIENT FOR DOS ON CLAIM					X	0	0.00	0	0.00	117	100.00	117	100.00
525				FAMILY PLANNING ONLY/TAKE CHG		X				0	0.00	0	0.00	5	100.00	5	100.00
737	1			DENTAL EXAM ALLOWED PER DAY			X			1	100.00	0	0.00	0	0.00	1	100.00
745	1			DENTAL EXAM ALLOWED PER DAY			X			0	0.00	1	100.00	0	0.00	1	100.00
877				TAKE CHARGE CLIENT/NON TC PROV			X			0	0.00	0	0.00	4	100.00	4	100.00
897				ADULT DENTAL NC AFTER 8-1-03						0	0.00	0	0.00	12	100.00	12	100.00
1003				NEED APPLIANCE PLACEMENT DATE			X			0	0.00	1	100.00	0	0.00	1	100.00
1016				# OF UNITS DOES NOT = # TEETH					X	0	0.00	0	0.00	1	100.00	1	100.00
1017				# UNITS DOES NOT = # QUAD/ARCH					X	0	0.00	0	0.00	1	100.00	1	100.00
				TOTAL FOR CLAIM TYPE						127	18.00	275	40.00	293	42.00	695	100.00

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TYPE EXC CDE	ENTRY DIR-ENTRY CLAIM TYPE EXCEPTION DESCRIPTION	EPSDT DISPOSITION SS	D	S PR	P	FORCED OCCURS	FORCED PERCNT	DENIED OCCURS	DENIED PERCNT	NOT DENIED OR FORCED OCCURS	NOT DENIED OR FORCED PERCNT	TOTAL OCCURS	TOTAL PERCNT
10	5 SCREENS COV 1ST YEAR LIFE			X		2	50.00	2	50.00	0	0.00	4	100.00
11	1 ANNUAL SCREEN AFT 4TH YEAR			X		0	0.00	1	50.00	1	50.00	2	100.00
44	ESTABLISHED PT-FEE REDUCED			X		6	21.00	16	57.00	6	22.00	28	100.00
55	CC/ADMIT/CNSLT/SURG INV COMBO				X	0	0.00	0	0.00	1	100.00	1	100.00
101	EXACT DUPLICATE		X			0	0.00	0	0.00	35	100.00	35	100.00
102	POSSIBLE DUPLICATE			X		2	67.00	0	0.00	1	33.00	3	100.00
105	DIAGNOSIS NOT ALLOWED W/PROC				X	0	0.00	0	0.00	23	100.00	23	100.00
117	INVALID PROCEDURE MODIFIER			X		0	0.00	3	50.00	3	50.00	6	100.00
125	CLAIM PAST TIMELY BILL LIMIT	X				0	0.00	0	0.00	7	100.00	7	100.00
133	CALC ERROR OF TOT CLAIM CHARGE		X			0	0.00	0	0.00	1	100.00	1	100.00
165	(NA) TPL/OTHER RESOURCES	X				36	92.00	3	8.00	0	0.00	39	100.00
168	INVALID MODIFIER FOR EPSDT				X	0	0.00	0	0.00	351	100.00	351	100.00
169	(NA)MODIFIER INVALID W/ PROC.				X	0	0.00	0	0.00	5	100.00	5	100.00
174	MISSING PERFORMING PROV. #			X		0	0.00	0	0.00	7	100.00	7	100.00
177	(NA) INVALID/INCORRECT UNITS			X		0	0.00	0	0.00	4	100.00	4	100.00
183	MISSING UNITS OR DAYS		X			0	0.00	0	0.00	1	100.00	1	100.00
197	(NA) EMC WITH COMMENTS	X				101	100.00	0	0.00	0	0.00	101	100.00
242	HEALTH DEPT MODIFER MISSING		X			0	0.00	0	0.00	13	100.00	13	100.00
249	(NA) EPSDT MUST BE UNDER 21			X		0	0.00	31	79.00	8	21.00	39	100.00
250	NOT ELIG WITH THIS PIC.	X				0	0.00	0	0.00	6	100.00	6	100.00
263	(NA) TPL COV. ON ELIG FILE		X			27	82.00	0	0.00	6	18.00	33	100.00
269	TPL - ELIG POST-PAYMENT MODE				X	0	0.00	0	0.00	1	100.00	1	100.00
271	RECIP NOT ELIGIBLE FOR DOS	X				0	0.00	0	0.00	3	100.00	3	100.00
276	QMB DUAL RECIPIENT FOR DOS				X	0	0.00	0	0.00	1	100.00	1	100.00
281	(NA) GAU-APPROVAL CHK ON SRVCS		X			0	0.00	0	0.00	2	100.00	2	100.00
304	PERFORM PROV NUMBR NOT ON FILE				X	0	0.00	0	0.00	2	100.00	2	100.00
308	SECURITY ERROR ON PROV NUMBER				X	0	0.00	0	0.00	4	100.00	4	100.00
326	PROCEDURE CODE NOT COVERED			X		0	0.00	0	0.00	4	100.00	4	100.00
328	(NA)INVALID RECIP AGE FOR PROC			X		10	14.00	14	19.00	50	67.00	74	100.00
331	(NA) MANUAL PRICE REQUIRED			X		0	0.00	0	0.00	4	100.00	4	100.00
343	DIAGNOSIS REQUIRES APPROVAL			X		9	29.00	1	3.00	21	68.00	31	100.00
344	INVALID PRIMARY DIAGNOSES CODE		X			0	0.00	0	0.00	1	100.00	1	100.00
351	(NA) VARIANCE				X	0	0.00	0	0.00	4	100.00	4	100.00
352	(NA) VERIFY # UNITS BILLED				X	0	0.00	0	0.00	30	100.00	30	100.00
365	(NA) INVALID POS FOR PROCEDURE			X		0	0.00	0	0.00	7	100.00	7	100.00
366	(NA)INVALID PROV SPEC FOR PROC			X		0	0.00	0	0.00	1	100.00	1	100.00
376	INVALID EPSDT PROCEDURE		X			0	0.00	0	0.00	73	100.00	73	100.00
378	UNABLE TO PRICE FOR THIS DOS					0	0.00	0	0.00	3	100.00	3	100.00
495	TPL PAY & CHASE SERVICES				X	0	0.00	0	0.00	10	100.00	10	100.00
496	NO 1H/SL MODIFIER RATE			X		0	0.00	0	0.00	2	100.00	2	100.00
498	DDD RECIPIENT FOR DOS ON CLAIM				X	0	0.00	0	0.00	20	100.00	20	100.00
521	PCCM REFERRAL # REQUIRED		X			0	0.00	0	0.00	1	100.00	1	100.00
525	FAMILY PLANNING ONLY/TAKE CHG			X		0	0.00	5	71.00	2	29.00	7	100.00
552	HMO - MHC PLANS & BHP PLUS					0	0.00	0	0.00	50	100.00	50	100.00
577	ADMIN NOT VALID W/VACCINE CODE		X			0	0.00	0	0.00	12	100.00	12	100.00
877	TAKE CHARGE CLIENT/NON TC PROV			X		0	0.00	0	0.00	1	100.00	1	100.00
	TOTAL FOR CLAIM TYPE					193	18.00	76	7.00	788	75.00	1,057	100.00

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TYPE EXC CDE	ENTRY DIR-ENTRY CLAIM TYPE EXCEPTION DESCRIPTION	OUTPATIENT DISPOSITION SS	D	S	PR	P	FORCED OCCURS	FORCED PERCNT	DENIED OCCURS	DENIED PERCNT	NOT DENIED OR FORCED OCCURS	NOT DENIED OR FORCED PERCNT	TOTAL OCCURS	TOTAL PERCNT
13	AUTO/NON AUTO/PANEL LAB TESTS		X				0	0.00	0	0.00	62	100.00	62	100.00
89	COMPONENT TESTS INCL. IN CBC		X				0	0.00	0	0.00	5	100.00	5	100.00
101	EXACT DUPLICATE		X				0	0.00	0	0.00	186	100.00	186	100.00
102	POSSIBLE DUPLICATE			X			20	33.00	34	56.00	7	11.00	61	100.00
103	POSSIBLE DUPLICATE - CONFLICT			X			18	58.00	6	19.00	7	23.00	31	100.00
116	INVALID APPROVAL CODE	X					0	0.00	9	100.00	0	0.00	9	100.00
125	CLAIM PAST TIMELY BILL LIMIT	X					9	15.00	0	0.00	52	85.00	61	100.00
130	INVALID PIC	X					0	0.00	0	0.00	1	100.00	1	100.00
133	CALC ERROR OF TOT CLAIM CHARGE			X			0	0.00	0	0.00	2	100.00	2	100.00
137	CALC ERROR NON-COVERED CHARGE		X				0	0.00	0	0.00	4	100.00	4	100.00
139	MISSING ATTENDING PROV NUMBER			X			0	0.00	0	0.00	75	100.00	75	100.00
150	ITA/INDICATOR ERROR			X			0	0.00	0	0.00	1	100.00	1	100.00
165	(NA) TPL/OTHER RESOURCES	X					99	93.00	7	7.00	0	0.00	106	100.00
166	(NA) TPR PAYMENT	X					85	43.00	111	57.00	0	0.00	196	100.00
176	(NA)ONE DATE OF SRVC PER CLAIM					X	1	3.00	0	0.00	33	97.00	34	100.00
177	(NA) INVALID/INCORRECT UNITS					X	0	0.00	0	0.00	49	100.00	49	100.00
184	MISSING LINE ITEM BILLED AMT		X				0	0.00	0	0.00	1	100.00	1	100.00
194	HOSPICE-DOS/DAYS DO NOT AGREE			X			8	53.00	4	27.00	3	20.00	15	100.00
197	(NA) EMC WITH COMMENTS	X					483	100.00	1	0.00	0	0.00	484	100.00
203	INVALID TPL INDICATOR			X			0	0.00	0	0.00	2	100.00	2	100.00
204	INVALID ATTENDING PROV NUMBER			X			0	0.00	0	0.00	3	100.00	3	100.00
224	DUPLICATE REV. CODES					X	0	0.00	0	0.00	42	100.00	42	100.00
231	MISSING ADMISSION HOUR			X			0	0.00	0	0.00	33	100.00	33	100.00
232	MISSING DISCHARGE HOUR			X			0	0.00	1	3.00	33	97.00	34	100.00
240	(NA) KIDNEY DIALYSIS REVIEW				X		0	0.00	0	0.00	13	100.00	13	100.00
243	HOSPICE CLM-RECIP NOT ON CNP			X			0	0.00	1	50.00	1	50.00	2	100.00
245	(NA) HOSPICE CLIENT			X			0	0.00	0	0.00	2	100.00	2	100.00
246	POSSIBLE MEDICARE COVERAGE-HH					X	0	0.00	0	0.00	2	100.00	2	100.00
247	RECIP HAS QMB COVERAGE ONLY			X			0	0.00	0	0.00	6	100.00	6	100.00
250	NOT ELIG WITH THIS PIC.	X					0	0.00	0	0.00	20	100.00	20	100.00
252	(NA) NOT ELIG FOR ALL DOS			X			0	0.00	6	86.00	1	14.00	7	100.00
253	POSSIBLE RECIPIENT DEATH			X			0	0.00	6	86.00	1	14.00	7	100.00
255	(NA) OVER AGE 65 & MED ELIG 0					X	0	0.00	0	0.00	55	100.00	55	100.00
257	(NA) STRICTED PT / ON REVIEW				X		0	0.00	0	0.00	2	100.00	2	100.00
259	(NA) ELIG FOR MEDICARE PART A			X			152	80.00	4	2.00	33	18.00	189	100.00
261	(NA) ELIG FOR PART B			X			5	7.00	48	71.00	15	22.00	68	100.00
263	(NA) TPL COV. ON ELIG FILE		X				95	37.00	111	44.00	49	19.00	255	100.00
269	TPL - ELIG POST-PAYMENT MODE					X	0	0.00	2	5.00	36	95.00	38	100.00
271	RECIP NOT ELIGIBLE FOR DOS	X					0	0.00	0	0.00	10	100.00	10	100.00
281	(NA) GAU-APPROVAL CHK ON SRVCS			X			6	75.00	1	13.00	1	12.00	8	100.00
287	MI PROGRAM ENDED 7/1/03		X				0	0.00	0	0.00	2	100.00	2	100.00
301	(NA) INELIG FOR CAT OF SERVICE			X			0	0.00	1	100.00	0	0.00	1	100.00
308	SECURITY ERROR ON PROV NUMBER					X	0	0.00	0	0.00	30	100.00	30	100.00
324	(NA) INVALID SEX TO DX			X			0	0.00	1	50.00	1	50.00	2	100.00
325	(NA)ACCIDENT DIAG-TPL SUSPECT					X	0	0.00	0	0.00	90	100.00	90	100.00
326	PROCEDURE CODE NOT COVERED			X			0	0.00	1	100.00	0	0.00	1	100.00
328	(NA)INVALID RECIP AGE FOR PROC			X			1	33.00	2	67.00	0	0.00	3	100.00
343	DIAGNOSIS REQUIRES APPROVAL			X			34	32.00	44	41.00	29	27.00	107	100.00

344	INVALID PRIMARY DIAGNOSES CODE	X		0	0.00	0	0.00	3	100.00	3	100.00
345	(NA) DATE OF CONSENT REQUIRED		X	7	54.00	4	31.00	2	15.00	13	100.00

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TYPE EXC CDE	ENTRY DIR-ENTRY CLAIM TYPE EXCEPTION DESCRIPTION	OUTPATIENT DISPOSITION SS	D	S	PR	P	FORCED OCCURS	FORCED PERCNT	DENIED OCCURS	DENIED PERCNT	NOT DENIED OR FORCED OCCURS	NOT DENIED OR FORCED PERCNT	TOTAL OCCURS	TOTAL PERCNT
351	(NA) VARIANCE					X	0	0.00	0	0.00	176	100.00	176	100.00
352	(NA) VERIFY # UNITS BILLED			X			1	100.00	0	0.00	0	0.00	1	100.00
353	PROC REQ PRIOR APPROVAL			X			3	30.00	6	60.00	1	10.00	10	100.00
361	INVALID PROCEDURE CODE		X				0	0.00	0	0.00	1	100.00	1	100.00
364	MISSING OCCURRENCE CODE DATE.			X			0	0.00	0	0.00	1	100.00	1	100.00
367	VERIFY REVENUE CODE			X			0	0.00	1	33.00	2	67.00	3	100.00
369	REVENUE CODE NOT ALLOWED		X				0	0.00	0	0.00	295	100.00	295	100.00
377	(NA)APPROVAL OR TRANSPORT TEAM			X			169	79.00	4	2.00	40	19.00	213	100.00
378	UNABLE TO PRICE FOR THIS DOS			X			0	0.00	50	85.00	9	15.00	59	100.00
379	(NA) UNABLE TO PRICE			X			0	0.00	0	0.00	1	100.00	1	100.00
440	(NA) PROV NOT ENROLLED FOR DOS					X	0	0.00	0	0.00	3	100.00	3	100.00
495	TPL PAY & CHASE SERVICES					X	1	4.00	8	33.00	15	63.00	24	100.00
498	DDD RECIPIENT FOR DOS ON CLAIM					X	0	0.00	0	0.00	331	100.00	331	100.00
505	HOSPICE PROV/NONHOSPICE RECIP			X			0	0.00	0	0.00	3	100.00	3	100.00
521	PCCM REFERRAL # REQUIRED			X			0	0.00	7	88.00	1	12.00	8	100.00
525	FAMILY PLANNING ONLY/TAKE CHG			X			16	23.00	17	24.00	38	53.00	71	100.00
549	CLIENT IS ON SLMB			X			0	0.00	0	0.00	1	100.00	1	100.00
552	HMO - MHC PLANS & BHP PLUS						0	0.00	0	0.00	71	100.00	71	100.00
555	DELIVERY SERVICES BILLED ON M			X			0	0.00	0	0.00	1	100.00	1	100.00
564	BORDER PROVIDER BILLING ITA					X	0	0.00	0	0.00	1	100.00	1	100.00
567	HOSPICE CLAIMS BYPASSING TPL				X		0	0.00	0	0.00	61	100.00	61	100.00
602	(NA) NO RECORD OF PA NUMBER			X			0	0.00	0	0.00	14	100.00	14	100.00
639	DIAGNOSIS CODE IS V71.5		X				0	0.00	0	0.00	8	100.00	8	100.00
707	1 PHYSICAL THERAPY EVAL PER YR			X			0	0.00	0	0.00	1	100.00	1	100.00
740	OT LIMIT 12 PROGRAM VISITS YR			X			3	100.00	0	0.00	0	0.00	3	100.00
1006	MISSING CPT/HCPCS CODE			X			0	0.00	0	0.00	4	100.00	4	100.00
1011	DATE(S) NOT WITHIN HEADER SPAN			X			0	0.00	0	0.00	11	100.00	11	100.00
	TOTAL FOR CLAIM TYPE						1,216	32.00	498	13.00	2,095	55.00	3,809	100.00

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TYPE EXC CDE	ENTRY EXCEPTION DESCRIPTION	DIR-ENTRY SS	CLAIM TYPE D	MED VENDOR DISPOSITION S PR	P	FORCED OCCURS	FORCED PERCNT	DENIED OCCURS	DENIED PERCNT	NOT DENIED OR FORCED OCCURS	NOT DENIED OR FORCED PERCNT	TOTAL OCCURS	TOTAL PERCNT
12	LIMIT AUDITS			X		2	40.00	3	60.00	0	0.00	5	100.00
29	ALS VS BLS SAME DAY			X		1	33.00	0	0.00	2	67.00	3	100.00
54	NON-DME/MSE LIMIT 2 PER MONTH			X		2	67.00	1	33.00	0	0.00	3	100.00
59	LIMIT 3 PER/MO. OXYGEN/NON-DME			X		2	50.00	2	50.00	0	0.00	4	100.00
67	MAX OF 180 PER MONTH			X		2	100.00	0	0.00	0	0.00	2	100.00
73	DME LIMIT 1 PER YEAR			X		1	50.00	1	50.00	0	0.00	2	100.00
96	NONDME & MSE LIMIT 10 PER MO.			X		1	100.00	0	0.00	0	0.00	1	100.00
100	DUPE/DIFFERENT JULIAN DATE		X			0	0.00	0	0.00	110	100.00	110	100.00
101	EXACT DUPLICATE			X		13	20.00	13	20.00	38	60.00	64	100.00
102	POSSIBLE DUPLICATE			X		112	50.00	19	9.00	92	41.00	223	100.00
103	POSSIBLE DUPLICATE - CONFLICT			X		10	77.00	0	0.00	3	23.00	13	100.00
117	INVALID PROCEDURE MODIFIER			X		0	0.00	0	0.00	1	100.00	1	100.00
125	CLAIM PAST TIMELY BILL LIMIT	X				0	0.00	0	0.00	5	100.00	5	100.00
126	''FROM'' DATE PAST ''TO'' DATE			X		0	0.00	0	0.00	2	100.00	2	100.00
127	DOS AFTER BATCH DATE			X		0	0.00	0	0.00	1	100.00	1	100.00
131	MODIFIER DL-MANUAL DENY LINE			X		0	0.00	1	100.00	0	0.00	1	100.00
133	CALC ERROR OF TOT CLAIM CHARGE		X			0	0.00	0	0.00	1	100.00	1	100.00
134	CALC ERROR OF NET CLAIM CHARGE		X			0	0.00	0	0.00	1	100.00	1	100.00
160	INVALID EPSDT INDICATOR				X	0	0.00	0	0.00	1	100.00	1	100.00
164	INVALID/MISSING REFERRING PROV		X			0	0.00	0	0.00	4	100.00	4	100.00
165	(NA) TPL/OTHER RESOURCES			X		55	47.00	2	2.00	60	51.00	117	100.00
166	(NA) TPR PAYMENT			X		25	69.00	7	19.00	4	12.00	36	100.00
169	(NA)MODIFIER INVALID W/ PROC.			X		1	33.00	0	0.00	2	67.00	3	100.00
174	MISSING PERFORMING PROV. #				X	0	0.00	0	0.00	21	100.00	21	100.00
177	(NA) INVALID/INCORRECT UNITS			X		39	36.00	38	36.00	30	28.00	107	100.00
197	(NA) EMC WITH COMMENTS	X				410	100.00	0	0.00	0	0.00	410	100.00
203	INVALID TPL INDICATOR			X		0	0.00	0	0.00	2	100.00	2	100.00
226	MODIFIER MISSING ON PROCEDURE					0	0.00	3	43.00	4	57.00	7	100.00
237	CLMS W/O DOS SPAN		X			0	0.00	0	0.00	8	100.00	8	100.00
244	LINE ITEM SVC DATES NOT ELIGIB	X				0	0.00	0	0.00	1	100.00	1	100.00
245	(NA) HOSPICE CLIENT			X		2	25.00	6	75.00	0	0.00	8	100.00
247	RECIP HAS QMB COVERAGE ONLY			X		4	50.00	0	0.00	4	50.00	8	100.00
250	NOT ELIG WITH THIS PIC.	X				0	0.00	0	0.00	8	100.00	8	100.00
255	(NA) OVER AGE 65 & MED ELIG 0				X	0	0.00	0	0.00	46	100.00	46	100.00
261	(NA) ELIG FOR PART B			X		86	45.00	47	25.00	58	30.00	191	100.00
263	(NA) TPL COV. ON ELIG FILE			X		134	59.00	72	32.00	20	9.00	226	100.00
269	TPL - ELIG POST-PAYMENT MODE				X	0	0.00	0	0.00	70	100.00	70	100.00
271	RECIP NOT ELIGIBLE FOR DOS	X				0	0.00	0	0.00	8	100.00	8	100.00
276	QMB DUAL RECIPIENT FOR DOS				X	0	0.00	0	0.00	327	100.00	327	100.00
283	(NA) LCP/MN-NON COVERED SRVC			X		2	10.00	1	5.00	17	85.00	20	100.00
288	INVALID REFERRING PROV NUMBER			X		0	0.00	0	0.00	6	100.00	6	100.00
292	(NA) FISCAL YEAR END				X	0	0.00	0	0.00	15	100.00	15	100.00
299	ONCE PER LIFETIME PROCEDURE			X		0	0.00	1	100.00	0	0.00	1	100.00
301	(NA) INELIG FOR CAT OF SERVICE			X		0	0.00	0	0.00	134	100.00	134	100.00
304	PERFORM PROV NUMBR NOT ON FILE				X	0	0.00	0	0.00	1	100.00	1	100.00
307	(NA) VOLUNTARY TERMINATION		X			0	0.00	0	0.00	110	100.00	110	100.00
308	SECURITY ERROR ON PROV NUMBER				X	0	0.00	0	0.00	401	100.00	401	100.00
319	MANUAL PRICE EXCEEDS PDD ALLOW				X	0	0.00	0	0.00	15	100.00	15	100.00

323 (NA) INVALID RECIP AGE TO DX	X	0	0.00	0	0.00	3	100.00	3 100.00
325 (NA)ACCIDENT DIAG-TPL SUSPECT	X	0	0.00	0	0.00	36	100.00	36 100.00

M O N T H L Y E X C E P T I O N S U M M A R Y

TYPE EXC CDE	ENTRY DIR-ENTRY CLAIM TYPE EXCEPTION DESCRIPTION	MED VENDOR DISPOSITION SS	D	S	PR	P	FORCED OCCURS	FORCED PERCNT	DENIED OCCURS	DENIED PERCNT	NOT DENIED OR FORCED OCCURS	NOT DENIED OR FORCED PERCNT	TOTAL OCCURS	TOTAL PERCNT
326	PROCEDURE CODE NOT COVERED		X				0	0.00	0	0.00	14	100.00	14	100.00
328	(NA)INVALID RECIP AGE FOR PROC			X			0	0.00	31	58.00	22	42.00	53	100.00
330	NO ASSIST WITH THIS PROCEDURE					X	0	0.00	0	0.00	1	100.00	1	100.00
331	(NA) MANUAL PRICE REQUIRED			X			0	0.00	214	86.00	36	14.00	250	100.00
332	(NA) INVALID P/T FOR PROCEDURE			X			0	0.00	22	28.00	56	72.00	78	100.00
335	INVALID 2ND DIAGNOSIS CODE		X				0	0.00	0	0.00	2	100.00	2	100.00
343	DIAGNOSIS REQUIRES APPROVAL					X	0	0.00	0	0.00	101	100.00	101	100.00
344	INVALID PRIMARY DIAGNOSES CODE		X				0	0.00	0	0.00	8	100.00	8	100.00
346	(NA) SPLIT-BILL MODIFIER ERROR					X	0	0.00	0	0.00	1	100.00	1	100.00
351	(NA) VARIANCE					X	1	1.00	0	0.00	83	99.00	84	100.00
352	(NA) VERIFY # UNITS BILLED					X	0	0.00	0	0.00	85	100.00	85	100.00
353	PROC REQ PRIOR APPROVAL			X			294	82.00	21	6.00	42	12.00	357	100.00
361	INVALID PROCEDURE CODE			X			0	0.00	0	0.00	42	100.00	42	100.00
365	(NA) INVALID POS FOR PROCEDURE			X			0	0.00	3	75.00	1	25.00	4	100.00
375	(NA)BILLED AMOUNT > $1100.00					X	0	0.00	0	0.00	4	100.00	4	100.00
378	UNABLE TO PRICE FOR THIS DOS		X				0	0.00	0	0.00	4	100.00	4	100.00
387	LOCAL CODE NON-ALLOWABLE		X				0	0.00	0	0.00	1	100.00	1	100.00
404	(NA)PROV TERM-OTHER INVOL RSNS		X				0	0.00	0	0.00	9	100.00	9	100.00
432	(NA)SRVC NOT ALLOWED TO NH PT.			X			0	0.00	2	100.00	0	0.00	2	100.00
440	(NA) PROV NOT ENROLLED FOR DOS					X	0	0.00	0	0.00	1	100.00	1	100.00
477	PERF PROV CAN'T BE A GROUP #		X				0	0.00	0	0.00	107	100.00	107	100.00
478	(NA)GROUP MEMB WRONG FOR TYPE					X	0	0.00	0	0.00	3	100.00	3	100.00
498	DDD RECIPIENT FOR DOS ON CLAIM					X	0	0.00	0	0.00	1,442	100.00	1,442	100.00
525	FAMILY PLANNING ONLY/TAKE CHG			X			0	0.00	2	67.00	1	33.00	3	100.00
549	CLIENT IS ON SLMB			X			0	0.00	0	0.00	2	100.00	2	100.00
552	HMO - MHC PLANS & BHP PLUS						0	0.00	1	3.00	39	97.00	40	100.00
563	AMBUL MILEAGE VS AMBUL MILEAGE			X			0	0.00	3	100.00	0	0.00	3	100.00
581	INFUSION PUMP RENTALS		X				0	0.00	0	0.00	28	100.00	28	100.00
602	(NA) NO RECORD OF PA NUMBER		X				0	0.00	0	0.00	6	100.00	6	100.00
603	PA IS IN PENDING STATUS		X				0	0.00	0	0.00	4	100.00	4	100.00
606	DOS ON CLM NOT ON PA FILE		X				0	0.00	0	0.00	6	100.00	6	100.00
607	INSUFF $$ IN PA FILE FOR SRVC.			X			0	0.00	4	57.00	3	43.00	7	100.00
608	INSUFF AUTH UNITS ON FILE.			X			2	67.00	1	33.00	0	0.00	3	100.00
649	ATTEND/PERF/REF NOT CERT DIET						0	0.00	0	0.00	31	100.00	31	100.00
705	NONDME & MSE LIMIT 30 PER MO.			X			2	100.00	0	0.00	0	0.00	2	100.00
706	NON-DME LIMIT 1 PER MONTH			X			2	100.00	0	0.00	0	0.00	2	100.00
707	1 PHYSICAL THERAPY EVAL PER YR			X			0	0.00	0	0.00	1	100.00	1	100.00
728	DISP DIAP LIMIT 300 PER MO			X			0	0.00	0	0.00	1	100.00	1	100.00
731	UROLOGICAL SUPPLY-120/MONTH			X			5	100.00	0	0.00	0	0.00	5	100.00
734	4 PER/MONTH/COMPLIANCE PKGING.			X			1	50.00	1	50.00	0	0.00	2	100.00
741	BUNDLED MEDICAL SUPPLIES			X			2	50.00	0	0.00	2	50.00	4	100.00
743	LIMIT 1 PER/MO. OXY/MED VENDOR			X			30	100.00	0	0.00	0	0.00	30	100.00
744	NON-DME/MSE MAX LIMIT 3 PER MO			X			0	0.00	1	50.00	1	50.00	2	100.00
746	BUNDLED MEDICAL SUPPLIES			X			1	25.00	3	75.00	0	0.00	4	100.00
759	4 ALLOWED PER YEAR			X			1	100.00	0	0.00	0	0.00	1	100.00
769	UROLOGICAL SUPPLY 240/MONTH			X			3	100.00	0	0.00	0	0.00	3	100.00
784	UROLOGICAL LMT 150/300 PER MO.			X			99	99.00	0	0.00	1	1.00	100	100.00
792	NOT ALLOWED IN COMBO(DIAPERS)			X			100	81.00	23	19.00	0	0.00	123	100.00

TOTAL FOR CLAIM TYPE	1,447	25.00	549	9.00	3,863	66.00	5,859	100.00

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TYPE EXC CDE	ENTRY DIR-ENTRY CLAIM TYPE EXCEPTION DESCRIPTION	DRG DISPOSITION SS	D	S	PR	P	FORCED OCCURS	FORCED PERCNT	DENIED OCCURS	DENIED PERCNT	NOT DENIED OR FORCED OCCURS	NOT DENIED OR FORCED PERCNT	TOTAL OCCURS	TOTAL PERCNT
101	EXACT DUPLICATE		X				0	0.00	0	0.00	13	100.00	13	100.00
102	POSSIBLE DUPLICATE			X			17	61.00	3	11.00	8	28.00	28	100.00
103	POSSIBLE DUPLICATE - CONFLICT			X			6	55.00	0	0.00	5	45.00	11	100.00
115	CONFLICT:TOT DAYS VS SVC DATES					X	0	0.00	0	0.00	8	100.00	8	100.00
125	CLAIM PAST TIMELY BILL LIMIT	X					3	50.00	3	50.00	0	0.00	6	100.00
127	DOS AFTER BATCH DATE			X			0	0.00	0	0.00	1	100.00	1	100.00
133	CALC ERROR OF TOT CLAIM CHARGE			X			0	0.00	0	0.00	2	100.00	2	100.00
134	CALC ERROR OF NET CLAIM CHARGE			X			0	0.00	0	0.00	3	100.00	3	100.00
139	MISSING ATTENDING PROV NUMBER			X			0	0.00	0	0.00	7	100.00	7	100.00
141	(NA) PRIOR BIENNIUM DT OF SRVC					X	0	0.00	0	0.00	2	100.00	2	100.00
147	LACKS DAILY ROOM RATE					X	0	0.00	0	0.00	1	100.00	1	100.00
148	MISSING REVENUE CODE					X	0	0.00	0	0.00	2	100.00	2	100.00
165	(NA) TPL/OTHER RESOURCES	X					25	93.00	2	7.00	0	0.00	27	100.00
166	(NA) TPR PAYMENT	X					30	58.00	22	42.00	0	0.00	52	100.00
167	INVALID PATIENT STATUS CODE			X			0	0.00	0	0.00	1	100.00	1	100.00
184	MISSING LINE ITEM BILLED AMT					X	0	0.00	0	0.00	5	100.00	5	100.00
190	MISSING/INVALID ITA INDICATOR			X			0	0.00	0	0.00	1	100.00	1	100.00
197	(NA) EMC WITH COMMENTS	X					106	100.00	0	0.00	0	0.00	106	100.00
198	(NA) LACKS SURGERY/DELIVERY DT					X	0	0.00	0	0.00	19	100.00	19	100.00
215	INVALID 2ND PROCEDURE			X			0	0.00	0	0.00	1	100.00	1	100.00
218	READMITS WITHIN 7 DAYS OR LESS			X			6	40.00	4	27.00	5	33.00	15	100.00
220	SURG DATE NOT WITHIN DT OF SVC			X			0	0.00	0	0.00	1	100.00	1	100.00
235	LOS LESS THAN 24 HOURS.					X	0	0.00	0	0.00	15	100.00	15	100.00
250	NOT ELIG WITH THIS PIC.	X					0	0.00	0	0.00	4	100.00	4	100.00
252	(NA) NOT ELIG FOR ALL DOS			X			0	0.00	0	0.00	2	100.00	2	100.00
255	(NA) OVER AGE 65 & MED ELIG 0					X	0	0.00	0	0.00	3	100.00	3	100.00
259	(NA) ELIG FOR MEDICARE PART A			X			5	31.00	6	38.00	5	31.00	16	100.00
263	(NA) TPL COV. ON ELIG FILE		X				30	49.00	26	43.00	5	8.00	61	100.00
269	TPL - ELIG POST-PAYMENT MODE					X	0	0.00	0	0.00	3	100.00	3	100.00
271	RECIP NOT ELIGIBLE FOR DOS	X					0	0.00	0	0.00	2	100.00	2	100.00
285	(NA) Q PROGRAM CODE WITH ITA			X			0	0.00	0	0.00	1	100.00	1	100.00
290	FROM DOS MORE THAN 3 YRS OLD			X			0	0.00	1	100.00	0	0.00	1	100.00
292	(NA) FISCAL YEAR END					X	0	0.00	0	0.00	3	100.00	3	100.00
320	(NA)ACCIDENT DIAG-TPL SUSPECT					X	0	0.00	0	0.00	6	100.00	6	100.00
343	DIAGNOSIS REQUIRES APPROVAL			X			10	45.00	2	9.00	10	46.00	22	100.00
345	(NA) DATE OF CONSENT REQUIRED			X			10	45.00	6	27.00	6	28.00	22	100.00
364	MISSING OCCURRENCE CODE DATE.			X			0	0.00	0	0.00	3	100.00	3	100.00
367	VERIFY REVENUE CODE					X	0	0.00	0	0.00	2	100.00	2	100.00
398	(NA) NO DRG RECORD FOR PRICING			X			0	0.00	17	74.00	6	26.00	23	100.00
422	(NA) PROV NOT ENROLLED FOR DOS			X			13	87.00	0	0.00	2	13.00	15	100.00
433	(NA) CLAIM TYPE ERROR			X			0	0.00	0	0.00	4	100.00	4	100.00
449	INVALID ADMIT DIAGNOSIS			X			0	0.00	0	0.00	3	100.00	3	100.00
498	DDD RECIPIENT FOR DOS ON CLAIM					X	0	0.00	0	0.00	6	100.00	6	100.00
521	PCCM REFERRAL # REQUIRED			X			1	100.00	0	0.00	0	0.00	1	100.00
542	POSSIBLE HIGH OUTLIER CLAIM.				X		0	0.00	0	0.00	10	100.00	10	100.00
552	HMO - MHC PLANS & BHP PLUS						0	0.00	0	0.00	6	100.00	6	100.00
569	RSN PRIOR AUTHORIZATION #					X	0	0.00	0	0.00	7	100.00	7	100.00
586	PSYCH CLAIM WITH NO 88 AUTH #.			X			0	0.00	1	100.00	0	0.00	1	100.00

588	CLAIM FOR TRANSFERRED BABY.	X	0	0.00	0	0.00	1	100.00	1	100.00
620	IP/DRG ADMIT REQUIRES APPROVAL	X	0	0.00	2	67.00	1	33.00	3	100.00

M O N T H L Y E X C E P T I O N S U M M A R Y

TYPE EXC CDE	ENTRY DIR-ENTRY CLAIM TYPE EXCEPTION DESCRIPTION	DRG DISPOSITION SS D S PR P	FORCED OCCURS	FORCED PERCNT	DENIED OCCURS	DENIED PERCNT	NOT DENIED OR FORCED OCCURS	NOT DENIED OR FORCED PERCNT	TOTAL OCCURS	TOTAL PERCNT
875	CLAIM FOR NEW BIENNIUM	X	0	0.00	0	0.00	1	100.00	1	100.00
	TOTAL FOR CLAIM TYPE		262	47.00	95	17.00	202	36.00	559	100.00

M O N T H L Y E X C E P T I O N S U M M A R Y

TYPE ENTRY DIR-ENTRY CLAIM TYPE EXC CDE	EXCEPTION DESCRIPTION	INPATIENT DISPOSITION SS	D	S PR	P	FORCED OCCURS	FORCED PERCNT	DENIED OCCURS	DENIED PERCNT	NOT DENIED OR FORCED OCCURS	NOT DENIED OR FORCED PERCNT	TOTAL OCCURS	TOTAL PERCNT
101	EXACT DUPLICATE		X			0	0.00	0	0.00	3	100.00	3	100.00
102	POSSIBLE DUPLICATE			X		4	44.00	1	11.00	4	45.00	9	100.00
103	POSSIBLE DUPLICATE - CONFLICT			X		8	89.00	0	0.00	1	11.00	9	100.00
109	EXCEEDS PAS ALLOWANCE			X		21	57.00	12	32.00	4	11.00	37	100.00
115	CONFLICT:TOT DAYS VS SVC DATES			X		1	17.00	3	50.00	2	33.00	6	100.00
125	CLAIM PAST TIMELY BILL LIMIT	X				3	60.00	2	40.00	0	0.00	5	100.00
133	CALC ERROR OF TOT CLAIM CHARGE			X		0	0.00	0	0.00	2	100.00	2	100.00
134	CALC ERROR OF NET CLAIM CHARGE			X		0	0.00	0	0.00	1	100.00	1	100.00
139	MISSING ATTENDING PROV NUMBER			X		0	0.00	0	0.00	1	100.00	1	100.00
141	(NA) PRIOR BIENNIUM DT OF SRVC				X	0	0.00	0	0.00	1	100.00	1	100.00
165	(NA) TPL/OTHER RESOURCES	X				36	100.00	0	0.00	0	0.00	36	100.00
166	(NA) TPR PAYMENT	X				11	73.00	4	27.00	0	0.00	15	100.00
184	MISSING LINE ITEM BILLED AMT			X		0	0.00	2	100.00	0	0.00	2	100.00
190	MISSING/INVALID ITA INDICATOR			X		1	25.00	3	75.00	0	0.00	4	100.00
197	(NA) EMC WITH COMMENTS	X				102	100.00	0	0.00	0	0.00	102	100.00
198	(NA) LACKS SURGERY/DELIVERY DT				X	0	0.00	0	0.00	2	100.00	2	100.00
224	DUPLICATE REV. CODES				X	0	0.00	0	0.00	7	100.00	7	100.00
235	LOS LESS THAN 24 HOURS.				X	0	0.00	0	0.00	7	100.00	7	100.00
250	NOT ELIG WITH THIS PIC.	X				0	0.00	0	0.00	7	100.00	7	100.00
252	(NA) NOT ELIG FOR ALL DOS			X		0	0.00	1	100.00	0	0.00	1	100.00
255	(NA) OVER AGE 65 & MED ELIG 0				X	0	0.00	0	0.00	1	100.00	1	100.00
259	(NA) ELIG FOR MEDICARE PART A			X		0	0.00	0	0.00	1	100.00	1	100.00
263	(NA) TPL COV. ON ELIG FILE		X			19	79.00	5	21.00	0	0.00	24	100.00
271	RECIP NOT ELIGIBLE FOR DOS	X				0	0.00	0	0.00	8	100.00	8	100.00
285	(NA) Q PROGRAM CODE WITH ITA			X		11	79.00	3	21.00	0	0.00	14	100.00
290	FROM DOS MORE THAN 3 YRS OLD			X		1	100.00	0	0.00	0	0.00	1	100.00
292	(NA) FISCAL YEAR END				X	0	0.00	0	0.00	1	100.00	1	100.00
320	(NA)ACCIDENT DIAG-TPL SUSPECT				X	0	0.00	0	0.00	3	100.00	3	100.00
335	INVALID 2ND DIAGNOSIS CODE		X			0	0.00	0	0.00	1	100.00	1	100.00
343	DIAGNOSIS REQUIRES APPROVAL			X		1	100.00	0	0.00	0	0.00	1	100.00
364	MISSING OCCURRENCE CODE DATE.			X		0	0.00	0	0.00	1	100.00	1	100.00
369	REVENUE CODE NOT ALLOWED		X			0	0.00	0	0.00	16	100.00	16	100.00
377	(NA)APPROVAL OR TRANSPORT TEAM			X		7	100.00	0	0.00	0	0.00	7	100.00
433	(NA) CLAIM TYPE ERROR			X		0	0.00	1	50.00	1	50.00	2	100.00
438	DAYS BILLED EXCEED ITA ALLOWED			X		21	51.00	8	20.00	12	29.00	41	100.00
498	DDD RECIPIENT FOR DOS ON CLAIM				X	0	0.00	0	0.00	6	100.00	6	100.00
504	PSYCH PROV AND NOT PSYCH DX	X				1	100.00	0	0.00	0	0.00	1	100.00
556	INVALID CLM TYPE FOR MEDICARE			X		0	0.00	0	0.00	1	100.00	1	100.00
569	RSN PRIOR AUTHORIZATION #				X	0	0.00	0	0.00	98	100.00	98	100.00
586	PSYCH CLAIM WITH NO 88 AUTH #.			X		0	0.00	0	0.00	3	100.00	3	100.00
588	CLAIM FOR TRANSFERRED BABY.			X		2	67.00	0	0.00	1	33.00	3	100.00
620	IP/DRG ADMIT REQUIRES APPROVAL			X		1	50.00	1	50.00	0	0.00	2	100.00
	TOTAL FOR CLAIM TYPE					251	51.00	46	9.00	196	40.00	493	100.00
	TOTAL FOR TYPE OF ENTRY					13,944	2.00	2,937	0.00	839,364	98.00	856,245	100.00

M O N T H L Y E X C E P T I O N S U M M A R Y

TYPE EXC CDE	ENTRY TAPE CLAIM TYPE EXCEPTION DESCRIPTION	DRUG DISPOSITION SS	D	S PR	P	FORCED OCCURS	FORCED PERCNT	DENIED OCCURS	DENIED PERCNT	NOT DENIED OR FORCED OCCURS	NOT DENIED OR FORCED PERCNT	TOTAL OCCURS	TOTAL PERCNT
98	3RD RX WITHIN A CALENDAR MONTH		X			0	0.00	0	0.00	3	100.00	3	100.00
101	EXACT DUPLICATE		X			0	0.00	0	0.00	35	100.00	35	100.00
132	MISSING TOTAL CLAIM CHARGE		X			0	0.00	0	0.00	1	100.00	1	100.00
151	MISSING PRESCRIBING PROV #		X			0	0.00	0	0.00	7	100.00	7	100.00
245	(NA) HOSPICE CLIENT		X			0	0.00	0	0.00	51	100.00	51	100.00
250	NOT ELIG WITH THIS PIC.		X			0	0.00	0	0.00	36	100.00	36	100.00
261	(NA) ELIG FOR PART B		X			0	0.00	0	0.00	4	100.00	4	100.00
263	(NA) TPL COV. ON ELIG FILE		X			0	0.00	0	0.00	46	100.00	46	100.00
269	TPL - ELIG POST-PAYMENT MODE				X	0	0.00	0	0.00	140	100.00	140	100.00
341	NDC REQUIRES PRIOR AUTH NUMBER		X			0	0.00	0	0.00	39	100.00	39	100.00
360	INVALID NDC		X			0	0.00	0	0.00	3	100.00	3	100.00
378	UNABLE TO PRICE FOR THIS DOS		X			0	0.00	0	0.00	16	100.00	16	100.00
457	(NA)5TH RX W/IN SAME CALEND MO		X			0	0.00	0	0.00	1	100.00	1	100.00
502	OBSOLETE DRUG		X			0	0.00	0	0.00	7	100.00	7	100.00
559	EXPEDITED AUTH # INVALID.		X			0	0.00	0	0.00	21	100.00	21	100.00
570	DRUG POS DUR ALERT.		X			0	0.00	0	0.00	978	100.00	978	100.00
571	POS DUR HIGH DOSE ALERT.		X			0	0.00	0	0.00	1	100.00	1	100.00
572	POS DUR LOW DOSE ALERT.		X			0	0.00	0	0.00	2	100.00	2	100.00
573	THERAPEUTIC DUP ALERT.		X			0	0.00	0	0.00	3	100.00	3	100.00
574	POS REFILL TOO SOON.		X			0	0.00	0	0.00	19	100.00	19	100.00
	TOTAL FOR CLAIM TYPE					0	0.00	0	0.00	1,413	100.00	1,413	100.00

M O N T H L Y E X C E P T I O N S U M M A R Y

TYPE EXC CDE	ENTRY TAPE CLAIM TYPE EXCEPTION DESCRIPTION	PHYSICIAN DISPOSITION SS	D	S PR	P	FORCED OCCURS	FORCED PERCNT	DENIED OCCURS	DENIED PERCNT	NOT DENIED OR FORCED OCCURS	NOT DENIED OR FORCED PERCNT	TOTAL OCCURS	TOTAL PERCNT
3	1 PRENATAL EXAM/9 MONTH PERIOD			X		2	40.00	1	20.00	2	40.00	5	100.00
13	AUTO/NON AUTO/PANEL LAB TESTS		X			0	0.00	0	0.00	192	100.00	192	100.00
89	COMPONENT TESTS INCL. IN CBC		X			0	0.00	0	0.00	2	100.00	2	100.00
100	DUPE/DIFFERENT JULIAN DATE		X			0	0.00	0	0.00	61	100.00	61	100.00
101	EXACT DUPLICATE			X		581	87.00	38	6.00	52	7.00	671	100.00
102	POSSIBLE DUPLICATE			X		97	88.00	4	4.00	9	8.00	110	100.00
103	POSSIBLE DUPLICATE - CONFLICT			X		8	73.00	0	0.00	3	27.00	11	100.00
116	INVALID APPROVAL CODE	X				0	0.00	30	100.00	0	0.00	30	100.00
125	CLAIM PAST TIMELY BILL LIMIT		X			0	0.00	0	0.00	133	100.00	133	100.00
129	MISSING PIC		X			0	0.00	0	0.00	4	100.00	4	100.00
130	INVALID PIC		X			0	0.00	0	0.00	22	100.00	22	100.00
132	MISSING TOTAL CLAIM CHARGE		X			0	0.00	0	0.00	139	100.00	139	100.00
169	(NA)MODIFIER INVALID W/ PROC.			X		0	0.00	537	91.00	54	9.00	591	100.00
184	MISSING LINE ITEM BILLED AMT		X			0	0.00	0	0.00	271	100.00	271	100.00
191	PROV # NOT TIED TO SUBMITTER				X	0	0.00	0	0.00	173	100.00	173	100.00
247	RECIP HAS QMB COVERAGE ONLY		X			0	0.00	0	0.00	1	100.00	1	100.00
250	NOT ELIG WITH THIS PIC.		X			0	0.00	0	0.00	155	100.00	155	100.00
255	(NA) OVER AGE 65 & MED ELIG 0				X	0	0.00	0	0.00	338	100.00	338	100.00
261	(NA) ELIG FOR PART B		X			0	0.00	0	0.00	58	100.00	58	100.00
263	(NA) TPL COV. ON ELIG FILE		X			4	12.00	0	0.00	29	88.00	33	100.00
269	TPL - ELIG POST-PAYMENT MODE				X	0	0.00	0	0.00	115	100.00	115	100.00
271	RECIP NOT ELIGIBLE FOR DOS		X			0	0.00	0	0.00	39	100.00	39	100.00
276	QMB DUAL RECIPIENT FOR DOS				X	0	0.00	0	0.00	41	100.00	41	100.00
281	(NA) GAU-APPROVAL CHK ON SRVCS			X		164	98.00	0	0.00	3	2.00	167	100.00
284	(NA) LCP/MI-NON COVERED SRVC		X			0	0.00	0	0.00	7	100.00	7	100.00
285	(NA) Q PROGRAM CODE WITH ITA			X		0	0.00	1	100.00	0	0.00	1	100.00
287	MI PROGRAM ENDED 7/1/03		X			0	0.00	0	0.00	1	100.00	1	100.00
301	(NA) INELIG FOR CAT OF SERVICE			X		0	0.00	0	0.00	1,210	100.00	1,210	100.00
323	(NA) INVALID RECIP AGE TO DX				X	0	0.00	0	0.00	18	100.00	18	100.00
324	(NA) INVALID SEX TO DX				X	0	0.00	0	0.00	6	100.00	6	100.00
326	PROCEDURE CODE NOT COVERED		X			0	0.00	0	0.00	1	100.00	1	100.00
328	(NA)INVALID RECIP AGE FOR PROC			X		0	0.00	1	100.00	0	0.00	1	100.00
329	(NA)INVALID RECIP SEX FOR PROC			X		0	0.00	0	0.00	1	100.00	1	100.00
343	DIAGNOSIS REQUIRES APPROVAL			X		2	1.00	281	82.00	60	17.00	343	100.00
344	INVALID PRIMARY DIAGNOSES CODE		X			0	0.00	0	0.00	23	100.00	23	100.00
351	(NA) VARIANCE				X	0	0.00	0	0.00	51	100.00	51	100.00
352	(NA) VERIFY # UNITS BILLED				X	0	0.00	0	0.00	11	100.00	11	100.00
353	PROC REQ PRIOR APPROVAL			X		0	0.00	0	0.00	1	100.00	1	100.00
404	(NA)PROV TERM-OTHER INVOL RSNS		X			0	0.00	0	0.00	231	100.00	231	100.00
482	UNDOCUMENTED ALIENS					0	0.00	0	0.00	1	100.00	1	100.00
495	TPL PAY & CHASE SERVICES				X	0	0.00	0	0.00	15	100.00	15	100.00
498	DDD RECIPIENT FOR DOS ON CLAIM				X	0	0.00	0	0.00	2,199	100.00	2,199	100.00
506	M,N,Q,U,V,W PROG NOT ALLOWED		X			0	0.00	0	0.00	2	100.00	2	100.00
512	CLIA NUMBER NOT ON FILE		X			0	0.00	0	0.00	867	100.00	867	100.00
525	FAMILY PLANNING ONLY/TAKE CHG			X		1	1.00	47	42.00	65	57.00	113	100.00
552	HMO - MHC PLANS & BHP PLUS					0	0.00	0	0.00	59	100.00	59	100.00
597	SAME PROV-SIMILAR SERVICE			X		8	36.00	12	55.00	2	9.00	22	100.00
625	LAB EVALUATION FOR AUTO DENY				X	0	0.00	0	0.00	63	100.00	63	100.00

TOTAL FOR CLAIM TYPE	867	10.00	952	11.00	6,790	79.00	8,609	100.00

M O N T H L Y E X C E P T I O N S U M M A R Y

TYPE EXC CDE	ENTRY TAPE CLAIM TYPE EXCEPTION DESCRIPTION	MCARE DISPOSITION SS	D	S	NON PR	P	FORCED OCCURS	FORCED PERCNT	DENIED OCCURS	DENIED PERCNT	NOT DENIED OR FORCED OCCURS	NOT DENIED OR FORCED PERCNT	TOTAL OCCURS	TOTAL PERCNT
101	EXACT DUPLICATE			X			684	50.00	72	5.00	613	45.00	1,369	100.00
102	POSSIBLE DUPLICATE					X	0	0.00	0	0.00	1,622	100.00	1,622	100.00
103	POSSIBLE DUPLICATE - CONFLICT					X	164	19.00	0	0.00	704	81.00	868	100.00
104	CALLS INCL IN FLAT FEE					X	0	0.00	0	0.00	77	100.00	77	100.00
105	DIAGNOSIS NOT ALLOWED W/PROC					X	1,365	24.00	0	0.00	4,225	76.00	5,590	100.00
106	MEDICARE CLAIM OUT OF BALANCE			X			1	100.00	0	0.00	0	0.00	1	100.00
107	MC ALLOWED MORE THAN BILL AMT			X			2	100.00	0	0.00	0	0.00	2	100.00
116	INVALID APPROVAL CODE	X					0	0.00	5	100.00	0	0.00	5	100.00
117	INVALID PROCEDURE MODIFIER			X			7	23.00	0	0.00	23	77.00	30	100.00
118	MISSING PLACE OF SERVICE	X					1	100.00	0	0.00	0	0.00	1	100.00
125	CLAIM PAST TIMELY BILL LIMIT					X	254	27.00	0	0.00	686	73.00	940	100.00
127	DOS AFTER BATCH DATE					X	1,023	27.00	0	0.00	2,803	73.00	3,826	100.00
136	(NA) POS TO MODIFIER 26					X	124	14.00	0	0.00	773	86.00	897	100.00
169	(NA)MODIFIER INVALID W/ PROC.					X	480	37.00	0	0.00	832	63.00	1,312	100.00
172	MISSING PROCEDURE CODE		X				0	0.00	0	0.00	3	100.00	3	100.00
177	(NA) INVALID/INCORRECT UNITS					X	297	22.00	0	0.00	1,050	78.00	1,347	100.00
183	MISSING UNITS OR DAYS		X				0	0.00	186	100.00	0	0.00	186	100.00
184	MISSING LINE ITEM BILLED AMT		X				12	60.00	0	0.00	8	40.00	20	100.00
196	ANESTH UNITS EXCEED MAXIMUM					X	1	100.00	0	0.00	0	0.00	1	100.00
222	(NA) SPLIT BILL PROV W/O MOD			X			7	54.00	0	0.00	6	46.00	13	100.00
229	NO PIC FOR THIS HIC		X				13	16.00	0	0.00	70	84.00	83	100.00
237	CLMS W/O DOS SPAN					X	83	4.00	0	0.00	1,948	96.00	2,031	100.00
242	HEALTH DEPT MODIFER MISSING					X	0	0.00	0	0.00	1	100.00	1	100.00
244	LINE ITEM SVC DATES NOT ELIGIB		X				25	29.00	5	6.00	56	65.00	86	100.00
245	(NA) HOSPICE CLIENT					X	18	14.00	0	0.00	114	86.00	132	100.00
253	POSSIBLE RECIPIENT DEATH			X			17	19.00	10	11.00	62	70.00	89	100.00
256	(NA) DETAIL DOS NOT ELIGIBLE			X			41	80.00	8	16.00	2	4.00	51	100.00
257	(NA) STRICTED PT / ON REVIEW					X	28	29.00	0	0.00	69	71.00	97	100.00
263	(NA) TPL COV. ON ELIG FILE		X				2,695	64.00	0	0.00	1,506	36.00	4,201	100.00
269	TPL - ELIG POST-PAYMENT MODE					X	221	18.00	0	0.00	991	82.00	1,212	100.00
271	RECIP NOT ELIGIBLE FOR DOS		X				162	18.00	7	1.00	711	81.00	880	100.00
279	(NA) NOT ELIG-MED CODE 6			X			1	50.00	0	0.00	1	50.00	2	100.00
282	LCP-ONE DAY SPEND DOWN COUPON					X	1	50.00	0	0.00	1	50.00	2	100.00
283	(NA) LCP/MN-NON COVERED SRVC					X	151	39.00	0	0.00	233	61.00	384	100.00
285	(NA) Q PROGRAM CODE WITH ITA					X	2	9.00	0	0.00	20	91.00	22	100.00
292	(NA) FISCAL YEAR END					X	56	28.00	0	0.00	144	72.00	200	100.00
301	(NA) INELIG FOR CAT OF SERVICE			X			0	0.00	10	0.00	4,766	100.00	4,776	100.00
307	(NA) VOLUNTARY TERMINATION		X				0	0.00	0	0.00	1,516	100.00	1,516	100.00
313	INCORRECT PROV# FOR CLAIM TYPE			X			24,016	100.00	49	0.00	64	0.00	24,129	100.00
317	(NA) OUT OF STATE PROVIDER					X	0	0.00	0	0.00	1,055	100.00	1,055	100.00
319	MANUAL PRICE EXCEEDS PDD ALLOW					X	0	0.00	0	0.00	2	100.00	2	100.00
320	(NA)ACCIDENT DIAG-TPL SUSPECT					X	60	21.00	0	0.00	228	79.00	288	100.00
323	(NA) INVALID RECIP AGE TO DX					X	0	0.00	0	0.00	5	100.00	5	100.00
324	(NA) INVALID SEX TO DX					X	1	33.00	0	0.00	2	67.00	3	100.00
326	PROCEDURE CODE NOT COVERED			X			376	32.00	9	1.00	800	67.00	1,185	100.00
328	(NA)INVALID RECIP AGE FOR PROC					X	14	18.00	0	0.00	63	82.00	77	100.00
329	(NA)INVALID RECIP SEX FOR PROC					X	1	20.00	0	0.00	4	80.00	5	100.00
330	NO ASSIST WITH THIS PROCEDURE	X					16	100.00	0	0.00	0	0.00	16	100.00

342 (NA) DX REQUIRES REVIEW.	X	0	0.00	0	0.00	1	100.00	1 100.00
343 DIAGNOSIS REQUIRES APPROVAL	X	257	14.00	0	0.00	1,558	86.00	1,815 100.00

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TYPE EXC CDE	ENTRY TAPE CLAIM TYPE EXCEPTION DESCRIPTION	MCARE DISPOSITION SS	D	S PR	NON P	FORCED OCCURS	FORCED PERCNT	DENIED OCCURS	DENIED PERCNT	NOT DENIED OR FORCED OCCURS	NOT DENIED OR FORCED PERCNT	TOTAL OCCURS	TOTAL PERCNT
344	INVALID PRIMARY DIAGNOSES CODE				X	58	61.00	0	0.00	37	39.00	95	100.00
345	(NA) DATE OF CONSENT REQUIRED				X	10	32.00	0	0.00	21	68.00	31	100.00
346	(NA) SPLIT-BILL MODIFIER ERROR				X	1,613	80.00	0	0.00	401	20.00	2,014	100.00
347	(NA) TAX CODE FOR TAXABLE SVC				X	1,381	95.00	0	0.00	67	5.00	1,448	100.00
361	INVALID PROCEDURE CODE			X		84	49.00	1	1.00	88	50.00	173	100.00
368	(NA) MOD REQUIRES MANUAL PRICE	X				955	99.00	12	1.00	0	0.00	967	100.00
373	PROC FOR EPSDT CLAIMS ONLY				X	1	10.00	0	0.00	9	90.00	10	100.00
375	(NA)BILLED AMOUNT > $1100.00				X	4	17.00	0	0.00	20	83.00	24	100.00
378	UNABLE TO PRICE FOR THIS DOS	X				3	50.00	3	50.00	0	0.00	6	100.00
380	ANESTHESIA NOT ALLOWED W/PROC				X	0	0.00	0	0.00	48	100.00	48	100.00
387	LOCAL CODE NON-ALLOWABLE		X			1	13.00	0	0.00	7	87.00	8	100.00
401	(NA) PROV TERM - BAD ADDRESS		X			0	0.00	0	0.00	17	100.00	17	100.00
402	(NA)PROV TERMINATED-NUMBER CHG		X			0	0.00	0	0.00	955	100.00	955	100.00
403	(NA) PROV TERM-NO CORE AGRMT		X			0	0.00	0	0.00	27	100.00	27	100.00
404	(NA)PROV TERM-OTHER INVOL RSNS		X			0	0.00	0	0.00	630	100.00	630	100.00
405	(NA) PROV TERMINATED-MED AUTH		X			0	0.00	0	0.00	49	100.00	49	100.00
416	PROV # NOT VALID FOR BILLING		X			0	0.00	0	0.00	24,460	100.00	24,460	100.00
422	(NA) PROV NOT ENROLLED FOR DOS		X			0	0.00	0	0.00	19	100.00	19	100.00
430	MEDICARE $ EXCEEDS DSHS ALLOW		X			26,868	19.00	0	0.00	111,410	81.00	138,278	100.00
451	MEDICARE PAID IN FULL - DETAIL		X			1,519	15.00	0	0.00	8,816	85.00	10,335	100.00
453	DENIED BY MEDICARE-DETAIL		X			2,107	21.00	0	0.00	7,875	79.00	9,982	100.00
498	DDD RECIPIENT FOR DOS ON CLAIM				X	1,243	17.00	0	0.00	6,065	83.00	7,308	100.00
500	CHIROPRACTIC SVCS NA OVER 20		X			0	0.00	0	0.00	138	100.00	138	100.00
525	FAMILY PLANNING ONLY/TAKE CHG				X	1	14.00	0	0.00	6	86.00	7	100.00
549	CLIENT IS ON SLMB		X			957	20.00	571	12.00	3,232	68.00	4,760	100.00
552	HMO - MHC PLANS & BHP PLUS			X		0	0.00	0	0.00	7	100.00	7	100.00
553	FQHC ENCOUNTER & CALL				X	0	0.00	0	0.00	866	100.00	866	100.00
561	CLIENT COVERED BY PACE PROJECT		X			0	0.00	0	0.00	5	100.00	5	100.00
566	POSSIBLE DUPLICATE			X		2	100.00	0	0.00	0	0.00	2	100.00
576	X-OVER CLAIM W/MPI OF 3				X	0	0.00	0	0.00	17	100.00	17	100.00
580	STATE ASSIGNED TRANS CODES				X	0	0.00	0	0.00	1	100.00	1	100.00
590	ORAL ANTI-EMETIC DRUGS				X	0	0.00	0	0.00	1	100.00	1	100.00
596	MEDICARE PD/DEDUCTIBLE =ZERO			X		0	0.00	21	81.00	5	19.00	26	100.00
598	RSN PREMIUM PAY VS X-OVERS				X	0	0.00	0	0.00	173	100.00	173	100.00
636	PT 48/49 NOT VALID				X	0	0.00	0	0.00	43	100.00	43	100.00
639	DIAGNOSIS CODE IS V71.5		X			1	50.00	0	0.00	1	50.00	2	100.00
875	CLAIM FOR NEW BIENNIUM				X	0	0.00	0	0.00	1	100.00	1	100.00
877	TAKE CHARGE CLIENT/NON TC PROV			X		1	25.00	0	0.00	3	75.00	4	100.00
898	TOO MANY CLAIMS PER RECIP			X		68	43.00	0	0.00	91	57.00	159	100.00
	TOTAL FOR CLAIM TYPE					69,554	26.00	969	0.00	195,029	74.00	265,552	100.00

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TYPE EXC CDE	ENTRY TAPE CLAIM TYPE EXCEPTION DESCRIPTION	MCARE INP DISPOSITION SS	D	S	PR	P	FORCED OCCURS	FORCED PERCNT	DENIED OCCURS	DENIED PERCNT	NOT DENIED OR FORCED OCCURS	NOT DENIED OR FORCED PERCNT	TOTAL OCCURS	TOTAL PERCNT
101	EXACT DUPLICATE		X				0	0.00	0	0.00	27	100.00	27	100.00
102	POSSIBLE DUPLICATE			X			36	52.00	3	4.00	30	44.00	69	100.00
106	MEDICARE CLAIM OUT OF BALANCE					X	0	0.00	0	0.00	365	100.00	365	100.00
125	CLAIM PAST TIMELY BILL LIMIT					X	0	0.00	0	0.00	220	100.00	220	100.00
129	MISSING PIC		X				0	0.00	0	0.00	3	100.00	3	100.00
141	(NA) PRIOR BIENNIUM DT OF SRVC					X	0	0.00	0	0.00	189	100.00	189	100.00
167	INVALID PATIENT STATUS CODE					X	0	0.00	0	0.00	4	100.00	4	100.00
185	MISSING DATE OF ADMIT					X	0	0.00	0	0.00	12	100.00	12	100.00
229	NO PIC FOR THIS HIC		X				0	0.00	0	0.00	115	100.00	115	100.00
245	(NA) HOSPICE CLIENT					X	0	0.00	0	0.00	4	100.00	4	100.00
252	(NA) NOT ELIG FOR ALL DOS			X			0	0.00	0	0.00	4	100.00	4	100.00
253	POSSIBLE RECIPIENT DEATH					X	0	0.00	0	0.00	6	100.00	6	100.00
263	(NA) TPL COV. ON ELIG FILE		X				108	49.00	0	0.00	114	51.00	222	100.00
269	TPL - ELIG POST-PAYMENT MODE					X	0	0.00	0	0.00	13	100.00	13	100.00
271	RECIP NOT ELIGIBLE FOR DOS		X				0	0.00	0	0.00	40	100.00	40	100.00
284	(NA) LCP/MI-NON COVERED SRVC					X	0	0.00	0	0.00	2	100.00	2	100.00
290	FROM DOS MORE THAN 3 YRS OLD			X			84	44.00	0	0.00	105	56.00	189	100.00
292	(NA) FISCAL YEAR END					X	0	0.00	0	0.00	8	100.00	8	100.00
301	(NA) INELIG FOR CAT OF SERVICE			X			0	0.00	1	1.00	136	99.00	137	100.00
307	(NA) VOLUNTARY TERMINATION		X				0	0.00	0	0.00	11	100.00	11	100.00
343	DIAGNOSIS REQUIRES APPROVAL					X	0	0.00	0	0.00	31	100.00	31	100.00
379	(NA) UNABLE TO PRICE			X			0	0.00	0	0.00	135	100.00	135	100.00
402	(NA)PROV TERMINATED-NUMBER CHG			X			0	0.00	0	0.00	2	100.00	2	100.00
416	PROV # NOT VALID FOR BILLING		X				0	0.00	0	0.00	118	100.00	118	100.00
498	DDD RECIPIENT FOR DOS ON CLAIM					X	0	0.00	0	0.00	93	100.00	93	100.00
549	CLIENT IS ON SLMB			X			0	0.00	41	55.00	33	45.00	74	100.00
591	MEDICARE PAID MORE THAN		X				0	0.00	0	0.00	1,013	100.00	1,013	100.00
592	MEDICARE PAID LESS THAN					X	0	0.00	0	0.00	1,170	100.00	1,170	100.00
	TOTAL FOR CLAIM TYPE						228	5.00	45	1.00	4,003	94.00	4,276	100.00

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TYPE EXC CDE	ENTRY TAPE CLAIM TYPE EXCEPTION DESCRIPTION	MCARE OP DISPOSITION SS	D	S PR	P	FORCED OCCURS	FORCED PERCNT	DENIED OCCURS	DENIED PERCNT	NOT DENIED OR FORCED OCCURS	NOT DENIED OR FORCED PERCNT	TOTAL OCCURS	TOTAL PERCNT
101	EXACT DUPLICATE		X			0	0.00	0	0.00	130	100.00	130	100.00
102	POSSIBLE DUPLICATE			X		317	69.00	25	5.00	116	26.00	458	100.00
106	MEDICARE CLAIM OUT OF BALANCE				X	0	0.00	0	0.00	6,023	100.00	6,023	100.00
125	CLAIM PAST TIMELY BILL LIMIT				X	0	0.00	0	0.00	734	100.00	734	100.00
129	MISSING PIC		X			0	0.00	0	0.00	335	100.00	335	100.00
141	(NA) PRIOR BIENNIUM DT OF SRVC				X	0	0.00	0	0.00	337	100.00	337	100.00
167	INVALID PATIENT STATUS CODE				X	0	0.00	2	0.00	10,050	100.00	10,052	100.00
229	NO PIC FOR THIS HIC		X			0	0.00	0	0.00	1,724	100.00	1,724	100.00
245	(NA) HOSPICE CLIENT			X		1	10.00	3	30.00	6	60.00	10	100.00
250	NOT ELIG WITH THIS PIC.		X			0	0.00	0	0.00	786	100.00	786	100.00
252	(NA) NOT ELIG FOR ALL DOS			X		0	0.00	1	14.00	6	86.00	7	100.00
253	POSSIBLE RECIPIENT DEATH				X	0	0.00	0	0.00	2	100.00	2	100.00
257	(NA) STRICTED PT / ON REVIEW				X	0	0.00	0	0.00	53	100.00	53	100.00
263	(NA) TPL COV. ON ELIG FILE		X			1,136	49.00	0	0.00	1,162	51.00	2,298	100.00
269	TPL - ELIG POST-PAYMENT MODE				X	0	0.00	0	0.00	302	100.00	302	100.00
271	RECIP NOT ELIGIBLE FOR DOS		X			0	0.00	0	0.00	575	100.00	575	100.00
285	(NA) Q PROGRAM CODE WITH ITA				X	0	0.00	0	0.00	6	100.00	6	100.00
290	FROM DOS MORE THAN 3 YRS OLD			X		271	80.00	0	0.00	66	20.00	337	100.00
301	(NA) INELIG FOR CAT OF SERVICE			X		0	0.00	433	7.00	5,847	93.00	6,280	100.00
307	(NA) VOLUNTARY TERMINATION		X			0	0.00	0	0.00	16	100.00	16	100.00
310	RURAL HEALTH & FQHC X-OVERS		X			0	0.00	0	0.00	5,732	100.00	5,732	100.00
317	(NA) OUT OF STATE PROVIDER				X	0	0.00	0	0.00	26	100.00	26	100.00
323	(NA) INVALID RECIP AGE TO DX				X	0	0.00	0	0.00	1	100.00	1	100.00
324	(NA) INVALID SEX TO DX				X	0	0.00	0	0.00	20	100.00	20	100.00
343	DIAGNOSIS REQUIRES APPROVAL				X	0	0.00	0	0.00	619	100.00	619	100.00
344	INVALID PRIMARY DIAGNOSES CODE				X	0	0.00	0	0.00	1	100.00	1	100.00
379	(NA) UNABLE TO PRICE			X		40	1.00	0	0.00	5,759	99.00	5,799	100.00
402	(NA)PROV TERMINATED-NUMBER CHG			X		0	0.00	0	0.00	237	100.00	237	100.00
404	(NA)PROV TERM-OTHER INVOL RSNS		X			0	0.00	0	0.00	557	100.00	557	100.00
416	PROV # NOT VALID FOR BILLING		X			0	0.00	0	0.00	4,871	100.00	4,871	100.00
498	DDD RECIPIENT FOR DOS ON CLAIM				X	0	0.00	0	0.00	1,386	100.00	1,386	100.00
549	CLIENT IS ON SLMB			X		0	0.00	500	45.00	612	55.00	1,112	100.00
591	MEDICARE PAID MORE THAN		X			0	0.00	0	0.00	6,107	100.00	6,107	100.00
592	MEDICARE PAID LESS THAN				X	0	0.00	0	0.00	13,908	100.00	13,908	100.00
596	MEDICARE PD/DEDUCTIBLE =ZERO				X	0	0.00	0	0.00	55	100.00	55	100.00
898	TOO MANY CLAIMS PER RECIP			X		0	0.00	0	0.00	8	100.00	8	100.00
	TOTAL FOR CLAIM TYPE					1,765	2.00	964	1.00	68,175	97.00	70,904	100.00
	TOTAL FOR TYPE OF ENTRY					72,414	21.00	2,930	1.00	275,410	78.00	350,754	100.00

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TYPE EXC CDE	ENTRY EXCEPTION DESCRIPTION	EMC	CLAIM TYPE SS	D	PHYSICIAN DISPOSITION S	PR	P	FORCED OCCURS	FORCED PERCNT	DENIED OCCURS	DENIED PERCNT	NOT DENIED OR FORCED OCCURS	NOT DENIED OR FORCED PERCNT	TOTAL OCCURS	TOTAL PERCNT
3	1 PRENATAL EXAM/9 MONTH PERIOD				X			10	14.00	15	22.00	44	64.00	69	100.00
5	NERVE BLOCK INCL IN PROCEDURE				X			0	0.00	4	80.00	1	20.00	5	100.00
6	2 NH CALLS FOR NON-EMERG CARE				X			31	27.00	70	60.00	15	13.00	116	100.00
13	AUTO/NON AUTO/PANEL LAB TESTS			X				0	0.00	0	0.00	3,659	100.00	3,659	100.00
15	PSYCH ALLOWANCE PER DAY				X			33	11.00	8	3.00	252	86.00	293	100.00
16	92552 INCLUDED IN 92553			X				0	0.00	0	0.00	1	100.00	1	100.00
17	2 EPIDIDURALS FOR POST OP PAIN				X			6	55.00	3	27.00	2	18.00	11	100.00
19	NORPLANT REMOVAL PD @ 50%				X			3	100.00	0	0.00	0	0.00	3	100.00
21	90782-88 INCL IN E/M CODE			X				0	0.00	2	0.00	650	100.00	652	100.00
22	OMT NOT ALLOWED W/E&M			X				0	0.00	0	0.00	3	100.00	3	100.00
26	SPEECH THERAPY LIMIT/12/CAL YR				X			0	0.00	3	100.00	0	0.00	3	100.00
32	A4550 NOT ALLOWED W/ PROCEDURE				X			0	0.00	2	100.00	0	0.00	2	100.00
35	1 REFRACTION ALLOWED 2 YEARS				X			51	23.00	83	38.00	87	39.00	221	100.00
41	1 DEPO PROVERA IN 65 DAYS				X			28	13.00	52	24.00	141	63.00	221	100.00
43	AFTER HR CHRG NOT IN ADD SUN				X			18	17.00	7	7.00	81	76.00	106	100.00
44	ESTABLISHED PT-FEE REDUCED				X			278	21.00	323	25.00	710	54.00	1,311	100.00
45	1 SUPP ALLOWED PER DELIVERY				X			15	30.00	25	50.00	10	20.00	50	100.00
46	VENTILATION ASSIST/E&M CODES				X			0	0.00	12	92.00	1	8.00	13	100.00
48	MAX OF 3 HRS GRP THERAPY/DAY				X			73	14.00	36	7.00	429	79.00	538	100.00
51	1 DELIVERY IN 9 MONTH PERIOD				X			932	78.00	35	3.00	222	19.00	1,189	100.00
53	MULT OPERATIVE PROC PERFORMED				X			6,780	73.00	603	7.00	1,863	20.00	9,246	100.00
55	CC/ADMIT/CNSLT/SURG INV COMBO				X			3,151	22.00	1,412	10.00	9,730	68.00	14,293	100.00
58	OSTEOPATHIC LIMIT OF 10				X			0	0.00	2	100.00	0	0.00	2	100.00
61	INIT PROC BILLED PREV SUB PD				X			168	76.00	31	14.00	21	10.00	220	100.00
63	NOT COV IN 30 DAY PREV DRUG AB				X			103	79.00	9	7.00	19	14.00	131	100.00
64	CONTRAINDICATED				X			114	81.00	21	15.00	5	4.00	140	100.00
66	ONE 90801 ALLOWED PER YEAR				X			1	4.00	8	35.00	14	61.00	23	100.00
68	OT ADDT'L LIMIT 36 VISITS/YR				X			9	56.00	1	6.00	6	38.00	16	100.00
71	KIDNEY PT. - PHYSICIAN CLAIMS					X		0	0.00	0	0.00	734	100.00	734	100.00
75	CRITICAL CARE INCLUDES SERV				X			8	53.00	5	33.00	2	14.00	15	100.00
77	PEDIAT/NEONATE INCL(S) SERVICE				X			12	32.00	26	68.00	0	0.00	38	100.00
79	UA IN COMB W/OTHER UA			X				0	0.00	0	0.00	47	100.00	47	100.00
81	ONE EYE EXAM ALLOWED 2 YRS				X			41	26.00	43	28.00	71	46.00	155	100.00
85	AUDIO TESTS INCL. IN 92557			X				0	0.00	0	0.00	3	100.00	3	100.00
87	MULTIPLE SURGERY ANES VS. ANES				X			916	66.00	39	3.00	429	31.00	1,384	100.00
88	LIMIT AUDITS				X			42	67.00	0	0.00	21	33.00	63	100.00
89	COMPONENT TESTS INCL. IN CBC			X				0	0.00	0	0.00	33	100.00	33	100.00
99	CONTRAINDICATED AUDIT				X			294	83.00	9	3.00	51	14.00	354	100.00
100	DUPE/DIFFERENT JULIAN DATE			X				30	0.00	13	0.00	30,724	100.00	30,767	100.00
101	EXACT DUPLICATE				X			1,147	4.00	3,202	12.00	22,660	84.00	27,009	100.00
102	POSSIBLE DUPLICATE				X			844	31.00	336	12.00	1,518	57.00	2,698	100.00
103	POSSIBLE DUPLICATE - CONFLICT				X			54	10.00	141	25.00	365	65.00	560	100.00
104	CALLS INCL IN FLAT FEE				X			47	17.00	189	69.00	37	14.00	273	100.00
105	DIAGNOSIS NOT ALLOWED W/PROC				X			11,999	64.00	1,044	6.00	5,759	30.00	18,802	100.00
116	INVALID APPROVAL CODE		X					0	0.00	1,100	100.00	0	0.00	1,100	100.00
117	INVALID PROCEDURE MODIFIER				X			0	0.00	336	50.00	330	50.00	666	100.00
118	MISSING PLACE OF SERVICE			X				0	0.00	0	0.00	220	100.00	220	100.00
124	MISSING "FROM" DATE OF SERVICE			X				0	0.00	0	0.00	1	100.00	1	100.00

125	CLAIM PAST TIMELY BILL LIMIT	X	232	5.00	0	0.00	4,878	95.00	5,110	100.00
126	''FROM'' DATE PAST ''TO'' DATE	X	0	0.00	0	0.00	3	100.00	3	100.00

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TYPE EXC CDE	ENTRY EMC EXCEPTION DESCRIPTION	CLAIM TYPE SS	PHYSICIAN DISPOSITION D	S PR	P	FORCED OCCURS	FORCED PERCNT	DENIED OCCURS	DENIED PERCNT	NOT DENIED OR FORCED OCCURS	NOT DENIED OR FORCED PERCNT	TOTAL OCCURS	TOTAL PERCNT
127	DOS AFTER BATCH DATE		X			0	0.00	0	0.00	14	100.00	14	100.00
128	INJURY DATE PAST ''TO'' DATE		X			0	0.00	0	0.00	7	100.00	7	100.00
129	MISSING PIC		X			5	8.00	0	0.00	54	92.00	59	100.00
130	INVALID PIC		X			97	2.00	0	0.00	4,302	98.00	4,399	100.00
131	MODIFIER DL-MANUAL DENY LINE			X		0	0.00	33	97.00	1	3.00	34	100.00
132	MISSING TOTAL CLAIM CHARGE		X			1	0.00	0	0.00	903	100.00	904	100.00
133	CALC ERROR OF TOT CLAIM CHARGE		X			0	0.00	0	0.00	55	100.00	55	100.00
134	CALC ERROR OF NET CLAIM CHARGE		X			0	0.00	0	0.00	306	100.00	306	100.00
136	(NA) POS TO MODIFIER 26				X	5	0.00	0	0.00	1,118	100.00	1,123	100.00
141	(NA) PRIOR BIENNIUM DT OF SRVC				X	0	0.00	0	0.00	823	100.00	823	100.00
159	INVALID LINE ITEM EOB CODE			X		0	0.00	0	0.00	2	100.00	2	100.00
160	INVALID EPSDT INDICATOR				X	0	0.00	0	0.00	1	100.00	1	100.00
163	MISSING DIAGNOSIS CODE		X			86	44.00	0	0.00	108	56.00	194	100.00
164	INVALID/MISSING REFERRING PROV		X			3	0.00	0	0.00	2,956	100.00	2,959	100.00
165	(NA) TPL/OTHER RESOURCES	X				1,098	66.00	567	34.00	0	0.00	1,665	100.00
166	(NA) TPR PAYMENT	X				305	74.00	108	26.00	0	0.00	413	100.00
169	(NA)MODIFIER INVALID W/ PROC.			X		52	2.00	420	19.00	1,717	79.00	2,189	100.00
170	INVALID PLACE OF SERVICE		X			0	0.00	0	0.00	71	100.00	71	100.00
172	MISSING PROCEDURE CODE		X			0	0.00	0	0.00	569	100.00	569	100.00
174	MISSING PERFORMING PROV. #		X			0	0.00	0	0.00	384	100.00	384	100.00
177	(NA) INVALID/INCORRECT UNITS			X		591	31.00	627	33.00	675	36.00	1,893	100.00
183	MISSING UNITS OR DAYS		X			0	0.00	0	0.00	804	100.00	804	100.00
184	MISSING LINE ITEM BILLED AMT		X			8	1.00	0	0.00	983	99.00	991	100.00
191	PROV # NOT TIED TO SUBMITTER				X	468	1.00	0	0.00	54,106	99.00	54,574	100.00
196	ANESTH UNITS EXCEED MAXIMUM			X		0	0.00	0	0.00	40	100.00	40	100.00
197	(NA) EMC WITH COMMENTS	X				34,736	100.00	0	0.00	0	0.00	34,736	100.00
203	INVALID TPL INDICATOR			X		0	0.00	0	0.00	15	100.00	15	100.00
222	(NA) SPLIT BILL PROV W/O MOD			X		1,258	69.00	289	16.00	289	15.00	1,836	100.00
223	(NA) TECH COMP W/O MOD 27/TC			X		0	0.00	3	43.00	4	57.00	7	100.00
226	MODIFIER MISSING ON PROCEDURE		X			1	0.00	0	0.00	620	100.00	621	100.00
227	ANESTHESIA SVCS & NO MODIFIER			X		0	0.00	16	64.00	9	36.00	25	100.00
237	CLMS W/O DOS SPAN				X	0	0.00	0	0.00	6	100.00	6	100.00
239	MN UNDER 21-NO REFER PROVIDER		X			0	0.00	0	0.00	5	100.00	5	100.00
242	HEALTH DEPT MODIFER MISSING		X			3	1.00	0	0.00	529	99.00	532	100.00
244	LINE ITEM SVC DATES NOT ELIGIB		X			0	0.00	2	1.00	333	99.00	335	100.00
245	(NA) HOSPICE CLIENT			X		27	19.00	90	65.00	22	16.00	139	100.00
247	RECIP HAS QMB COVERAGE ONLY		X			2	1.00	0	0.00	266	99.00	268	100.00
250	NOT ELIG WITH THIS PIC.		X			12	0.00	1	0.00	9,764	100.00	9,777	100.00
253	POSSIBLE RECIPIENT DEATH			X		0	0.00	6	24.00	19	76.00	25	100.00
255	(NA) OVER AGE 65 & MED ELIG 0				X	27	0.00	0	0.00	12,306	100.00	12,333	100.00
256	(NA) DETAIL DOS NOT ELIGIBLE			X		0	0.00	3	38.00	5	62.00	8	100.00
257	(NA) STRICTED PT / ON REVIEW			X		28	27.00	55	53.00	20	20.00	103	100.00
260	RECIP NOT LISTED				X	0	0.00	0	0.00	2	100.00	2	100.00
261	(NA) ELIG FOR PART B		X			75	1.00	0	0.00	5,139	99.00	5,214	100.00
263	(NA) TPL COV. ON ELIG FILE		X			955	25.00	105	3.00	2,700	72.00	3,760	100.00
269	TPL - ELIG POST-PAYMENT MODE				X	11	0.00	0	0.00	5,149	100.00	5,160	100.00
271	RECIP NOT ELIGIBLE FOR DOS		X			7	0.00	17	0.00	6,520	100.00	6,544	100.00
276	QMB DUAL RECIPIENT FOR DOS				X	35	1.00	0	0.00	6,054	99.00	6,089	100.00

279	(NA)	NOT ELIG-MED CODE 6	X		0	0.00	0	0.00	8	100.00	8 100.00
281	(NA)	GAU-APPROVAL CHK ON SRVCS		X	1,901	58.00	423	13.00	971	29.00	3,295 100.00

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TYPE EXC CDE	ENTRY EXCEPTION DESCRIPTION	EMC	CLAIM TYPE SS	CLAIM TYPE D	CLAIM TYPE S	CLAIM TYPE PR	CLAIM TYPE P	PHYSICIAN DISPOSITION	FORCED OCCURS	FORCED PERCNT	DENIED OCCURS	DENIED PERCNT	NOT DENIED OR FORCED OCCURS	NOT DENIED OR FORCED PERCNT	TOTAL OCCURS	TOTAL PERCNT
283	(NA) LCP/MN-NON COVERED SRVC				X				0	0.00	2	50.00	2	50.00	4	100.00
284	(NA) LCP/MI-NON COVERED SRVC			X					1	1.00	1	1.00	143	98.00	145	100.00
285	(NA) Q PROGRAM CODE WITH ITA				X				0	0.00	28	42.00	39	58.00	67	100.00
286	VERIFY DETOX RECIP & SVCS				X				0	0.00	10	100.00	0	0.00	10	100.00
287	MI PROGRAM ENDED 7/1/03			X					0	0.00	0	0.00	444	100.00	444	100.00
288	INVALID REFERRING PROV NUMBER			X					0	0.00	0	0.00	529	100.00	529	100.00
290	FROM DOS MORE THAN 3 YRS OLD				X				5	1.00	9	1.00	666	98.00	680	100.00
292	(NA) FISCAL YEAR END						X		1	0.00	0	0.00	538	100.00	539	100.00
299	ONCE PER LIFETIME PROCEDURE				X				107	48.00	3	1.00	113	51.00	223	100.00
301	(NA) INELIG FOR CAT OF SERVICE				X				0	0.00	0	0.00	631	100.00	631	100.00
304	PERFORM PROV NUMBR NOT ON FILE			X					0	0.00	0	0.00	406	100.00	406	100.00
307	(NA) VOLUNTARY TERMINATION			X					0	0.00	0	0.00	1	100.00	1	100.00
313	INCORRECT PROV# FOR CLAIM TYPE				X				772	10.00	51	1.00	7,231	89.00	8,054	100.00
317	(NA) OUT OF STATE PROVIDER						X		0	0.00	0	0.00	613	100.00	613	100.00
319	MANUAL PRICE EXCEEDS PDD ALLOW						X		0	0.00	0	0.00	418	100.00	418	100.00
320	(NA)ACCIDENT DIAG-TPL SUSPECT						X		0	0.00	0	0.00	2,906	100.00	2,906	100.00
323	(NA) INVALID RECIP AGE TO DX						X		0	0.00	0	0.00	166	100.00	166	100.00
324	(NA) INVALID SEX TO DX						X		0	0.00	0	0.00	539	100.00	539	100.00
325	(NA)ACCIDENT DIAG-TPL SUSPECT						X		102	1.00	0	0.00	13,527	99.00	13,629	100.00
326	PROCEDURE CODE NOT COVERED			X					73	1.00	0	0.00	13,501	99.00	13,574	100.00
328	(NA)INVALID RECIP AGE FOR PROC				X				1,088	28.00	1,856	48.00	954	24.00	3,898	100.00
329	(NA)INVALID RECIP SEX FOR PROC				X				4	4.00	22	21.00	78	75.00	104	100.00
330	NO ASSIST WITH THIS PROCEDURE								0	0.00	1	1.00	80	99.00	81	100.00
331	(NA) MANUAL PRICE REQUIRED				X				7	0.00	1,271	51.00	1,232	49.00	2,510	100.00
332	(NA) INVALID P/T FOR PROCEDURE				X				1,512	8.00	2,766	14.00	15,107	78.00	19,385	100.00
335	INVALID 2ND DIAGNOSIS CODE			X					0	0.00	0	0.00	15	100.00	15	100.00
340	ORTHOTICS W/MODS RT/LT				X				0	0.00	0	0.00	7	100.00	7	100.00
342	(NA) DX REQUIRES REVIEW.			X					0	0.00	0	0.00	68	100.00	68	100.00
343	DIAGNOSIS REQUIRES APPROVAL				X				1,384	16.00	4,002	45.00	3,429	39.00	8,815	100.00
344	INVALID PRIMARY DIAGNOSES CODE			X					6	0.00	0	0.00	17,396	100.00	17,402	100.00
345	(NA) DATE OF CONSENT REQUIRED				X				68	19.00	203	57.00	84	24.00	355	100.00
346	(NA) SPLIT-BILL MODIFIER ERROR				X				12	29.00	28	68.00	1	3.00	41	100.00
347	(NA) TAX CODE FOR TAXABLE SVC						X		0	0.00	0	0.00	21	100.00	21	100.00
348	(NA)BILLED AMT EXCEEDS MAX FEE				X				0	0.00	340	81.00	79	19.00	419	100.00
350	(NA)ALLOWED AMT EXCEEDS BILLED				X				0	0.00	0	0.00	1	100.00	1	100.00
351	(NA) VARIANCE						X		6	0.00	0	0.00	5,390	100.00	5,396	100.00
352	(NA) VERIFY # UNITS BILLED						X		2	0.00	0	0.00	11,426	100.00	11,428	100.00
353	PROC REQ PRIOR APPROVAL				X				65	4.00	982	64.00	480	32.00	1,527	100.00
361	INVALID PROCEDURE CODE			X					32	0.00	0	0.00	8,277	100.00	8,309	100.00
362	(NA)SPECIAL AGREEMENT MODIFIER				X				2	67.00	0	0.00	1	33.00	3	100.00
365	(NA) INVALID POS FOR PROCEDURE				X				293	6.00	1,476	30.00	3,114	64.00	4,883	100.00
366	(NA)INVALID PROV SPEC FOR PROC			X					67	26.00	0	0.00	189	74.00	256	100.00
367	VERIFY REVENUE CODE			X					0	0.00	0	0.00	70	100.00	70	100.00
368	(NA) MOD REQUIRES MANUAL PRICE				X				2	1.00	177	48.00	187	51.00	366	100.00
375	(NA)BILLED AMOUNT > $1100.00				X				0	0.00	13	87.00	2	13.00	15	100.00
377	(NA)APPROVAL OR TRANSPORT TEAM				X				213	81.00	4	2.00	46	17.00	263	100.00
378	UNABLE TO PRICE FOR THIS DOS				X				3	0.00	204	18.00	910	82.00	1,117	100.00
380	ANESTHESIA NOT ALLOWED W/PROC				X				0	0.00	50	77.00	15	23.00	65	100.00

387	LOCAL CODE NON-ALLOWABLE	X	0	0.00	0	0.00	1,093	100.00	1,093	100.00
404	(NA)PROV TERM-OTHER INVOL RSNS	X	0	0.00	0	0.00	614	100.00	614	100.00

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TYPE EXC CDE	ENTRY EMC EXCEPTION DESCRIPTION	CLAIM TYPE SS	D	S PR	P	PHYSICIAN DISPOSITION	FORCED OCCURS	FORCED PERCNT	DENIED OCCURS	DENIED PERCNT	NOT DENIED OR FORCED OCCURS	NOT DENIED OR FORCED PERCNT	TOTAL OCCURS	TOTAL PERCNT
405	(NA) PROV TERMINATED-MED AUTH		X				0	0.00	0	0.00	175	100.00	175	100.00
416	PROV # NOT VALID FOR BILLING	X					0	0.00	0	0.00	4,188	100.00	4,188	100.00
422	(NA) PROV NOT ENROLLED FOR DOS		X				0	0.00	0	0.00	48	100.00	48	100.00
440	(NA) PROV NOT ENROLLED FOR DOS				X		0	0.00	0	0.00	96	100.00	96	100.00
441	(NA)PERF/ATTEND/PRESC PROV DOS		X				0	0.00	0	0.00	25	100.00	25	100.00
477	PERF PROV CAN'T BE A GROUP #		X				0	0.00	0	0.00	1,256	100.00	1,256	100.00
478	(NA)GROUP MEMB WRONG FOR TYPE				X		0	0.00	0	0.00	1,443	100.00	1,443	100.00
479	(NA)PERF PROV NOT COMPAT W/GRP		X				0	0.00	0	0.00	50	100.00	50	100.00
485	REFER PROV CAN'T BE A GROUP #		X				0	0.00	0	0.00	281	100.00	281	100.00
490	OTHER PD SVCS VS HMO CAP CLAIM			X			64	74.00	0	0.00	23	26.00	87	100.00
491	UNABLE TO PRICE HMO PREMIUM	X					84	99.00	1	1.00	0	0.00	85	100.00
492	HMO RECIP NOT ELIGIBLE FOR DOS	X					4	100.00	0	0.00	0	0.00	4	100.00
495	TPL PAY & CHASE SERVICES				X		6	1.00	6	1.00	414	98.00	426	100.00
496	NO 1H/SL MODIFIER RATE		X				1	1.00	0	0.00	186	99.00	187	100.00
497	NOT ELIGIBLE FOR HMO FOR DOS			X			0	0.00	20	77.00	6	23.00	26	100.00
498	DDD RECIPIENT FOR DOS ON CLAIM				X		30	0.00	0	0.00	13,578	100.00	13,608	100.00
506	M,N,Q,U,V,W PROG NOT ALLOWED		X				0	0.00	0	0.00	1	100.00	1	100.00
512	CLIA NUMBER NOT ON FILE		X				0	0.00	0	0.00	73	100.00	73	100.00
520	PARTIAL PCOP SEGMENT COVERAGE		X				3	3.00	0	0.00	89	97.00	92	100.00
521	PCCM REFERRAL # REQUIRED			X			5	1.00	495	93.00	31	6.00	531	100.00
525	FAMILY PLANNING ONLY/TAKE CHG			X			14,021	65.00	2,838	13.00	4,753	22.00	21,612	100.00
549	CLIENT IS ON SLMB			X			0	0.00	44	58.00	32	42.00	76	100.00
552	HMO - MHC PLANS & BHP PLUS						11	0.00	43	0.00	10,876	100.00	10,930	100.00
553	FQHC ENCOUNTER & CALL			X			122	6.00	698	35.00	1,182	59.00	2,002	100.00
557	PROLONGED CARE W/O OTHER CODES			X			40	43.00	32	35.00	20	22.00	92	100.00
560	FQHC ENCOUNTER & NO PAID LINES		X				0	0.00	0	0.00	16,276	100.00	16,276	100.00
561	CLIENT COVERED BY PACE PROJECT		X				0	0.00	0	0.00	3	100.00	3	100.00
565	1C MODIFIER AND NO "B"		X				2	0.00	0	0.00	507	100.00	509	100.00
569	RSN PRIOR AUTHORIZATION #				X		0	0.00	0	0.00	1,189	100.00	1,189	100.00
577	ADMIN NOT VALID W/VACCINE CODE		X				2	0.00	0	0.00	681	100.00	683	100.00
578	0355M,0367M,0368M INVALID PROG			X			0	0.00	2	50.00	2	50.00	4	100.00
585	NEWBORN PREMIUMS			X			90	47.00	102	53.00	1	0.00	193	100.00
590	ORAL ANTI-EMETIC DRUGS		X				0	0.00	0	0.00	7	100.00	7	100.00
595	PERFORMING PROV NOT CERTIFIED				X		0	0.00	0	0.00	5	100.00	5	100.00
597	SAME PROV-SIMILAR SERVICE			X			583	30.00	364	18.00	1,025	52.00	1,972	100.00
599	EXACT DUPLICATE PT 73 OR PS 90			X			26	0.00	2,008	21.00	7,711	79.00	9,745	100.00
602	(NA) NO RECORD OF PA NUMBER			X			1	1.00	57	61.00	35	38.00	93	100.00
604	NO RECIP MATCH ON PA FILE		X				0	0.00	0	0.00	1	100.00	1	100.00
608	INSUFF AUTH UNITS ON FILE.			X			0	0.00	0	0.00	1	100.00	1	100.00
609	FQHC ENCOUNTER NOT PAYABLE		X				0	0.00	3	0.00	13,107	100.00	13,110	100.00
610	PA PROVIDER NUMBER MISMATCH			X			0	0.00	2	100.00	0	0.00	2	100.00
611	(NA)NON-COVERED CODE W/AUTH NO			X			0	0.00	341	79.00	91	21.00	432	100.00
625	LAB EVALUATION FOR AUTO DENY				X		0	0.00	0	0.00	647	100.00	647	100.00
636	PT 48/49 NOT VALID				X		0	0.00	0	0.00	29	100.00	29	100.00
639	DIAGNOSIS CODE IS V71.5		X				0	0.00	0	0.00	32	100.00	32	100.00
640	INVALID DETOX DIAGNOSIS		X				0	0.00	0	0.00	8	100.00	8	100.00
649	ATTEND/PERF/REF NOT CERT DIET		X				0	0.00	0	0.00	52	100.00	52	100.00
655	M,R,X RECOUP ON PCOP SEGMENT		X				0	0.00	0	0.00	3	100.00	3	100.00

657	MISSING/INCORRECT FQHC/RHC	X	0	0.00	8	26.00	23	74.00	31	100.00
700	CASE MGMT-1 ALLOWED PER MONTH	X	7	12.00	26	45.00	25	43.00	58	100.00

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TYPE EXC CDE	ENTRY EXCEPTION DESCRIPTION	EMC	CLAIM TYPE	PHYSICIAN DISPOSITION SS	D	S	PR	P	FORCED OCCURS	FORCED PERCNT	DENIED OCCURS	DENIED PERCNT	NOT DENIED OR FORCED OCCURS	NOT DENIED OR FORCED PERCNT	TOTAL OCCURS	TOTAL PERCNT
708	12 PSYCH PER CALENDAR YEAR					X			2	14.00	0	0.00	12	86.00	14	100.00
711	CONTRAINDICATED AUDIT					X			22	35.00	24	39.00	16	26.00	62	100.00
714	1 OT ASSESS PER CALENDAR YEAR					X			0	0.00	1	100.00	0	0.00	1	100.00
718	3 HMO NEWBORN CODES ALLOWED					X			27	20.00	23	17.00	83	63.00	133	100.00
720	CONTRAINDICATED AUDITS					X			23	17.00	36	27.00	74	56.00	133	100.00
722	1 CHILDBRTH ED & 1 CHLDCARE AU					X			33	21.00	109	70.00	13	9.00	155	100.00
724	URINALYSIS INCL IN DELIVERY				X				0	0.00	0	0.00	59	100.00	59	100.00
725	LIMIT/CONTRAINDICATED AUDIT					X			0	0.00	0	0.00	4	100.00	4	100.00
729	TAKE CHARGE APP AND ECRR LIMIT					X			52	19.00	57	21.00	167	60.00	276	100.00
740	OT LIMIT 12 PROGRAM VISITS YR					X			15	68.00	6	27.00	1	5.00	22	100.00
742	1 POSTPARTUM (59430) ALLOWED					X			2	17.00	5	42.00	5	41.00	12	100.00
751	1 0310M ALLOWED IN 12 MONTHS					X			0	0.00	1	33.00	2	67.00	3	100.00
753	E & M HOSP INCL IN DIALYSIS					X			0	0.00	0	0.00	1	100.00	1	100.00
756	INTERPRETER SIGN LANG OVER 6 U					X			213	97.00	3	1.00	4	2.00	220	100.00
758	SYNVISC/HYALGAN DOLLAR LIMIT					X			56	61.00	21	23.00	15	16.00	92	100.00
767	20 SUPPORT SVCS PER PREGNANCY					X			3	60.00	2	40.00	0	0.00	5	100.00
771	1 PCOP ADULT/BABY PREM PER MO.					X			110	49.00	47	21.00	66	30.00	223	100.00
772	CONTRAST MEDIA INCL IN MRI/CAT					X			0	0.00	0	0.00	99	100.00	99	100.00
773	60 MSS 15 MIN/UNITS PER PREGNA					X			46	46.00	48	48.00	6	6.00	100	100.00
780	TRIMESTER CARE/HIGH RISK					X			2	29.00	0	0.00	5	71.00	7	100.00
782	TRIMESTER CARE					X			0	0.00	1	33.00	2	67.00	3	100.00
783	TRI CARE VS ANTEPARTUM					X			39	28.00	60	43.00	41	29.00	140	100.00
787	1 HIV/AIDS CASE MGMT PER MONTH					X			3	12.00	17	68.00	5	20.00	25	100.00
794	DIABETIC EDUCATION LIMIT/6					X			0	0.00	2	100.00	0	0.00	2	100.00
795	6 DRUG SCREENS PER CALENDAR MO					X			12	57.00	9	43.00	0	0.00	21	100.00
796	MEDICAL NUTRITION THERAPY - 8					X			1	100.00	0	0.00	0	0.00	1	100.00
797	HYDRATION INFUS/CHEMOTHERAPY				X				0	0.00	0	0.00	24	100.00	24	100.00
798	ALLOW 8 ADDT'L HRS OF 90781					X			12	21.00	18	31.00	28	48.00	58	100.00
842	ADJUSTMENT CANNOT MATCH ON PIC							X	0	0.00	2	100.00	0	0.00	2	100.00
843	NO MATCH ON PROVIDER							X	0	0.00	1	100.00	0	0.00	1	100.00
850	ADJ.-NO MATCH IN HISTORY				X				0	0.00	1	100.00	0	0.00	1	100.00
855	ADJ HAS AUTO DENY			X					1	100.00	0	0.00	0	0.00	1	100.00
875	CLAIM FOR NEW BIENNIUM							X	0	0.00	0	0.00	1	100.00	1	100.00
877	TAKE CHARGE CLIENT/NON TC PROV					X			11	0.00	309	13.00	2,064	87.00	2,384	100.00
878	CODES ONLY TAKE CHARGE CLIENTS				X				0	0.00	0	0.00	598	100.00	598	100.00
897	ADULT DENTAL NC AFTER 8-1-03								0	0.00	0	0.00	23	100.00	23	100.00
898	TOO MANY CLAIMS PER RECIP					X			0	0.00	0	0.00	119	100.00	119	100.00
899	OVER 50 EXCEPTIONS			X					0	0.00	10	100.00	0	0.00	10	100.00
1004	PROC/REV CODE REQUIRES NDC				X				0	0.00	0	0.00	252	100.00	252	100.00
1007	GENERAL INFORMATION							X	0	0.00	0	0.00	16	100.00	16	100.00
1030	GENERAL INFORMATION							X	0	0.00	0	0.00	1	100.00	1	100.00
1500	INFANT CASE MNGMT/ LIMIT 40					X			23	77.00	4	13.00	3	10.00	30	100.00
1501	DASA THERAP. CHILD CARE							X	0	0.00	0	0.00	828	100.00	828	100.00
1502	MAX OF 5 HR CASE MNGMT/MONTH					X			20	87.00	3	13.00	0	0.00	23	100.00
1503	MAX OF 3 HRS INDIV THER/DAY					X			1	100.00	0	0.00	0	0.00	1	100.00
	TOTAL FOR CLAIM TYPE								90,925	17.00	33,424	6.00	404,309	77.00	528,658	100.00

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TYPE EXC CDE	ENTRY EXCEPTION DESCRIPTION	EMC	CLAIM TYPE	DENTAL DISPOSITION SS	D	S	PR	P	FORCED OCCURS	FORCED PERCNT	DENIED OCCURS	DENIED PERCNT	NOT DENIED OR FORCED OCCURS	NOT DENIED OR FORCED PERCNT	TOTAL OCCURS	TOTAL PERCNT
1	1 ROOT CANAL COVERED PER TOOTH					X			6	33.00	12	67.00	0	0.00	18	100.00
2	1 EXAM COVERED IN 6 MONTHS					X			461	58.00	319	40.00	15	2.00	795	100.00
4	ONE CROWN PER TOOTH IN 5 YEARS					X			0	0.00	4	100.00	0	0.00	4	100.00
9	ORTHODONTIC TRMT LIMIT/ 3 MOS.					X			1	7.00	2	13.00	12	80.00	15	100.00
12	LIMIT AUDITS					X			14	6.00	238	94.00	0	0.00	252	100.00
20	1 PROPHY ALLOWED EVERY 6 MONTH					X			88	36.00	150	61.00	8	3.00	246	100.00
24	1 PANOREX/FMS ALLOWED IN 3 YRS					X			88	31.00	192	67.00	5	2.00	285	100.00
27	1 UPPER DENTURE ALLOWED/10 YR					X			140	77.00	34	19.00	8	4.00	182	100.00
28	4 BITEWINGS ALLOWED PER 12 MO.					X			3,747	88.00	405	9.00	121	3.00	4,273	100.00
30	1 RELINE ALLOWED IN 5 YEARS					X			1	5.00	16	84.00	2	11.00	19	100.00
31	1 ROOT PLANING PER 24 MONTHS					X			319	57.00	227	41.00	11	2.00	557	100.00
33	1 ADULT PROPHY ALLOWED 12 MO.					X			279	61.00	167	37.00	11	2.00	457	100.00
34	ADJ/RELINE/TISS CND INC IN FEE					X			0	0.00	0	0.00	2	100.00	2	100.00
36	RELINE DENTURE ONCE IN 5 YRS					X			1	7.00	13	93.00	0	0.00	14	100.00
42	ADJ/RELINE/TISS COND IN FEE.					X			0	0.00	2	50.00	2	50.00	4	100.00
44	ESTABLISHED PT-FEE REDUCED					X			192	35.00	16	3.00	346	62.00	554	100.00
47	ORTHO BANDING VS EA ADD 3 MO				X				0	0.00	0	0.00	9	100.00	9	100.00
69	ORAL HYGIENE INSTR ONCE A YR					X			1	6.00	15	94.00	0	0.00	16	100.00
78	X-RAY INCLUDED IN 00210				X				0	0.00	0	0.00	26	100.00	26	100.00
82	1 LOWER DENTURE ALLOWED/10 YR					X			96	78.00	24	20.00	3	2.00	123	100.00
88	LIMIT AUDITS					X			96	48.00	97	49.00	5	3.00	198	100.00
90	1 INITIAL EXTRACTION ALLOWED					X			2	33.00	0	0.00	4	67.00	6	100.00
92	ALLOW 1 SEALANT PER TOOTH					X			294	25.00	896	75.00	3	0.00	1,193	100.00
93	RESTORATIONS NA WITH CROWNS.				X				0	0.00	0	0.00	10	100.00	10	100.00
101	EXACT DUPLICATE					X			3,354	40.00	4,826	57.00	249	3.00	8,429	100.00
102	POSSIBLE DUPLICATE					X			158	53.00	123	41.00	19	6.00	300	100.00
103	POSSIBLE DUPLICATE - CONFLICT					X			3	3.00	92	77.00	25	20.00	120	100.00
116	INVALID APPROVAL CODE			X					0	0.00	75	100.00	0	0.00	75	100.00
117	INVALID PROCEDURE MODIFIER							X	0	0.00	0	0.00	56	100.00	56	100.00
125	CLAIM PAST TIMELY BILL LIMIT				X				4	1.00	0	0.00	357	99.00	361	100.00
127	DOS AFTER BATCH DATE				X				0	0.00	0	0.00	2	100.00	2	100.00
129	MISSING PIC				X				0	0.00	0	0.00	22	100.00	22	100.00
130	INVALID PIC				X				0	0.00	0	0.00	448	100.00	448	100.00
132	MISSING TOTAL CLAIM CHARGE					X			0	0.00	0	0.00	59	100.00	59	100.00
133	CALC ERROR OF TOT CLAIM CHARGE				X				0	0.00	0	0.00	1	100.00	1	100.00
134	CALC ERROR OF NET CLAIM CHARGE					X			0	0.00	0	0.00	87	100.00	87	100.00
141	(NA) PRIOR BIENNIUM DT OF SRVC							X	0	0.00	0	0.00	35	100.00	35	100.00
150	ITA/INDICATOR ERROR							X	0	0.00	0	0.00	1	100.00	1	100.00
165	(NA) TPL/OTHER RESOURCES			X					48	57.00	36	43.00	0	0.00	84	100.00
166	(NA) TPR PAYMENT			X					103	93.00	8	7.00	0	0.00	111	100.00
169	(NA)MODIFIER INVALID W/ PROC.							X	0	0.00	0	0.00	3	100.00	3	100.00
170	INVALID PLACE OF SERVICE				X				0	0.00	0	0.00	3	100.00	3	100.00
172	MISSING PROCEDURE CODE				X				0	0.00	0	0.00	25	100.00	25	100.00
174	MISSING PERFORMING PROV. #				X				0	0.00	0	0.00	44	100.00	44	100.00
177	(NA) INVALID/INCORRECT UNITS					X			1	10.00	0	0.00	9	90.00	10	100.00
183	MISSING UNITS OR DAYS				X				0	0.00	0	0.00	10	100.00	10	100.00
184	MISSING LINE ITEM BILLED AMT				X				0	0.00	0	0.00	895	100.00	895	100.00
188	TYPE OF INS. A-K OR N					X			0	0.00	0	0.00	1	100.00	1	100.00

191	PROV # NOT TIED TO SUBMITTER		X	0	0.00	0	0.00	2,628	100.00	2,628	100.00
197	(NA) EMC WITH COMMENTS	X		6,385	100.00	0	0.00	0	0.00	6,385	100.00

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TYPE EXC CDE	ENTRY EXCEPTION DESCRIPTION	EMC	CLAIM TYPE SS	DENTAL DISPOSITION D	S PR	P	FORCED OCCURS	FORCED PERCNT	DENIED OCCURS	DENIED PERCNT	NOT DENIED OR FORCED OCCURS	NOT DENIED OR FORCED PERCNT	TOTAL OCCURS	TOTAL PERCNT
219	INVALID NUMBER OF SURFACES			X			0	0.00	0	0.00	436	100.00	436	100.00
244	LINE ITEM SVC DATES NOT ELIGIB			X			0	0.00	0	0.00	23	100.00	23	100.00
245	(NA) HOSPICE CLIENT					X	0	0.00	0	0.00	17	100.00	17	100.00
247	RECIP HAS QMB COVERAGE ONLY				X		0	0.00	32	97.00	1	3.00	33	100.00
250	NOT ELIG WITH THIS PIC.			X			0	0.00	0	0.00	1,360	100.00	1,360	100.00
253	POSSIBLE RECIPIENT DEATH				X		0	0.00	1	100.00	0	0.00	1	100.00
257	(NA) STRICTED PT / ON REVIEW					X	0	0.00	0	0.00	15	100.00	15	100.00
263	(NA) TPL COV. ON ELIG FILE			X			58	23.00	22	9.00	174	68.00	254	100.00
269	TPL - ELIG POST-PAYMENT MODE					X	1	0.00	2	0.00	541	100.00	544	100.00
271	RECIP NOT ELIGIBLE FOR DOS			X			0	0.00	1	0.00	648	100.00	649	100.00
281	(NA) GAU-APPROVAL CHK ON SRVCS				X		0	0.00	108	36.00	195	64.00	303	100.00
284	(NA) LCP/MI-NON COVERED SRVC			X			0	0.00	0	0.00	1	100.00	1	100.00
287	MI PROGRAM ENDED 7/1/03			X			0	0.00	0	0.00	1	100.00	1	100.00
290	FROM DOS MORE THAN 3 YRS OLD				X		1	4.00	0	0.00	26	96.00	27	100.00
292	(NA) FISCAL YEAR END					X	0	0.00	0	0.00	87	100.00	87	100.00
294	DPS REVIEW-EXCEP IND 21				X		63	91.00	0	0.00	6	9.00	69	100.00
299	ONCE PER LIFETIME PROCEDURE				X		3	1.00	17	8.00	187	91.00	207	100.00
301	(NA) INELIG FOR CAT OF SERVICE				X		0	0.00	0	0.00	8	100.00	8	100.00
304	PERFORM PROV NUMBR NOT ON FILE			X			0	0.00	0	0.00	3	100.00	3	100.00
312	DENTAL SEALANTS			X			0	0.00	0	0.00	1,352	100.00	1,352	100.00
313	INCORRECT PROV# FOR CLAIM TYPE				X		0	0.00	4	1.00	672	99.00	676	100.00
319	MANUAL PRICE EXCEEDS PDD ALLOW					X	0	0.00	0	0.00	505	100.00	505	100.00
326	PROCEDURE CODE NOT COVERED			X			1	0.00	0	0.00	881	100.00	882	100.00
328	(NA)INVALID RECIP AGE FOR PROC				X		704	28.00	1,549	63.00	225	9.00	2,478	100.00
331	(NA) MANUAL PRICE REQUIRED				X		0	0.00	54	64.00	31	36.00	85	100.00
332	(NA) INVALID P/T FOR PROCEDURE				X		0	0.00	1	0.00	1,757	100.00	1,758	100.00
348	(NA)BILLED AMT EXCEEDS MAX FEE				X		38	79.00	0	0.00	10	21.00	48	100.00
351	(NA) VARIANCE					X	3	1.00	0	0.00	485	99.00	488	100.00
352	(NA) VERIFY # UNITS BILLED					X	0	0.00	0	0.00	43	100.00	43	100.00
353	PROC REQ PRIOR APPROVAL				X		18	4.00	273	55.00	201	41.00	492	100.00
354	MISSING TOOTH NUMBER/ARCH/QUAD				X		214	49.00	133	30.00	91	21.00	438	100.00
355	INVALID TOOTH NUMBER/ARCH/QUAD			X			0	0.00	0	0.00	178	100.00	178	100.00
356	MISSING TOOTH SURFACE			X			0	0.00	0	0.00	473	100.00	473	100.00
357	INVALID TOOTH SURFACE			X			0	0.00	0	0.00	70	100.00	70	100.00
361	INVALID PROCEDURE CODE			X			0	0.00	0	0.00	531	100.00	531	100.00
365	(NA) INVALID POS FOR PROCEDURE					X	0	0.00	0	0.00	857	100.00	857	100.00
366	(NA)INVALID PROV SPEC FOR PROC				X		446	21.00	46	2.00	1,644	77.00	2,136	100.00
378	UNABLE TO PRICE FOR THIS DOS			X			0	0.00	0	0.00	444	100.00	444	100.00
387	LOCAL CODE NON-ALLOWABLE			X			0	0.00	0	0.00	83	100.00	83	100.00
404	(NA)PROV TERM-OTHER INVOL RSNS			X			0	0.00	0	0.00	3	100.00	3	100.00
416	PROV # NOT VALID FOR BILLING		X				0	0.00	0	0.00	671	100.00	671	100.00
421	TOS/PROC REVIEW-MSS				X		13	87.00	2	13.00	0	0.00	15	100.00
422	(NA) PROV NOT ENROLLED FOR DOS			X			0	0.00	0	0.00	12	100.00	12	100.00
440	(NA) PROV NOT ENROLLED FOR DOS					X	0	0.00	0	0.00	26	100.00	26	100.00
473	TOS/PROC REVIEW - OPS				X		0	0.00	3	100.00	0	0.00	3	100.00
477	PERF PROV CAN'T BE A GROUP #			X			0	0.00	0	0.00	418	100.00	418	100.00
479	(NA)PERF PROV NOT COMPAT W/GRP				X		0	0.00	0	0.00	2	100.00	2	100.00
483	PROCEDURE CODE VS TOOTH #				X		6	1.00	392	63.00	224	36.00	622	100.00

498	DDD RECIPIENT FOR DOS ON CLAIM		X	0	0.00	0	0.00	1,927	100.00	1,927	100.00
523	PROCEDURE EXCLUDED FROM TPL	X		1	2.00	0	0.00	56	98.00	57	100.00

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TYPE EXC CDE	ENTRY EXCEPTION DESCRIPTION	EMC	CLAIM TYPE SS	DENTAL D	DISPOSITION S	PR	P	FORCED OCCURS	FORCED PERCNT	DENIED OCCURS	DENIED PERCNT	NOT DENIED OR FORCED OCCURS	NOT DENIED OR FORCED PERCNT	TOTAL OCCURS	TOTAL PERCNT
525	FAMILY PLANNING ONLY/TAKE CHG			X				0	0.00	0	0.00	72	100.00	72	100.00
549	CLIENT IS ON SLMB				X			0	0.00	13	93.00	1	7.00	14	100.00
552	HMO - MHC PLANS & BHP PLUS						X	0	0.00	0	0.00	7	100.00	7	100.00
553	FQHC ENCOUNTER & CALL						X	0	0.00	0	0.00	298	100.00	298	100.00
560	FQHC ENCOUNTER & NO PAID LINES			X				0	0.00	0	0.00	2,923	100.00	2,923	100.00
599	EXACT DUPLICATE PT 73 OR PS 90				X			673	13.00	4,431	85.00	118	2.00	5,222	100.00
602	(NA) NO RECORD OF PA NUMBER			X				0	0.00	0	0.00	15	100.00	15	100.00
604	NO RECIP MATCH ON PA FILE				X			0	0.00	5	42.00	7	58.00	12	100.00
606	DOS ON CLM NOT ON PA FILE				X			0	0.00	0	0.00	17	100.00	17	100.00
607	INSUFF $$ IN PA FILE FOR SRVC.				X			0	0.00	1	100.00	0	0.00	1	100.00
608	INSUFF AUTH UNITS ON FILE.				X			0	0.00	10	26.00	29	74.00	39	100.00
609	FQHC ENCOUNTER NOT PAYABLE			X				0	0.00	0	0.00	1,178	100.00	1,178	100.00
610	PA PROVIDER NUMBER MISMATCH				X			0	0.00	9	47.00	10	53.00	19	100.00
611	(NA)NON-COVERED CODE W/AUTH NO		X					0	0.00	23	100.00	0	0.00	23	100.00
637	ABCD SERVICE/NON-ABCD CLIENT						X	0	0.00	0	0.00	1	100.00	1	100.00
719	6 EA ADDITIONAL 3 MO ORTHO TX				X			0	0.00	0	0.00	9	100.00	9	100.00
737	1 DENTAL EXAM ALLOWED PER DAY				X			54	12.00	35	8.00	344	80.00	433	100.00
745	1 DENTAL EXAM ALLOWED PER DAY				X			62	14.00	2	0.00	367	86.00	431	100.00
747	1 U/PARTIAL ALLOWED IN 5YRS				X			13	52.00	7	28.00	5	20.00	25	100.00
748	1 L/PARTIAL ALLOWED IN 5YRS				X			19	70.00	5	19.00	3	11.00	27	100.00
749	TOOTH PREVIOUSLY EXTRACTED				X			38	18.00	18	9.00	152	73.00	208	100.00
843	NO MATCH ON PROVIDER						X	0	0.00	1	100.00	0	0.00	1	100.00
855	ADJ HAS AUTO DENY		X					1	100.00	0	0.00	0	0.00	1	100.00
875	CLAIM FOR NEW BIENNIUM						X	0	0.00	0	0.00	1	100.00	1	100.00
877	TAKE CHARGE CLIENT/NON TC PROV				X			0	0.00	0	0.00	20	100.00	20	100.00
897	ADULT DENTAL NC AFTER 8-1-03							5	2.00	1	0.00	259	98.00	265	100.00
898	TOO MANY CLAIMS PER RECIP				X			0	0.00	0	0.00	1	100.00	1	100.00
1003	NEED APPLIANCE PLACEMENT DATE				X			0	0.00	191	89.00	23	11.00	214	100.00
1016	# OF UNITS DOES NOT = # TEETH						X	0	0.00	0	0.00	76	100.00	76	100.00
1017	# UNITS DOES NOT = # QUAD/ARCH						X	0	0.00	0	0.00	98	100.00	98	100.00
1022	INVALID QUAD/ARCH FOR PROC COD				X			0	0.00	10	71.00	4	29.00	14	100.00
	TOTAL FOR CLAIM TYPE							18,317	29.00	15,391	24.00	29,221	47.00	62,929	100.00

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TYPE EXC CDE	ENTRY EMC EXCEPTION DESCRIPTION	CLAIM TYPE SS	EPSDT DISPOSITION D	S PR	P	FORCED OCCURS	FORCED PERCNT	DENIED OCCURS	DENIED PERCNT	NOT DENIED OR FORCED OCCURS	NOT DENIED OR FORCED PERCNT	TOTAL OCCURS	TOTAL PERCNT
10	5 SCREENS COV 1ST YEAR LIFE			X		1	8.00	6	50.00	5	42.00	12	100.00
11	1 ANNUAL SCREEN AFT 4TH YEAR			X		7	6.00	51	40.00	68	54.00	126	100.00
13	AUTO/NON AUTO/PANEL LAB TESTS		X			0	0.00	0	0.00	13	100.00	13	100.00
21	90782-88 INCL IN E/M CODE				X	0	0.00	0	0.00	2	100.00	2	100.00
38	MAX OF 3 EPSDT EXAMS ALLOWED			X		1	50.00	0	0.00	1	50.00	2	100.00
41	1 DEPO PROVERA IN 65 DAYS				X	0	0.00	0	0.00	1	100.00	1	100.00
44	ESTABLISHED PT-FEE REDUCED			X		35	17.00	37	17.00	140	66.00	212	100.00
55	CC/ADMIT/CNSLT/SURG INV COMBO				X	0	0.00	0	0.00	25	100.00	25	100.00
89	COMPONENT TESTS INCL. IN CBC		X			0	0.00	0	0.00	5	100.00	5	100.00
101	EXACT DUPLICATE		X			0	0.00	1	0.00	1,020	100.00	1,021	100.00
102	POSSIBLE DUPLICATE			X		1	6.00	8	50.00	7	44.00	16	100.00
105	DIAGNOSIS NOT ALLOWED W/PROC				X	0	0.00	0	0.00	95	100.00	95	100.00
116	INVALID APPROVAL CODE	X				0	0.00	2	100.00	0	0.00	2	100.00
117	INVALID PROCEDURE MODIFIER			X		0	0.00	25	34.00	49	66.00	74	100.00
125	CLAIM PAST TIMELY BILL LIMIT		X			0	0.00	0	0.00	376	100.00	376	100.00
130	INVALID PIC		X			13	7.00	0	0.00	175	93.00	188	100.00
134	CALC ERROR OF NET CLAIM CHARGE		X			0	0.00	0	0.00	6	100.00	6	100.00
141	(NA) PRIOR BIENNIUM DT OF SRVC				X	0	0.00	0	0.00	78	100.00	78	100.00
164	INVALID/MISSING REFERRING PROV		X			0	0.00	0	0.00	2	100.00	2	100.00
165	(NA) TPL/OTHER RESOURCES	X				39	76.00	12	24.00	0	0.00	51	100.00
166	(NA) TPR PAYMENT	X				1	33.00	2	67.00	0	0.00	3	100.00
168	INVALID MODIFIER FOR EPSDT				X	34	0.00	0	0.00	11,518	100.00	11,552	100.00
169	(NA)MODIFIER INVALID W/ PROC.				X	0	0.00	0	0.00	442	100.00	442	100.00
172	MISSING PROCEDURE CODE		X			0	0.00	0	0.00	103	100.00	103	100.00
177	(NA) INVALID/INCORRECT UNITS			X		0	0.00	2	1.00	140	99.00	142	100.00
184	MISSING LINE ITEM BILLED AMT		X			0	0.00	0	0.00	280	100.00	280	100.00
191	PROV # NOT TIED TO SUBMITTER				X	21	2.00	0	0.00	1,079	98.00	1,100	100.00
197	(NA) EMC WITH COMMENTS	X				1,083	100.00	0	0.00	0	0.00	1,083	100.00
203	INVALID TPL INDICATOR			X		0	0.00	0	0.00	2	100.00	2	100.00
242	HEALTH DEPT MODIFER MISSING		X			0	0.00	0	0.00	502	100.00	502	100.00
244	LINE ITEM SVC DATES NOT ELIGIB		X			0	0.00	0	0.00	11	100.00	11	100.00
249	(NA) EPSDT MUST BE UNDER 21			X		23	2.00	1,203	80.00	273	18.00	1,499	100.00
250	NOT ELIG WITH THIS PIC.		X			4	2.00	0	0.00	255	98.00	259	100.00
263	(NA) TPL COV. ON ELIG FILE		X			4	8.00	0	0.00	47	92.00	51	100.00
269	TPL - ELIG POST-PAYMENT MODE				X	0	0.00	0	0.00	14	100.00	14	100.00
271	RECIP NOT ELIGIBLE FOR DOS		X			0	0.00	1	1.00	131	99.00	132	100.00
276	QMB DUAL RECIPIENT FOR DOS				X	0	0.00	0	0.00	12	100.00	12	100.00
281	(NA) GAU-APPROVAL CHK ON SRVCS		X			0	0.00	0	0.00	89	100.00	89	100.00
290	FROM DOS MORE THAN 3 YRS OLD			X		0	0.00	0	0.00	71	100.00	71	100.00
292	(NA) FISCAL YEAR END				X	0	0.00	0	0.00	13	100.00	13	100.00
299	ONCE PER LIFETIME PROCEDURE				X	0	0.00	0	0.00	7	100.00	7	100.00
301	(NA) INELIG FOR CAT OF SERVICE			X		76	13.00	124	20.00	407	67.00	607	100.00
304	PERFORM PROV NUMBR NOT ON FILE				X	0	0.00	0	0.00	3	100.00	3	100.00
323	(NA) INVALID RECIP AGE TO DX				X	0	0.00	0	0.00	1	100.00	1	100.00
324	(NA) INVALID SEX TO DX				X	0	0.00	0	0.00	13	100.00	13	100.00
325	(NA)ACCIDENT DIAG-TPL SUSPECT				X	0	0.00	0	0.00	8	100.00	8	100.00
326	PROCEDURE CODE NOT COVERED		X			2	1.00	0	0.00	375	99.00	377	100.00
328	(NA)INVALID RECIP AGE FOR PROC			X		204	8.00	301	12.00	1,953	80.00	2,458	100.00

329	(NA)INVALID RECIP SEX FOR PROC		X	0	0.00	0	0.00	1	100.00	1 100.00
331	(NA) MANUAL PRICE REQUIRED	X		0	0.00	0	0.00	20	100.00	20 100.00

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TYPE EXC CDE	ENTRY EXCEPTION DESCRIPTION	EMC	CLAIM TYPE	EPSDT DISPOSITION SS	D	S	PR	P	FORCED OCCURS	FORCED PERCNT	DENIED OCCURS	DENIED PERCNT	NOT DENIED OR FORCED OCCURS	NOT DENIED OR FORCED PERCNT	TOTAL OCCURS	TOTAL PERCNT
332	(NA) INVALID P/T FOR PROCEDURE					X			76	19.00	0	0.00	319	81.00	395	100.00
342	(NA) DX REQUIRES REVIEW.				X				0	0.00	0	0.00	1	100.00	1	100.00
343	DIAGNOSIS REQUIRES APPROVAL					X			191	31.00	24	4.00	401	65.00	616	100.00
344	INVALID PRIMARY DIAGNOSES CODE				X				0	0.00	0	0.00	6	100.00	6	100.00
351	(NA) VARIANCE							X	0	0.00	0	0.00	95	100.00	95	100.00
352	(NA) VERIFY # UNITS BILLED							X	0	0.00	0	0.00	1,191	100.00	1,191	100.00
361	INVALID PROCEDURE CODE				X				0	0.00	0	0.00	1	100.00	1	100.00
365	(NA) INVALID POS FOR PROCEDURE				X				2	1.00	0	0.00	343	99.00	345	100.00
366	(NA)INVALID PROV SPEC FOR PROC					X			0	0.00	0	0.00	2	100.00	2	100.00
368	(NA) MOD REQUIRES MANUAL PRICE					X			0	0.00	0	0.00	8	100.00	8	100.00
376	INVALID EPSDT PROCEDURE				X				7	1.00	0	0.00	1,170	99.00	1,177	100.00
378	UNABLE TO PRICE FOR THIS DOS								0	0.00	0	0.00	7	100.00	7	100.00
387	LOCAL CODE NON-ALLOWABLE				X				0	0.00	0	0.00	8	100.00	8	100.00
404	(NA)PROV TERM-OTHER INVOL RSNS				X				0	0.00	0	0.00	7	100.00	7	100.00
416	PROV # NOT VALID FOR BILLING			X					0	0.00	0	0.00	59	100.00	59	100.00
422	(NA) PROV NOT ENROLLED FOR DOS				X				0	0.00	0	0.00	1	100.00	1	100.00
440	(NA) PROV NOT ENROLLED FOR DOS							X	0	0.00	0	0.00	9	100.00	9	100.00
477	PERF PROV CAN'T BE A GROUP #				X				0	0.00	0	0.00	13	100.00	13	100.00
479	(NA)PERF PROV NOT COMPAT W/GRP					X			0	0.00	0	0.00	3	100.00	3	100.00
495	TPL PAY & CHASE SERVICES							X	0	0.00	2	1.00	192	99.00	194	100.00
496	NO 1H/SL MODIFIER RATE					X			0	0.00	37	30.00	85	70.00	122	100.00
498	DDD RECIPIENT FOR DOS ON CLAIM							X	0	0.00	0	0.00	247	100.00	247	100.00
520	PARTIAL PCOP SEGMENT COVERAGE				X				0	0.00	0	0.00	9	100.00	9	100.00
521	PCCM REFERRAL # REQUIRED				X				0	0.00	0	0.00	5	100.00	5	100.00
525	FAMILY PLANNING ONLY/TAKE CHG					X			1	0.00	63	22.00	227	78.00	291	100.00
552	HMO - MHC PLANS & BHP PLUS								0	0.00	0	0.00	1,055	100.00	1,055	100.00
553	FQHC ENCOUNTER & CALL							X	0	0.00	0	0.00	90	100.00	90	100.00
560	FQHC ENCOUNTER & NO PAID LINES				X				0	0.00	0	0.00	1,197	100.00	1,197	100.00
577	ADMIN NOT VALID W/VACCINE CODE				X				2	0.00	0	0.00	936	100.00	938	100.00
599	EXACT DUPLICATE PT 73 OR PS 90					X			0	0.00	282	85.00	50	15.00	332	100.00
609	FQHC ENCOUNTER NOT PAYABLE				X				0	0.00	0	0.00	679	100.00	679	100.00
877	TAKE CHARGE CLIENT/NON TC PROV					X			0	0.00	0	0.00	11	100.00	11	100.00
878	CODES ONLY TAKE CHARGE CLIENTS							X	0	0.00	0	0.00	2	100.00	2	100.00
	TOTAL FOR CLAIM TYPE								1,828	6.00	2,183	7.00	28,267	87.00	32,278	100.00

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TYPE EXC CDE	ENTRY EMC EXCEPTION DESCRIPTION	CLAIM TYPE OUTPATIENT DISPOSITION SS	D	S	PR	P	FORCED OCCURS	FORCED PERCNT	DENIED OCCURS	DENIED PERCNT	NOT DENIED OR FORCED OCCURS	NOT DENIED OR FORCED PERCNT	TOTAL OCCURS	TOTAL PERCNT
13	AUTO/NON AUTO/PANEL LAB TESTS		X				2	0.00	0	0.00	668	100.00	670	100.00
26	SPEECH THERAPY LIMIT/12/CAL YR			X			18	37.00	23	47.00	8	16.00	49	100.00
65	SPEECH - 36 PER YR FOR DX			X			1	100.00	0	0.00	0	0.00	1	100.00
68	OT ADDT'L LIMIT 36 VISITS/YR			X			43	88.00	1	2.00	5	10.00	49	100.00
89	COMPONENT TESTS INCL. IN CBC		X				0	0.00	0	0.00	325	100.00	325	100.00
101	EXACT DUPLICATE		X				3	0.00	0	0.00	1,494	100.00	1,497	100.00
102	POSSIBLE DUPLICATE			X			366	30.00	712	58.00	157	12.00	1,235	100.00
103	POSSIBLE DUPLICATE - CONFLICT			X			235	40.00	272	46.00	83	14.00	590	100.00
105	DIAGNOSIS NOT ALLOWED W/PROC			X			14	37.00	13	34.00	11	29.00	38	100.00
116	INVALID APPROVAL CODE	X					0	0.00	363	100.00	0	0.00	363	100.00
124	MISSING "FROM" DATE OF SERVICE		X				0	0.00	0	0.00	315	100.00	315	100.00
125	CLAIM PAST TIMELY BILL LIMIT		X				71	15.00	0	0.00	406	85.00	477	100.00
130	INVALID PIC		X				0	0.00	0	0.00	180	100.00	180	100.00
133	CALC ERROR OF TOT CLAIM CHARGE		X				0	0.00	0	0.00	60	100.00	60	100.00
134	CALC ERROR OF NET CLAIM CHARGE		X				0	0.00	0	0.00	22	100.00	22	100.00
139	MISSING ATTENDING PROV NUMBER		X				0	0.00	0	0.00	207	100.00	207	100.00
141	(NA) PRIOR BIENNIUM DT OF SRVC					X	0	0.00	0	0.00	27	100.00	27	100.00
165	(NA) TPL/OTHER RESOURCES	X					192	95.00	11	5.00	0	0.00	203	100.00
166	(NA) TPR PAYMENT	X					143	36.00	255	64.00	0	0.00	398	100.00
176	(NA)ONE DATE OF SRVC PER CLAIM					X	10	0.00	0	0.00	3,069	100.00	3,079	100.00
177	(NA) INVALID/INCORRECT UNITS					X	0	0.00	0	0.00	3,115	100.00	3,115	100.00
183	MISSING UNITS OR DAYS		X				0	0.00	15	45.00	18	55.00	33	100.00
184	MISSING LINE ITEM BILLED AMT		X				0	0.00	0	0.00	862	100.00	862	100.00
194	HOSPICE-DOS/DAYS DO NOT AGREE			X			6	46.00	4	31.00	3	23.00	13	100.00
197	(NA) EMC WITH COMMENTS	X					9,736	100.00	1	0.00	0	0.00	9,737	100.00
203	INVALID TPL INDICATOR			X			0	0.00	0	0.00	8	100.00	8	100.00
204	INVALID ATTENDING PROV NUMBER		X				0	0.00	0	0.00	306	100.00	306	100.00
220	SURG DATE NOT WITHIN DT OF SVC					X	0	0.00	0	0.00	353	100.00	353	100.00
224	DUPLICATE REV. CODES					X	0	0.00	0	0.00	3,805	100.00	3,805	100.00
231	MISSING ADMISSION HOUR		X				0	0.00	0	0.00	915	100.00	915	100.00
232	MISSING DISCHARGE HOUR			X			0	0.00	0	0.00	415	100.00	415	100.00
240	(NA) KIDNEY DIALYSIS REVIEW				X		0	0.00	0	0.00	377	100.00	377	100.00
243	HOSPICE CLM-RECIP NOT ON CNP			X			0	0.00	0	0.00	15	100.00	15	100.00
245	(NA) HOSPICE CLIENT			X			3	7.00	28	67.00	11	26.00	42	100.00
246	POSSIBLE MEDICARE COVERAGE-HH					X	0	0.00	0	0.00	143	100.00	143	100.00
247	RECIP HAS QMB COVERAGE ONLY		X				2	5.00	0	0.00	35	95.00	37	100.00
250	NOT ELIG WITH THIS PIC.		X				0	0.00	0	0.00	1,249	100.00	1,249	100.00
252	(NA) NOT ELIG FOR ALL DOS			X			0	0.00	26	59.00	18	41.00	44	100.00
253	POSSIBLE RECIPIENT DEATH			X			0	0.00	8	73.00	3	27.00	11	100.00
255	(NA) OVER AGE 65 & MED ELIG 0					X	0	0.00	0	0.00	3,145	100.00	3,145	100.00
257	(NA) STRICTED PT / ON REVIEW				X		0	0.00	0	0.00	254	100.00	254	100.00
259	(NA) ELIG FOR MEDICARE PART A			X			96	91.00	4	4.00	6	5.00	106	100.00
261	(NA) ELIG FOR PART B			X			157	12.00	2	0.00	1,099	88.00	1,258	100.00
262	(NA) TPL SUSPECT			X			416	80.00	6	1.00	97	19.00	519	100.00
263	(NA) TPL COV. ON ELIG FILE		X				192	18.00	248	23.00	656	59.00	1,096	100.00
269	TPL - ELIG POST-PAYMENT MODE					X	0	0.00	4	0.00	1,691	100.00	1,695	100.00
271	RECIP NOT ELIGIBLE FOR DOS		X				0	0.00	5	1.00	839	99.00	844	100.00
279	(NA) NOT ELIG-MED CODE 6		X				0	0.00	3	100.00	0	0.00	3	100.00

281	(NA)	GAU-APPROVAL CHK ON SRVCS	X	320	84.00	10	3.00	53	13.00	383 100.00
283	(NA)	LCP/MN-NON COVERED SRVC	X	86	29.00	170	57.00	40	14.00	296 100.00

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TYPE EXC CDE	ENTRY EMC EXCEPTION DESCRIPTION	CLAIM TYPE OUTPATIENT DISPOSITION SS	D	S	PR	P	FORCED OCCURS	FORCED PERCNT	DENIED OCCURS	DENIED PERCNT	NOT DENIED OR FORCED OCCURS	NOT DENIED OR FORCED PERCNT	TOTAL OCCURS	TOTAL PERCNT
284	(NA) LCP/MI-NON COVERED SRVC			X			0	0.00	0	0.00	1	100.00	1	100.00
285	(NA) Q PROGRAM CODE WITH ITA			X			0	0.00	6	86.00	1	14.00	7	100.00
286	VERIFY DETOX RECIP & SVCS			X			0	0.00	0	0.00	1	100.00	1	100.00
287	MI PROGRAM ENDED 7/1/03		X				0	0.00	0	0.00	107	100.00	107	100.00
290	FROM DOS MORE THAN 3 YRS OLD			X			1	7.00	3	20.00	11	73.00	15	100.00
292	(NA) FISCAL YEAR END					X	0	0.00	0	0.00	74	100.00	74	100.00
301	(NA) INELIG FOR CAT OF SERVICE			X			0	0.00	5	18.00	23	82.00	28	100.00
313	INCORRECT PROV# FOR CLAIM TYPE			X			0	0.00	1	100.00	0	0.00	1	100.00
315	INVALID ATTENDING PROV NUMBER			X			1	7.00	5	36.00	8	57.00	14	100.00
317	(NA) OUT OF STATE PROVIDER					X	0	0.00	0	0.00	11	100.00	11	100.00
323	(NA) INVALID RECIP AGE TO DX			X			0	0.00	6	75.00	2	25.00	8	100.00
324	(NA) INVALID SEX TO DX			X			2	13.00	9	56.00	5	31.00	16	100.00
325	(NA)ACCIDENT DIAG-TPL SUSPECT					X	0	0.00	0	0.00	7,428	100.00	7,428	100.00
326	PROCEDURE CODE NOT COVERED			X			0	0.00	146	82.00	32	18.00	178	100.00
328	(NA)INVALID RECIP AGE FOR PROC			X			25	13.00	40	20.00	135	67.00	200	100.00
343	DIAGNOSIS REQUIRES APPROVAL			X			1,016	46.00	883	40.00	318	14.00	2,217	100.00
344	INVALID PRIMARY DIAGNOSES CODE		X				0	0.00	0	0.00	2	100.00	2	100.00
345	(NA) DATE OF CONSENT REQUIRED			X			16	32.00	17	34.00	17	34.00	50	100.00
351	(NA) VARIANCE					X	0	0.00	1	0.00	28,952	100.00	28,953	100.00
352	(NA) VERIFY # UNITS BILLED			X			13	50.00	6	23.00	7	27.00	26	100.00
353	PROC REQ PRIOR APPROVAL			X			186	35.00	248	46.00	104	19.00	538	100.00
367	VERIFY REVENUE CODE			X			0	0.00	527	89.00	65	11.00	592	100.00
369	REVENUE CODE NOT ALLOWED		X				0	0.00	0	0.00	3,765	100.00	3,765	100.00
375	(NA)BILLED AMOUNT > $1100.00			X			6	23.00	14	54.00	6	23.00	26	100.00
377	(NA)APPROVAL OR TRANSPORT TEAM			X			93	83.00	3	3.00	16	14.00	112	100.00
378	UNABLE TO PRICE FOR THIS DOS			X			0	0.00	1,586	82.00	338	18.00	1,924	100.00
379	(NA) UNABLE TO PRICE			X			0	0.00	0	0.00	15	100.00	15	100.00
404	(NA)PROV TERM-OTHER INVOL RSNS		X				0	0.00	0	0.00	15	100.00	15	100.00
416	PROV # NOT VALID FOR BILLING	X					0	0.00	0	0.00	6	100.00	6	100.00
422	(NA) PROV NOT ENROLLED FOR DOS		X				0	0.00	0	0.00	3	100.00	3	100.00
432	(NA)SRVC NOT ALLOWED TO NH PT.		X				0	0.00	0	0.00	15	100.00	15	100.00
440	(NA) PROV NOT ENROLLED FOR DOS					X	0	0.00	0	0.00	35	100.00	35	100.00
441	(NA)PERF/ATTEND/PRESC PROV DOS					X	0	0.00	0	0.00	11	100.00	11	100.00
448	HOME HLTH SRVC MAY REQ REVIEW			X			117	45.00	55	21.00	90	34.00	262	100.00
495	TPL PAY & CHASE SERVICES					X	3	3.00	16	15.00	86	82.00	105	100.00
498	DDD RECIPIENT FOR DOS ON CLAIM					X	0	0.00	0	0.00	3,087	100.00	3,087	100.00
505	HOSPICE PROV/NONHOSPICE RECIP			X			0	0.00	2	9.00	21	91.00	23	100.00
521	PCCM REFERRAL # REQUIRED			X			3	0.00	477	59.00	327	41.00	807	100.00
525	FAMILY PLANNING ONLY/TAKE CHG			X			53	3.00	409	22.00	1,396	75.00	1,858	100.00
532	INVALID 7TH DIAGNOSIS CODE.		X				0	0.00	0	0.00	1	100.00	1	100.00
549	CLIENT IS ON SLMB			X			0	0.00	9	43.00	12	57.00	21	100.00
552	HMO - MHC PLANS & BHP PLUS						0	0.00	16	1.00	2,229	99.00	2,245	100.00
555	DELIVERY SERVICES BILLED ON M			X			3	38.00	0	0.00	5	62.00	8	100.00
561	CLIENT COVERED BY PACE PROJECT					X	0	0.00	0	0.00	2	100.00	2	100.00
567	HOSPICE CLAIMS BYPASSING TPL				X		0	0.00	0	0.00	132	100.00	132	100.00
569	RSN PRIOR AUTHORIZATION #					X	0	0.00	0	0.00	12	100.00	12	100.00
579	STAT LAB CHARGE		X				0	0.00	0	0.00	3	100.00	3	100.00
602	(NA) NO RECORD OF PA NUMBER		X				0	0.00	0	0.00	27	100.00	27	100.00

604	NO RECIP MATCH ON PA FILE	X		0	0.00	0	0.00	7	100.00	7	100.00
611	(NA)NON-COVERED CODE W/AUTH NO		X	0	0.00	2	6.00	30	94.00	32	100.00

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TYPE EXC CDE	ENTRY EXCEPTION DESCRIPTION	EMC	CLAIM TYPE SS	OUTPATIENT DISPOSITION D	S	PR	P	FORCED OCCURS	FORCED PERCNT	DENIED OCCURS	DENIED PERCNT	NOT DENIED OR FORCED OCCURS	NOT DENIED OR FORCED PERCNT	TOTAL OCCURS	TOTAL PERCNT
627	LONG TERM ACUTE CARE OR PM&R.				X			0	0.00	0	0.00	4	100.00	4	100.00
639	DIAGNOSIS CODE IS V71.5			X				0	0.00	0	0.00	60	100.00	60	100.00
649	ATTEND/PERF/REF NOT CERT DIET			X				0	0.00	0	0.00	150	100.00	150	100.00
707	1 PHYSICAL THERAPY EVAL PER YR				X			29	36.00	31	39.00	20	25.00	80	100.00
714	1 OT ASSESS PER CALENDAR YEAR				X			4	31.00	1	8.00	8	61.00	13	100.00
740	OT LIMIT 12 PROGRAM VISITS YR				X			215	59.00	88	24.00	61	17.00	364	100.00
754	1 SPEECH EVAL PER CALENDAR YR				X			0	0.00	1	100.00	0	0.00	1	100.00
772	CONTRAST MEDIA INCL IN MRI/CAT				X			0	0.00	27	87.00	4	13.00	31	100.00
785	SERVICES BEYOND PROGRAM LIMITS				X			82	37.00	118	53.00	21	10.00	221	100.00
786	SERVICES BEYOND PROGRAM LIMITS				X			13	52.00	12	48.00	0	0.00	25	100.00
898	TOO MANY CLAIMS PER RECIP				X			0	0.00	0	0.00	422	100.00	422	100.00
1006	MISSING CPT/HCPCS CODE			X				0	0.00	0	0.00	1,148	100.00	1,148	100.00
1011	DATE(S) NOT WITHIN HEADER SPAN			X				0	0.00	0	0.00	999	100.00	999	100.00
1030	GENERAL INFORMATION						X	0	0.00	0	0.00	87	100.00	87	100.00
	TOTAL FOR CLAIM TYPE							13,993	14.00	6,954	7.00	78,548	79.00	99,495	100.00

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TYPE EXC CDE	ENTRY EXCEPTION DESCRIPTION	EMC	CLAIM TYPE	MED VENDOR DISPOSITION SS	D	S	PR	P	FORCED OCCURS	FORCED PERCNT	DENIED OCCURS	DENIED PERCNT	NOT DENIED OR FORCED OCCURS	NOT DENIED OR FORCED PERCNT	TOTAL OCCURS	TOTAL PERCNT
8	CLOZARIL COORDINATION 1 PER WK					X			2	40.00	3	60.00	0	0.00	5	100.00
12	LIMIT AUDITS					X			71	81.00	6	7.00	11	12.00	88	100.00
29	ALS VS BLS SAME DAY					X			91	32.00	10	4.00	180	64.00	281	100.00
49	INCLUDED IN OXY SYSTEM					X			8	33.00	13	54.00	3	13.00	24	100.00
54	NON-DME/MSE LIMIT 2 PER MONTH					X			27	66.00	9	22.00	5	12.00	41	100.00
57	EAR MOLD IS INCL. HEARING AID					X			0	0.00	2	100.00	0	0.00	2	100.00
59	LIMIT 3 PER/MO. OXYGEN/NON-DME					X			16	70.00	2	9.00	5	21.00	23	100.00
60	INCLUDED IN OXY SYSTEM					X			0	0.00	10	91.00	1	9.00	11	100.00
67	MAX OF 180 PER MONTH					X			75	47.00	14	9.00	72	44.00	161	100.00
73	DME LIMIT 1 PER YEAR					X			2	33.00	2	33.00	2	34.00	6	100.00
96	NONDME & MSE LIMIT 10 PER MO.					X			101	88.00	2	2.00	12	10.00	115	100.00
100	DUPE/DIFFERENT JULIAN DATE				X				27	1.00	0	0.00	3,823	99.00	3,850	100.00
101	EXACT DUPLICATE					X			447	8.00	1,760	31.00	3,536	61.00	5,743	100.00
102	POSSIBLE DUPLICATE					X			853	48.00	96	5.00	811	47.00	1,760	100.00
103	POSSIBLE DUPLICATE - CONFLICT					X			252	53.00	38	8.00	185	39.00	475	100.00
105	DIAGNOSIS NOT ALLOWED W/PROC					X			0	0.00	4	5.00	79	95.00	83	100.00
116	INVALID APPROVAL CODE			X					0	0.00	6	100.00	0	0.00	6	100.00
117	INVALID PROCEDURE MODIFIER					X			7	4.00	104	53.00	86	43.00	197	100.00
118	MISSING PLACE OF SERVICE				X				0	0.00	0	0.00	5	100.00	5	100.00
124	MISSING "FROM" DATE OF SERVICE				X				0	0.00	1	25.00	3	75.00	4	100.00
125	CLAIM PAST TIMELY BILL LIMIT				X				2	1.00	0	0.00	297	99.00	299	100.00
126	''FROM'' DATE PAST ''TO'' DATE				X				0	0.00	0	0.00	7	100.00	7	100.00
127	DOS AFTER BATCH DATE					X			0	0.00	312	83.00	64	17.00	376	100.00
129	MISSING PIC				X				0	0.00	0	0.00	18	100.00	18	100.00
130	INVALID PIC				X				1	0.00	0	0.00	470	100.00	471	100.00
131	MODIFIER DL-MANUAL DENY LINE					X			0	0.00	4	100.00	0	0.00	4	100.00
132	MISSING TOTAL CLAIM CHARGE				X				0	0.00	0	0.00	3	100.00	3	100.00
133	CALC ERROR OF TOT CLAIM CHARGE				X				0	0.00	0	0.00	40	100.00	40	100.00
134	CALC ERROR OF NET CLAIM CHARGE				X				0	0.00	0	0.00	18	100.00	18	100.00
138	Q IN LMC FOR TRAINING			X					8	100.00	0	0.00	0	0.00	8	100.00
141	(NA) PRIOR BIENNIUM DT OF SRVC						X		0	0.00	0	0.00	7	100.00	7	100.00
150	ITA/INDICATOR ERROR				X				0	0.00	0	0.00	1	100.00	1	100.00
159	INVALID LINE ITEM EOB CODE					X			0	0.00	0	0.00	1	100.00	1	100.00
163	MISSING DIAGNOSIS CODE				X				0	0.00	0	0.00	66	100.00	66	100.00
164	INVALID/MISSING REFERRING PROV				X				0	0.00	0	0.00	185	100.00	185	100.00
165	(NA) TPL/OTHER RESOURCES					X			315	71.00	128	29.00	0	0.00	443	100.00
166	(NA) TPR PAYMENT					X			218	78.00	30	11.00	31	11.00	279	100.00
169	(NA)MODIFIER INVALID W/ PROC.					X			130	23.00	20	4.00	406	73.00	556	100.00
170	INVALID PLACE OF SERVICE				X				0	0.00	0	0.00	25	100.00	25	100.00
172	MISSING PROCEDURE CODE				X				0	0.00	0	0.00	84	100.00	84	100.00
174	MISSING PERFORMING PROV. #						X		0	0.00	0	0.00	190	100.00	190	100.00
177	(NA) INVALID/INCORRECT UNITS					X			343	50.00	73	11.00	275	39.00	691	100.00
183	MISSING UNITS OR DAYS				X				0	0.00	0	0.00	50	100.00	50	100.00
184	MISSING LINE ITEM BILLED AMT				X				0	0.00	0	0.00	46	100.00	46	100.00
187	INVALID/MISSING HDR EOB CODE			X					1	100.00	0	0.00	0	0.00	1	100.00
191	PROV # NOT TIED TO SUBMITTER						X		16	0.00	0	0.00	6,229	100.00	6,245	100.00
197	(NA) EMC WITH COMMENTS			X					7,320	100.00	0	0.00	0	0.00	7,320	100.00
203	INVALID TPL INDICATOR					X			0	0.00	0	0.00	17	100.00	17	100.00

226	MODIFIER MISSING ON PROCEDURE		0	0.00	32	8.00	371	92.00	403	100.00
236	TPL FOR GLASSES CONTRACTOR	X	0	0.00	0	0.00	654	100.00	654	100.00

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TYPE EXC CDE	ENTRY EXCEPTION DESCRIPTION	EMC	CLAIM TYPE SS	D	MED VENDOR DISPOSITION S PR	P	FORCED OCCURS	FORCED PERCNT	DENIED OCCURS	DENIED PERCNT	NOT DENIED OR FORCED OCCURS	NOT DENIED OR FORCED PERCNT	TOTAL OCCURS	TOTAL PERCNT
237	CLMS W/O DOS SPAN			X			0	0.00	0	0.00	136	100.00	136	100.00
239	MN UNDER 21-NO REFER PROVIDER			X			0	0.00	0	0.00	3	100.00	3	100.00
244	LINE ITEM SVC DATES NOT ELIGIB			X			0	0.00	22	31.00	49	69.00	71	100.00
245	(NA) HOSPICE CLIENT				X		6	9.00	55	85.00	4	6.00	65	100.00
247	RECIP HAS QMB COVERAGE ONLY			X			0	0.00	0	0.00	63	100.00	63	100.00
250	NOT ELIG WITH THIS PIC.			X			0	0.00	0	0.00	1,431	100.00	1,431	100.00
253	POSSIBLE RECIPIENT DEATH				X		0	0.00	59	21.00	222	79.00	281	100.00
255	(NA) OVER AGE 65 & MED ELIG 0					X	0	0.00	0	0.00	1,601	100.00	1,601	100.00
256	(NA) DETAIL DOS NOT ELIGIBLE				X		0	0.00	1	14.00	6	86.00	7	100.00
257	(NA) STRICTED PT / ON REVIEW					X	0	0.00	0	0.00	82	100.00	82	100.00
261	(NA) ELIG FOR PART B				X		520	23.00	1,277	56.00	493	21.00	2,290	100.00
263	(NA) TPL COV. ON ELIG FILE				X		781	54.00	641	44.00	31	2.00	1,453	100.00
269	TPL - ELIG POST-PAYMENT MODE					X	0	0.00	0	0.00	1,254	100.00	1,254	100.00
271	RECIP NOT ELIGIBLE FOR DOS			X			0	0.00	40	6.00	588	94.00	628	100.00
276	QMB DUAL RECIPIENT FOR DOS					X	2	0.00	0	0.00	25,566	100.00	25,568	100.00
281	(NA) GAU-APPROVAL CHK ON SRVCS				X		221	97.00	5	2.00	2	1.00	228	100.00
283	(NA) LCP/MN-NON COVERED SRVC				X		17	13.00	76	59.00	36	28.00	129	100.00
284	(NA) LCP/MI-NON COVERED SRVC				X		0	0.00	1	25.00	3	75.00	4	100.00
285	(NA) Q PROGRAM CODE WITH ITA				X		0	0.00	5	71.00	2	29.00	7	100.00
286	VERIFY DETOX RECIP & SVCS				X		6	60.00	4	40.00	0	0.00	10	100.00
287	MI PROGRAM ENDED 7/1/03			X			0	0.00	0	0.00	34	100.00	34	100.00
288	INVALID REFERRING PROV NUMBER				X		0	0.00	85	79.00	22	21.00	107	100.00
290	FROM DOS MORE THAN 3 YRS OLD				X		1	17.00	2	33.00	3	50.00	6	100.00
292	(NA) FISCAL YEAR END					X	0	0.00	0	0.00	844	100.00	844	100.00
294	DPS REVIEW-EXCEP IND 21				X		0	0.00	0	0.00	2	100.00	2	100.00
299	ONCE PER LIFETIME PROCEDURE				X		0	0.00	0	0.00	1	100.00	1	100.00
301	(NA) INELIG FOR CAT OF SERVICE				X		0	0.00	0	0.00	52	100.00	52	100.00
304	PERFORM PROV NUMBR NOT ON FILE					X	0	0.00	0	0.00	62	100.00	62	100.00
313	INCORRECT PROV# FOR CLAIM TYPE				X		4	100.00	0	0.00	0	0.00	4	100.00
317	(NA) OUT OF STATE PROVIDER					X	0	0.00	0	0.00	753	100.00	753	100.00
319	MANUAL PRICE EXCEEDS PDD ALLOW					X	0	0.00	0	0.00	54	100.00	54	100.00
320	(NA)ACCIDENT DIAG-TPL SUSPECT					X	0	0.00	0	0.00	25	100.00	25	100.00
323	(NA) INVALID RECIP AGE TO DX					X	0	0.00	0	0.00	69	100.00	69	100.00
324	(NA) INVALID SEX TO DX					X	0	0.00	0	0.00	76	100.00	76	100.00
325	(NA)ACCIDENT DIAG-TPL SUSPECT					X	1	0.00	0	0.00	4,645	100.00	4,646	100.00
326	PROCEDURE CODE NOT COVERED		X				0	0.00	0	0.00	657	100.00	657	100.00
328	(NA)INVALID RECIP AGE FOR PROC				X		2	1.00	108	79.00	27	20.00	137	100.00
329	(NA)INVALID RECIP SEX FOR PROC					X	0	0.00	0	0.00	6	100.00	6	100.00
331	(NA) MANUAL PRICE REQUIRED				X		1	0.00	2,154	83.00	431	17.00	2,586	100.00
332	(NA) INVALID P/T FOR PROCEDURE				X		34	9.00	138	35.00	219	56.00	391	100.00
335	INVALID 2ND DIAGNOSIS CODE		X				0	0.00	0	0.00	38	100.00	38	100.00
342	(NA) DX REQUIRES REVIEW.		X				0	0.00	0	0.00	31	100.00	31	100.00
343	DIAGNOSIS REQUIRES APPROVAL					X	0	0.00	0	0.00	3,878	100.00	3,878	100.00
344	INVALID PRIMARY DIAGNOSES CODE		X				0	0.00	5	1.00	460	99.00	465	100.00
351	(NA) VARIANCE					X	0	0.00	0	0.00	431	100.00	431	100.00
352	(NA) VERIFY # UNITS BILLED					X	0	0.00	0	0.00	656	100.00	656	100.00
353	PROC REQ PRIOR APPROVAL				X		1,483	40.00	313	8.00	1,957	52.00	3,753	100.00
361	INVALID PROCEDURE CODE		X				2	0.00	0	0.00	904	100.00	906	100.00

365	(NA) INVALID POS FOR PROCEDURE	X		1	0.00	2,255	90.00	248	10.00	2,504 100.00
366	(NA)INVALID PROV SPEC FOR PROC	X		0	0.00	0	0.00	6	100.00	6 100.00

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367	VERIFY REVENUE CODE				X		0	0.00	52	49.00	55	51.00	107	100.00
368	(NA) MOD REQUIRES MANUAL PRICE					X	0	0.00	0	0.00	13	100.00	13	100.00
375	(NA)BILLED AMOUNT > $1100.00					X	0	0.00	0	0.00	47	100.00	47	100.00
378	UNABLE TO PRICE FOR THIS DOS			X			0	0.00	0	0.00	1,067	100.00	1,067	100.00
387	LOCAL CODE NON-ALLOWABLE			X			0	0.00	0	0.00	492	100.00	492	100.00
402	(NA)PROV TERMINATED-NUMBER CHG			X			0	0.00	0	0.00	1	100.00	1	100.00
404	(NA)PROV TERM-OTHER INVOL RSNS			X			0	0.00	0	0.00	4	100.00	4	100.00
416	PROV # NOT VALID FOR BILLING		X				0	0.00	1	0.00	273	100.00	274	100.00
422	(NA) PROV NOT ENROLLED FOR DOS			X			0	0.00	0	0.00	39	100.00	39	100.00
432	(NA)SRVC NOT ALLOWED TO NH PT.				X		152	31.00	257	52.00	81	17.00	490	100.00
440	(NA) PROV NOT ENROLLED FOR DOS					X	0	0.00	0	0.00	21	100.00	21	100.00
477	PERF PROV CAN'T BE A GROUP #			X			0	0.00	0	0.00	297	100.00	297	100.00
485	REFER PROV CAN'T BE A GROUP #			X			0	0.00	0	0.00	62	100.00	62	100.00
498	DDD RECIPIENT FOR DOS ON CLAIM					X	2	0.00	1	0.00	14,911	100.00	14,914	100.00
501	NO REFER # FOR CHIROPRACTIC			X			0	0.00	0	0.00	5	100.00	5	100.00
520	PARTIAL PCOP SEGMENT COVERAGE				X		4	80.00	0	0.00	1	20.00	5	100.00
521	PCCM REFERRAL # REQUIRED			X			0	0.00	0	0.00	30	100.00	30	100.00
525	FAMILY PLANNING ONLY/TAKE CHG				X		1	1.00	93	91.00	8	8.00	102	100.00
549	CLIENT IS ON SLMB				X		0	0.00	27	82.00	6	18.00	33	100.00
552	HMO - MHC PLANS & BHP PLUS						4	1.00	10	2.00	469	97.00	483	100.00
561	CLIENT COVERED BY PACE PROJECT			X			0	0.00	0	0.00	8	100.00	8	100.00
563	AMBUL MILEAGE VS AMBUL MILEAGE				X		223	53.00	189	45.00	9	2.00	421	100.00
581	INFUSION PUMP RENTALS			X			0	0.00	0	0.00	19	100.00	19	100.00
602	(NA) NO RECORD OF PA NUMBER			X			0	0.00	0	0.00	71	100.00	71	100.00
603	PA IS IN PENDING STATUS			X			0	0.00	0	0.00	83	100.00	83	100.00
604	NO RECIP MATCH ON PA FILE				X		0	0.00	2	6.00	34	94.00	36	100.00
606	DOS ON CLM NOT ON PA FILE			X			45	6.00	0	0.00	660	94.00	705	100.00
607	INSUFF $$ IN PA FILE FOR SRVC.				X		3	3.00	52	50.00	49	47.00	104	100.00
608	INSUFF AUTH UNITS ON FILE.				X		23	22.00	32	30.00	50	48.00	105	100.00
610	PA PROVIDER NUMBER MISMATCH			X			0	0.00	0	0.00	15	100.00	15	100.00
611	(NA)NON-COVERED CODE W/AUTH NO				X		0	0.00	28	93.00	2	7.00	30	100.00
630	P&O LICENSURE REQUIREMENT				X		0	0.00	21	81.00	5	19.00	26	100.00
649	ATTEND/PERF/REF NOT CERT DIET						0	0.00	9	2.00	430	98.00	439	100.00
705	NONDME & MSE LIMIT 30 PER MO.				X		11	100.00	0	0.00	0	0.00	11	100.00
706	NON-DME LIMIT 1 PER MONTH				X		11	20.00	23	41.00	22	39.00	56	100.00
707	1 PHYSICAL THERAPY EVAL PER YR				X		35	42.00	25	30.00	24	28.00	84	100.00
715	ALLOW 1 WOUND CARE PER DAY				X		2	67.00	0	0.00	1	33.00	3	100.00
716	MAX ALLOWED 4 PER/YR - NONDME				X		4	67.00	2	33.00	0	0.00	6	100.00
728	DISP DIAP LIMIT 300 PER MO				X		22	32.00	5	7.00	42	61.00	69	100.00
731	UROLOGICAL SUPPLY-120/MONTH				X		22	58.00	5	13.00	11	29.00	38	100.00
734	4 PER/MONTH/COMPLIANCE PKGING.				X		367	49.00	151	20.00	224	31.00	742	100.00
736	REUSABLE LARGE UNDERPADS LIMIT				X		0	0.00	0	0.00	1	100.00	1	100.00
741	BUNDLED MEDICAL SUPPLIES				X		12	38.00	7	22.00	13	40.00	32	100.00
743	LIMIT 1 PER/MO. OXY/MED VENDOR				X		1,064	88.00	10	1.00	129	11.00	1,203	100.00
744	NON-DME/MSE MAX LIMIT 3 PER MO				X		8	57.00	1	7.00	5	36.00	14	100.00
746	BUNDLED MEDICAL SUPPLIES				X		7	19.00	6	17.00	23	64.00	36	100.00
750	ONE PER CLIENT EVERY 5 YRS				X		2	29.00	1	14.00	4	57.00	7	100.00
759	4 ALLOWED PER YEAR				X		1	10.00	5	50.00	4	40.00	10	100.00

768	RESP THRPY HME VST/ ADH INTAKE	X	0	0.00	1	100.00	0	0.00	1	100.00
769	UROLOGICAL SUPPLY 240/MONTH	X	118	49.00	20	8.00	103	43.00	241	100.00

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784	UROLOGICAL LMT 150/300 PER MO.					X		445	75.00	17	3.00	133	22.00	595	100.00
785	SERVICES BEYOND PROGRAM LIMITS					X		260	39.00	272	41.00	132	20.00	664	100.00
792	NOT ALLOWED IN COMBO(DIAPERS)					X		907	76.00	217	18.00	76	6.00	1,200	100.00
799	MALE EXTERNAL CATHS/60 PER MO.					X		5	63.00	1	13.00	2	24.00	8	100.00
823	PA SPAN FOUND,INSUFF $					X		0	0.00	2	100.00	0	0.00	2	100.00
824	INSUFFICIENT UNITS IN PA FILE					X		0	0.00	1	100.00	0	0.00	1	100.00
850	ADJ.-NO MATCH IN HISTORY				X			0	0.00	9	100.00	0	0.00	9	100.00
855	ADJ HAS AUTO DENY			X				2	100.00	0	0.00	0	0.00	2	100.00
875	CLAIM FOR NEW BIENNIUM						X	0	0.00	0	0.00	2	100.00	2	100.00
877	TAKE CHARGE CLIENT/NON TC PROV					X		0	0.00	5	9.00	49	91.00	54	100.00
898	TOO MANY CLAIMS PER RECIP					X		0	0.00	0	0.00	28	100.00	28	100.00
899	OVER 50 EXCEPTIONS			X				0	0.00	1	100.00	0	0.00	1	100.00
1004	PROC/REV CODE REQUIRES NDC				X			0	0.00	0	0.00	40	100.00	40	100.00
1005	V58.9 NOT VALID.				X			0	0.00	0	0.00	77	100.00	77	100.00
1007	GENERAL INFORMATION						X	0	0.00	0	0.00	2	100.00	2	100.00
	TOTAL FOR CLAIM TYPE							17,177	15.00	11,488	10.00	87,001	75.00	115,666	100.00

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101	EXACT DUPLICATE			X				2	2.00	0	0.00	116	98.00	118	100.00
102	POSSIBLE DUPLICATE				X			75	46.00	60	37.00	29	17.00	164	100.00
103	POSSIBLE DUPLICATE - CONFLICT				X			332	84.00	4	1.00	60	15.00	396	100.00
115	CONFLICT:TOT DAYS VS SVC DATES						X	0	0.00	0	0.00	37	100.00	37	100.00
116	INVALID APPROVAL CODE		X					0	0.00	1	100.00	0	0.00	1	100.00
125	CLAIM PAST TIMELY BILL LIMIT		X					7	11.00	54	89.00	0	0.00	61	100.00
129	MISSING PIC			X				0	0.00	0	0.00	1	100.00	1	100.00
130	INVALID PIC			X				0	0.00	0	0.00	8	100.00	8	100.00
134	CALC ERROR OF NET CLAIM CHARGE			X				0	0.00	0	0.00	16	100.00	16	100.00
139	MISSING ATTENDING PROV NUMBER			X				0	0.00	0	0.00	6	100.00	6	100.00
141	(NA) PRIOR BIENNIUM DT OF SRVC						X	0	0.00	0	0.00	1	100.00	1	100.00
165	(NA) TPL/OTHER RESOURCES		X					27	100.00	0	0.00	0	0.00	27	100.00
166	(NA) TPR PAYMENT		X					57	42.00	80	58.00	0	0.00	137	100.00
184	MISSING LINE ITEM BILLED AMT						X	0	0.00	0	0.00	4	100.00	4	100.00
190	MISSING/INVALID ITA INDICATOR				X			0	0.00	34	85.00	6	15.00	40	100.00
197	(NA) EMC WITH COMMENTS		X					1,064	100.00	0	0.00	0	0.00	1,064	100.00
198	(NA) LACKS SURGERY/DELIVERY DT						X	0	0.00	0	0.00	87	100.00	87	100.00
204	INVALID ATTENDING PROV NUMBER			X				0	0.00	0	0.00	57	100.00	57	100.00
205	INVALID ADMISSION TYPE			X				0	0.00	0	0.00	3	100.00	3	100.00
214	INVALID PRIMARY PROCEDURE			X				0	0.00	1	2.00	57	98.00	58	100.00
215	INVALID 2ND PROCEDURE			X				0	0.00	0	0.00	26	100.00	26	100.00
216	INVALID 3RD PROCEDURE			X				0	0.00	0	0.00	10	100.00	10	100.00
217	INVALID PATIENT STATUS				X			8	50.00	1	6.00	7	44.00	16	100.00
218	READMITS WITHIN 7 DAYS OR LESS				X			161	55.00	92	32.00	38	13.00	291	100.00
220	SURG DATE NOT WITHIN DT OF SVC				X			1	7.00	4	27.00	10	66.00	15	100.00
230	NA) ADMIT & FROM DTE NOT EQUAL				X			6	19.00	10	31.00	16	50.00	32	100.00
234	INVALID DISCHARGE HOUR			X				0	0.00	0	0.00	2	100.00	2	100.00
235	LOS LESS THAN 24 HOURS.						X	0	0.00	0	0.00	39	100.00	39	100.00
240	(NA) KIDNEY DIALYSIS REVIEW					X		0	0.00	0	0.00	1	100.00	1	100.00
245	(NA) HOSPICE CLIENT				X			13	68.00	5	26.00	1	6.00	19	100.00
247	RECIP HAS QMB COVERAGE ONLY			X				0	0.00	0	0.00	3	100.00	3	100.00
250	NOT ELIG WITH THIS PIC.			X				0	0.00	0	0.00	162	100.00	162	100.00
252	(NA) NOT ELIG FOR ALL DOS				X			28	88.00	0	0.00	4	12.00	32	100.00
253	POSSIBLE RECIPIENT DEATH				X			0	0.00	1	50.00	1	50.00	2	100.00
255	(NA) OVER AGE 65 & MED ELIG 0						X	0	0.00	0	0.00	170	100.00	170	100.00
257	(NA) STRICTED PT / ON REVIEW						X	0	0.00	0	0.00	3	100.00	3	100.00
259	(NA) ELIG FOR MEDICARE PART A				X			6	8.00	61	79.00	10	13.00	77	100.00
262	(NA) TPL SUSPECT				X			32	84.00	0	0.00	6	16.00	38	100.00
263	(NA) TPL COV. ON ELIG FILE			X				39	18.00	71	32.00	110	50.00	220	100.00
269	TPL - ELIG POST-PAYMENT MODE						X	0	0.00	0	0.00	81	100.00	81	100.00
271	RECIP NOT ELIGIBLE FOR DOS			X				0	0.00	0	0.00	48	100.00	48	100.00
274	(NA) RECIPIENT EXPIRED				X			9	82.00	0	0.00	2	18.00	11	100.00
285	(NA) Q PROGRAM CODE WITH ITA				X			5	29.00	6	35.00	6	36.00	17	100.00
287	MI PROGRAM ENDED 7/1/03				X			0	0.00	12	67.00	6	33.00	18	100.00
292	(NA) FISCAL YEAR END						X	0	0.00	0	0.00	42	100.00	42	100.00
315	INVALID ATTENDING PROV NUMBER				X			0	0.00	1	100.00	0	0.00	1	100.00
320	(NA)ACCIDENT DIAG-TPL SUSPECT						X	0	0.00	0	0.00	400	100.00	400	100.00
324	(NA) INVALID SEX TO DX				X			6	55.00	3	27.00	2	18.00	11	100.00

343	DIAGNOSIS REQUIRES APPROVAL	X	23	26.00	13	15.00	53	59.00	89	100.00
345	(NA) DATE OF CONSENT REQUIRED	X	31	30.00	46	44.00	27	26.00	104	100.00

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TYPE EXC CDE	ENTRY EXCEPTION DESCRIPTION	EMC	CLAIM TYPE	DRG DISPOSITION SS	D	S	PR	P	FORCED OCCURS	FORCED PERCNT	DENIED OCCURS	DENIED PERCNT	NOT DENIED OR FORCED OCCURS	NOT DENIED OR FORCED PERCNT	TOTAL OCCURS	TOTAL PERCNT
352	(NA) VERIFY # UNITS BILLED							X	0	0.00	0	0.00	5	100.00	5	100.00
367	VERIFY REVENUE CODE							X	0	0.00	0	0.00	1	100.00	1	100.00
398	(NA) NO DRG RECORD FOR PRICING					X			0	0.00	74	89.00	9	11.00	83	100.00
433	(NA) CLAIM TYPE ERROR					X			0	0.00	0	0.00	113	100.00	113	100.00
436	(NA)INVALID HOSPITAL TYPE					X			0	0.00	0	0.00	1	100.00	1	100.00
438	DAYS BILLED EXCEED ITA ALLOWED					X			0	0.00	0	0.00	6	100.00	6	100.00
440	(NA) PROV NOT ENROLLED FOR DOS							X	0	0.00	0	0.00	2	100.00	2	100.00
449	INVALID ADMIT DIAGNOSIS				X				0	0.00	0	0.00	2	100.00	2	100.00
482	UNDOCUMENTED ALIENS								0	0.00	0	0.00	1	100.00	1	100.00
498	DDD RECIPIENT FOR DOS ON CLAIM							X	0	0.00	0	0.00	176	100.00	176	100.00
504	PSYCH PROV AND NOT PSYCH DX			X					0	0.00	5	100.00	0	0.00	5	100.00
521	PCCM REFERRAL # REQUIRED					X			3	8.00	27	75.00	6	17.00	36	100.00
525	FAMILY PLANNING ONLY/TAKE CHG					X			0	0.00	19	100.00	0	0.00	19	100.00
535	INVALID 4TH PROCEDURE CODE.				X				0	0.00	0	0.00	6	100.00	6	100.00
536	INVALID FIFTH PROCEDURE CODE.				X				0	0.00	0	0.00	1	100.00	1	100.00
537	INVALID SIXTH PROCEDURE CODE.				X				0	0.00	0	0.00	1	100.00	1	100.00
542	POSSIBLE HIGH OUTLIER CLAIM.						X		0	0.00	0	0.00	486	100.00	486	100.00
549	CLIENT IS ON SLMB					X			0	0.00	0	0.00	1	100.00	1	100.00
552	HMO - MHC PLANS & BHP PLUS								0	0.00	0	0.00	87	100.00	87	100.00
569	RSN PRIOR AUTHORIZATION #							X	0	0.00	0	0.00	234	100.00	234	100.00
586	PSYCH CLAIM WITH NO 88 AUTH #.					X			0	0.00	28	47.00	32	53.00	60	100.00
588	CLAIM FOR TRANSFERRED BABY.					X			9	53.00	0	0.00	8	47.00	17	100.00
602	(NA) NO RECORD OF PA NUMBER				X				0	0.00	0	0.00	16	100.00	16	100.00
603	PA IS IN PENDING STATUS					X			0	0.00	0	0.00	2	100.00	2	100.00
604	NO RECIP MATCH ON PA FILE				X				0	0.00	0	0.00	6	100.00	6	100.00
620	IP/DRG ADMIT REQUIRES APPROVAL					X			112	73.00	28	18.00	13	9.00	153	100.00
621	(NA)NON-CONTRACT HOSP REQ AUTH					X			0	0.00	2	40.00	3	60.00	5	100.00
627	LONG TERM ACUTE CARE OR PM&R.					X			0	0.00	0	0.00	1	100.00	1	100.00
1030	GENERAL INFORMATION							X	0	0.00	0	0.00	7	100.00	7	100.00
	TOTAL FOR CLAIM TYPE								2,056	35.00	743	13.00	3,000	52.00	5,799	100.00

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TYPE EXC CDE	ENTRY EMC EXCEPTION DESCRIPTION	CLAIM TYPE INPATIENT SS	D	DISPOSITION S PR	P	FORCED OCCURS	FORCED PERCNT	DENIED OCCURS	DENIED PERCNT	NOT DENIED OR FORCED OCCURS	NOT DENIED OR FORCED PERCNT	TOTAL OCCURS	TOTAL PERCNT
101	EXACT DUPLICATE		X			0	0.00	0	0.00	47	100.00	47	100.00
102	POSSIBLE DUPLICATE			X		45	52.00	16	18.00	26	30.00	87	100.00
103	POSSIBLE DUPLICATE - CONFLICT			X		106	68.00	1	1.00	49	31.00	156	100.00
109	EXCEEDS PAS ALLOWANCE			X		70	27.00	136	53.00	52	20.00	258	100.00
115	CONFLICT:TOT DAYS VS SVC DATES			X		6	35.00	5	29.00	6	36.00	17	100.00
116	INVALID APPROVAL CODE	X				0	0.00	3	100.00	0	0.00	3	100.00
125	CLAIM PAST TIMELY BILL LIMIT	X				2	7.00	28	93.00	0	0.00	30	100.00
130	INVALID PIC		X			0	0.00	0	0.00	5	100.00	5	100.00
147	LACKS DAILY ROOM RATE		X			0	0.00	0	0.00	13	100.00	13	100.00
148	MISSING REVENUE CODE		X			0	0.00	0	0.00	235	100.00	235	100.00
165	(NA) TPL/OTHER RESOURCES	X				9	100.00	0	0.00	0	0.00	9	100.00
166	(NA) TPR PAYMENT	X				9	75.00	3	25.00	0	0.00	12	100.00
184	MISSING LINE ITEM BILLED AMT			X		0	0.00	0	0.00	5	100.00	5	100.00
190	MISSING/INVALID ITA INDICATOR			X		2	22.00	6	67.00	1	11.00	9	100.00
197	(NA) EMC WITH COMMENTS	X				625	100.00	0	0.00	0	0.00	625	100.00
198	(NA) LACKS SURGERY/DELIVERY DT				X	0	0.00	0	0.00	36	100.00	36	100.00
204	INVALID ATTENDING PROV NUMBER		X			0	0.00	0	0.00	1	100.00	1	100.00
214	INVALID PRIMARY PROCEDURE		X			0	0.00	2	100.00	0	0.00	2	100.00
220	SURG DATE NOT WITHIN DT OF SVC				X	0	0.00	0	0.00	24	100.00	24	100.00
224	DUPLICATE REV. CODES				X	0	0.00	0	0.00	118	100.00	118	100.00
235	LOS LESS THAN 24 HOURS.				X	0	0.00	0	0.00	75	100.00	75	100.00
245	(NA) HOSPICE CLIENT			X		4	80.00	1	20.00	0	0.00	5	100.00
250	NOT ELIG WITH THIS PIC.		X			0	0.00	0	0.00	13	100.00	13	100.00
252	(NA) NOT ELIG FOR ALL DOS			X		0	0.00	8	89.00	1	11.00	9	100.00
255	(NA) OVER AGE 65 & MED ELIG 0				X	0	0.00	0	0.00	17	100.00	17	100.00
257	(NA) STRICTED PT / ON REVIEW				X	0	0.00	0	0.00	2	100.00	2	100.00
259	(NA) ELIG FOR MEDICARE PART A			X		0	0.00	22	88.00	3	12.00	25	100.00
262	(NA) TPL SUSPECT			X		8	67.00	0	0.00	4	33.00	12	100.00
263	(NA) TPL COV. ON ELIG FILE		X			13	42.00	2	6.00	16	52.00	31	100.00
269	TPL - ELIG POST-PAYMENT MODE				X	0	0.00	0	0.00	17	100.00	17	100.00
271	RECIP NOT ELIGIBLE FOR DOS		X			0	0.00	0	0.00	4	100.00	4	100.00
274	(NA) RECIPIENT EXPIRED			X		7	88.00	0	0.00	1	12.00	8	100.00
292	(NA) FISCAL YEAR END				X	0	0.00	0	0.00	25	100.00	25	100.00
315	INVALID ATTENDING PROV NUMBER			X		0	0.00	1	100.00	0	0.00	1	100.00
317	(NA) OUT OF STATE PROVIDER				X	0	0.00	0	0.00	2	100.00	2	100.00
320	(NA)ACCIDENT DIAG-TPL SUSPECT				X	0	0.00	0	0.00	100	100.00	100	100.00
324	(NA) INVALID SEX TO DX			X		1	100.00	0	0.00	0	0.00	1	100.00
343	DIAGNOSIS REQUIRES APPROVAL			X		70	56.00	22	18.00	33	26.00	125	100.00
345	(NA) DATE OF CONSENT REQUIRED			X		6	50.00	3	25.00	3	25.00	12	100.00
358	(NA) NO ACCOM RATE ON FILE			X		0	0.00	0	0.00	8	100.00	8	100.00
367	VERIFY REVENUE CODE			X		0	0.00	0	0.00	240	100.00	240	100.00
369	REVENUE CODE NOT ALLOWED		X			0	0.00	0	0.00	526	100.00	526	100.00
377	(NA)APPROVAL OR TRANSPORT TEAM			X		152	55.00	40	15.00	82	30.00	274	100.00
381	ROOM RATE EXCEEDS CAP RATE.			X		6	100.00	0	0.00	0	0.00	6	100.00
433	(NA) CLAIM TYPE ERROR			X		0	0.00	0	0.00	4	100.00	4	100.00
434	BIRTH WT MISSING OR < 100 GMS.			X		0	0.00	0	0.00	42	100.00	42	100.00
438	DAYS BILLED EXCEED ITA ALLOWED			X		8	35.00	12	52.00	3	13.00	23	100.00
449	INVALID ADMIT DIAGNOSIS		X			0	0.00	0	0.00	1	100.00	1	100.00

480	ALLOWED AMOUNT OVER THRESHOLD	X		2	50.00	0	0.00	2	50.00	4	100.00
498	DDD RECIPIENT FOR DOS ON CLAIM		X	0	0.00	0	0.00	35	100.00	35	100.00

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TYPE ENTRY EXC CDE	EMC CLAIM TYPE EXCEPTION DESCRIPTION	INPATIENT DISPOSITION SS	D	S	PR	P	FORCED OCCURS	FORCED PERCNT	DENIED OCCURS	DENIED PERCNT	NOT DENIED OR FORCED OCCURS	NOT DENIED OR FORCED PERCNT	TOTAL OCCURS	TOTAL PERCNT
504	PSYCH PROV AND NOT PSYCH DX	X					1	20.00	4	80.00	0	0.00	5	100.00
521	PCCM REFERRAL # REQUIRED			X			2	67.00	1	33.00	0	0.00	3	100.00
525	FAMILY PLANNING ONLY/TAKE CHG			X			0	0.00	4	80.00	1	20.00	5	100.00
552	HMO - MHC PLANS & BHP PLUS						2	20.00	0	0.00	8	80.00	10	100.00
556	INVALID CLM TYPE FOR MEDICARE			X			0	0.00	0	0.00	2	100.00	2	100.00
569	RSN PRIOR AUTHORIZATION #					X	0	0.00	0	0.00	232	100.00	232	100.00
586	PSYCH CLAIM WITH NO 88 AUTH #.			X			0	0.00	30	86.00	5	14.00	35	100.00
588	CLAIM FOR TRANSFERRED BABY.			X			10	100.00	0	0.00	0	0.00	10	100.00
602	(NA) NO RECORD OF PA NUMBER		X				0	0.00	0	0.00	3	100.00	3	100.00
603	PA IS IN PENDING STATUS			X			0	0.00	1	50.00	1	50.00	2	100.00
604	NO RECIP MATCH ON PA FILE		X				0	0.00	0	0.00	15	100.00	15	100.00
620	IP/DRG ADMIT REQUIRES APPROVAL			X			18	69.00	7	27.00	1	4.00	26	100.00
627	LONG TERM ACUTE CARE OR PM&R.			X			0	0.00	0	0.00	5	100.00	5	100.00
877	TAKE CHARGE CLIENT/NON TC PROV			X			0	0.00	0	0.00	2	100.00	2	100.00
	TOTAL FOR CLAIM TYPE						1,184	32.00	358	10.00	2,152	58.00	3,694	100.00
	TOTAL FOR TYPE OF ENTRY						145,480	17.00	70,541	8.00	632,498	75.00	848,519	100.00

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TYPE EXC CDE	ENTRY EXCEPTION DESCRIPTION	COMP-GEN	CLAIM TYPE	PHYSICIAN DISPOSITION SS	D	S	PR	P	FORCED OCCURS	FORCED PERCNT	DENIED OCCURS	DENIED PERCNT	NOT DENIED OR FORCED OCCURS	NOT DENIED OR FORCED PERCNT	TOTAL OCCURS	TOTAL PERCNT
13	AUTO/NON AUTO/PANEL LAB TESTS					X			25	34.00	0	0.00	48	66.00	73	100.00
21	90782-88 INCL IN E/M CODE				X				0	0.00	0	0.00	20	100.00	20	100.00
35	1 REFRACTION ALLOWED 2 YEARS					X			0	0.00	2	100.00	0	0.00	2	100.00
44	ESTABLISHED PT-FEE REDUCED					X			5	71.00	0	0.00	2	29.00	7	100.00
48	MAX OF 3 HRS GRP THERAPY/DAY					X			2	100.00	0	0.00	0	0.00	2	100.00
51	1 DELIVERY IN 9 MONTH PERIOD					X			0	0.00	0	0.00	1	100.00	1	100.00
53	MULT OPERATIVE PROC PERFORMED					X			246	91.00	12	4.00	11	5.00	269	100.00
55	CC/ADMIT/CNSLT/SURG INV COMBO					X			73	70.00	8	8.00	23	22.00	104	100.00
61	INIT PROC BILLED PREV SUB PD					X			4	100.00	0	0.00	0	0.00	4	100.00
63	NOT COV IN 30 DAY PREV DRUG AB					X			2	100.00	0	0.00	0	0.00	2	100.00
87	MULTIPLE SURGERY ANES VS. ANES					X			41	95.00	1	2.00	1	3.00	43	100.00
100	DUPE/DIFFERENT JULIAN DATE				X				4	11.00	1	3.00	32	86.00	37	100.00
101	EXACT DUPLICATE					X			57	32.00	76	43.00	44	25.00	177	100.00
102	POSSIBLE DUPLICATE					X			18	32.00	16	28.00	23	40.00	57	100.00
103	POSSIBLE DUPLICATE - CONFLICT					X			2	50.00	2	50.00	0	0.00	4	100.00
104	CALLS INCL IN FLAT FEE					X			3	100.00	0	0.00	0	0.00	3	100.00
105	DIAGNOSIS NOT ALLOWED W/PROC					X			504	97.00	6	1.00	11	2.00	521	100.00
126	''FROM'' DATE PAST ''TO'' DATE					X			0	0.00	2	100.00	0	0.00	2	100.00
134	CALC ERROR OF NET CLAIM CHARGE				X				0	0.00	0	0.00	1	100.00	1	100.00
136	(NA) POS TO MODIFIER 26							X	0	0.00	0	0.00	28	100.00	28	100.00
150	ITA/INDICATOR ERROR					X			20	100.00	0	0.00	0	0.00	20	100.00
165	(NA) TPL/OTHER RESOURCES			X					18	100.00	0	0.00	0	0.00	18	100.00
166	(NA) TPR PAYMENT			X					7	88.00	1	13.00	0	0.00	8	100.00
169	(NA)MODIFIER INVALID W/ PROC.					X			0	0.00	31	89.00	4	11.00	35	100.00
174	MISSING PERFORMING PROV. #					X			0	0.00	16	100.00	0	0.00	16	100.00
177	(NA) INVALID/INCORRECT UNITS					X			17	57.00	12	40.00	1	3.00	30	100.00
191	PROV # NOT TIED TO SUBMITTER							X	0	0.00	0	0.00	871	100.00	871	100.00
197	(NA) EMC WITH COMMENTS			X					592	100.00	0	0.00	0	0.00	592	100.00
222	(NA) SPLIT BILL PROV W/O MOD					X			50	100.00	0	0.00	0	0.00	50	100.00
226	MODIFIER MISSING ON PROCEDURE					X			0	0.00	0	0.00	1	100.00	1	100.00
244	LINE ITEM SVC DATES NOT ELIGIB			X					0	0.00	0	0.00	10	100.00	10	100.00
253	POSSIBLE RECIPIENT DEATH					X			0	0.00	3	100.00	0	0.00	3	100.00
255	(NA) OVER AGE 65 & MED ELIG 0							X	0	0.00	0	0.00	22	100.00	22	100.00
261	(NA) ELIG FOR PART B					X			12	13.00	12	13.00	68	74.00	92	100.00
263	(NA) TPL COV. ON ELIG FILE				X				14	52.00	0	0.00	13	48.00	27	100.00
269	TPL - ELIG POST-PAYMENT MODE							X	0	0.00	0	0.00	1,683	100.00	1,683	100.00
276	QMB DUAL RECIPIENT FOR DOS							X	0	0.00	0	0.00	1,932	100.00	1,932	100.00
281	(NA) GAU-APPROVAL CHK ON SRVCS					X			552	94.00	13	2.00	20	4.00	585	100.00
282	LCP-ONE DAY SPEND DOWN COUPON							X	0	0.00	0	0.00	2	100.00	2	100.00
292	(NA) FISCAL YEAR END							X	0	0.00	0	0.00	2	100.00	2	100.00
301	(NA) INELIG FOR CAT OF SERVICE					X			0	0.00	0	0.00	2	100.00	2	100.00
308	SECURITY ERROR ON PROV NUMBER							X	0	0.00	0	0.00	2	100.00	2	100.00
317	(NA) OUT OF STATE PROVIDER							X	0	0.00	0	0.00	12	100.00	12	100.00
319	MANUAL PRICE EXCEEDS PDD ALLOW							X	0	0.00	0	0.00	33	100.00	33	100.00
320	(NA)ACCIDENT DIAG-TPL SUSPECT							X	0	0.00	0	0.00	148	100.00	148	100.00
323	(NA) INVALID RECIP AGE TO DX							X	0	0.00	0	0.00	4	100.00	4	100.00
324	(NA) INVALID SEX TO DX							X	0	0.00	0	0.00	4	100.00	4	100.00
325	(NA)ACCIDENT DIAG-TPL SUSPECT							X	0	0.00	0	0.00	447	100.00	447	100.00

326 PROCEDURE CODE NOT COVERED	X		0	0.00	1	1.00	178	99.00	179	100.00
331 (NA) MANUAL PRICE REQUIRED		X	0	0.00	2	100.00	0	0.00	2	100.00

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TYPE EXC CDE	ENTRY COMP-GEN CLAIM TYPE EXCEPTION DESCRIPTION	PHYSICIAN DISPOSITION SS	D	S PR	P	FORCED OCCURS	FORCED PERCNT	DENIED OCCURS	DENIED PERCNT	NOT DENIED OR FORCED OCCURS	NOT DENIED OR FORCED PERCNT	TOTAL OCCURS	TOTAL PERCNT
332	(NA) INVALID P/T FOR PROCEDURE			X		12	18.00	42	64.00	12	18.00	66	100.00
342	(NA) DX REQUIRES REVIEW.		X			0	0.00	0	0.00	2	100.00	2	100.00
343	DIAGNOSIS REQUIRES APPROVAL			X		34	74.00	12	26.00	0	0.00	46	100.00
344	INVALID PRIMARY DIAGNOSES CODE		X			0	0.00	0	0.00	2	100.00	2	100.00
348	(NA)BILLED AMT EXCEEDS MAX FEE			X		6	43.00	7	50.00	1	7.00	14	100.00
351	(NA) VARIANCE				X	0	0.00	0	0.00	221	100.00	221	100.00
352	(NA) VERIFY # UNITS BILLED				X	0	0.00	0	0.00	22	100.00	22	100.00
353	PROC REQ PRIOR APPROVAL			X		2	20.00	4	40.00	4	40.00	10	100.00
361	INVALID PROCEDURE CODE			X		0	0.00	10	63.00	6	37.00	16	100.00
365	(NA) INVALID POS FOR PROCEDURE			X		14	19.00	54	75.00	4	6.00	72	100.00
368	(NA) MOD REQUIRES MANUAL PRICE			X		2	100.00	0	0.00	0	0.00	2	100.00
375	(NA)BILLED AMOUNT > $1100.00			X		0	0.00	0	0.00	1	100.00	1	100.00
378	UNABLE TO PRICE FOR THIS DOS			X		0	0.00	4	27.00	11	73.00	15	100.00
387	LOCAL CODE NON-ALLOWABLE		X			0	0.00	0	0.00	8	100.00	8	100.00
416	PROV # NOT VALID FOR BILLING	X				0	0.00	0	0.00	6	100.00	6	100.00
440	(NA) PROV NOT ENROLLED FOR DOS				X	0	0.00	0	0.00	4	100.00	4	100.00
477	PERF PROV CAN'T BE A GROUP #		X			0	0.00	0	0.00	1	100.00	1	100.00
478	(NA)GROUP MEMB WRONG FOR TYPE				X	0	0.00	0	0.00	3	100.00	3	100.00
490	OTHER PD SVCS VS HMO CAP CLAIM			X		144	94.00	0	0.00	9	6.00	153	100.00
491	UNABLE TO PRICE HMO PREMIUM	X				2	14.00	12	86.00	0	0.00	14	100.00
496	NO 1H/SL MODIFIER RATE		X			0	0.00	0	0.00	2	100.00	2	100.00
498	DDD RECIPIENT FOR DOS ON CLAIM				X	0	0.00	0	0.00	4,101	100.00	4,101	100.00
525	FAMILY PLANNING ONLY/TAKE CHG			X		6	22.00	21	78.00	0	0.00	27	100.00
549	CLIENT IS ON SLMB			X		4	100.00	0	0.00	0	0.00	4	100.00
553	FQHC ENCOUNTER & CALL			X		6	55.00	5	45.00	0	0.00	11	100.00
560	FQHC ENCOUNTER & NO PAID LINES		X			0	0.00	0	0.00	16	100.00	16	100.00
569	RSN PRIOR AUTHORIZATION #				X	0	0.00	0	0.00	123	100.00	123	100.00
597	SAME PROV-SIMILAR SERVICE			X		9	33.00	9	33.00	9	34.00	27	100.00
599	EXACT DUPLICATE PT 73 OR PS 90			X		2	14.00	8	57.00	4	29.00	14	100.00
609	FQHC ENCOUNTER NOT PAYABLE		X			0	0.00	0	0.00	285	100.00	285	100.00
611	(NA)NON-COVERED CODE W/AUTH NO			X		0	0.00	6	75.00	2	25.00	8	100.00
625	LAB EVALUATION FOR AUTO DENY				X	0	0.00	0	0.00	9	100.00	9	100.00
657	MISSING/INCORRECT FQHC/RHC			X		2	100.00	0	0.00	0	0.00	2	100.00
711	CONTRAINDICATED AUDIT			X		4	67.00	2	33.00	0	0.00	6	100.00
718	3 HMO NEWBORN CODES ALLOWED			X		2	2.00	98	75.00	30	23.00	130	100.00
771	1 PCOP ADULT/BABY PREM PER MO.			X		0	0.00	45	31.00	98	69.00	143	100.00
772	CONTRAST MEDIA INCL IN MRI/CAT			X		0	0.00	0	0.00	2	100.00	2	100.00
797	HYDRATION INFUS/CHEMOTHERAPY		X			0	0.00	0	0.00	12	100.00	12	100.00
855	ADJ HAS AUTO DENY	X				42	20.00	0	0.00	168	80.00	210	100.00
877	TAKE CHARGE CLIENT/NON TC PROV			X		0	0.00	0	0.00	9	100.00	9	100.00
898	TOO MANY CLAIMS PER RECIP			X		0	0.00	0	0.00	19	100.00	19	100.00
1004	PROC/REV CODE REQUIRES NDC		X			0	0.00	0	0.00	71	100.00	71	100.00
	TOTAL FOR CLAIM TYPE					2,561	18.00	556	4.00	10,981	78.00	14,098	100.00

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TYPE EXC CDE	ENTRY COMP-GEN CLAIM TYPE EXCEPTION DESCRIPTION	DENTAL DISPOSITION SS	D	S	PR	P	FORCED OCCURS	FORCED PERCNT	DENIED OCCURS	DENIED PERCNT	NOT DENIED OR FORCED OCCURS	NOT DENIED OR FORCED PERCNT	TOTAL OCCURS	TOTAL PERCNT
24	1 PANOREX/FMS ALLOWED IN 3 YRS			X			2	100.00	0	0.00	0	0.00	2	100.00
28	4 BITEWINGS ALLOWED PER 12 MO.			X			1	33.00	2	67.00	0	0.00	3	100.00
101	EXACT DUPLICATE			X			22	100.00	0	0.00	0	0.00	22	100.00
103	POSSIBLE DUPLICATE - CONFLICT			X			3	100.00	0	0.00	0	0.00	3	100.00
172	MISSING PROCEDURE CODE		X				0	0.00	0	0.00	6	100.00	6	100.00
183	MISSING UNITS OR DAYS			X			0	0.00	0	0.00	6	100.00	6	100.00
184	MISSING LINE ITEM BILLED AMT			X			0	0.00	12	67.00	6	33.00	18	100.00
191	PROV # NOT TIED TO SUBMITTER					X	0	0.00	0	0.00	4	100.00	4	100.00
197	(NA) EMC WITH COMMENTS	X					284	100.00	0	0.00	0	0.00	284	100.00
263	(NA) TPL COV. ON ELIG FILE		X				0	0.00	0	0.00	1	100.00	1	100.00
271	RECIP NOT ELIGIBLE FOR DOS	X					0	0.00	0	0.00	3	100.00	3	100.00
281	(NA) GAU-APPROVAL CHK ON SRVCS			X			0	0.00	22	40.00	33	60.00	55	100.00
312	DENTAL SEALANTS		X				0	0.00	0	0.00	4	100.00	4	100.00
319	MANUAL PRICE EXCEEDS PDD ALLOW					X	0	0.00	0	0.00	260	100.00	260	100.00
326	PROCEDURE CODE NOT COVERED		X				0	0.00	0	0.00	2	100.00	2	100.00
351	(NA) VARIANCE					X	0	0.00	0	0.00	2	100.00	2	100.00
354	MISSING TOOTH NUMBER/ARCH/QUAD			X			2	100.00	0	0.00	0	0.00	2	100.00
361	INVALID PROCEDURE CODE		X				0	0.00	0	0.00	8	100.00	8	100.00
366	(NA)INVALID PROV SPEC FOR PROC			X			260	100.00	0	0.00	0	0.00	260	100.00
378	UNABLE TO PRICE FOR THIS DOS		X				0	0.00	0	0.00	6	100.00	6	100.00
483	PROCEDURE CODE VS TOOTH #			X			0	0.00	0	0.00	2	100.00	2	100.00
498	DDD RECIPIENT FOR DOS ON CLAIM					X	0	0.00	0	0.00	14	100.00	14	100.00
560	FQHC ENCOUNTER & NO PAID LINES		X				0	0.00	0	0.00	5	100.00	5	100.00
609	FQHC ENCOUNTER NOT PAYABLE		X				0	0.00	0	0.00	21	100.00	21	100.00
745	1 DENTAL EXAM ALLOWED PER DAY			X			0	0.00	0	0.00	1	100.00	1	100.00
855	ADJ HAS AUTO DENY	X					13	100.00	0	0.00	0	0.00	13	100.00
897	ADULT DENTAL NC AFTER 8-1-03						0	0.00	0	0.00	2	100.00	2	100.00
	TOTAL FOR CLAIM TYPE						587	58.00	36	4.00	386	38.00	1,009	100.00

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TYPE EXC CDE	ENTRY COMP-GEN CLAIM TYPE EXCEPTION DESCRIPTION	OUTPATIENT DISPOSITION SS	D	S	PR	P	FORCED OCCURS	FORCED PERCNT	DENIED OCCURS	DENIED PERCNT	NOT DENIED OR FORCED OCCURS	NOT DENIED OR FORCED PERCNT	TOTAL OCCURS	TOTAL PERCNT
13	AUTO/NON AUTO/PANEL LAB TESTS		X				0	0.00	0	0.00	104	100.00	104	100.00
68	OT ADDT'L LIMIT 36 VISITS/YR			X			22	65.00	0	0.00	12	35.00	34	100.00
89	COMPONENT TESTS INCL. IN CBC		X				0	0.00	0	0.00	34	100.00	34	100.00
101	EXACT DUPLICATE		X				0	0.00	0	0.00	326	100.00	326	100.00
102	POSSIBLE DUPLICATE			X			113	78.00	12	8.00	19	14.00	144	100.00
103	POSSIBLE DUPLICATE - CONFLICT			X			13	48.00	2	7.00	12	45.00	27	100.00
116	INVALID APPROVAL CODE	X					0	0.00	14	100.00	0	0.00	14	100.00
125	CLAIM PAST TIMELY BILL LIMIT	X					0	0.00	0	0.00	3	100.00	3	100.00
130	INVALID PIC	X					0	0.00	0	0.00	10	100.00	10	100.00
134	CALC ERROR OF NET CLAIM CHARGE			X			0	0.00	0	0.00	4	100.00	4	100.00
137	CALC ERROR NON-COVERED CHARGE		X				0	0.00	0	0.00	10	100.00	10	100.00
139	MISSING ATTENDING PROV NUMBER			X			0	0.00	0	0.00	11	100.00	11	100.00
141	(NA) PRIOR BIENNIUM DT OF SRVC					X	0	0.00	0	0.00	2	100.00	2	100.00
148	MISSING REVENUE CODE			X			0	0.00	16	38.00	26	62.00	42	100.00
165	(NA) TPL/OTHER RESOURCES	X					4	100.00	0	0.00	0	0.00	4	100.00
166	(NA) TPR PAYMENT	X					2	50.00	2	50.00	0	0.00	4	100.00
176	(NA)ONE DATE OF SRVC PER CLAIM					X	50	26.00	0	0.00	142	74.00	192	100.00
177	(NA) INVALID/INCORRECT UNITS					X	0	0.00	0	0.00	213	100.00	213	100.00
184	MISSING LINE ITEM BILLED AMT		X				0	0.00	0	0.00	20	100.00	20	100.00
194	HOSPICE-DOS/DAYS DO NOT AGREE			X			2	50.00	0	0.00	2	50.00	4	100.00
197	(NA) EMC WITH COMMENTS	X					1,132	100.00	0	0.00	0	0.00	1,132	100.00
204	INVALID ATTENDING PROV NUMBER			X			0	0.00	0	0.00	19	100.00	19	100.00
220	SURG DATE NOT WITHIN DT OF SVC					X	0	0.00	0	0.00	6	100.00	6	100.00
224	DUPLICATE REV. CODES					X	0	0.00	0	0.00	919	100.00	919	100.00
232	MISSING DISCHARGE HOUR			X			0	0.00	0	0.00	10	100.00	10	100.00
240	(NA) KIDNEY DIALYSIS REVIEW				X		0	0.00	0	0.00	2	100.00	2	100.00
245	(NA) HOSPICE CLIENT			X			0	0.00	4	50.00	4	50.00	8	100.00
247	RECIP HAS QMB COVERAGE ONLY			X			0	0.00	0	0.00	1	100.00	1	100.00
250	NOT ELIG WITH THIS PIC.	X					0	0.00	0	0.00	62	100.00	62	100.00
255	(NA) OVER AGE 65 & MED ELIG 0					X	0	0.00	0	0.00	28	100.00	28	100.00
261	(NA) ELIG FOR PART B			X			0	0.00	1	2.00	44	98.00	45	100.00
262	(NA) TPL SUSPECT			X			23	50.00	1	2.00	22	48.00	46	100.00
263	(NA) TPL COV. ON ELIG FILE		X				13	48.00	2	7.00	12	45.00	27	100.00
269	TPL - ELIG POST-PAYMENT MODE					X	0	0.00	0	0.00	56	100.00	56	100.00
271	RECIP NOT ELIGIBLE FOR DOS	X					0	0.00	0	0.00	32	100.00	32	100.00
281	(NA) GAU-APPROVAL CHK ON SRVCS			X			59	95.00	0	0.00	3	5.00	62	100.00
285	(NA) Q PROGRAM CODE WITH ITA			X			0	0.00	1	100.00	0	0.00	1	100.00
290	FROM DOS MORE THAN 3 YRS OLD			X			0	0.00	1	50.00	1	50.00	2	100.00
325	(NA)ACCIDENT DIAG-TPL SUSPECT					X	0	0.00	0	0.00	358	100.00	358	100.00
326	PROCEDURE CODE NOT COVERED			X			0	0.00	6	60.00	4	40.00	10	100.00
328	(NA)INVALID RECIP AGE FOR PROC			X			1	11.00	3	33.00	5	56.00	9	100.00
332	(NA) INVALID P/T FOR PROCEDURE			X			1	100.00	0	0.00	0	0.00	1	100.00
343	DIAGNOSIS REQUIRES APPROVAL			X			32	34.00	21	22.00	41	44.00	94	100.00
345	(NA) DATE OF CONSENT REQUIRED			X			0	0.00	2	50.00	2	50.00	4	100.00
351	(NA) VARIANCE					X	0	0.00	0	0.00	1,085	100.00	1,085	100.00
353	PROC REQ PRIOR APPROVAL			X			25	48.00	5	10.00	22	42.00	52	100.00
367	VERIFY REVENUE CODE			X			0	0.00	11	33.00	22	67.00	33	100.00
369	REVENUE CODE NOT ALLOWED		X				0	0.00	4	2.00	179	98.00	183	100.00

377	(NA)APPROVAL OR TRANSPORT TEAM	X	0	0.00	1	50.00	1	50.00	2	100.00
378	UNABLE TO PRICE FOR THIS DOS	X	0	0.00	171	62.00	103	38.00	274	100.00

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TYPE EXC CDE	ENTRY COMP-GEN CLAIM TYPE EXCEPTION DESCRIPTION	OUTPATIENT DISPOSITION SS	D	S	PR	P	FORCED OCCURS	FORCED PERCNT	DENIED OCCURS	DENIED PERCNT	NOT DENIED OR FORCED OCCURS	NOT DENIED OR FORCED PERCNT	TOTAL OCCURS	TOTAL PERCNT
399	(NA) EXCLUDED REVENUE CODE			X			0	0.00	1	13.00	7	87.00	8	100.00
448	HOME HLTH SRVC MAY REQ REVIEW			X			0	0.00	4	67.00	2	33.00	6	100.00
495	TPL PAY & CHASE SERVICES					X	0	0.00	0	0.00	2	100.00	2	100.00
498	DDD RECIPIENT FOR DOS ON CLAIM					X	0	0.00	0	0.00	590	100.00	590	100.00
521	PCCM REFERRAL # REQUIRED			X			1	2.00	18	39.00	27	59.00	46	100.00
525	FAMILY PLANNING ONLY/TAKE CHG			X			1	1.00	12	11.00	101	88.00	114	100.00
552	HMO - MHC PLANS & BHP PLUS						0	0.00	0	0.00	46	100.00	46	100.00
555	DELIVERY SERVICES BILLED ON M			X			0	0.00	4	33.00	8	67.00	12	100.00
567	HOSPICE CLAIMS BYPASSING TPL				X		0	0.00	0	0.00	1	100.00	1	100.00
611	(NA)NON-COVERED CODE W/AUTH NO			X			0	0.00	0	0.00	4	100.00	4	100.00
627	LONG TERM ACUTE CARE OR PM&R.			X			0	0.00	0	0.00	10	100.00	10	100.00
707	1 PHYSICAL THERAPY EVAL PER YR			X			0	0.00	4	100.00	0	0.00	4	100.00
714	1 OT ASSESS PER CALENDAR YEAR			X			1	100.00	0	0.00	0	0.00	1	100.00
740	OT LIMIT 12 PROGRAM VISITS YR			X			17	100.00	0	0.00	0	0.00	17	100.00
772	CONTRAST MEDIA INCL IN MRI/CAT			X			0	0.00	4	67.00	2	33.00	6	100.00
855	ADJ HAS AUTO DENY	X					825	100.00	0	0.00	0	0.00	825	100.00
898	TOO MANY CLAIMS PER RECIP			X			0	0.00	0	0.00	15	100.00	15	100.00
1006	MISSING CPT/HCPCS CODE			X			0	0.00	0	0.00	38	100.00	38	100.00
1011	DATE(S) NOT WITHIN HEADER SPAN			X			0	0.00	0	0.00	3,316	100.00	3,316	100.00
1030	GENERAL INFORMATION					X	0	0.00	0	0.00	3	100.00	3	100.00
	TOTAL FOR CLAIM TYPE						2,337	22.00	327	3.00	8,165	75.00	10,829	100.00

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TYPE EXC CDE	ENTRY EXCEPTION DESCRIPTION	COMP-GEN	CLAIM TYPE	MCARE NON DISPOSITION SS	D	S	PR	P	FORCED OCCURS	FORCED PERCNT	DENIED OCCURS	DENIED PERCNT	NOT DENIED OR FORCED OCCURS	NOT DENIED OR FORCED PERCNT	TOTAL OCCURS	TOTAL PERCNT
101	EXACT DUPLICATE					X			51	44.00	4	3.00	61	53.00	116	100.00
102	POSSIBLE DUPLICATE					X			0	0.00	0	0.00	51	100.00	51	100.00
103	POSSIBLE DUPLICATE - CONFLICT							X	0	0.00	0	0.00	108	100.00	108	100.00
105	DIAGNOSIS NOT ALLOWED W/PROC							X	0	0.00	0	0.00	6,255	100.00	6,255	100.00
116	INVALID APPROVAL CODE			X					0	0.00	3	100.00	0	0.00	3	100.00
125	CLAIM PAST TIMELY BILL LIMIT							X	0	0.00	0	0.00	670	100.00	670	100.00
134	CALC ERROR OF NET CLAIM CHARGE					X			0	0.00	0	0.00	1	100.00	1	100.00
165	(NA) TPL/OTHER RESOURCES			X					1	100.00	0	0.00	0	0.00	1	100.00
166	(NA) TPR PAYMENT			X					6	38.00	10	63.00	0	0.00	16	100.00
169	(NA)MODIFIER INVALID W/ PROC.					X			0	0.00	0	0.00	2	100.00	2	100.00
177	(NA) INVALID/INCORRECT UNITS							X	0	0.00	0	0.00	257	100.00	257	100.00
192	MEDICARE BILLING LIMITATION					X			2	100.00	0	0.00	0	0.00	2	100.00
229	NO PIC FOR THIS HIC				X				0	0.00	0	0.00	24	100.00	24	100.00
244	LINE ITEM SVC DATES NOT ELIGIB			X					0	0.00	3	2.00	121	98.00	124	100.00
245	(NA) HOSPICE CLIENT							X	0	0.00	0	0.00	6	100.00	6	100.00
263	(NA) TPL COV. ON ELIG FILE				X				96	79.00	8	7.00	17	14.00	121	100.00
264	TPL CARRIER CODE WITH NO TPL $							X	0	0.00	0	0.00	1	100.00	1	100.00
269	TPL - ELIG POST-PAYMENT MODE							X	0	0.00	0	0.00	260	100.00	260	100.00
271	RECIP NOT ELIGIBLE FOR DOS			X					0	0.00	0	0.00	190	100.00	190	100.00
285	(NA) Q PROGRAM CODE WITH ITA							X	0	0.00	0	0.00	7	100.00	7	100.00
290	FROM DOS MORE THAN 3 YRS OLD					X			3	100.00	0	0.00	0	0.00	3	100.00
326	PROCEDURE CODE NOT COVERED					X			0	0.00	2	5.00	39	95.00	41	100.00
328	(NA)INVALID RECIP AGE FOR PROC							X	0	0.00	0	0.00	7	100.00	7	100.00
343	DIAGNOSIS REQUIRES APPROVAL							X	0	0.00	0	0.00	54	100.00	54	100.00
344	INVALID PRIMARY DIAGNOSES CODE							X	0	0.00	0	0.00	26	100.00	26	100.00
361	INVALID PROCEDURE CODE					X			0	0.00	0	0.00	73	100.00	73	100.00
387	LOCAL CODE NON-ALLOWABLE				X				0	0.00	0	0.00	11,520	100.00	11,520	100.00
430	MEDICARE $ EXCEEDS DSHS ALLOW				X				0	0.00	0	0.00	496	100.00	496	100.00
453	DENIED BY MEDICARE-DETAIL				X				0	0.00	0	0.00	812	100.00	812	100.00
498	DDD RECIPIENT FOR DOS ON CLAIM							X	0	0.00	0	0.00	2,703	100.00	2,703	100.00
549	CLIENT IS ON SLMB					X			0	0.00	579	68.00	269	32.00	848	100.00
598	RSN PREMIUM PAY VS X-OVERS							X	0	0.00	0	0.00	2,466	100.00	2,466	100.00
855	ADJ HAS AUTO DENY			X					902	100.00	0	0.00	0	0.00	902	100.00
898	TOO MANY CLAIMS PER RECIP					X			0	0.00	0	0.00	2	100.00	2	100.00
	TOTAL FOR CLAIM TYPE								1,061	4.00	609	2.00	26,498	94.00	28,168	100.00

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TYPE EXC CDE	ENTRY COMP-GEN CLAIM TYPE EXCEPTION DESCRIPTION	MED VENDOR DISPOSITION SS	D	S PR	P	FORCED OCCURS	FORCED PERCNT	DENIED OCCURS	DENIED PERCNT	NOT DENIED OR FORCED OCCURS	NOT DENIED OR FORCED PERCNT	TOTAL OCCURS	TOTAL PERCNT
12	LIMIT AUDITS			X		9	69.00	3	23.00	1	8.00	13	100.00
29	ALS VS BLS SAME DAY			X		2	100.00	0	0.00	0	0.00	2	100.00
57	EAR MOLD IS INCL. HEARING AID			X		2	50.00	2	50.00	0	0.00	4	100.00
96	NONDME & MSE LIMIT 10 PER MO.			X		7	100.00	0	0.00	0	0.00	7	100.00
100	DUPE/DIFFERENT JULIAN DATE		X			0	0.00	0	0.00	58	100.00	58	100.00
101	EXACT DUPLICATE			X		43	38.00	21	19.00	48	43.00	112	100.00
102	POSSIBLE DUPLICATE			X		73	48.00	16	10.00	64	42.00	153	100.00
103	POSSIBLE DUPLICATE - CONFLICT			X		19	90.00	0	0.00	2	10.00	21	100.00
117	INVALID PROCEDURE MODIFIER			X		0	0.00	12	86.00	2	14.00	14	100.00
133	CALC ERROR OF TOT CLAIM CHARGE		X			0	0.00	0	0.00	2	100.00	2	100.00
165	(NA) TPL/OTHER RESOURCES			X		38	100.00	0	0.00	0	0.00	38	100.00
166	(NA) TPR PAYMENT			X		50	100.00	0	0.00	0	0.00	50	100.00
169	(NA)MODIFIER INVALID W/ PROC.			X		28	52.00	4	7.00	22	41.00	54	100.00
172	MISSING PROCEDURE CODE		X			0	0.00	0	0.00	4	100.00	4	100.00
174	MISSING PERFORMING PROV. #				X	0	0.00	0	0.00	50	100.00	50	100.00
177	(NA) INVALID/INCORRECT UNITS			X		15	28.00	35	65.00	4	7.00	54	100.00
183	MISSING UNITS OR DAYS		X			0	0.00	0	0.00	2	100.00	2	100.00
184	MISSING LINE ITEM BILLED AMT			X		0	0.00	0	0.00	2	100.00	2	100.00
191	PROV # NOT TIED TO SUBMITTER				X	0	0.00	0	0.00	122	100.00	122	100.00
197	(NA) EMC WITH COMMENTS	X				396	100.00	0	0.00	0	0.00	396	100.00
226	MODIFIER MISSING ON PROCEDURE					0	0.00	0	0.00	9	100.00	9	100.00
236	TPL FOR GLASSES CONTRACTOR				X	0	0.00	0	0.00	2	100.00	2	100.00
237	CLMS W/O DOS SPAN		X			0	0.00	0	0.00	2	100.00	2	100.00
244	LINE ITEM SVC DATES NOT ELIGIB	X				0	0.00	2	22.00	7	78.00	9	100.00
247	RECIP HAS QMB COVERAGE ONLY			X		0	0.00	0	0.00	1	100.00	1	100.00
253	POSSIBLE RECIPIENT DEATH			X		0	0.00	2	40.00	3	60.00	5	100.00
255	(NA) OVER AGE 65 & MED ELIG 0				X	0	0.00	0	0.00	4	100.00	4	100.00
261	(NA) ELIG FOR PART B			X		89	63.00	37	26.00	16	11.00	142	100.00
263	(NA) TPL COV. ON ELIG FILE			X		129	99.00	1	1.00	0	0.00	130	100.00
269	TPL - ELIG POST-PAYMENT MODE				X	2	10.00	0	0.00	18	90.00	20	100.00
276	QMB DUAL RECIPIENT FOR DOS				X	0	0.00	0	0.00	155	100.00	155	100.00
281	(NA) GAU-APPROVAL CHK ON SRVCS			X		62	100.00	0	0.00	0	0.00	62	100.00
290	FROM DOS MORE THAN 3 YRS OLD			X		7	100.00	0	0.00	0	0.00	7	100.00
292	(NA) FISCAL YEAR END				X	0	0.00	0	0.00	25	100.00	25	100.00
304	PERFORM PROV NUMBR NOT ON FILE				X	0	0.00	0	0.00	2	100.00	2	100.00
308	SECURITY ERROR ON PROV NUMBER				X	0	0.00	0	0.00	53	100.00	53	100.00
317	(NA) OUT OF STATE PROVIDER				X	0	0.00	0	0.00	16	100.00	16	100.00
319	MANUAL PRICE EXCEEDS PDD ALLOW				X	0	0.00	0	0.00	13	100.00	13	100.00
325	(NA)ACCIDENT DIAG-TPL SUSPECT				X	0	0.00	0	0.00	163	100.00	163	100.00
326	PROCEDURE CODE NOT COVERED		X			0	0.00	0	0.00	70	100.00	70	100.00
328	(NA)INVALID RECIP AGE FOR PROC			X		0	0.00	10	100.00	0	0.00	10	100.00
331	(NA) MANUAL PRICE REQUIRED			X		0	0.00	93	96.00	4	4.00	97	100.00
343	DIAGNOSIS REQUIRES APPROVAL				X	0	0.00	0	0.00	127	100.00	127	100.00
344	INVALID PRIMARY DIAGNOSES CODE		X			0	0.00	0	0.00	2	100.00	2	100.00
351	(NA) VARIANCE				X	0	0.00	0	0.00	46	100.00	46	100.00
352	(NA) VERIFY # UNITS BILLED				X	0	0.00	0	0.00	41	100.00	41	100.00
353	PROC REQ PRIOR APPROVAL			X		154	88.00	8	5.00	13	7.00	175	100.00
361	INVALID PROCEDURE CODE			X		0	0.00	0	0.00	5	100.00	5	100.00

365	(NA) INVALID POS FOR PROCEDURE	X		0	0.00	2	100.00	0	0.00	2 100.00
378	UNABLE TO PRICE FOR THIS DOS	X		0	0.00	0	0.00	16	100.00	16 100.00

M O N T H L Y E X C E P T I O N S U M M A R Y

TYPE EXC CDE	ENTRY COMP-GEN CLAIM TYPE EXCEPTION DESCRIPTION	MED VENDOR DISPOSITION SS	D	S PR	P	FORCED OCCURS	FORCED PERCNT	DENIED OCCURS	DENIED PERCNT	NOT DENIED OR FORCED OCCURS	NOT DENIED OR FORCED PERCNT	TOTAL OCCURS	TOTAL PERCNT
387	LOCAL CODE NON-ALLOWABLE		X			0	0.00	0	0.00	22	100.00	22	100.00
477	PERF PROV CAN'T BE A GROUP #		X			0	0.00	0	0.00	9	100.00	9	100.00
498	DDD RECIPIENT FOR DOS ON CLAIM				X	0	0.00	0	0.00	979	100.00	979	100.00
563	AMBUL MILEAGE VS AMBUL MILEAGE			X		1	33.00	1	33.00	1	34.00	3	100.00
607	INSUFF $$ IN PA FILE FOR SRVC.			X		0	0.00	0	0.00	1	100.00	1	100.00
608	INSUFF AUTH UNITS ON FILE.			X		0	0.00	0	0.00	5	100.00	5	100.00
611	(NA)NON-COVERED CODE W/AUTH NO			X		0	0.00	2	100.00	0	0.00	2	100.00
649	ATTEND/PERF/REF NOT CERT DIET					0	0.00	36	4.00	952	96.00	988	100.00
706	NON-DME LIMIT 1 PER MONTH			X		2	100.00	0	0.00	0	0.00	2	100.00
707	1 PHYSICAL THERAPY EVAL PER YR			X		0	0.00	2	100.00	0	0.00	2	100.00
734	4 PER/MONTH/COMPLIANCE PKGING.			X		2	100.00	0	0.00	0	0.00	2	100.00
743	LIMIT 1 PER/MO. OXY/MED VENDOR			X		12	100.00	0	0.00	0	0.00	12	100.00
769	UROLOGICAL SUPPLY 240/MONTH			X		4	100.00	0	0.00	0	0.00	4	100.00
784	UROLOGICAL LMT 150/300 PER MO.			X		13	72.00	0	0.00	5	28.00	18	100.00
785	SERVICES BEYOND PROGRAM LIMITS			X		3	100.00	0	0.00	0	0.00	3	100.00
792	NOT ALLOWED IN COMBO(DIAPERS)			X		96	52.00	90	48.00	0	0.00	186	100.00
855	ADJ HAS AUTO DENY	X				860	100.00	0	0.00	0	0.00	860	100.00
1004	PROC/REV CODE REQUIRES NDC		X			0	0.00	0	0.00	2	100.00	2	100.00
	TOTAL FOR CLAIM TYPE					2,118	37.00	379	7.00	3,172	56.00	5,669	100.00

M O N T H L Y E X C E P T I O N S U M M A R Y

TYPE EXC CDE	ENTRY COMP-GEN CLAIM TYPE EXCEPTION DESCRIPTION	DRG DISPOSITION SS	D	S	PR	P	FORCED OCCURS	FORCED PERCNT	DENIED OCCURS	DENIED PERCNT	NOT DENIED OR FORCED OCCURS	NOT DENIED OR FORCED PERCNT	TOTAL OCCURS	TOTAL PERCNT
102	POSSIBLE DUPLICATE			X			8	89.00	1	11.00	0	0.00	9	100.00
103	POSSIBLE DUPLICATE - CONFLICT			X			16	100.00	0	0.00	0	0.00	16	100.00
115	CONFLICT:TOT DAYS VS SVC DATES					X	0	0.00	0	0.00	1	100.00	1	100.00
197	(NA) EMC WITH COMMENTS	X					85	100.00	0	0.00	0	0.00	85	100.00
198	(NA) LACKS SURGERY/DELIVERY DT					X	0	0.00	0	0.00	6	100.00	6	100.00
218	READMITS WITHIN 7 DAYS OR LESS			X			19	100.00	0	0.00	0	0.00	19	100.00
235	LOS LESS THAN 24 HOURS.					X	0	0.00	0	0.00	2	100.00	2	100.00
252	(NA) NOT ELIG FOR ALL DOS			X			6	100.00	0	0.00	0	0.00	6	100.00
259	(NA) ELIG FOR MEDICARE PART A			X			5	71.00	2	29.00	0	0.00	7	100.00
262	(NA) TPL SUSPECT			X			2	100.00	0	0.00	0	0.00	2	100.00
269	TPL - ELIG POST-PAYMENT MODE					X	0	0.00	0	0.00	7	100.00	7	100.00
282	LCP-ONE DAY SPEND DOWN COUPON					X	0	0.00	0	0.00	2	100.00	2	100.00
285	(NA) Q PROGRAM CODE WITH ITA			X			2	100.00	0	0.00	0	0.00	2	100.00
292	(NA) FISCAL YEAR END					X	0	0.00	0	0.00	1	100.00	1	100.00
320	(NA)ACCIDENT DIAG-TPL SUSPECT					X	0	0.00	0	0.00	30	100.00	30	100.00
324	(NA) INVALID SEX TO DX			X			2	100.00	0	0.00	0	0.00	2	100.00
498	DDD RECIPIENT FOR DOS ON CLAIM					X	0	0.00	0	0.00	4	100.00	4	100.00
525	FAMILY PLANNING ONLY/TAKE CHG			X			0	0.00	1	100.00	0	0.00	1	100.00
542	POSSIBLE HIGH OUTLIER CLAIM.				X		0	0.00	0	0.00	20	100.00	20	100.00
569	RSN PRIOR AUTHORIZATION #					X	0	0.00	0	0.00	7	100.00	7	100.00
620	IP/DRG ADMIT REQUIRES APPROVAL			X			2	100.00	0	0.00	0	0.00	2	100.00
898	TOO MANY CLAIMS PER RECIP			X			0	0.00	0	0.00	1	100.00	1	100.00
	TOTAL FOR CLAIM TYPE						147	63.00	4	2.00	81	35.00	232	100.00

M O N T H L Y E X C E P T I O N S U M M A R Y

TYPE EXC CDE	ENTRY COMP-GEN CLAIM TYPE EXCEPTION DESCRIPTION	INPATIENT DISPOSITION SS	D	S	PR	P	FORCED OCCURS	FORCED PERCNT	DENIED OCCURS	DENIED PERCNT	NOT DENIED OR FORCED OCCURS	NOT DENIED OR FORCED PERCNT	TOTAL OCCURS	TOTAL PERCNT
103	POSSIBLE DUPLICATE - CONFLICT			X			2	67.00	0	0.00	1	33.00	3	100.00
109	EXCEEDS PAS ALLOWANCE			X			3	60.00	1	20.00	1	20.00	5	100.00
115	CONFLICT:TOT DAYS VS SVC DATES			X			0	0.00	1	100.00	0	0.00	1	100.00
197	(NA) EMC WITH COMMENTS	X					19	100.00	0	0.00	0	0.00	19	100.00
224	DUPLICATE REV. CODES					X	0	0.00	0	0.00	3	100.00	3	100.00
247	RECIP HAS QMB COVERAGE ONLY			X			0	0.00	3	100.00	0	0.00	3	100.00
259	(NA) ELIG FOR MEDICARE PART A			X			0	0.00	0	0.00	3	100.00	3	100.00
285	(NA) Q PROGRAM CODE WITH ITA			X			7	88.00	1	13.00	0	0.00	8	100.00
292	(NA) FISCAL YEAR END					X	0	0.00	0	0.00	1	100.00	1	100.00
301	(NA) INELIG FOR CAT OF SERVICE			X			0	0.00	0	0.00	1	100.00	1	100.00
343	DIAGNOSIS REQUIRES APPROVAL			X			2	100.00	0	0.00	0	0.00	2	100.00
369	REVENUE CODE NOT ALLOWED		X				0	0.00	0	0.00	11	100.00	11	100.00
377	(NA)APPROVAL OR TRANSPORT TEAM			X			5	83.00	0	0.00	1	17.00	6	100.00
404	(NA)PROV TERM-OTHER INVOL RSNS		X				0	0.00	0	0.00	1	100.00	1	100.00
438	DAYS BILLED EXCEED ITA ALLOWED			X			8	80.00	0	0.00	2	20.00	10	100.00
569	RSN PRIOR AUTHORIZATION #					X	0	0.00	0	0.00	7	100.00	7	100.00
602	(NA) NO RECORD OF PA NUMBER			X			0	0.00	0	0.00	1	100.00	1	100.00
620	IP/DRG ADMIT REQUIRES APPROVAL			X			2	100.00	0	0.00	0	0.00	2	100.00
855	ADJ HAS AUTO DENY	X					5	100.00	0	0.00	0	0.00	5	100.00
	TOTAL FOR CLAIM TYPE						53	58.00	6	7.00	33	35.00	92	100.00

M O N T H L Y E X C E P T I O N S U M M A R Y

TYPE EXC CDE	ENTRY COMP-GEN CLAIM TYPE EXCEPTION DESCRIPTION	NH DISPOSITION SS	D	S	PR	P	FORCED OCCURS	FORCED PERCNT	DENIED OCCURS	DENIED PERCNT	NOT DENIED OR FORCED OCCURS	NOT DENIED OR FORCED PERCNT	TOTAL OCCURS	TOTAL PERCNT
101	EXACT DUPLICATE		X				0	0.00	0	0.00	75	100.00	75	100.00
103	POSSIBLE DUPLICATE - CONFLICT			X			219	90.00	16	7.00	8	3.00	243	100.00
125	CLAIM PAST TIMELY BILL LIMIT	X					27	79.00	7	21.00	0	0.00	34	100.00
166	(NA) TPR PAYMENT					X	0	0.00	0	0.00	105	100.00	105	100.00
245	(NA) HOSPICE CLIENT			X			138	81.00	28	16.00	4	3.00	170	100.00
247	RECIP HAS QMB COVERAGE ONLY			X			0	0.00	4	100.00	0	0.00	4	100.00
252	(NA) NOT ELIG FOR ALL DOS			X			0	0.00	3	100.00	0	0.00	3	100.00
253	POSSIBLE RECIPIENT DEATH			X			0	0.00	3	100.00	0	0.00	3	100.00
257	(NA) STRICTED PT / ON REVIEW					X	0	0.00	0	0.00	4	100.00	4	100.00
267	NOT ELIG PER NH RECORD			X			0	0.00	0	0.00	1	100.00	1	100.00
269	TPL - ELIG POST-PAYMENT MODE					X	0	0.00	0	0.00	4,965	100.00	4,965	100.00
271	RECIP NOT ELIGIBLE FOR DOS	X					0	0.00	28	100.00	0	0.00	28	100.00
274	(NA) RECIPIENT EXPIRED			X			4	100.00	0	0.00	0	0.00	4	100.00
279	(NA) NOT ELIG-MED CODE 6					X	0	0.00	0	0.00	10	100.00	10	100.00
382	BILLED RATE MUST= RATE ON FILE				X		0	0.00	0	0.00	79	100.00	79	100.00
498	DDD RECIPIENT FOR DOS ON CLAIM					X	0	0.00	0	0.00	499	100.00	499	100.00
549	CLIENT IS ON SLMB			X			0	0.00	1	50.00	1	50.00	2	100.00
561	CLIENT COVERED BY PACE PROJECT			X			0	0.00	2	100.00	0	0.00	2	100.00
624	STOP CLAIM IND FOR N/H SEGMENT			X			113	97.00	0	0.00	3	3.00	116	100.00
1014	COB TEST					X	0	0.00	0	0.00	2	100.00	2	100.00
	TOTAL FOR CLAIM TYPE						501	8.00	92	1.00	5,756	91.00	6,349	100.00

M O N T H L Y E X C E P T I O N S U M M A R Y

TYPE EXC CDE	ENTRY COMP-GEN CLAIM TYPE EXCEPTION DESCRIPTION	MCARE INP DISPOSITION SS D S PR	P	FORCED OCCURS	FORCED PERCNT	DENIED OCCURS	DENIED PERCNT	NOT DENIED OR FORCED OCCURS	NOT DENIED OR FORCED PERCNT	TOTAL OCCURS	TOTAL PERCNT
592	MEDICARE PAID LESS THAN		X	0	0.00	0	0.00	2	100.00	2	100.00
	TOTAL FOR CLAIM TYPE			0	0.00	0	0.00	2	100.00	2	100.00

M O N T H L Y E X C E P T I O N S U M M A R Y

TYPE ENTRY EXC CDE	EXCEPTION DESCRIPTION	COMP-GEN CLAIM TYPE SS	D	MCARE OP DISPOSITION S PR	P	FORCED OCCURS	FORCED PERCNT	DENIED OCCURS	DENIED PERCNT	NOT DENIED OR FORCED OCCURS	NOT DENIED OR FORCED PERCNT	TOTAL OCCURS	TOTAL PERCNT
125	CLAIM PAST TIMELY BILL LIMIT				X	0	0.00	0	0.00	2	100.00	2	100.00
167	INVALID PATIENT STATUS CODE				X	0	0.00	0	0.00	4	100.00	4	100.00
173	ADMIT DATE AFTER ''FROM"" DATE				X	0	0.00	0	0.00	2	100.00	2	100.00
192	MEDICARE BILLING LIMITATION			X		5	100.00	0	0.00	0	0.00	5	100.00
285	(NA) Q PROGRAM CODE WITH ITA				X	0	0.00	0	0.00	1	100.00	1	100.00
592	MEDICARE PAID LESS THAN				X	0	0.00	0	0.00	14	100.00	14	100.00
	TOTAL FOR CLAIM TYPE					5	18.00	0	0.00	23	82.00	28	100.00
	TOTAL FOR TYPE OF ENTRY					9,370	14.00	2,009	3.00	55,097	83.00	66,476	100.00

M O N T H L Y E X C E P T I O N S U M M A R Y

TYPE ENTRY ALL CLAIM TYPE DRUG

EXC CDE	EXCEPTION DESCRIPTION	DISPOSITION SS D S PR P	FORCED OCCURS	FORCED PERCNT	DENIED OCCURS	DENIED PERCNT	NOT DENIED OR FORCED OCCURS	NOT DENIED OR FORCED PERCNT	TOTAL OCCURS	TOTAL PERCNT
98	3RD RX WITHIN A CALENDAR MONTH		0	0.00	0	0.00	34,646	100.00	34,646	100.00
101	EXACT DUPLICATE		0	0.00	0	0.00	26,413	100.00	26,413	100.00
121	ENTER YOUR PROVIDER NUMBER		0	0.00	0	0.00	58	100.00	58	100.00
124	MISSING "FROM" DATE OF SERVICE		0	0.00	0	0.00	17	100.00	17	100.00
125	CLAIM PAST TIMELY BILL LIMIT		0	0.00	0	0.00	344	100.00	344	100.00
127	DOS AFTER BATCH DATE		0	0.00	0	0.00	573	100.00	573	100.00
132	MISSING TOTAL CLAIM CHARGE		0	0.00	0	0.00	636	100.00	636	100.00
144	RX "WRITTEN" DATE MISSING.		0	0.00	0	0.00	777	100.00	777	100.00
151	MISSING PRESCRIBING PROV #		0	0.00	0	0.00	6,950	100.00	6,950	100.00
153	NDC INVALID		0	0.00	0	0.00	554	100.00	554	100.00
154	RX NUMBER MISSING		0	0.00	0	0.00	3	100.00	3	100.00
155	MISSING/INVALID DRUG QUANTITY		0	0.00	0	0.00	642	100.00	642	100.00
156	(NA) MISSING DAYS SUPPLY		0	0.00	0	0.00	11,217	100.00	11,217	100.00
245	(NA) HOSPICE CLIENT		0	0.00	0	0.00	1,599	100.00	1,599	100.00
250	NOT ELIG WITH THIS PIC.		0	0.00	0	0.00	16,545	100.00	16,545	100.00
257	(NA) STRICTED PT / ON REVIEW		0	0.00	0	0.00	106	100.00	106	100.00
261	(NA) ELIG FOR PART B		0	0.00	0	0.00	24,942	100.00	24,942	100.00
263	(NA) TPL COV. ON ELIG FILE		0	0.00	0	0.00	24,944	100.00	24,944	100.00
269	TPL - ELIG POST-PAYMENT MODE		0	0.00	0	0.00	31,760	100.00	31,760	100.00
271	RECIP NOT ELIGIBLE FOR DOS		0	0.00	0	0.00	36,657	100.00	36,657	100.00
284	(NA) LCP/MI-NON COVERED SRVC		0	0.00	0	0.00	105	100.00	105	100.00
300	VALID NUMBER BUT NOT ISSUED.		0	0.00	0	0.00	630	100.00	630	100.00
336	(NA) RESTRICTED NARC-NO REFILL		0	0.00	0	0.00	667	100.00	667	100.00
341	NDC REQUIRES PRIOR AUTH NUMBER		0	0.00	0	0.00	16,141	100.00	16,141	100.00
352	(NA) VERIFY # UNITS BILLED		0	0.00	0	0.00	1	100.00	1	100.00
360	INVALID NDC		0	0.00	0	0.00	3,548	100.00	3,548	100.00
378	UNABLE TO PRICE FOR THIS DOS		0	0.00	0	0.00	24,532	100.00	24,532	100.00
422	(NA) PROV NOT ENROLLED FOR DOS		0	0.00	0	0.00	1	100.00	1	100.00
442	(NA) DRUG REQ APPROV-PT IN NH		0	0.00	0	0.00	1,244	100.00	1,244	100.00
457	(NA)5TH RX W/IN SAME CALEND MO		0	0.00	0	0.00	5,238	100.00	5,238	100.00
502	OBSOLETE DRUG		0	0.00	0	0.00	3,994	100.00	3,994	100.00
525	FAMILY PLANNING ONLY/TAKE CHG		0	0.00	0	0.00	4,439	100.00	4,439	100.00
552	HMO - MHC PLANS & BHP PLUS		0	0.00	0	0.00	34,994	100.00	34,994	100.00
559	EXPEDITED AUTH # INVALID.		0	0.00	0	0.00	80,791	100.00	80,791	100.00
570	DRUG POS DUR ALERT.		0	0.00	0	0.00	309,332	100.00	309,332	100.00
571	POS DUR HIGH DOSE ALERT.		0	0.00	0	0.00	5,391	100.00	5,391	100.00
572	POS DUR LOW DOSE ALERT.		0	0.00	0	0.00	25	100.00	25	100.00
573	THERAPEUTIC DUP ALERT.		0	0.00	0	0.00	13,866	100.00	13,866	100.00
574	POS REFILL TOO SOON.		0	0.00	0	0.00	79,906	100.00	79,906	100.00
575	INVALID MEDICAID GROUP NUMBER.		0	0.00	0	0.00	13	100.00	13	100.00
584	PEDIATRIC FLUORIDE - NOT VALID		0	0.00	0	0.00	2,157	100.00	2,157	100.00
1707	MISSING OR INVALID CLIENT ID		0	0.00	0	0.00	422	100.00	422	100.00
1761	DRUG NOT COV'D FOR RECIP SEX		0	0.00	0	0.00	42	100.00	42	100.00
1771	GENERAL INFORMATION		0	0.00	0	0.00	8,239	100.00	8,239	100.00
1806	M/I OTHER PAYER COVERAGE TYPE		0	0.00	0	0.00	24	100.00	24	100.00
1809	DATE WRITTEN AFTER DATE FILLED		0	0.00	0	0.00	600	100.00	600	100.00
1826	MISSING CMPND INGREDIENT QTY		0	0.00	0	0.00	12	100.00	12	100.00
1828	M/I COMPOUND DOS FORM DESC CD		0	0.00	0	0.00	201	100.00	201	100.00

1829	M/I CMPND DISP UNIT FORM IND	0	0.00	0	0.00	260	100.00	260 100.00
1830	INV COMPOUND ROUTE OF ADMIN	0	0.00	0	0.00	399	100.00	399 100.00

M O N T H L Y E X C E P T I O N S U M M A R Y

TYPE ENTRY ALL CLAIM TYPE DRUG

EXC CDE	EXCEPTION DESCRIPTION	DISPOSITION SS	D	S	PR	P	FORCED OCCURS	FORCED PERCNT	DENIED OCCURS	DENIED PERCNT	NOT DENIED OR FORCED OCCURS	NOT DENIED OR FORCED PERCNT	TOTAL OCCURS	TOTAL PERCNT
1843	M/I OTHER PAYER DATE						0	0.00	0	0.00	7,511	100.00	7,511	100.00
1846	M/I OTHER PAYER AMT PD QUAL						0	0.00	0	0.00	83	100.00	83	100.00
1881	MISMATCHED PIC PART TO COMPL						0	0.00	0	0.00	16	100.00	16	100.00
1884	M/I RX NUMBER ON COMPLETION						0	0.00	0	0.00	2	100.00	2	100.00
1885	M/I RX DATE ON COMPLETION						0	0.00	0	0.00	11	100.00	11	100.00
1894	M/I COMPOUND PRODUCT ID						0	0.00	0	0.00	165	100.00	165	100.00

M O N T H L Y E X C E P T I O N S U M M A R Y

TYPE ENTRY ALL CLAIM TYPE CLM ADJUST

EXC CDE	EXCEPTION DESCRIPTION	DISPOSITION SS D S PR P	FORCED OCCURS	FORCED PERCNT	DENIED OCCURS	DENIED PERCNT	NOT DENIED OR FORCED OCCURS	NOT DENIED OR FORCED PERCNT	TOTAL OCCURS	TOTAL PERCNT
201	NO ICN TO CREDIT ON ADJUSTMENT		0	0.00	0	0.00	21	100.00	21	100.00
842	ADJUSTMENT CANNOT MATCH ON PIC		0	0.00	156	100.00	0	0.00	156	100.00
843	NO MATCH ON PROVIDER		0	0.00	113	100.00	0	0.00	113	100.00
850	ADJ.-NO MATCH IN HISTORY		0	0.00	101	100.00	0	0.00	101	100.00
851	ADJ-CLAIM WAS ALREADY CREDITED		0	0.00	465	100.00	0	0.00	465	100.00
859	MISSING DENY EOB		0	0.00	0	0.00	20	100.00	20	100.00
865	MULTIPLE ADJUSTMENTS		0	0.00	472	100.00	0	0.00	472	100.00
866	ADJUSTING A GROSS ADJ		0	0.00	1	100.00	0	0.00	1	100.00
867	ADJUSTING A CREDIT		0	0.00	7	100.00	0	0.00	7	100.00

M O N T H L Y E X C E P T I O N S U M M A R Y

TYPE ENTRY ALL CLAIM TYPE PHYSICIAN

EXC CDE	EXCEPTION DESCRIPTION	SS D S PR P	DISPOSITION	FORCED OCCURS	FORCED PERCNT	DENIED OCCURS	DENIED PERCNT	NOT DENIED OR FORCED OCCURS	NOT DENIED OR FORCED PERCNT	TOTAL OCCURS	TOTAL PERCNT
3	1 PRENATAL EXAM/9 MONTH PERIOD			20	14.00	24	17.00	101	69.00	145	100.00
5	NERVE BLOCK INCL IN PROCEDURE			0	0.00	4	80.00	1	20.00	5	100.00
6	2 NH CALLS FOR NON-EMERG CARE			198	43.00	208	45.00	59	12.00	465	100.00
9	ORTHODONTIC TRMT LIMIT/ 3 MOS.			0	0.00	0	0.00	1	100.00	1	100.00
13	AUTO/NON AUTO/PANEL LAB TESTS			1,138	19.00	58	1.00	4,736	80.00	5,932	100.00
15	PSYCH ALLOWANCE PER DAY			62	8.00	18	2.00	683	90.00	763	100.00
16	92552 INCLUDED IN 92553			0	0.00	0	0.00	2	100.00	2	100.00
17	2 EPIDIDURALS FOR POST OP PAIN			6	55.00	3	27.00	2	18.00	11	100.00
19	NORPLANT REMOVAL PD @ 50%			3	100.00	0	0.00	0	0.00	3	100.00
21	90782-88 INCL IN E/M CODE			1	0.00	26	2.00	1,111	98.00	1,138	100.00
22	OMT NOT ALLOWED W/E&M			0	0.00	0	0.00	7	100.00	7	100.00
23	92555 INCLUDED IN 92556			0	0.00	0	0.00	1	100.00	1	100.00
26	SPEECH THERAPY LIMIT/12/CAL YR			0	0.00	3	100.00	0	0.00	3	100.00
32	A4550 NOT ALLOWED W/ PROCEDURE			0	0.00	6	86.00	1	14.00	7	100.00
35	1 REFRACTION ALLOWED 2 YEARS			61	14.00	136	32.00	227	54.00	424	100.00
41	1 DEPO PROVERA IN 65 DAYS			43	11.00	66	17.00	281	72.00	390	100.00
43	AFTER HR CHRG NOT IN ADD SUN			20	9.00	7	3.00	187	88.00	214	100.00
44	ESTABLISHED PT-FEE REDUCED			375	18.00	441	22.00	1,234	60.00	2,050	100.00
45	1 SUPP ALLOWED PER DELIVERY			50	32.00	48	31.00	57	37.00	155	100.00
46	VENTILATION ASSIST/E&M CODES			0	0.00	17	94.00	1	6.00	18	100.00
48	MAX OF 3 HRS GRP THERAPY/DAY			122	17.00	39	5.00	551	78.00	712	100.00
51	1 DELIVERY IN 9 MONTH PERIOD			1,479	74.00	74	4.00	447	22.00	2,000	100.00
53	MULT OPERATIVE PROC PERFORMED			11,121	69.00	1,296	8.00	3,750	23.00	16,167	100.00
55	CC/ADMIT/CNSLT/SURG INV COMBO			5,266	20.00	2,425	9.00	18,222	71.00	25,913	100.00
58	OSTEOPATHIC LIMIT OF 10			0	0.00	8	100.00	0	0.00	8	100.00
61	INIT PROC BILLED PREV SUB PD			243	72.00	56	17.00	39	11.00	338	100.00
63	NOT COV IN 30 DAY PREV DRUG AB			158	82.00	13	7.00	21	11.00	192	100.00
64	CONTRAINDICATED			151	80.00	22	12.00	15	8.00	188	100.00
65	SPEECH - 36 PER YR FOR DX			0	0.00	0	0.00	6	100.00	6	100.00
66	ONE 90801 ALLOWED PER YEAR			3	5.00	13	22.00	43	73.00	59	100.00
68	OT ADDT'L LIMIT 36 VISITS/YR			31	55.00	9	16.00	16	29.00	56	100.00
71	KIDNEY PT. - PHYSICIAN CLAIMS			0	0.00	0	0.00	1,062	100.00	1,062	100.00
75	CRITICAL CARE INCLUDES SERV			9	47.00	8	42.00	2	11.00	19	100.00
77	PEDIAT/NEONATE INCL(S) SERVICE			23	35.00	36	55.00	6	10.00	65	100.00
79	UA IN COMB W/OTHER UA			0	0.00	0	0.00	52	100.00	52	100.00
81	ONE EYE EXAM ALLOWED 2 YRS			52	17.00	66	21.00	191	62.00	309	100.00
85	AUDIO TESTS INCL. IN 92557			0	0.00	0	0.00	3	100.00	3	100.00
87	MULTIPLE SURGERY ANES VS. ANES			1,271	64.00	72	4.00	636	32.00	1,979	100.00
88	LIMIT AUDITS			55	59.00	7	8.00	31	33.00	93	100.00
89	COMPONENT TESTS INCL. IN CBC			0	0.00	0	0.00	66	100.00	66	100.00
94	INTERPRETER SERVICES			1	100.00	0	0.00	0	0.00	1	100.00
99	CONTRAINDICATED AUDIT			495	77.00	14	2.00	137	21.00	646	100.00
100	DUPE/DIFFERENT JULIAN DATE			483	1.00	116	0.00	55,456	99.00	56,055	100.00
101	EXACT DUPLICATE			3,615	7.00	4,943	9.00	44,195	84.00	52,753	100.00
102	POSSIBLE DUPLICATE			1,558	28.00	562	10.00	3,518	62.00	5,638	100.00
103	POSSIBLE DUPLICATE - CONFLICT			163	11.00	227	16.00	1,036	73.00	1,426	100.00
104	CALLS INCL IN FLAT FEE			121	22.00	287	52.00	147	26.00	555	100.00
105	DIAGNOSIS NOT ALLOWED W/PROC			20,940	63.00	2,003	6.00	10,176	31.00	33,119	100.00

116	INVALID APPROVAL CODE	590	19.00	2,470	81.00	0	0.00	3,060 100.00
117	INVALID PROCEDURE MODIFIER	5	0.00	665	49.00	699	51.00	1,369 100.00

M O N T H L Y E X C E P T I O N S U M M A R Y

TYPE ENTRY ALL CLAIM TYPE PHYSICIAN

EXC CDE	EXCEPTION DESCRIPTION	DISPOSITION SS D S PR P	FORCED OCCURS	FORCED PERCNT	DENIED OCCURS	DENIED PERCNT	NOT DENIED OR FORCED OCCURS	NOT DENIED OR FORCED PERCNT	TOTAL OCCURS	TOTAL PERCNT
118	MISSING PLACE OF SERVICE		0	0.00	1	0.00	695	100.00	696	100.00
120	PROC MOD TC VS POS.		0	0.00	1	100.00	0	0.00	1	100.00
124	MISSING "FROM" DATE OF SERVICE		0	0.00	5	2.00	250	98.00	255	100.00
125	CLAIM PAST TIMELY BILL LIMIT		2,059	19.00	3,932	35.00	5,124	46.00	11,115	100.00
126	''FROM'' DATE PAST ''TO'' DATE		0	0.00	25	35.00	46	65.00	71	100.00
127	DOS AFTER BATCH DATE		0	0.00	42	44.00	53	56.00	95	100.00
128	INJURY DATE PAST ''TO'' DATE		0	0.00	0	0.00	7	100.00	7	100.00
129	MISSING PIC		5	6.00	15	19.00	58	75.00	78	100.00
130	INVALID PIC		97	2.00	75	2.00	4,332	96.00	4,504	100.00
131	MODIFIER DL-MANUAL DENY LINE		0	0.00	551	100.00	2	0.00	553	100.00
132	MISSING TOTAL CLAIM CHARGE		1	0.00	2	0.00	1,609	100.00	1,612	100.00
133	CALC ERROR OF TOT CLAIM CHARGE		0	0.00	2	0.00	868	100.00	870	100.00
134	CALC ERROR OF NET CLAIM CHARGE		0	0.00	6	0.00	2,496	100.00	2,502	100.00
136	(NA) POS TO MODIFIER 26		5	0.00	0	0.00	1,994	100.00	1,999	100.00
141	(NA) PRIOR BIENNIUM DT OF SRVC		0	0.00	0	0.00	1,062	100.00	1,062	100.00
150	ITA/INDICATOR ERROR		73	81.00	5	6.00	12	13.00	90	100.00
159	INVALID LINE ITEM EOB CODE		0	0.00	0	0.00	4	100.00	4	100.00
160	INVALID EPSDT INDICATOR		0	0.00	0	0.00	10	100.00	10	100.00
163	MISSING DIAGNOSIS CODE		86	16.00	0	0.00	453	84.00	539	100.00
164	INVALID/MISSING REFERRING PROV		3	0.00	2	0.00	3,756	100.00	3,761	100.00
165	(NA) TPL/OTHER RESOURCES		12,602	92.00	1,070	8.00	0	0.00	13,672	100.00
166	(NA) TPR PAYMENT		7,092	58.00	5,034	42.00	0	0.00	12,126	100.00
169	(NA)MODIFIER INVALID W/ PROC.		102	3.00	1,269	32.00	2,581	65.00	3,952	100.00
170	INVALID PLACE OF SERVICE		0	0.00	7	2.00	441	98.00	448	100.00
172	MISSING PROCEDURE CODE		0	0.00	1	0.00	877	100.00	878	100.00
174	MISSING PERFORMING PROV. #		0	0.00	1,719	44.00	2,170	56.00	3,889	100.00
175	EPSDT REF RSN W/O EPSDT "I"		0	0.00	0	0.00	1	100.00	1	100.00
177	(NA) INVALID/INCORRECT UNITS		1,089	22.00	2,471	50.00	1,381	28.00	4,941	100.00
183	MISSING UNITS OR DAYS		0	0.00	11	1.00	1,347	99.00	1,358	100.00
184	MISSING LINE ITEM BILLED AMT		8	0.00	339	16.00	1,779	84.00	2,126	100.00
188	TYPE OF INS. A-K OR N		0	0.00	0	0.00	1	100.00	1	100.00
191	PROV # NOT TIED TO SUBMITTER		468	1.00	0	0.00	56,710	99.00	57,178	100.00
196	ANESTH UNITS EXCEED MAXIMUM		0	0.00	0	0.00	48	100.00	48	100.00
197	(NA) EMC WITH COMMENTS		52,679	100.00	0	0.00	0	0.00	52,679	100.00
203	INVALID TPL INDICATOR		0	0.00	0	0.00	19	100.00	19	100.00
222	(NA) SPLIT BILL PROV W/O MOD		1,483	63.00	416	18.00	445	19.00	2,344	100.00
223	(NA) TECH COMP W/O MOD 27/TC		0	0.00	17	53.00	15	47.00	32	100.00
226	MODIFIER MISSING ON PROCEDURE		7	1.00	427	36.00	759	63.00	1,193	100.00
227	ANESTHESIA SVCS & NO MODIFIER		0	0.00	34	51.00	33	49.00	67	100.00
237	CLMS W/O DOS SPAN		0	0.00	0	0.00	12	100.00	12	100.00
239	MN UNDER 21-NO REFER PROVIDER		0	0.00	3	38.00	5	62.00	8	100.00
242	HEALTH DEPT MODIFER MISSING		3	0.00	6	1.00	1,114	99.00	1,123	100.00
244	LINE ITEM SVC DATES NOT ELIGIB		0	0.00	182	34.00	352	66.00	534	100.00
245	(NA) HOSPICE CLIENT		52	22.00	142	59.00	46	19.00	240	100.00
247	RECIP HAS QMB COVERAGE ONLY		153	21.00	235	32.00	354	47.00	742	100.00
250	NOT ELIG WITH THIS PIC.		12	0.00	632	6.00	10,073	94.00	10,717	100.00
253	POSSIBLE RECIPIENT DEATH		1	2.00	13	28.00	33	70.00	47	100.00
255	(NA) OVER AGE 65 & MED ELIG 0		27	0.00	2	0.00	18,989	100.00	19,018	100.00

256	(NA) DETAIL DOS NOT ELIGIBLE	0	0.00	5	50.00	5	50.00	10 100.00
257	(NA) STRICTED PT / ON REVIEW	48	30.00	87	54.00	26	16.00	161 100.00

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TYPE ENTRY ALL CLAIM TYPE PHYSICIAN

EXC CDE	EXCEPTION DESCRIPTION	DISPOSITION SS D S PR P	FORCED OCCURS	FORCED PERCNT	DENIED OCCURS	DENIED PERCNT	NOT DENIED OR FORCED OCCURS	NOT DENIED OR FORCED PERCNT	TOTAL OCCURS	TOTAL PERCNT
260	RECIP NOT LISTED		0	0.00	5	0.00	4,494	100.00	4,499	100.00
261	(NA) ELIG FOR PART B		3,490	21.00	5,749	35.00	7,263	44.00	16,502	100.00
263	(NA) TPL COV. ON ELIG FILE		11,430	55.00	4,932	24.00	4,403	21.00	20,765	100.00
264	TPL CARRIER CODE WITH NO TPL $		240	72.00	0	0.00	93	28.00	333	100.00
269	TPL - ELIG POST-PAYMENT MODE		17	0.00	14	0.00	9,532	100.00	9,563	100.00
271	RECIP NOT ELIGIBLE FOR DOS		7	0.00	749	10.00	6,656	90.00	7,412	100.00
276	QMB DUAL RECIPIENT FOR DOS		36	0.00	0	0.00	16,405	100.00	16,441	100.00
277	RECIP NOT ELIGIBLE FOR DOS		0	0.00	6	0.00	2,115	100.00	2,121	100.00
279	(NA) NOT ELIG-MED CODE 6		0	0.00	3	27.00	8	73.00	11	100.00
281	(NA) GAU-APPROVAL CHK ON SRVCS		3,453	62.00	656	12.00	1,446	26.00	5,555	100.00
282	LCP-ONE DAY SPEND DOWN COUPON		0	0.00	0	0.00	3	100.00	3	100.00
283	(NA) LCP/MN-NON COVERED SRVC		5	5.00	6	6.00	97	89.00	108	100.00
284	(NA) LCP/MI-NON COVERED SRVC		33	7.00	78	17.00	342	76.00	453	100.00
285	(NA) Q PROGRAM CODE WITH ITA		8	7.00	67	56.00	45	37.00	120	100.00
286	VERIFY DETOX RECIP & SVCS		0	0.00	26	96.00	1	4.00	27	100.00
287	MI PROGRAM ENDED 7/1/03		0	0.00	0	0.00	608	100.00	608	100.00
288	INVALID REFERRING PROV NUMBER		6	1.00	2	0.00	543	99.00	551	100.00
290	FROM DOS MORE THAN 3 YRS OLD		45	5.00	51	6.00	757	89.00	853	100.00
292	(NA) FISCAL YEAR END		1	0.00	0	0.00	1,273	100.00	1,274	100.00
299	ONCE PER LIFETIME PROCEDURE		424	56.00	13	2.00	326	42.00	763	100.00
301	(NA) INELIG FOR CAT OF SERVICE		3	0.00	2	0.00	2,939	100.00	2,944	100.00
304	PERFORM PROV NUMBR NOT ON FILE		3	0.00	97	14.00	578	86.00	678	100.00
305	(NA)PROV EXCEP 10-QRS REVIEW		2	100.00	0	0.00	0	0.00	2	100.00
307	(NA) VOLUNTARY TERMINATION		0	0.00	0	0.00	42	100.00	42	100.00
308	SECURITY ERROR ON PROV NUMBER		0	0.00	0	0.00	802	100.00	802	100.00
313	INCORRECT PROV# FOR CLAIM TYPE		774	9.00	186	2.00	7,399	89.00	8,359	100.00
316	(NA) PROV APPLICATION PENDING		0	0.00	0	0.00	35	100.00	35	100.00
317	(NA) OUT OF STATE PROVIDER		0	0.00	0	0.00	1,492	100.00	1,492	100.00
319	MANUAL PRICE EXCEEDS PDD ALLOW		0	0.00	0	0.00	1,536	100.00	1,536	100.00
320	(NA)ACCIDENT DIAG-TPL SUSPECT		2	0.00	0	0.00	4,918	100.00	4,920	100.00
323	(NA) INVALID RECIP AGE TO DX		0	0.00	0	0.00	278	100.00	278	100.00
324	(NA) INVALID SEX TO DX		0	0.00	0	0.00	2,172	100.00	2,172	100.00
325	(NA)ACCIDENT DIAG-TPL SUSPECT		102	1.00	1	0.00	19,056	99.00	19,159	100.00
326	PROCEDURE CODE NOT COVERED		130	1.00	133	1.00	18,590	98.00	18,853	100.00
328	(NA)INVALID RECIP AGE FOR PROC		3,205	44.00	2,250	31.00	1,816	25.00	7,271	100.00
329	(NA)INVALID RECIP SEX FOR PROC		8	4.00	44	24.00	132	72.00	184	100.00
330	NO ASSIST WITH THIS PROCEDURE		1	0.00	19	8.00	219	92.00	239	100.00
331	(NA) MANUAL PRICE REQUIRED		7	0.00	1,777	54.00	1,496	46.00	3,280	100.00
332	(NA) INVALID P/T FOR PROCEDURE		1,787	7.00	4,747	20.00	17,679	73.00	24,213	100.00
335	INVALID 2ND DIAGNOSIS CODE		0	0.00	0	0.00	74	100.00	74	100.00
340	ORTHOTICS W/MODS RT/LT		0	0.00	1	8.00	12	92.00	13	100.00
342	(NA) DX REQUIRES REVIEW.		10	6.00	0	0.00	150	94.00	160	100.00
343	DIAGNOSIS REQUIRES APPROVAL		2,802	19.00	6,313	44.00	5,305	37.00	14,420	100.00
344	INVALID PRIMARY DIAGNOSES CODE		6	0.00	1	0.00	18,161	100.00	18,168	100.00
345	(NA) DATE OF CONSENT REQUIRED		697	46.00	518	34.00	310	20.00	1,525	100.00
346	(NA) SPLIT-BILL MODIFIER ERROR		13	10.00	65	52.00	46	38.00	124	100.00
347	(NA) TAX CODE FOR TAXABLE SVC		0	0.00	0	0.00	40	100.00	40	100.00
348	(NA)BILLED AMT EXCEEDS MAX FEE		8	1.00	446	67.00	210	32.00	664	100.00

350	(NA)ALLOWED AMT EXCEEDS BILLED	0	0.00	0	0.00	1	100.00	1 100.00
351	(NA) VARIANCE	9	0.00	1	0.00	9,885	100.00	9,895 100.00

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TYPE ENTRY ALL CLAIM TYPE PHYSICIAN

EXC CDE	EXCEPTION DESCRIPTION	DISPOSITION SS D S PR P	FORCED OCCURS	FORCED PERCNT	DENIED OCCURS	DENIED PERCNT	NOT DENIED OR FORCED OCCURS	NOT DENIED OR FORCED PERCNT	TOTAL OCCURS	TOTAL PERCNT
352	(NA) VERIFY # UNITS BILLED		2	0.00	0	0.00	17,284	100.00	17,286	100.00
353	PROC REQ PRIOR APPROVAL		193	8.00	1,483	59.00	828	33.00	2,504	100.00
361	INVALID PROCEDURE CODE		32	0.00	321	4.00	8,747	96.00	9,100	100.00
362	(NA)SPECIAL AGREEMENT MODIFIER		6	60.00	0	0.00	4	40.00	10	100.00
365	(NA) INVALID POS FOR PROCEDURE		617	7.00	2,739	32.00	5,209	61.00	8,565	100.00
366	(NA)INVALID PROV SPEC FOR PROC		69	13.00	2	0.00	468	87.00	539	100.00
367	VERIFY REVENUE CODE		0	0.00	0	0.00	120	100.00	120	100.00
368	(NA) MOD REQUIRES MANUAL PRICE		11	2.00	224	34.00	419	64.00	654	100.00
371	(NA) ITA PROCEDURE ONLY		0	0.00	0	0.00	2	100.00	2	100.00
373	PROC FOR EPSDT CLAIMS ONLY		0	0.00	0	0.00	1	100.00	1	100.00
375	(NA)BILLED AMOUNT > $1100.00		0	0.00	29	58.00	21	42.00	50	100.00
377	(NA)APPROVAL OR TRANSPORT TEAM		269	84.00	4	1.00	49	15.00	322	100.00
378	UNABLE TO PRICE FOR THIS DOS		3	0.00	450	23.00	1,534	77.00	1,987	100.00
380	ANESTHESIA NOT ALLOWED W/PROC		0	0.00	92	80.00	23	20.00	115	100.00
387	LOCAL CODE NON-ALLOWABLE		7	0.00	5	0.00	1,990	100.00	2,002	100.00
401	(NA) PROV TERM - BAD ADDRESS		0	0.00	0	0.00	23	100.00	23	100.00
402	(NA)PROV TERMINATED-NUMBER CHG		0	0.00	0	0.00	20	100.00	20	100.00
403	(NA) PROV TERM-NO CORE AGRMT		0	0.00	0	0.00	1	100.00	1	100.00
404	(NA)PROV TERM-OTHER INVOL RSNS		0	0.00	0	0.00	1,094	100.00	1,094	100.00
405	(NA) PROV TERMINATED-MED AUTH		0	0.00	0	0.00	175	100.00	175	100.00
416	PROV # NOT VALID FOR BILLING		0	0.00	933	18.00	4,195	82.00	5,128	100.00
421	TOS/PROC REVIEW-MSS		0	0.00	2	100.00	0	0.00	2	100.00
422	(NA) PROV NOT ENROLLED FOR DOS		0	0.00	3	1.00	230	99.00	233	100.00
423	(NA) LABARATORY NOT CERTIFIED		0	0.00	0	0.00	1	100.00	1	100.00
432	(NA)SRVC NOT ALLOWED TO NH PT.		0	0.00	1	100.00	0	0.00	1	100.00
433	(NA) CLAIM TYPE ERROR		0	0.00	0	0.00	154	100.00	154	100.00
440	(NA) PROV NOT ENROLLED FOR DOS		0	0.00	0	0.00	379	100.00	379	100.00
441	(NA)PERF/ATTEND/PRESC PROV DOS		0	0.00	0	0.00	90	100.00	90	100.00
458	PROVIDER HOLD 10 - QRS REVIEW		1	100.00	0	0.00	0	0.00	1	100.00
477	PERF PROV CAN'T BE A GROUP #		0	0.00	0	0.00	1,520	100.00	1,520	100.00
478	(NA)GROUP MEMB WRONG FOR TYPE		1	0.00	0	0.00	3,267	100.00	3,268	100.00
479	(NA)PERF PROV NOT COMPAT W/GRP		0	0.00	1	2.00	51	98.00	52	100.00
482	UNDOCUMENTED ALIENS		0	0.00	0	0.00	1	100.00	1	100.00
485	REFER PROV CAN'T BE A GROUP #		3	1.00	0	0.00	360	99.00	363	100.00
490	OTHER PD SVCS VS HMO CAP CLAIM		214	85.00	0	0.00	39	15.00	253	100.00
491	UNABLE TO PRICE HMO PREMIUM		286	83.00	58	17.00	0	0.00	344	100.00
492	HMO RECIP NOT ELIGIBLE FOR DOS		4	36.00	7	64.00	0	0.00	11	100.00
495	TPL PAY & CHASE SERVICES		147	7.00	289	14.00	1,647	79.00	2,083	100.00
496	NO 1H/SL MODIFIER RATE		1	0.00	1	0.00	342	100.00	344	100.00
497	NOT ELIGIBLE FOR HMO FOR DOS		0	0.00	96	84.00	18	16.00	114	100.00
498	DDD RECIPIENT FOR DOS ON CLAIM		30	0.00	0	0.00	28,279	100.00	28,309	100.00
500	CHIROPRACTIC SVCS NA OVER 20		0	0.00	0	0.00	4	100.00	4	100.00
506	M,N,Q,U,V,W PROG NOT ALLOWED		0	0.00	0	0.00	11	100.00	11	100.00
512	CLIA NUMBER NOT ON FILE		0	0.00	0	0.00	979	100.00	979	100.00
520	PARTIAL PCOP SEGMENT COVERAGE		26	12.00	0	0.00	198	88.00	224	100.00
521	PCCM REFERRAL # REQUIRED		14	1.00	912	88.00	115	11.00	1,041	100.00
523	PROCEDURE EXCLUDED FROM TPL		0	0.00	0	0.00	1	100.00	1	100.00
525	FAMILY PLANNING ONLY/TAKE CHG		16,521	62.00	4,125	16.00	5,801	22.00	26,447	100.00

549 CLIENT IS ON SLMB	4	2.00	141	67.00	64	31.00	209	100.00
552 HMO - MHC PLANS & BHP PLUS	131	1.00	96	1.00	16,483	98.00	16,710	100.00

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553	FQHC ENCOUNTER & CALL		184	7.00	1,067	38.00	1,548	55.00	2,799	100.00
557	PROLONGED CARE W/O OTHER CODES		62	41.00	54	36.00	35	23.00	151	100.00
560	FQHC ENCOUNTER & NO PAID LINES		1	0.00	0	0.00	19,999	100.00	20,000	100.00
561	CLIENT COVERED BY PACE PROJECT		0	0.00	0	0.00	6	100.00	6	100.00
565	1C MODIFIER AND NO "B"		2	0.00	4	0.00	828	100.00	834	100.00
569	RSN PRIOR AUTHORIZATION #		0	0.00	0	0.00	3,524	100.00	3,524	100.00
577	ADMIN NOT VALID W/VACCINE CODE		2	0.00	64	5.00	1,216	95.00	1,282	100.00
578	0355M,0367M,0368M INVALID PROG		0	0.00	5	33.00	10	67.00	15	100.00
581	INFUSION PUMP RENTALS		0	0.00	0	0.00	1	100.00	1	100.00
585	NEWBORN PREMIUMS		139	52.00	122	46.00	4	2.00	265	100.00
590	ORAL ANTI-EMETIC DRUGS		0	0.00	0	0.00	16	100.00	16	100.00
595	PERFORMING PROV NOT CERTIFIED		0	0.00	0	0.00	6	100.00	6	100.00
597	SAME PROV-SIMILAR SERVICE		1,244	25.00	752	15.00	2,891	60.00	4,887	100.00
599	EXACT DUPLICATE PT 73 OR PS 90		63	1.00	2,141	18.00	9,927	81.00	12,131	100.00
601	PCOP & POS "1"		97	17.00	463	83.00	0	0.00	560	100.00
602	(NA) NO RECORD OF PA NUMBER		1	1.00	70	53.00	60	46.00	131	100.00
604	NO RECIP MATCH ON PA FILE		0	0.00	0	0.00	12	100.00	12	100.00
606	DOS ON CLM NOT ON PA FILE		0	0.00	4	67.00	2	33.00	6	100.00
607	INSUFF $$ IN PA FILE FOR SRVC.		0	0.00	0	0.00	2	100.00	2	100.00
608	INSUFF AUTH UNITS ON FILE.		0	0.00	0	0.00	3	100.00	3	100.00
609	FQHC ENCOUNTER NOT PAYABLE		0	0.00	88	1.00	16,391	99.00	16,479	100.00
610	PA PROVIDER NUMBER MISMATCH		0	0.00	5	100.00	0	0.00	5	100.00
611	(NA)NON-COVERED CODE W/AUTH NO		0	0.00	471	78.00	131	22.00	602	100.00
625	LAB EVALUATION FOR AUTO DENY		0	0.00	0	0.00	966	100.00	966	100.00
628	TPL CASUALTY PRE-PAY REVIEW		0	0.00	0	0.00	1	100.00	1	100.00
635	QRS/PIP HISTORY ONLY ADJUSTMEN		1	100.00	0	0.00	0	0.00	1	100.00
636	PT 48/49 NOT VALID		0	0.00	0	0.00	52	100.00	52	100.00
638	EXCEPTIONAL THERAPY CARE		7	100.00	0	0.00	0	0.00	7	100.00
639	DIAGNOSIS CODE IS V71.5		0	0.00	0	0.00	45	100.00	45	100.00
640	INVALID DETOX DIAGNOSIS		0	0.00	0	0.00	11	100.00	11	100.00
649	ATTEND/PERF/REF NOT CERT DIET		1	1.00	0	0.00	89	99.00	90	100.00
655	M,R,X RECOUP ON PCOP SEGMENT		0	0.00	0	0.00	5	100.00	5	100.00
657	MISSING/INCORRECT FQHC/RHC		2	3.00	22	32.00	45	65.00	69	100.00
700	CASE MGMT-1 ALLOWED PER MONTH		17	17.00	45	45.00	39	38.00	101	100.00
701	CASE MGMT-1 FOLLOW-UP PER QTR		0	0.00	2	100.00	0	0.00	2	100.00
708	12 PSYCH PER CALENDAR YEAR		5	14.00	0	0.00	30	86.00	35	100.00
711	CONTRAINDICATED AUDIT		48	41.00	44	37.00	26	22.00	118	100.00
714	1 OT ASSESS PER CALENDAR YEAR		1	13.00	3	38.00	4	49.00	8	100.00
715	ALLOW 1 WOUND CARE PER DAY		1	50.00	0	0.00	1	50.00	2	100.00
718	3 HMO NEWBORN CODES ALLOWED		29	6.00	155	35.00	264	59.00	448	100.00
720	CONTRAINDICATED AUDITS		32	14.00	45	20.00	147	66.00	224	100.00
722	1 CHILDBRTH ED & 1 CHLDCARE AU		34	19.00	118	67.00	23	14.00	175	100.00
724	URINALYSIS INCL IN DELIVERY		0	0.00	0	0.00	129	100.00	129	100.00
725	LIMIT/CONTRAINDICATED AUDIT		7	47.00	1	7.00	7	46.00	15	100.00
729	TAKE CHARGE APP AND ECRR LIMIT		65	18.00	80	22.00	212	60.00	357	100.00
740	OT LIMIT 12 PROGRAM VISITS YR		42	45.00	39	41.00	13	14.00	94	100.00
742	1 POSTPARTUM (59430) ALLOWED		3	15.00	7	35.00	10	50.00	20	100.00
751	1 0310M ALLOWED IN 12 MONTHS		2	29.00	3	43.00	2	28.00	7	100.00

753	E & M HOSP INCL IN DIALYSIS	0	0.00	5	71.00	2	29.00	7 100.00
756	INTERPRETER SIGN LANG OVER 6 U	269	97.00	3	1.00	6	2.00	278 100.00

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TYPE ENTRY ALL CLAIM TYPE PHYSICIAN

EXC CDE	EXCEPTION DESCRIPTION	SS	D	S	PR	P	FORCED OCCURS	FORCED PERCNT	DENIED OCCURS	DENIED PERCNT	NOT DENIED OR FORCED OCCURS	NOT DENIED OR FORCED PERCNT	TOTAL OCCURS	TOTAL PERCNT
758	SYNVISC/HYALGAN DOLLAR LIMIT						112	52.00	48	22.00	56	26.00	216	100.00
762	1 NORPLANT KIT ALLOWED IN 5 YR						0	0.00	2	100.00	0	0.00	2	100.00
767	20 SUPPORT SVCS PER PREGNANCY						3	25.00	9	75.00	0	0.00	12	100.00
771	1 PCOP ADULT/BABY PREM PER MO.						157	26.00	119	19.00	336	55.00	612	100.00
772	CONTRAST MEDIA INCL IN MRI/CAT						0	0.00	3	2.00	141	98.00	144	100.00
773	60 MSS 15 MIN/UNITS PER PREGNA						55	49.00	49	43.00	9	8.00	113	100.00
780	TRIMESTER CARE/HIGH RISK						2	7.00	2	7.00	26	86.00	30	100.00
782	TRIMESTER CARE						0	0.00	3	21.00	11	79.00	14	100.00
783	TRI CARE VS ANTEPARTUM						68	25.00	107	40.00	93	35.00	268	100.00
787	1 HIV/AIDS CASE MGMT PER MONTH						6	14.00	19	45.00	17	41.00	42	100.00
794	DIABETIC EDUCATION LIMIT/6						1	14.00	6	86.00	0	0.00	7	100.00
795	6 DRUG SCREENS PER CALENDAR MO						13	57.00	10	43.00	0	0.00	23	100.00
796	MEDICAL NUTRITION THERAPY - 8						1	100.00	0	0.00	0	0.00	1	100.00
797	HYDRATION INFUS/CHEMOTHERAPY						0	0.00	0	0.00	127	100.00	127	100.00
798	ALLOW 8 ADDT'L HRS OF 90781						12	17.00	18	25.00	42	58.00	72	100.00
842	ADJUSTMENT CANNOT MATCH ON PIC						0	0.00	2	100.00	0	0.00	2	100.00
843	NO MATCH ON PROVIDER						0	0.00	1	100.00	0	0.00	1	100.00
850	ADJ.-NO MATCH IN HISTORY						0	0.00	1	100.00	0	0.00	1	100.00
855	ADJ HAS AUTO DENY						1,006	85.00	0	0.00	172	15.00	1,178	100.00
859	MISSING DENY EOB						0	0.00	0	0.00	1	100.00	1	100.00
875	CLAIM FOR NEW BIENNIUM						0	0.00	0	0.00	32	100.00	32	100.00
877	TAKE CHARGE CLIENT/NON TC PROV						11	0.00	535	18.00	2,371	82.00	2,917	100.00
878	CODES ONLY TAKE CHARGE CLIENTS						0	0.00	8	1.00	713	99.00	721	100.00
897	ADULT DENTAL NC AFTER 8-1-03						2	8.00	0	0.00	24	92.00	26	100.00
898	TOO MANY CLAIMS PER RECIP						0	0.00	0	0.00	337	100.00	337	100.00
899	OVER 50 EXCEPTIONS						0	0.00	10	100.00	0	0.00	10	100.00
1004	PROC/REV CODE REQUIRES NDC						12	1.00	25	2.00	1,031	97.00	1,068	100.00
1007	GENERAL INFORMATION						0	0.00	0	0.00	45	100.00	45	100.00
1030	GENERAL INFORMATION						0	0.00	0	0.00	4	100.00	4	100.00
1500	INFANT CASE MNGMT/ LIMIT 40						23	77.00	4	13.00	3	10.00	30	100.00
1501	DASA THERAP. CHILD CARE						0	0.00	0	0.00	951	100.00	951	100.00
1502	MAX OF 5 HR CASE MNGMT/MONTH						64	86.00	10	14.00	0	0.00	74	100.00
1503	MAX OF 3 HRS INDIV THER/DAY						1	33.00	0	0.00	2	67.00	3	100.00

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TYPE ENTRY ALL CLAIM TYPE DENTAL

EXC CDE	EXCEPTION DESCRIPTION	DISPOSITION SS	D	S	PR	P	FORCED OCCURS	FORCED PERCNT	DENIED OCCURS	DENIED PERCNT	NOT DENIED OR FORCED OCCURS	NOT DENIED OR FORCED PERCNT	TOTAL OCCURS	TOTAL PERCNT
1	1 ROOT CANAL COVERED PER TOOTH						10	34.00	19	66.00	0	0.00	29	100.00
2	1 EXAM COVERED IN 6 MONTHS						696	53.00	573	44.00	33	3.00	1,302	100.00
4	ONE CROWN PER TOOTH IN 5 YEARS						4	33.00	8	67.00	0	0.00	12	100.00
9	ORTHODONTIC TRMT LIMIT/ 3 MOS.						1	5.00	5	26.00	13	69.00	19	100.00
12	LIMIT AUDITS						23	7.00	283	92.00	1	1.00	307	100.00
18	ORTHODONTIA TRTMT/2 YR MAX						0	0.00	2	100.00	0	0.00	2	100.00
20	1 PROPHY ALLOWED EVERY 6 MONTH						155	38.00	242	59.00	14	3.00	411	100.00
24	1 PANOREX/FMS ALLOWED IN 3 YRS						180	34.00	335	64.00	12	2.00	527	100.00
27	1 UPPER DENTURE ALLOWED/10 YR						216	75.00	48	17.00	25	8.00	289	100.00
28	4 BITEWINGS ALLOWED PER 12 MO.						6,129	88.00	628	9.00	211	3.00	6,968	100.00
30	1 RELINE ALLOWED IN 5 YEARS						8	21.00	28	72.00	3	7.00	39	100.00
31	1 ROOT PLANING PER 24 MONTHS						534	52.00	446	44.00	42	4.00	1,022	100.00
33	1 ADULT PROPHY ALLOWED 12 MO.						499	61.00	296	36.00	27	3.00	822	100.00
34	ADJ/RELINE/TISS CND INC IN FEE						0	0.00	0	0.00	5	100.00	5	100.00
36	RELINE DENTURE ONCE IN 5 YRS						5	19.00	21	78.00	1	3.00	27	100.00
40	MULTIPLE DENTAL OPERATIVE PROC						30	59.00	3	6.00	18	35.00	51	100.00
42	ADJ/RELINE/TISS COND IN FEE.						0	0.00	4	50.00	4	50.00	8	100.00
44	ESTABLISHED PT-FEE REDUCED						259	25.00	31	3.00	762	72.00	1,052	100.00
47	ORTHO BANDING VS EA ADD 3 MO						0	0.00	0	0.00	12	100.00	12	100.00
69	ORAL HYGIENE INSTR ONCE A YR						8	14.00	50	85.00	1	1.00	59	100.00
78	X-RAY INCLUDED IN 00210						0	0.00	0	0.00	55	100.00	55	100.00
82	1 LOWER DENTURE ALLOWED/10 YR						156	76.00	34	17.00	14	7.00	204	100.00
88	LIMIT AUDITS						165	45.00	192	53.00	8	2.00	365	100.00
90	1 INITIAL EXTRACTION ALLOWED						5	36.00	0	0.00	9	64.00	14	100.00
92	ALLOW 1 SEALANT PER TOOTH						364	21.00	1,347	78.00	15	1.00	1,726	100.00
93	RESTORATIONS NA WITH CROWNS.						0	0.00	0	0.00	53	100.00	53	100.00
101	EXACT DUPLICATE						7,188	35.00	12,738	62.00	679	3.00	20,605	100.00
102	POSSIBLE DUPLICATE						354	36.00	436	45.00	180	19.00	970	100.00
103	POSSIBLE DUPLICATE - CONFLICT						30	7.00	297	65.00	131	28.00	458	100.00
116	INVALID APPROVAL CODE						83	24.00	255	75.00	1	1.00	339	100.00
117	INVALID PROCEDURE MODIFIER						0	0.00	0	0.00	56	100.00	56	100.00
118	MISSING PLACE OF SERVICE						0	0.00	0	0.00	14	100.00	14	100.00
124	MISSING "FROM" DATE OF SERVICE						0	0.00	108	43.00	144	57.00	252	100.00
125	CLAIM PAST TIMELY BILL LIMIT						402	38.00	287	27.00	360	35.00	1,049	100.00
127	DOS AFTER BATCH DATE						0	0.00	10	67.00	5	33.00	15	100.00
129	MISSING PIC						0	0.00	17	44.00	22	56.00	39	100.00
130	INVALID PIC						0	0.00	13	3.00	450	97.00	463	100.00
132	MISSING TOTAL CLAIM CHARGE						0	0.00	14	12.00	102	88.00	116	100.00
133	CALC ERROR OF TOT CLAIM CHARGE						0	0.00	1	2.00	50	98.00	51	100.00
134	CALC ERROR OF NET CLAIM CHARGE						0	0.00	8	5.00	168	95.00	176	100.00
141	(NA) PRIOR BIENNIUM DT OF SRVC						0	0.00	0	0.00	119	100.00	119	100.00
150	ITA/INDICATOR ERROR						0	0.00	0	0.00	11	100.00	11	100.00
164	INVALID/MISSING REFERRING PROV						0	0.00	0	0.00	1	100.00	1	100.00
165	(NA) TPL/OTHER RESOURCES						638	86.00	106	14.00	0	0.00	744	100.00
166	(NA) TPR PAYMENT						677	53.00	591	47.00	0	0.00	1,268	100.00
169	(NA)MODIFIER INVALID W/ PROC.						0	0.00	0	0.00	3	100.00	3	100.00
170	INVALID PLACE OF SERVICE						0	0.00	0	0.00	7	100.00	7	100.00
172	MISSING PROCEDURE CODE						0	0.00	0	0.00	162	100.00	162	100.00

174	MISSING PERFORMING PROV. #	2	1.00	257	80.00	62	19.00	321 100.00
177	(NA) INVALID/INCORRECT UNITS	1	3.00	30	75.00	9	22.00	40 100.00

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TYPE ENTRY ALL CLAIM TYPE DENTAL

EXC CDE	EXCEPTION DESCRIPTION	DISPOSITION SS D S PR P	FORCED OCCURS	FORCED PERCNT	DENIED OCCURS	DENIED PERCNT	NOT DENIED OR FORCED OCCURS	NOT DENIED OR FORCED PERCNT	TOTAL OCCURS	TOTAL PERCNT
183	MISSING UNITS OR DAYS		0	0.00	287	89.00	34	11.00	321	100.00
184	MISSING LINE ITEM BILLED AMT		0	0.00	595	37.00	999	63.00	1,594	100.00
188	TYPE OF INS. A-K OR N		0	0.00	0	0.00	1	100.00	1	100.00
191	PROV # NOT TIED TO SUBMITTER		0	0.00	0	0.00	2,718	100.00	2,718	100.00
197	(NA) EMC WITH COMMENTS		6,810	100.00	0	0.00	0	0.00	6,810	100.00
203	INVALID TPL INDICATOR		0	0.00	0	0.00	4	100.00	4	100.00
219	INVALID NUMBER OF SURFACES		0	0.00	131	20.00	531	80.00	662	100.00
244	LINE ITEM SVC DATES NOT ELIGIB		0	0.00	16	41.00	23	59.00	39	100.00
245	(NA) HOSPICE CLIENT		0	0.00	0	0.00	22	100.00	22	100.00
247	RECIP HAS QMB COVERAGE ONLY		0	0.00	65	96.00	3	4.00	68	100.00
250	NOT ELIG WITH THIS PIC.		0	0.00	1,119	45.00	1,375	55.00	2,494	100.00
253	POSSIBLE RECIPIENT DEATH		0	0.00	2	100.00	0	0.00	2	100.00
257	(NA) STRICTED PT / ON REVIEW		0	0.00	0	0.00	31	100.00	31	100.00
263	(NA) TPL COV. ON ELIG FILE		377	35.00	315	29.00	393	36.00	1,085	100.00
264	TPL CARRIER CODE WITH NO TPL $		1	33.00	0	0.00	2	67.00	3	100.00
269	TPL - ELIG POST-PAYMENT MODE		97	5.00	194	11.00	1,510	84.00	1,801	100.00
271	RECIP NOT ELIGIBLE FOR DOS		0	0.00	366	36.00	652	64.00	1,018	100.00
279	(NA) NOT ELIG-MED CODE 6		0	0.00	1	100.00	0	0.00	1	100.00
281	(NA) GAU-APPROVAL CHK ON SRVCS		0	0.00	307	47.00	347	53.00	654	100.00
284	(NA) LCP/MI-NON COVERED SRVC		0	0.00	0	0.00	4	100.00	4	100.00
287	MI PROGRAM ENDED 7/1/03		0	0.00	0	0.00	2	100.00	2	100.00
290	FROM DOS MORE THAN 3 YRS OLD		21	31.00	17	25.00	29	44.00	67	100.00
292	(NA) FISCAL YEAR END		0	0.00	0	0.00	184	100.00	184	100.00
293	(NA) PROV EXCEP 11-QRS REVIEW		1	100.00	0	0.00	0	0.00	1	100.00
294	DPS REVIEW-EXCEP IND 21		63	91.00	0	0.00	6	9.00	69	100.00
299	ONCE PER LIFETIME PROCEDURE		14	2.00	71	9.00	686	89.00	771	100.00
301	(NA) INELIG FOR CAT OF SERVICE		0	0.00	0	0.00	566	100.00	566	100.00
304	PERFORM PROV NUMBR NOT ON FILE		0	0.00	2	15.00	11	85.00	13	100.00
305	(NA)PROV EXCEP 10-QRS REVIEW		36	95.00	2	5.00	0	0.00	38	100.00
307	(NA) VOLUNTARY TERMINATION		0	0.00	0	0.00	10	100.00	10	100.00
312	DENTAL SEALANTS		0	0.00	5	0.00	2,341	100.00	2,346	100.00
313	INCORRECT PROV# FOR CLAIM TYPE		0	0.00	10	1.00	751	99.00	761	100.00
317	(NA) OUT OF STATE PROVIDER		0	0.00	0	0.00	24	100.00	24	100.00
319	MANUAL PRICE EXCEEDS PDD ALLOW		2	0.00	0	0.00	1,218	100.00	1,220	100.00
326	PROCEDURE CODE NOT COVERED		1	0.00	0	0.00	1,490	100.00	1,491	100.00
328	(NA)INVALID RECIP AGE FOR PROC		1,019	20.00	3,696	72.00	413	8.00	5,128	100.00
331	(NA) MANUAL PRICE REQUIRED		0	0.00	94	53.00	85	47.00	179	100.00
332	(NA) INVALID P/T FOR PROCEDURE		0	0.00	1	0.00	2,060	100.00	2,061	100.00
348	(NA)BILLED AMT EXCEEDS MAX FEE		192	91.00	0	0.00	18	9.00	210	100.00
351	(NA) VARIANCE		3	0.00	0	0.00	781	100.00	784	100.00
352	(NA) VERIFY # UNITS BILLED		1	0.00	1	0.00	327	100.00	329	100.00
353	PROC REQ PRIOR APPROVAL		68	6.00	532	49.00	483	45.00	1,083	100.00
354	MISSING TOOTH NUMBER/ARCH/QUAD		315	43.00	257	35.00	159	22.00	731	100.00
355	INVALID TOOTH NUMBER/ARCH/QUAD		0	0.00	0	0.00	240	100.00	240	100.00
356	MISSING TOOTH SURFACE		0	0.00	1	0.00	1,068	100.00	1,069	100.00
357	INVALID TOOTH SURFACE		0	0.00	0	0.00	108	100.00	108	100.00
361	INVALID PROCEDURE CODE		0	0.00	4	0.00	1,969	100.00	1,973	100.00
365	(NA) INVALID POS FOR PROCEDURE		0	0.00	0	0.00	1,120	100.00	1,120	100.00

366	(NA)INVALID PROV SPEC FOR PROC	1,021	32.00	103	3.00	2,044	65.00	3,168	100.00
378	UNABLE TO PRICE FOR THIS DOS	0	0.00	2	0.00	5,301	100.00	5,303	100.00

M O N T H L Y E X C E P T I O N S U M M A R Y

TYPE ENTRY ALL CLAIM TYPE DENTAL

EXC CDE	EXCEPTION DESCRIPTION	DISPOSITION SS D S PR P	FORCED OCCURS	FORCED PERCNT	DENIED OCCURS	DENIED PERCNT	NOT DENIED OR FORCED OCCURS	NOT DENIED OR FORCED PERCNT	TOTAL OCCURS	TOTAL PERCNT
387	LOCAL CODE NON-ALLOWABLE		0	0.00	1	0.00	648	100.00	649	100.00
404	(NA)PROV TERM-OTHER INVOL RSNS		0	0.00	0	0.00	129	100.00	129	100.00
405	(NA) PROV TERMINATED-MED AUTH		0	0.00	0	0.00	5	100.00	5	100.00
407	(NA) PROV TERM-LICENSE EXPIRED		0	0.00	0	0.00	1	100.00	1	100.00
416	PROV # NOT VALID FOR BILLING		0	0.00	277	29.00	671	71.00	948	100.00
421	TOS/PROC REVIEW-MSS		89	66.00	22	16.00	23	18.00	134	100.00
422	(NA) PROV NOT ENROLLED FOR DOS		0	0.00	0	0.00	61	100.00	61	100.00
440	(NA) PROV NOT ENROLLED FOR DOS		0	0.00	0	0.00	75	100.00	75	100.00
458	PROVIDER HOLD 10 - QRS REVIEW		9	100.00	0	0.00	0	0.00	9	100.00
473	TOS/PROC REVIEW - OPS		27	35.00	47	61.00	3	4.00	77	100.00
477	PERF PROV CAN'T BE A GROUP #		0	0.00	0	0.00	634	100.00	634	100.00
479	(NA)PERF PROV NOT COMPAT W/GRP		0	0.00	0	0.00	2	100.00	2	100.00
483	PROCEDURE CODE VS TOOTH #		33	2.00	994	66.00	486	32.00	1,513	100.00
498	DDD RECIPIENT FOR DOS ON CLAIM		0	0.00	0	0.00	4,040	100.00	4,040	100.00
523	PROCEDURE EXCLUDED FROM TPL		112	47.00	0	0.00	126	53.00	238	100.00
525	FAMILY PLANNING ONLY/TAKE CHG		0	0.00	2	1.00	140	99.00	142	100.00
549	CLIENT IS ON SLMB		0	0.00	31	94.00	2	6.00	33	100.00
552	HMO - MHC PLANS & BHP PLUS		0	0.00	0	0.00	73	100.00	73	100.00
553	FQHC ENCOUNTER & CALL		2	0.00	0	0.00	420	100.00	422	100.00
560	FQHC ENCOUNTER & NO PAID LINES		0	0.00	0	0.00	3,822	100.00	3,822	100.00
569	RSN PRIOR AUTHORIZATION #		0	0.00	0	0.00	3	100.00	3	100.00
599	EXACT DUPLICATE PT 73 OR PS 90		868	13.00	5,424	84.00	191	3.00	6,483	100.00
602	(NA) NO RECORD OF PA NUMBER		0	0.00	0	0.00	39	100.00	39	100.00
604	NO RECIP MATCH ON PA FILE		0	0.00	8	44.00	10	56.00	18	100.00
606	DOS ON CLM NOT ON PA FILE		0	0.00	0	0.00	26	100.00	26	100.00
607	INSUFF $$ IN PA FILE FOR SRVC.		1	20.00	2	40.00	2	40.00	5	100.00
608	INSUFF AUTH UNITS ON FILE.		0	0.00	13	10.00	121	90.00	134	100.00
609	FQHC ENCOUNTER NOT PAYABLE		0	0.00	0	0.00	1,609	100.00	1,609	100.00
610	PA PROVIDER NUMBER MISMATCH		1	2.00	34	72.00	12	26.00	47	100.00
611	(NA)NON-COVERED CODE W/AUTH NO		0	0.00	27	100.00	0	0.00	27	100.00
637	ABCD SERVICE/NON-ABCD CLIENT		0	0.00	0	0.00	152	100.00	152	100.00
719	6 EA ADDITIONAL 3 MO ORTHO TX		0	0.00	0	0.00	11	100.00	11	100.00
737	1 DENTAL EXAM ALLOWED PER DAY		107	11.00	66	7.00	762	82.00	935	100.00
745	1 DENTAL EXAM ALLOWED PER DAY		121	13.00	9	1.00	804	86.00	934	100.00
747	1 U/PARTIAL ALLOWED IN 5YRS		41	61.00	14	21.00	12	18.00	67	100.00
748	1 L/PARTIAL ALLOWED IN 5YRS		46	74.00	9	15.00	7	11.00	62	100.00
749	TOOTH PREVIOUSLY EXTRACTED		83	12.00	73	11.00	526	77.00	682	100.00
789	FLUORIDE VS FLUORIDE VARNISH		0	0.00	0	0.00	1	100.00	1	100.00
824	INSUFFICIENT UNITS IN PA FILE		0	0.00	2	100.00	0	0.00	2	100.00
843	NO MATCH ON PROVIDER		0	0.00	1	100.00	0	0.00	1	100.00
855	ADJ HAS AUTO DENY		517	100.00	0	0.00	0	0.00	517	100.00
875	CLAIM FOR NEW BIENNIUM		0	0.00	0	0.00	3	100.00	3	100.00
877	TAKE CHARGE CLIENT/NON TC PROV		0	0.00	0	0.00	47	100.00	47	100.00
897	ADULT DENTAL NC AFTER 8-1-03		11	1.00	2	0.00	734	99.00	747	100.00
898	TOO MANY CLAIMS PER RECIP		0	0.00	0	0.00	1	100.00	1	100.00
1003	NEED APPLIANCE PLACEMENT DATE		0	0.00	226	77.00	67	23.00	293	100.00
1016	# OF UNITS DOES NOT = # TEETH		1	1.00	0	0.00	141	99.00	142	100.00
1017	# UNITS DOES NOT = # QUAD/ARCH		0	0.00	0	0.00	145	100.00	145	100.00

1021	INVALID QUADRANT OR ARCH CODE	0	0.00	1	100.00	0	0.00	1 100.00
1022	INVALID QUAD/ARCH FOR PROC COD	0	0.00	32	76.00	10	24.00	42 100.00

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TYPE ENTRY ALL CLAIM TYPE DENTAL

EXC CDE	EXCEPTION DESCRIPTION	DISPOSITION SS	D	S	PR	P	FORCED OCCURS	FORCED PERCNT	DENIED OCCURS	DENIED PERCNT	NOT DENIED OR FORCED OCCURS	NOT DENIED OR FORCED PERCNT	TOTAL OCCURS	TOTAL PERCNT

M O N T H L Y E X C E P T I O N S U M M A R Y

TYPE ENTRY ALL CLAIM TYPE EPSDT

EXC CDE	EXCEPTION DESCRIPTION	DISPOSITION SS D S PR P	FORCED OCCURS	FORCED PERCNT	DENIED OCCURS	DENIED PERCNT	NOT DENIED OR FORCED OCCURS	NOT DENIED OR FORCED PERCNT	TOTAL OCCURS	TOTAL PERCNT
10	5 SCREENS COV 1ST YEAR LIFE		13	43.00	8	27.00	9	30.00	30	100.00
11	1 ANNUAL SCREEN AFT 4TH YEAR		10	4.00	63	27.00	163	69.00	236	100.00
13	AUTO/NON AUTO/PANEL LAB TESTS		0	0.00	0	0.00	13	100.00	13	100.00
21	90782-88 INCL IN E/M CODE		0	0.00	0	0.00	8	100.00	8	100.00
38	MAX OF 3 EPSDT EXAMS ALLOWED		1	17.00	0	0.00	5	83.00	6	100.00
41	1 DEPO PROVERA IN 65 DAYS		0	0.00	0	0.00	1	100.00	1	100.00
44	ESTABLISHED PT-FEE REDUCED		80	18.00	86	19.00	288	63.00	454	100.00
53	MULT OPERATIVE PROC PERFORMED		0	0.00	0	0.00	2	100.00	2	100.00
55	CC/ADMIT/CNSLT/SURG INV COMBO		0	0.00	0	0.00	68	100.00	68	100.00
89	COMPONENT TESTS INCL. IN CBC		0	0.00	0	0.00	6	100.00	6	100.00
101	EXACT DUPLICATE		32	1.00	5	0.00	2,160	99.00	2,197	100.00
102	POSSIBLE DUPLICATE		3	6.00	26	51.00	22	43.00	51	100.00
105	DIAGNOSIS NOT ALLOWED W/PROC		0	0.00	0	0.00	207	100.00	207	100.00
116	INVALID APPROVAL CODE		7	5.00	132	95.00	0	0.00	139	100.00
117	INVALID PROCEDURE MODIFIER		1	0.00	183	60.00	119	40.00	303	100.00
118	MISSING PLACE OF SERVICE		0	0.00	0	0.00	28	100.00	28	100.00
124	MISSING "FROM" DATE OF SERVICE		0	0.00	0	0.00	1	100.00	1	100.00
125	CLAIM PAST TIMELY BILL LIMIT		24	5.00	119	23.00	383	72.00	526	100.00
126	''FROM'' DATE PAST ''TO'' DATE		0	0.00	2	100.00	0	0.00	2	100.00
127	DOS AFTER BATCH DATE		0	0.00	0	0.00	1	100.00	1	100.00
130	INVALID PIC		13	7.00	7	4.00	175	89.00	195	100.00
131	MODIFIER DL-MANUAL DENY LINE		0	0.00	7	100.00	0	0.00	7	100.00
132	MISSING TOTAL CLAIM CHARGE		0	0.00	0	0.00	10	100.00	10	100.00
133	CALC ERROR OF TOT CLAIM CHARGE		0	0.00	0	0.00	48	100.00	48	100.00
134	CALC ERROR OF NET CLAIM CHARGE		0	0.00	0	0.00	57	100.00	57	100.00
136	(NA) POS TO MODIFIER 26		0	0.00	0	0.00	2	100.00	2	100.00
141	(NA) PRIOR BIENNIUM DT OF SRVC		0	0.00	0	0.00	83	100.00	83	100.00
161	MISSING/INVALID EPSDT REF IND		0	0.00	1	100.00	0	0.00	1	100.00
164	INVALID/MISSING REFERRING PROV		0	0.00	0	0.00	3	100.00	3	100.00
165	(NA) TPL/OTHER RESOURCES		509	89.00	63	11.00	0	0.00	572	100.00
166	(NA) TPR PAYMENT		253	47.00	284	53.00	0	0.00	537	100.00
168	INVALID MODIFIER FOR EPSDT		34	0.00	0	0.00	18,541	100.00	18,575	100.00
169	(NA)MODIFIER INVALID W/ PROC.		0	0.00	0	0.00	1,036	100.00	1,036	100.00
170	INVALID PLACE OF SERVICE		0	0.00	0	0.00	2	100.00	2	100.00
172	MISSING PROCEDURE CODE		0	0.00	0	0.00	105	100.00	105	100.00
174	MISSING PERFORMING PROV. #		0	0.00	43	40.00	64	60.00	107	100.00
177	(NA) INVALID/INCORRECT UNITS		0	0.00	5	2.00	251	98.00	256	100.00
183	MISSING UNITS OR DAYS		0	0.00	1	4.00	25	96.00	26	100.00
184	MISSING LINE ITEM BILLED AMT		0	0.00	42	10.00	367	90.00	409	100.00
191	PROV # NOT TIED TO SUBMITTER		21	2.00	0	0.00	1,113	98.00	1,134	100.00
197	(NA) EMC WITH COMMENTS		2,303	100.00	0	0.00	0	0.00	2,303	100.00
203	INVALID TPL INDICATOR		0	0.00	0	0.00	2	100.00	2	100.00
242	HEALTH DEPT MODIFER MISSING		0	0.00	9	1.00	1,118	99.00	1,127	100.00
244	LINE ITEM SVC DATES NOT ELIGIB		0	0.00	19	63.00	11	37.00	30	100.00
245	(NA) HOSPICE CLIENT		0	0.00	0	0.00	1	100.00	1	100.00
249	(NA) EPSDT MUST BE UNDER 21		26	1.00	1,590	78.00	427	21.00	2,043	100.00
250	NOT ELIG WITH THIS PIC.		4	1.00	24	8.00	262	91.00	290	100.00
260	RECIP NOT LISTED		0	0.00	0	0.00	144	100.00	144	100.00

263	(NA) TPL COV. ON ELIG FILE	78	43.00	26	14.00	76	43.00	180 100.00
264	TPL CARRIER CODE WITH NO TPL $	0	0.00	0	0.00	1	100.00	1 100.00

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TYPE ENTRY ALL CLAIM TYPE EPSDT

EXC CDE	EXCEPTION DESCRIPTION	DISPOSITION SS D S PR P	FORCED OCCURS	FORCED PERCNT	DENIED OCCURS	DENIED PERCNT	NOT DENIED OR FORCED OCCURS	NOT DENIED OR FORCED PERCNT	TOTAL OCCURS	TOTAL PERCNT
269	TPL - ELIG POST-PAYMENT MODE		0	0.00	0	0.00	23	100.00	23	100.00
271	RECIP NOT ELIGIBLE FOR DOS		0	0.00	28	17.00	135	83.00	163	100.00
276	QMB DUAL RECIPIENT FOR DOS		0	0.00	0	0.00	33	100.00	33	100.00
277	RECIP NOT ELIGIBLE FOR DOS		0	0.00	0	0.00	73	100.00	73	100.00
279	(NA) NOT ELIG-MED CODE 6		0	0.00	1	100.00	0	0.00	1	100.00
281	(NA) GAU-APPROVAL CHK ON SRVCS		0	0.00	0	0.00	134	100.00	134	100.00
290	FROM DOS MORE THAN 3 YRS OLD		0	0.00	1	1.00	73	99.00	74	100.00
292	(NA) FISCAL YEAR END		0	0.00	0	0.00	38	100.00	38	100.00
299	ONCE PER LIFETIME PROCEDURE		0	0.00	0	0.00	22	100.00	22	100.00
301	(NA) INELIG FOR CAT OF SERVICE		76	9.00	240	28.00	543	63.00	859	100.00
304	PERFORM PROV NUMBR NOT ON FILE		0	0.00	0	0.00	42	100.00	42	100.00
308	SECURITY ERROR ON PROV NUMBER		0	0.00	0	0.00	7	100.00	7	100.00
317	(NA) OUT OF STATE PROVIDER		0	0.00	0	0.00	4	100.00	4	100.00
323	(NA) INVALID RECIP AGE TO DX		0	0.00	0	0.00	1	100.00	1	100.00
324	(NA) INVALID SEX TO DX		0	0.00	0	0.00	32	100.00	32	100.00
325	(NA)ACCIDENT DIAG-TPL SUSPECT		0	0.00	0	0.00	21	100.00	21	100.00
326	PROCEDURE CODE NOT COVERED		2	0.00	6	1.00	559	99.00	567	100.00
328	(NA)INVALID RECIP AGE FOR PROC		533	14.00	481	12.00	2,847	74.00	3,861	100.00
329	(NA)INVALID RECIP SEX FOR PROC		0	0.00	0	0.00	3	100.00	3	100.00
330	NO ASSIST WITH THIS PROCEDURE		0	0.00	0	0.00	2	100.00	2	100.00
331	(NA) MANUAL PRICE REQUIRED		0	0.00	0	0.00	35	100.00	35	100.00
332	(NA) INVALID P/T FOR PROCEDURE		76	15.00	1	0.00	434	85.00	511	100.00
342	(NA) DX REQUIRES REVIEW.		0	0.00	0	0.00	18	100.00	18	100.00
343	DIAGNOSIS REQUIRES APPROVAL		492	41.00	61	5.00	637	54.00	1,190	100.00
344	INVALID PRIMARY DIAGNOSES CODE		0	0.00	1	4.00	22	96.00	23	100.00
351	(NA) VARIANCE		0	0.00	0	0.00	145	100.00	145	100.00
352	(NA) VERIFY # UNITS BILLED		0	0.00	0	0.00	1,497	100.00	1,497	100.00
353	PROC REQ PRIOR APPROVAL		0	0.00	0	0.00	2	100.00	2	100.00
361	INVALID PROCEDURE CODE		0	0.00	0	0.00	38	100.00	38	100.00
365	(NA) INVALID POS FOR PROCEDURE		2	0.00	49	9.00	497	91.00	548	100.00
366	(NA)INVALID PROV SPEC FOR PROC		0	0.00	0	0.00	3	100.00	3	100.00
368	(NA) MOD REQUIRES MANUAL PRICE		0	0.00	0	0.00	19	100.00	19	100.00
376	INVALID EPSDT PROCEDURE		7	0.00	12	1.00	2,072	99.00	2,091	100.00
378	UNABLE TO PRICE FOR THIS DOS		0	0.00	0	0.00	19	100.00	19	100.00
380	ANESTHESIA NOT ALLOWED W/PROC		0	0.00	0	0.00	2	100.00	2	100.00
387	LOCAL CODE NON-ALLOWABLE		0	0.00	0	0.00	14	100.00	14	100.00
404	(NA)PROV TERM-OTHER INVOL RSNS		0	0.00	0	0.00	7	100.00	7	100.00
416	PROV # NOT VALID FOR BILLING		0	0.00	50	46.00	59	54.00	109	100.00
422	(NA) PROV NOT ENROLLED FOR DOS		0	0.00	0	0.00	3	100.00	3	100.00
440	(NA) PROV NOT ENROLLED FOR DOS		0	0.00	0	0.00	10	100.00	10	100.00
441	(NA)PERF/ATTEND/PRESC PROV DOS		0	0.00	0	0.00	4	100.00	4	100.00
477	PERF PROV CAN'T BE A GROUP #		0	0.00	0	0.00	23	100.00	23	100.00
479	(NA)PERF PROV NOT COMPAT W/GRP		0	0.00	0	0.00	3	100.00	3	100.00
495	TPL PAY & CHASE SERVICES		55	6.00	187	19.00	755	75.00	997	100.00
496	NO 1H/SL MODIFIER RATE		0	0.00	72	35.00	136	65.00	208	100.00
498	DDD RECIPIENT FOR DOS ON CLAIM		0	0.00	0	0.00	405	100.00	405	100.00
520	PARTIAL PCOP SEGMENT COVERAGE		0	0.00	0	0.00	15	100.00	15	100.00
521	PCCM REFERRAL # REQUIRED		0	0.00	0	0.00	20	100.00	20	100.00

523 PROCEDURE EXCLUDED FROM TPL	0	0.00	0	0.00	1	100.00	1	100.00
525 FAMILY PLANNING ONLY/TAKE CHG	2	0.00	148	33.00	301	67.00	451	100.00

M O N T H L Y E X C E P T I O N S U M M A R Y

TYPE ENTRY ALL CLAIM TYPE EPSDT

EXC CDE	EXCEPTION DESCRIPTION	DISPOSITION SS D S PR P	FORCED OCCURS	FORCED PERCNT	DENIED OCCURS	DENIED PERCNT	NOT DENIED OR FORCED OCCURS	NOT DENIED OR FORCED PERCNT	TOTAL OCCURS	TOTAL PERCNT
552	HMO - MHC PLANS & BHP PLUS		21	1.00	26	2.00	1,554	97.00	1,601	100.00
553	FQHC ENCOUNTER & CALL		0	0.00	0	0.00	137	100.00	137	100.00
560	FQHC ENCOUNTER & NO PAID LINES		0	0.00	0	0.00	1,581	100.00	1,581	100.00
577	ADMIN NOT VALID W/VACCINE CODE		2	0.00	21	1.00	1,504	99.00	1,527	100.00
599	EXACT DUPLICATE PT 73 OR PS 90		16	3.00	406	75.00	119	22.00	541	100.00
609	FQHC ENCOUNTER NOT PAYABLE		0	0.00	11	1.00	1,028	99.00	1,039	100.00
855	ADJ HAS AUTO DENY		53	100.00	0	0.00	0	0.00	53	100.00
875	CLAIM FOR NEW BIENNIUM		0	0.00	0	0.00	1	100.00	1	100.00
877	TAKE CHARGE CLIENT/NON TC PROV		0	0.00	0	0.00	20	100.00	20	100.00
878	CODES ONLY TAKE CHARGE CLIENTS		0	0.00	0	0.00	2	100.00	2	100.00

M O N T H L Y E X C E P T I O N S U M M A R Y

TYPE ENTRY ALL CLAIM TYPE OUTPATIENT

EXC CDE	EXCEPTION DESCRIPTION	DISPOSITION SS D S PR P	FORCED OCCURS	FORCED PERCNT	DENIED OCCURS	DENIED PERCNT	NOT DENIED OR FORCED OCCURS	NOT DENIED OR FORCED PERCNT	TOTAL OCCURS	TOTAL PERCNT
13	AUTO/NON AUTO/PANEL LAB TESTS		2	0.00	1	0.00	957	100.00	960	100.00
26	SPEECH THERAPY LIMIT/12/CAL YR		23	41.00	25	45.00	8	14.00	56	100.00
65	SPEECH - 36 PER YR FOR DX		1	100.00	0	0.00	0	0.00	1	100.00
68	OT ADDT'L LIMIT 36 VISITS/YR		103	70.00	28	19.00	17	11.00	148	100.00
89	COMPONENT TESTS INCL. IN CBC		8	2.00	2	0.00	461	98.00	471	100.00
101	EXACT DUPLICATE		12	0.00	0	0.00	2,938	100.00	2,950	100.00
102	POSSIBLE DUPLICATE		838	36.00	982	42.00	537	22.00	2,357	100.00
103	POSSIBLE DUPLICATE - CONFLICT		422	45.00	320	34.00	193	21.00	935	100.00
105	DIAGNOSIS NOT ALLOWED W/PROC		15	32.00	16	34.00	16	34.00	47	100.00
116	INVALID APPROVAL CODE		45	6.00	771	94.00	0	0.00	816	100.00
124	MISSING "FROM" DATE OF SERVICE		0	0.00	105	24.00	330	76.00	435	100.00
125	CLAIM PAST TIMELY BILL LIMIT		431	30.00	543	38.00	464	32.00	1,438	100.00
126	''FROM'' DATE PAST ''TO'' DATE		0	0.00	5	56.00	4	44.00	9	100.00
127	DOS AFTER BATCH DATE		0	0.00	2	100.00	0	0.00	2	100.00
129	MISSING PIC		0	0.00	53	100.00	0	0.00	53	100.00
130	INVALID PIC		0	0.00	59	24.00	191	76.00	250	100.00
132	MISSING TOTAL CLAIM CHARGE		0	0.00	11	65.00	6	35.00	17	100.00
133	CALC ERROR OF TOT CLAIM CHARGE		0	0.00	92	53.00	82	47.00	174	100.00
134	CALC ERROR OF NET CLAIM CHARGE		0	0.00	742	82.00	162	18.00	904	100.00
137	CALC ERROR NON-COVERED CHARGE		0	0.00	0	0.00	16	100.00	16	100.00
139	MISSING ATTENDING PROV NUMBER		0	0.00	46	12.00	325	88.00	371	100.00
141	(NA) PRIOR BIENNIUM DT OF SRVC		0	0.00	0	0.00	81	100.00	81	100.00
148	MISSING REVENUE CODE		0	0.00	126	33.00	257	67.00	383	100.00
150	ITA/INDICATOR ERROR		0	0.00	0	0.00	1	100.00	1	100.00
163	MISSING DIAGNOSIS CODE		0	0.00	11	46.00	13	54.00	24	100.00
165	(NA) TPL/OTHER RESOURCES		2,115	97.00	75	3.00	0	0.00	2,190	100.00
166	(NA) TPR PAYMENT		1,940	54.00	1,658	46.00	0	0.00	3,598	100.00
171	NON-COV CHG MORE THAN BILLED		0	0.00	0	0.00	3	100.00	3	100.00
176	(NA)ONE DATE OF SRVC PER CLAIM		388	8.00	8	0.00	4,633	92.00	5,029	100.00
177	(NA) INVALID/INCORRECT UNITS		0	0.00	0	0.00	4,262	100.00	4,262	100.00
183	MISSING UNITS OR DAYS		0	0.00	93	62.00	56	38.00	149	100.00
184	MISSING LINE ITEM BILLED AMT		0	0.00	9	1.00	1,098	99.00	1,107	100.00
190	MISSING/INVALID ITA INDICATOR		1	100.00	0	0.00	0	0.00	1	100.00
194	HOSPICE-DOS/DAYS DO NOT AGREE		28	32.00	33	38.00	27	30.00	88	100.00
197	(NA) EMC WITH COMMENTS		11,752	100.00	2	0.00	0	0.00	11,754	100.00
203	INVALID TPL INDICATOR		0	0.00	0	0.00	10	100.00	10	100.00
204	INVALID ATTENDING PROV NUMBER		2	1.00	7	2.00	334	97.00	343	100.00
208	INVALID ACCIDENT CODE		0	0.00	0	0.00	10	100.00	10	100.00
211	INVALID 3RD DIAGNOSIS CODE		0	0.00	0	0.00	3	100.00	3	100.00
212	INVALID 4TH DIAGNOSIS		0	0.00	0	0.00	3	100.00	3	100.00
213	INVALID 5TH DIAGNOSIS		0	0.00	0	0.00	1	100.00	1	100.00
220	SURG DATE NOT WITHIN DT OF SVC		0	0.00	0	0.00	434	100.00	434	100.00
224	DUPLICATE REV. CODES		1	0.00	0	0.00	5,906	100.00	5,907	100.00
231	MISSING ADMISSION HOUR		0	0.00	220	18.00	1,010	82.00	1,230	100.00
232	MISSING DISCHARGE HOUR		4	0.00	606	40.00	914	60.00	1,524	100.00
240	(NA) KIDNEY DIALYSIS REVIEW		0	0.00	0	0.00	2,670	100.00	2,670	100.00
243	HOSPICE CLM-RECIP NOT ON CNP		0	0.00	4	7.00	56	93.00	60	100.00
245	(NA) HOSPICE CLIENT		4	5.00	48	62.00	26	33.00	78	100.00

246	POSSIBLE MEDICARE COVERAGE-HH	0	0.00	0	0.00	302	100.00	302 100.00
247	RECIP HAS QMB COVERAGE ONLY	2	2.00	35	43.00	45	55.00	82 100.00

M O N T H L Y E X C E P T I O N S U M M A R Y

TYPE ENTRY ALL CLAIM TYPE OUTPATIENT

EXC CDE	EXCEPTION DESCRIPTION	DISPOSITION SS D S PR P	FORCED OCCURS	FORCED PERCNT	DENIED OCCURS	DENIED PERCNT	NOT DENIED OR FORCED OCCURS	NOT DENIED OR FORCED PERCNT	TOTAL OCCURS	TOTAL PERCNT
250	NOT ELIG WITH THIS PIC.		0	0.00	275	17.00	1,359	83.00	1,634	100.00
252	(NA) NOT ELIG FOR ALL DOS		0	0.00	45	61.00	29	39.00	74	100.00
253	POSSIBLE RECIPIENT DEATH		0	0.00	18	58.00	13	42.00	31	100.00
255	(NA) OVER AGE 65 & MED ELIG 0		0	0.00	0	0.00	3,736	100.00	3,736	100.00
257	(NA) STRICTED PT / ON REVIEW		0	0.00	0	0.00	280	100.00	280	100.00
259	(NA) ELIG FOR MEDICARE PART A		790	88.00	25	3.00	86	9.00	901	100.00
261	(NA) ELIG FOR PART B		883	30.00	838	28.00	1,256	42.00	2,977	100.00
262	(NA) TPL SUSPECT		589	75.00	10	1.00	185	24.00	784	100.00
263	(NA) TPL COV. ON ELIG FILE		2,426	51.00	1,585	33.00	774	16.00	4,785	100.00
264	TPL CARRIER CODE WITH NO TPL $		0	0.00	0	0.00	5	100.00	5	100.00
269	TPL - ELIG POST-PAYMENT MODE		1	0.00	13	1.00	2,093	99.00	2,107	100.00
271	RECIP NOT ELIGIBLE FOR DOS		0	0.00	194	18.00	882	82.00	1,076	100.00
279	(NA) NOT ELIG-MED CODE 6		0	0.00	3	100.00	0	0.00	3	100.00
281	(NA) GAU-APPROVAL CHK ON SRVCS		407	84.00	17	3.00	62	13.00	486	100.00
283	(NA) LCP/MN-NON COVERED SRVC		126	23.00	244	45.00	167	32.00	537	100.00
284	(NA) LCP/MI-NON COVERED SRVC		1	14.00	5	71.00	1	15.00	7	100.00
285	(NA) Q PROGRAM CODE WITH ITA		0	0.00	9	82.00	2	18.00	11	100.00
286	VERIFY DETOX RECIP & SVCS		0	0.00	0	0.00	1	100.00	1	100.00
287	MI PROGRAM ENDED 7/1/03		0	0.00	0	0.00	128	100.00	128	100.00
290	FROM DOS MORE THAN 3 YRS OLD		15	35.00	7	16.00	21	49.00	43	100.00
292	(NA) FISCAL YEAR END		0	0.00	0	0.00	95	100.00	95	100.00
301	(NA) INELIG FOR CAT OF SERVICE		0	0.00	25	12.00	177	88.00	202	100.00
308	SECURITY ERROR ON PROV NUMBER		0	0.00	0	0.00	30	100.00	30	100.00
313	INCORRECT PROV# FOR CLAIM TYPE		0	0.00	1	100.00	0	0.00	1	100.00
315	INVALID ATTENDING PROV NUMBER		1	7.00	5	33.00	9	60.00	15	100.00
317	(NA) OUT OF STATE PROVIDER		0	0.00	0	0.00	370	100.00	370	100.00
319	MANUAL PRICE EXCEEDS PDD ALLOW		0	0.00	0	0.00	36	100.00	36	100.00
323	(NA) INVALID RECIP AGE TO DX		0	0.00	8	73.00	3	27.00	11	100.00
324	(NA) INVALID SEX TO DX		3	14.00	10	45.00	9	41.00	22	100.00
325	(NA)ACCIDENT DIAG-TPL SUSPECT		0	0.00	0	0.00	8,839	100.00	8,839	100.00
326	PROCEDURE CODE NOT COVERED		0	0.00	191	79.00	50	21.00	241	100.00
328	(NA)INVALID RECIP AGE FOR PROC		29	12.00	55	24.00	149	64.00	233	100.00
332	(NA) INVALID P/T FOR PROCEDURE		5	100.00	0	0.00	0	0.00	5	100.00
335	INVALID 2ND DIAGNOSIS CODE		0	0.00	0	0.00	14	100.00	14	100.00
343	DIAGNOSIS REQUIRES APPROVAL		1,312	43.00	1,115	37.00	597	20.00	3,024	100.00
344	INVALID PRIMARY DIAGNOSES CODE		0	0.00	0	0.00	8	100.00	8	100.00
345	(NA) DATE OF CONSENT REQUIRED		111	40.00	64	23.00	101	37.00	276	100.00
351	(NA) VARIANCE		1	0.00	1	0.00	35,526	100.00	35,528	100.00
352	(NA) VERIFY # UNITS BILLED		36	69.00	8	15.00	8	16.00	52	100.00
353	PROC REQ PRIOR APPROVAL		337	36.00	415	44.00	184	20.00	936	100.00
361	INVALID PROCEDURE CODE		0	0.00	0	0.00	3	100.00	3	100.00
364	MISSING OCCURRENCE CODE DATE.		0	0.00	4	80.00	1	20.00	5	100.00
367	VERIFY REVENUE CODE		0	0.00	840	70.00	366	30.00	1,206	100.00
369	REVENUE CODE NOT ALLOWED		0	0.00	76	1.00	5,321	99.00	5,397	100.00
375	(NA)BILLED AMOUNT > $1100.00		8	13.00	25	40.00	29	47.00	62	100.00
377	(NA)APPROVAL OR TRANSPORT TEAM		785	71.00	20	2.00	299	27.00	1,104	100.00
378	UNABLE TO PRICE FOR THIS DOS		0	0.00	2,789	77.00	825	23.00	3,614	100.00
379	(NA) UNABLE TO PRICE		0	0.00	0	0.00	39	100.00	39	100.00

388	LIMIT AUDITS	0	0.00	0	0.00	2	100.00	2 100.00
399	(NA) EXCLUDED REVENUE CODE	0	0.00	7	11.00	57	89.00	64 100.00

M O N T H L Y E X C E P T I O N S U M M A R Y

TYPE ENTRY ALL CLAIM TYPE OUTPATIENT

EXC CDE	EXCEPTION DESCRIPTION	DISPOSITION SS D S PR P	FORCED OCCURS	FORCED PERCNT	DENIED OCCURS	DENIED PERCNT	NOT DENIED OR FORCED OCCURS	NOT DENIED OR FORCED PERCNT	TOTAL OCCURS	TOTAL PERCNT
402	(NA)PROV TERMINATED-NUMBER CHG		0	0.00	0	0.00	7	100.00	7	100.00
404	(NA)PROV TERM-OTHER INVOL RSNS		0	0.00	0	0.00	79	100.00	79	100.00
416	PROV # NOT VALID FOR BILLING		0	0.00	72	92.00	6	8.00	78	100.00
422	(NA) PROV NOT ENROLLED FOR DOS		0	0.00	0	0.00	4	100.00	4	100.00
432	(NA)SRVC NOT ALLOWED TO NH PT.		8	20.00	0	0.00	33	80.00	41	100.00
440	(NA) PROV NOT ENROLLED FOR DOS		0	0.00	0	0.00	54	100.00	54	100.00
441	(NA)PERF/ATTEND/PRESC PROV DOS		0	0.00	0	0.00	12	100.00	12	100.00
448	HOME HLTH SRVC MAY REQ REVIEW		218	39.00	162	29.00	180	32.00	560	100.00
495	TPL PAY & CHASE SERVICES		22	4.00	161	29.00	376	67.00	559	100.00
498	DDD RECIPIENT FOR DOS ON CLAIM		0	0.00	0	0.00	4,797	100.00	4,797	100.00
505	HOSPICE PROV/NONHOSPICE RECIP		6	5.00	35	29.00	78	66.00	119	100.00
521	PCCM REFERRAL # REQUIRED		6	1.00	726	66.00	368	33.00	1,100	100.00
525	FAMILY PLANNING ONLY/TAKE CHG		406	15.00	544	20.00	1,809	65.00	2,759	100.00
532	INVALID 7TH DIAGNOSIS CODE.		0	0.00	0	0.00	2	100.00	2	100.00
549	CLIENT IS ON SLMB		0	0.00	21	62.00	13	38.00	34	100.00
552	HMO - MHC PLANS & BHP PLUS		2	0.00	18	1.00	2,721	99.00	2,741	100.00
555	DELIVERY SERVICES BILLED ON M		3	6.00	18	38.00	26	56.00	47	100.00
561	CLIENT COVERED BY PACE PROJECT		0	0.00	0	0.00	2	100.00	2	100.00
564	BORDER PROVIDER BILLING ITA		0	0.00	0	0.00	1	100.00	1	100.00
567	HOSPICE CLAIMS BYPASSING TPL		0	0.00	0	0.00	440	100.00	440	100.00
569	RSN PRIOR AUTHORIZATION #		0	0.00	0	0.00	15	100.00	15	100.00
579	STAT LAB CHARGE		0	0.00	0	0.00	3	100.00	3	100.00
602	(NA) NO RECORD OF PA NUMBER		0	0.00	3	6.00	44	94.00	47	100.00
604	NO RECIP MATCH ON PA FILE		0	0.00	0	0.00	7	100.00	7	100.00
611	(NA)NON-COVERED CODE W/AUTH NO		0	0.00	5	10.00	45	90.00	50	100.00
627	LONG TERM ACUTE CARE OR PM&R.		0	0.00	0	0.00	15	100.00	15	100.00
639	DIAGNOSIS CODE IS V71.5		0	0.00	0	0.00	83	100.00	83	100.00
649	ATTEND/PERF/REF NOT CERT DIET		0	0.00	0	0.00	169	100.00	169	100.00
707	1 PHYSICAL THERAPY EVAL PER YR		33	33.00	41	41.00	27	26.00	101	100.00
714	1 OT ASSESS PER CALENDAR YEAR		11	44.00	1	4.00	13	52.00	25	100.00
740	OT LIMIT 12 PROGRAM VISITS YR		320	59.00	143	26.00	83	15.00	546	100.00
754	1 SPEECH EVAL PER CALENDAR YR		0	0.00	2	50.00	2	50.00	4	100.00
772	CONTRAST MEDIA INCL IN MRI/CAT		0	0.00	38	78.00	11	22.00	49	100.00
785	SERVICES BEYOND PROGRAM LIMITS		207	42.00	172	35.00	109	23.00	488	100.00
786	SERVICES BEYOND PROGRAM LIMITS		25	68.00	12	32.00	0	0.00	37	100.00
855	ADJ HAS AUTO DENY		1,030	100.00	0	0.00	0	0.00	1,030	100.00
898	TOO MANY CLAIMS PER RECIP		0	0.00	0	0.00	576	100.00	576	100.00
1004	PROC/REV CODE REQUIRES NDC		0	0.00	0	0.00	228	100.00	228	100.00
1006	MISSING CPT/HCPCS CODE		0	0.00	271	16.00	1,411	84.00	1,682	100.00
1011	DATE(S) NOT WITHIN HEADER SPAN		4	0.00	322	7.00	4,510	93.00	4,836	100.00
1030	GENERAL INFORMATION		0	0.00	0	0.00	97	100.00	97	100.00

M O N T H L Y E X C E P T I O N S U M M A R Y

TYPE ENTRY ALL CLAIM TYPE MCARE NON

EXC CDE	EXCEPTION DESCRIPTION	DISPOSITION SS D S PR P	FORCED OCCURS	FORCED PERCNT	DENIED OCCURS	DENIED PERCNT	NOT DENIED OR FORCED OCCURS	NOT DENIED OR FORCED PERCNT	TOTAL OCCURS	TOTAL PERCNT
100	DUPE/DIFFERENT JULIAN DATE		3	0.00	4	0.00	2,427	100.00	2,434	100.00
101	EXACT DUPLICATE		778	18.00	254	6.00	3,210	76.00	4,242	100.00
102	POSSIBLE DUPLICATE		139	6.00	147	7.00	1,975	87.00	2,261	100.00
103	POSSIBLE DUPLICATE - CONFLICT		164	12.00	0	0.00	1,217	88.00	1,381	100.00
104	CALLS INCL IN FLAT FEE		0	0.00	0	0.00	83	100.00	83	100.00
105	DIAGNOSIS NOT ALLOWED W/PROC		1,367	10.00	0	0.00	11,942	90.00	13,309	100.00
106	MEDICARE CLAIM OUT OF BALANCE		1	50.00	0	0.00	1	50.00	2	100.00
107	MC ALLOWED MORE THAN BILL AMT		3	38.00	2	25.00	3	37.00	8	100.00
114	MCARE DED GT THAN ALLOW AMT		0	0.00	3	100.00	0	0.00	3	100.00
116	INVALID APPROVAL CODE		17	7.00	223	93.00	0	0.00	240	100.00
117	INVALID PROCEDURE MODIFIER		18	11.00	46	27.00	106	62.00	170	100.00
118	MISSING PLACE OF SERVICE		1	3.00	31	97.00	0	0.00	32	100.00
124	MISSING "FROM" DATE OF SERVICE		0	0.00	0	0.00	22	100.00	22	100.00
125	CLAIM PAST TIMELY BILL LIMIT		254	10.00	0	0.00	2,351	90.00	2,605	100.00
127	DOS AFTER BATCH DATE		1,023	26.00	73	2.00	2,835	72.00	3,931	100.00
129	MISSING PIC		0	0.00	60	100.00	0	0.00	60	100.00
133	CALC ERROR OF TOT CLAIM CHARGE		0	0.00	8	24.00	26	76.00	34	100.00
134	CALC ERROR OF NET CLAIM CHARGE		0	0.00	0	0.00	1	100.00	1	100.00
136	(NA) POS TO MODIFIER 26		124	11.00	0	0.00	955	89.00	1,079	100.00
141	(NA) PRIOR BIENNIUM DT OF SRVC		0	0.00	0	0.00	21	100.00	21	100.00
150	ITA/INDICATOR ERROR		0	0.00	0	0.00	10	100.00	10	100.00
165	(NA) TPL/OTHER RESOURCES		964	98.00	22	2.00	0	0.00	986	100.00
166	(NA) TPR PAYMENT		78	72.00	30	28.00	0	0.00	108	100.00
169	(NA)MODIFIER INVALID W/ PROC.		789	40.00	11	1.00	1,188	59.00	1,988	100.00
170	INVALID PLACE OF SERVICE		0	0.00	0	0.00	39	100.00	39	100.00
172	MISSING PROCEDURE CODE		0	0.00	0	0.00	65	100.00	65	100.00
177	(NA) INVALID/INCORRECT UNITS		297	16.00	0	0.00	1,535	84.00	1,832	100.00
183	MISSING UNITS OR DAYS		0	0.00	312	89.00	38	11.00	350	100.00
184	MISSING LINE ITEM BILLED AMT		12	19.00	2	3.00	49	78.00	63	100.00
192	MEDICARE BILLING LIMITATION		340	19.00	1,264	71.00	187	10.00	1,791	100.00
196	ANESTH UNITS EXCEED MAXIMUM		1	100.00	0	0.00	0	0.00	1	100.00
222	(NA) SPLIT BILL PROV W/O MOD		9	50.00	0	0.00	9	50.00	18	100.00
226	MODIFIER MISSING ON PROCEDURE		0	0.00	1	5.00	20	95.00	21	100.00
228	MISSING MEDICARE PAID DATE		0	0.00	770	66.00	403	34.00	1,173	100.00
229	NO PIC FOR THIS HIC		13	10.00	0	0.00	120	90.00	133	100.00
237	CLMS W/O DOS SPAN		83	4.00	0	0.00	2,078	96.00	2,161	100.00
242	HEALTH DEPT MODIFER MISSING		0	0.00	0	0.00	4	100.00	4	100.00
244	LINE ITEM SVC DATES NOT ELIGIB		25	11.00	27	12.00	177	77.00	229	100.00
245	(NA) HOSPICE CLIENT		18	11.00	1	1.00	142	88.00	161	100.00
250	NOT ELIG WITH THIS PIC.		0	0.00	753	100.00	0	0.00	753	100.00
253	POSSIBLE RECIPIENT DEATH		22	16.00	13	10.00	101	74.00	136	100.00
256	(NA) DETAIL DOS NOT ELIGIBLE		41	61.00	24	36.00	2	3.00	67	100.00
257	(NA) STRICTED PT / ON REVIEW		28	27.00	0	0.00	74	73.00	102	100.00
263	(NA) TPL COV. ON ELIG FILE		3,711	67.00	82	1.00	1,750	32.00	5,543	100.00
264	TPL CARRIER CODE WITH NO TPL $		0	0.00	0	0.00	2	100.00	2	100.00
269	TPL - ELIG POST-PAYMENT MODE		221	13.00	0	0.00	1,450	87.00	1,671	100.00
271	RECIP NOT ELIGIBLE FOR DOS		167	9.00	768	42.00	908	49.00	1,843	100.00
279	(NA) NOT ELIG-MED CODE 6		1	50.00	0	0.00	1	50.00	2	100.00

282	LCP-ONE DAY SPEND DOWN COUPON	1	50.00	0	0.00	1	50.00	2 100.00
283	(NA) LCP/MN-NON COVERED SRVC	151	39.00	0	0.00	237	61.00	388 100.00

M O N T H L Y E X C E P T I O N S U M M A R Y

TYPE ENTRY ALL CLAIM TYPE MCARE NON

EXC CDE	EXCEPTION DESCRIPTION	DISPOSITION SS D S PR P	FORCED OCCURS	FORCED PERCNT	DENIED OCCURS	DENIED PERCNT	NOT DENIED OR FORCED OCCURS	NOT DENIED OR FORCED PERCNT	TOTAL OCCURS	TOTAL PERCNT
284	(NA) LCP/MI-NON COVERED SRVC		0	0.00	0	0.00	1	100.00	1	100.00
285	(NA) Q PROGRAM CODE WITH ITA		2	5.00	0	0.00	41	95.00	43	100.00
287	MI PROGRAM ENDED 7/1/03		0	0.00	0	0.00	1	100.00	1	100.00
290	FROM DOS MORE THAN 3 YRS OLD		3	16.00	3	16.00	13	68.00	19	100.00
292	(NA) FISCAL YEAR END		56	11.00	0	0.00	449	89.00	505	100.00
299	ONCE PER LIFETIME PROCEDURE		0	0.00	0	0.00	4	100.00	4	100.00
301	(NA) INELIG FOR CAT OF SERVICE		0	0.00	10	0.00	4,851	100.00	4,861	100.00
307	(NA) VOLUNTARY TERMINATION		0	0.00	1	0.00	1,518	100.00	1,519	100.00
313	INCORRECT PROV# FOR CLAIM TYPE		24,034	99.00	97	0.00	77	1.00	24,208	100.00
317	(NA) OUT OF STATE PROVIDER		0	0.00	0	0.00	1,519	100.00	1,519	100.00
319	MANUAL PRICE EXCEEDS PDD ALLOW		0	0.00	0	0.00	6	100.00	6	100.00
320	(NA)ACCIDENT DIAG-TPL SUSPECT		60	17.00	0	0.00	290	83.00	350	100.00
323	(NA) INVALID RECIP AGE TO DX		0	0.00	0	0.00	15	100.00	15	100.00
324	(NA) INVALID SEX TO DX		1	25.00	0	0.00	3	75.00	4	100.00
326	PROCEDURE CODE NOT COVERED		379	25.00	15	1.00	1,136	74.00	1,530	100.00
328	(NA)INVALID RECIP AGE FOR PROC		14	13.00	0	0.00	97	87.00	111	100.00
329	(NA)INVALID RECIP SEX FOR PROC		1	17.00	0	0.00	5	83.00	6	100.00
330	NO ASSIST WITH THIS PROCEDURE		20	95.00	1	5.00	0	0.00	21	100.00
335	INVALID 2ND DIAGNOSIS CODE		0	0.00	0	0.00	125	100.00	125	100.00
340	ORTHOTICS W/MODS RT/LT		0	0.00	0	0.00	3	100.00	3	100.00
342	(NA) DX REQUIRES REVIEW.		0	0.00	0	0.00	1	100.00	1	100.00
343	DIAGNOSIS REQUIRES APPROVAL		257	10.00	0	0.00	2,250	90.00	2,507	100.00
344	INVALID PRIMARY DIAGNOSES CODE		58	24.00	0	0.00	185	76.00	243	100.00
345	(NA) DATE OF CONSENT REQUIRED		10	23.00	0	0.00	33	77.00	43	100.00
346	(NA) SPLIT-BILL MODIFIER ERROR		1,615	80.00	0	0.00	414	20.00	2,029	100.00
347	(NA) TAX CODE FOR TAXABLE SVC		1,381	94.00	0	0.00	82	6.00	1,463	100.00
361	INVALID PROCEDURE CODE		84	17.00	36	7.00	368	76.00	488	100.00
368	(NA) MOD REQUIRES MANUAL PRICE		964	98.00	19	2.00	0	0.00	983	100.00
371	(NA) ITA PROCEDURE ONLY		0	0.00	0	0.00	1	100.00	1	100.00
373	PROC FOR EPSDT CLAIMS ONLY		1	4.00	0	0.00	25	96.00	26	100.00
375	(NA)BILLED AMOUNT > $1100.00		4	11.00	0	0.00	33	89.00	37	100.00
378	UNABLE TO PRICE FOR THIS DOS		3	7.00	40	93.00	0	0.00	43	100.00
380	ANESTHESIA NOT ALLOWED W/PROC		3	6.00	2	4.00	48	90.00	53	100.00
387	LOCAL CODE NON-ALLOWABLE		1	0.00	0	0.00	11,571	100.00	11,572	100.00
401	(NA) PROV TERM - BAD ADDRESS		0	0.00	0	0.00	28	100.00	28	100.00
402	(NA)PROV TERMINATED-NUMBER CHG		0	0.00	0	0.00	957	100.00	957	100.00
403	(NA) PROV TERM-NO CORE AGRMT		0	0.00	0	0.00	27	100.00	27	100.00
404	(NA)PROV TERM-OTHER INVOL RSNS		0	0.00	0	0.00	646	100.00	646	100.00
405	(NA) PROV TERMINATED-MED AUTH		0	0.00	0	0.00	49	100.00	49	100.00
416	PROV # NOT VALID FOR BILLING		0	0.00	239	1.00	24,505	99.00	24,744	100.00
422	(NA) PROV NOT ENROLLED FOR DOS		0	0.00	0	0.00	32	100.00	32	100.00
430	MEDICARE $ EXCEEDS DSHS ALLOW		26,886	17.00	76	0.00	127,370	83.00	154,332	100.00
450	MEDICARE PAID IN FULL-HEADER		0	0.00	0	0.00	23	100.00	23	100.00
451	MEDICARE PAID IN FULL - DETAIL		1,519	14.00	2	0.00	9,564	86.00	11,085	100.00
452	DENIED BY MEDICARE-HEADER		0	0.00	1,076	56.00	858	44.00	1,934	100.00
453	DENIED BY MEDICARE-DETAIL		2,107	18.00	104	1.00	9,782	81.00	11,993	100.00
496	NO 1H/SL MODIFIER RATE		0	0.00	0	0.00	1	100.00	1	100.00
498	DDD RECIPIENT FOR DOS ON CLAIM		1,243	11.00	0	0.00	10,152	89.00	11,395	100.00

500 CHIROPRACTIC SVCS NA OVER 20	0	0.00	0	0.00	140	100.00	140	100.00
525 FAMILY PLANNING ONLY/TAKE CHG	1	7.00	0	0.00	13	93.00	14	100.00

M O N T H L Y E X C E P T I O N S U M M A R Y

TYPE ENTRY ALL CLAIM TYPE MCARE NON

EXC CDE	EXCEPTION DESCRIPTION	DISPOSITION SS	D	S	PR	P	FORCED OCCURS	FORCED PERCNT	DENIED OCCURS	DENIED PERCNT	NOT DENIED OR FORCED OCCURS	NOT DENIED OR FORCED PERCNT	TOTAL OCCURS	TOTAL PERCNT
549	CLIENT IS ON SLMB						957	16.00	1,449	24.00	3,535	60.00	5,941	100.00
552	HMO - MHC PLANS & BHP PLUS						0	0.00	12	34.00	23	66.00	35	100.00
553	FQHC ENCOUNTER & CALL						0	0.00	0	0.00	1,345	100.00	1,345	100.00
560	FQHC ENCOUNTER & NO PAID LINES						0	0.00	0	0.00	41	100.00	41	100.00
561	CLIENT COVERED BY PACE PROJECT						0	0.00	0	0.00	6	100.00	6	100.00
563	AMBUL MILEAGE VS AMBUL MILEAGE						0	0.00	0	0.00	1	100.00	1	100.00
566	POSSIBLE DUPLICATE						2	100.00	0	0.00	0	0.00	2	100.00
576	X-OVER CLAIM W/MPI OF 3						0	0.00	0	0.00	40	100.00	40	100.00
577	ADMIN NOT VALID W/VACCINE CODE						0	0.00	0	0.00	1	100.00	1	100.00
580	STATE ASSIGNED TRANS CODES						0	0.00	0	0.00	99	100.00	99	100.00
581	INFUSION PUMP RENTALS						0	0.00	0	0.00	11	100.00	11	100.00
589	PSYCH CODES SUSPEND MANUAL PR.						0	0.00	0	0.00	1,498	100.00	1,498	100.00
590	ORAL ANTI-EMETIC DRUGS						0	0.00	0	0.00	1	100.00	1	100.00
596	MEDICARE PD/DEDUCTIBLE =ZERO						2	0.00	41	2.00	1,953	98.00	1,996	100.00
598	RSN PREMIUM PAY VS X-OVERS						0	0.00	0	0.00	2,639	100.00	2,639	100.00
636	PT 48/49 NOT VALID						0	0.00	0	0.00	46	100.00	46	100.00
639	DIAGNOSIS CODE IS V71.5						1	50.00	0	0.00	1	50.00	2	100.00
855	ADJ HAS AUTO DENY						994	100.00	0	0.00	0	0.00	994	100.00
856	PART B CLAIM OUT OF BALANCE						3	75.00	1	25.00	0	0.00	4	100.00
875	CLAIM FOR NEW BIENNIUM						0	0.00	0	0.00	4	100.00	4	100.00
877	TAKE CHARGE CLIENT/NON TC PROV						1	14.00	1	14.00	5	72.00	7	100.00
898	TOO MANY CLAIMS PER RECIP						68	37.00	0	0.00	117	63.00	185	100.00

M O N T H L Y E X C E P T I O N S U M M A R Y

TYPE ENTRY ALL CLAIM TYPE MED VENDOR

EXC CDE	EXCEPTION DESCRIPTION	DISPOSITION SS D S PR P	FORCED OCCURS	FORCED PERCNT	DENIED OCCURS	DENIED PERCNT	NOT DENIED OR FORCED OCCURS	NOT DENIED OR FORCED PERCNT	TOTAL OCCURS	TOTAL PERCNT
8	CLOZARIL COORDINATION 1 PER WK		2	40.00	3	60.00	0	0.00	5	100.00
12	LIMIT AUDITS		83	71.00	20	17.00	14	12.00	117	100.00
14	ONE PER YEAR LIMITATION		0	0.00	0	0.00	1	100.00	1	100.00
29	ALS VS BLS SAME DAY		137	31.00	21	5.00	282	64.00	440	100.00
49	INCLUDED IN OXY SYSTEM		8	29.00	16	57.00	4	14.00	28	100.00
52	0020A NOT ALLOWED W/0001A		0	0.00	0	0.00	2	100.00	2	100.00
54	NON-DME/MSE LIMIT 2 PER MONTH		50	56.00	28	31.00	11	13.00	89	100.00
55	CC/ADMIT/CNSLT/SURG INV COMBO		0	0.00	0	0.00	1	100.00	1	100.00
57	EAR MOLD IS INCL. HEARING AID		4	25.00	9	56.00	3	19.00	16	100.00
59	LIMIT 3 PER/MO. OXYGEN/NON-DME		28	70.00	7	18.00	5	12.00	40	100.00
60	INCLUDED IN OXY SYSTEM		0	0.00	11	85.00	2	15.00	13	100.00
67	MAX OF 180 PER MONTH		127	48.00	30	11.00	109	41.00	266	100.00
73	DME LIMIT 1 PER YEAR		4	33.00	5	42.00	3	25.00	12	100.00
96	NONDME & MSE LIMIT 10 PER MO.		166	87.00	6	3.00	19	10.00	191	100.00
100	DUPE/DIFFERENT JULIAN DATE		139	2.00	9	0.00	6,966	98.00	7,114	100.00
101	EXACT DUPLICATE		911	10.00	1,944	21.00	6,304	69.00	9,159	100.00
102	POSSIBLE DUPLICATE		1,510	46.00	228	7.00	1,522	47.00	3,260	100.00
103	POSSIBLE DUPLICATE - CONFLICT		489	53.00	58	6.00	384	41.00	931	100.00
105	DIAGNOSIS NOT ALLOWED W/PROC		1	1.00	4	4.00	93	95.00	98	100.00
116	INVALID APPROVAL CODE		48	15.00	273	85.00	0	0.00	321	100.00
117	INVALID PROCEDURE MODIFIER		24	4.00	234	39.00	349	57.00	607	100.00
118	MISSING PLACE OF SERVICE		0	0.00	0	0.00	202	100.00	202	100.00
124	MISSING "FROM" DATE OF SERVICE		0	0.00	11	12.00	82	88.00	93	100.00
125	CLAIM PAST TIMELY BILL LIMIT		91	10.00	519	57.00	305	33.00	915	100.00
126	''FROM'' DATE PAST ''TO'' DATE		0	0.00	16	42.00	22	58.00	38	100.00
127	DOS AFTER BATCH DATE		0	0.00	694	85.00	119	15.00	813	100.00
129	MISSING PIC		0	0.00	14	44.00	18	56.00	32	100.00
130	INVALID PIC		1	0.00	106	18.00	470	82.00	577	100.00
131	MODIFIER DL-MANUAL DENY LINE		0	0.00	194	100.00	0	0.00	194	100.00
132	MISSING TOTAL CLAIM CHARGE		0	0.00	0	0.00	231	100.00	231	100.00
133	CALC ERROR OF TOT CLAIM CHARGE		0	0.00	0	0.00	378	100.00	378	100.00
134	CALC ERROR OF NET CLAIM CHARGE		0	0.00	1	0.00	509	100.00	510	100.00
138	Q IN LMC FOR TRAINING		8	100.00	0	0.00	0	0.00	8	100.00
141	(NA) PRIOR BIENNIUM DT OF SRVC		0	0.00	0	0.00	50	100.00	50	100.00
150	ITA/INDICATOR ERROR		0	0.00	0	0.00	3	100.00	3	100.00
159	INVALID LINE ITEM EOB CODE		0	0.00	0	0.00	2	100.00	2	100.00
160	INVALID EPSDT INDICATOR		0	0.00	0	0.00	2	100.00	2	100.00
163	MISSING DIAGNOSIS CODE		0	0.00	0	0.00	517	100.00	517	100.00
164	INVALID/MISSING REFERRING PROV		0	0.00	0	0.00	296	100.00	296	100.00
165	(NA) TPL/OTHER RESOURCES		1,756	89.00	160	8.00	60	3.00	1,976	100.00
166	(NA) TPR PAYMENT		1,397	77.00	374	21.00	35	2.00	1,806	100.00
169	(NA)MODIFIER INVALID W/ PROC.		504	30.00	122	7.00	1,052	63.00	1,678	100.00
170	INVALID PLACE OF SERVICE		0	0.00	0	0.00	203	100.00	203	100.00
172	MISSING PROCEDURE CODE		0	0.00	1	0.00	461	100.00	462	100.00
174	MISSING PERFORMING PROV. #		0	0.00	1	0.00	1,948	100.00	1,949	100.00
177	(NA) INVALID/INCORRECT UNITS		557	42.00	234	17.00	547	41.00	1,338	100.00
183	MISSING UNITS OR DAYS		0	0.00	5	1.00	432	99.00	437	100.00
184	MISSING LINE ITEM BILLED AMT		0	0.00	19	5.00	355	95.00	374	100.00

187	INVALID/MISSING HDR EOB CODE	1	100.00	0	0.00	0	0.00	1 100.00
191	PROV # NOT TIED TO SUBMITTER	16	0.00	0	0.00	6,504	100.00	6,520 100.00

M O N T H L Y E X C E P T I O N S U M M A R Y

TYPE ENTRY ALL CLAIM TYPE MED VENDOR

EXC CDE	EXCEPTION DESCRIPTION	DISPOSITION SS D S PR P	FORCED OCCURS	FORCED PERCNT	DENIED OCCURS	DENIED PERCNT	NOT DENIED OR FORCED OCCURS	NOT DENIED OR FORCED PERCNT	TOTAL OCCURS	TOTAL PERCNT
197	(NA) EMC WITH COMMENTS		11,099	100.00	1	0.00	0	0.00	11,100	100.00
203	INVALID TPL INDICATOR		0	0.00	0	0.00	19	100.00	19	100.00
226	MODIFIER MISSING ON PROCEDURE		0	0.00	51	6.00	734	94.00	785	100.00
236	TPL FOR GLASSES CONTRACTOR		0	0.00	0	0.00	656	100.00	656	100.00
237	CLMS W/O DOS SPAN		18	7.00	0	0.00	238	93.00	256	100.00
239	MN UNDER 21-NO REFER PROVIDER		0	0.00	0	0.00	3	100.00	3	100.00
244	LINE ITEM SVC DATES NOT ELIGIB		0	0.00	43	43.00	57	57.00	100	100.00
245	(NA) HOSPICE CLIENT		22	19.00	83	71.00	12	10.00	117	100.00
246	POSSIBLE MEDICARE COVERAGE-HH		0	0.00	0	0.00	3	100.00	3	100.00
247	RECIP HAS QMB COVERAGE ONLY		22	15.00	37	26.00	83	59.00	142	100.00
250	NOT ELIG WITH THIS PIC.		0	0.00	163	10.00	1,445	90.00	1,608	100.00
253	POSSIBLE RECIPIENT DEATH		0	0.00	70	22.00	250	78.00	320	100.00
255	(NA) OVER AGE 65 & MED ELIG 0		0	0.00	0	0.00	2,839	100.00	2,839	100.00
256	(NA) DETAIL DOS NOT ELIGIBLE		0	0.00	4	40.00	6	60.00	10	100.00
257	(NA) STRICTED PT / ON REVIEW		0	0.00	0	0.00	104	100.00	104	100.00
260	RECIP NOT LISTED		0	0.00	4	0.00	1,082	100.00	1,086	100.00
261	(NA) ELIG FOR PART B		3,269	37.00	3,732	43.00	1,778	20.00	8,779	100.00
263	(NA) TPL COV. ON ELIG FILE		2,887	65.00	1,494	34.00	53	1.00	4,434	100.00
264	TPL CARRIER CODE WITH NO TPL $		1	25.00	0	0.00	3	75.00	4	100.00
269	TPL - ELIG POST-PAYMENT MODE		9	0.00	1	0.00	2,125	100.00	2,135	100.00
271	RECIP NOT ELIGIBLE FOR DOS		0	0.00	118	17.00	596	83.00	714	100.00
276	QMB DUAL RECIPIENT FOR DOS		4	0.00	1	0.00	38,049	100.00	38,054	100.00
277	RECIP NOT ELIGIBLE FOR DOS		0	0.00	9	5.00	181	95.00	190	100.00
281	(NA) GAU-APPROVAL CHK ON SRVCS		343	90.00	9	2.00	29	8.00	381	100.00
283	(NA) LCP/MN-NON COVERED SRVC		26	5.00	353	69.00	130	26.00	509	100.00
284	(NA) LCP/MI-NON COVERED SRVC		0	0.00	5	45.00	6	55.00	11	100.00
285	(NA) Q PROGRAM CODE WITH ITA		0	0.00	28	93.00	2	7.00	30	100.00
286	VERIFY DETOX RECIP & SVCS		6	60.00	4	40.00	0	0.00	10	100.00
287	MI PROGRAM ENDED 7/1/03		0	0.00	0	0.00	39	100.00	39	100.00
288	INVALID REFERRING PROV NUMBER		5	4.00	87	69.00	34	27.00	126	100.00
290	FROM DOS MORE THAN 3 YRS OLD		21	47.00	6	13.00	18	40.00	45	100.00
292	(NA) FISCAL YEAR END		0	0.00	0	0.00	1,243	100.00	1,243	100.00
294	DPS REVIEW-EXCEP IND 21		0	0.00	0	0.00	2	100.00	2	100.00
299	ONCE PER LIFETIME PROCEDURE		1	33.00	1	33.00	1	34.00	3	100.00
301	(NA) INELIG FOR CAT OF SERVICE		0	0.00	1	0.00	342	100.00	343	100.00
304	PERFORM PROV NUMBR NOT ON FILE		0	0.00	0	0.00	139	100.00	139	100.00
305	(NA)PROV EXCEP 10-QRS REVIEW		0	0.00	0	0.00	6	100.00	6	100.00
307	(NA) VOLUNTARY TERMINATION		0	0.00	0	0.00	111	100.00	111	100.00
308	SECURITY ERROR ON PROV NUMBER		0	0.00	0	0.00	458	100.00	458	100.00
313	INCORRECT PROV# FOR CLAIM TYPE		4	27.00	5	33.00	6	40.00	15	100.00
316	(NA) PROV APPLICATION PENDING		0	0.00	0	0.00	6	100.00	6	100.00
317	(NA) OUT OF STATE PROVIDER		0	0.00	0	0.00	2,193	100.00	2,193	100.00
319	MANUAL PRICE EXCEEDS PDD ALLOW		0	0.00	0	0.00	256	100.00	256	100.00
320	(NA)ACCIDENT DIAG-TPL SUSPECT		0	0.00	0	0.00	115	100.00	115	100.00
323	(NA) INVALID RECIP AGE TO DX		0	0.00	0	0.00	104	100.00	104	100.00
324	(NA) INVALID SEX TO DX		0	0.00	0	0.00	111	100.00	111	100.00
325	(NA)ACCIDENT DIAG-TPL SUSPECT		1	0.00	0	0.00	9,628	100.00	9,629	100.00
326	PROCEDURE CODE NOT COVERED		2	0.00	1	0.00	1,540	100.00	1,543	100.00

328	(NA)INVALID RECIP AGE FOR PROC	21	5.00	306	73.00	93	22.00	420 100.00
329	(NA)INVALID RECIP SEX FOR PROC	0	0.00	0	0.00	10	100.00	10 100.00

M O N T H L Y E X C E P T I O N S U M M A R Y

TYPE ENTRY ALL CLAIM TYPE MED VENDOR

EXC CDE	EXCEPTION DESCRIPTION	DISPOSITION SS D S PR P	FORCED OCCURS	FORCED PERCNT	DENIED OCCURS	DENIED PERCNT	NOT DENIED OR FORCED OCCURS	NOT DENIED OR FORCED PERCNT	TOTAL OCCURS	TOTAL PERCNT
330	NO ASSIST WITH THIS PROCEDURE		0	0.00	0	0.00	6	100.00	6	100.00
331	(NA) MANUAL PRICE REQUIRED		1	0.00	3,587	77.00	1,099	23.00	4,687	100.00
332	(NA) INVALID P/T FOR PROCEDURE		46	3.00	335	18.00	1,430	79.00	1,811	100.00
335	INVALID 2ND DIAGNOSIS CODE		0	0.00	0	0.00	82	100.00	82	100.00
342	(NA) DX REQUIRES REVIEW.		0	0.00	0	0.00	33	100.00	33	100.00
343	DIAGNOSIS REQUIRES APPROVAL		0	0.00	0	0.00	6,631	100.00	6,631	100.00
344	INVALID PRIMARY DIAGNOSES CODE		0	0.00	5	0.00	1,176	100.00	1,181	100.00
346	(NA) SPLIT-BILL MODIFIER ERROR		0	0.00	0	0.00	1	100.00	1	100.00
347	(NA) TAX CODE FOR TAXABLE SVC		0	0.00	0	0.00	7	100.00	7	100.00
351	(NA) VARIANCE		1	0.00	0	0.00	1,134	100.00	1,135	100.00
352	(NA) VERIFY # UNITS BILLED		3	0.00	0	0.00	2,278	100.00	2,281	100.00
353	PROC REQ PRIOR APPROVAL		2,827	46.00	628	10.00	2,730	44.00	6,185	100.00
361	INVALID PROCEDURE CODE		2	0.00	522	22.00	1,870	78.00	2,394	100.00
362	(NA)SPECIAL AGREEMENT MODIFIER		0	0.00	0	0.00	3	100.00	3	100.00
365	(NA) INVALID POS FOR PROCEDURE		28	1.00	2,787	78.00	755	21.00	3,570	100.00
366	(NA)INVALID PROV SPEC FOR PROC		0	0.00	1	3.00	29	97.00	30	100.00
367	VERIFY REVENUE CODE		0	0.00	52	47.00	59	53.00	111	100.00
368	(NA) MOD REQUIRES MANUAL PRICE		0	0.00	0	0.00	285	100.00	285	100.00
375	(NA)BILLED AMOUNT > $1100.00		0	0.00	0	0.00	84	100.00	84	100.00
378	UNABLE TO PRICE FOR THIS DOS		0	0.00	16	1.00	2,176	99.00	2,192	100.00
380	ANESTHESIA NOT ALLOWED W/PROC		0	0.00	0	0.00	3	100.00	3	100.00
387	LOCAL CODE NON-ALLOWABLE		0	0.00	8	1.00	1,506	99.00	1,514	100.00
388	LIMIT AUDITS		1	13.00	0	0.00	7	87.00	8	100.00
402	(NA)PROV TERMINATED-NUMBER CHG		0	0.00	0	0.00	21	100.00	21	100.00
404	(NA)PROV TERM-OTHER INVOL RSNS		0	0.00	1	3.00	34	97.00	35	100.00
416	PROV # NOT VALID FOR BILLING		0	0.00	938	77.00	273	23.00	1,211	100.00
421	TOS/PROC REVIEW-MSS		0	0.00	3	13.00	20	87.00	23	100.00
422	(NA) PROV NOT ENROLLED FOR DOS		0	0.00	0	0.00	55	100.00	55	100.00
432	(NA)SRVC NOT ALLOWED TO NH PT.		225	23.00	427	43.00	344	34.00	996	100.00
440	(NA) PROV NOT ENROLLED FOR DOS		0	0.00	0	0.00	32	100.00	32	100.00
477	PERF PROV CAN'T BE A GROUP #		0	0.00	2	0.00	486	100.00	488	100.00
478	(NA)GROUP MEMB WRONG FOR TYPE		0	0.00	0	0.00	300	100.00	300	100.00
485	REFER PROV CAN'T BE A GROUP #		0	0.00	0	0.00	102	100.00	102	100.00
498	DDD RECIPIENT FOR DOS ON CLAIM		2	0.00	1	0.00	23,695	100.00	23,698	100.00
500	CHIROPRACTIC SVCS NA OVER 20		0	0.00	0	0.00	20	100.00	20	100.00
501	NO REFER # FOR CHIROPRACTIC		0	0.00	0	0.00	41	100.00	41	100.00
520	PARTIAL PCOP SEGMENT COVERAGE		8	73.00	1	9.00	2	18.00	11	100.00
521	PCCM REFERRAL # REQUIRED		0	0.00	1	2.00	45	98.00	46	100.00
523	PROCEDURE EXCLUDED FROM TPL		0	0.00	0	0.00	1	100.00	1	100.00
525	FAMILY PLANNING ONLY/TAKE CHG		166	50.00	139	42.00	26	8.00	331	100.00
549	CLIENT IS ON SLMB		0	0.00	49	75.00	16	25.00	65	100.00
552	HMO - MHC PLANS & BHP PLUS		15	1.00	28	3.00	1,006	96.00	1,049	100.00
561	CLIENT COVERED BY PACE PROJECT		0	0.00	0	0.00	9	100.00	9	100.00
563	AMBUL MILEAGE VS AMBUL MILEAGE		447	54.00	307	37.00	69	9.00	823	100.00
566	POSSIBLE DUPLICATE		0	0.00	0	0.00	2	100.00	2	100.00
581	INFUSION PUMP RENTALS		0	0.00	0	0.00	93	100.00	93	100.00
590	ORAL ANTI-EMETIC DRUGS		0	0.00	0	0.00	1	100.00	1	100.00
602	(NA) NO RECORD OF PA NUMBER		0	0.00	0	0.00	109	100.00	109	100.00

603 PA IS IN PENDING STATUS	0	0.00	0	0.00	110	100.00	110	100.00
604 NO RECIP MATCH ON PA FILE	0	0.00	4	9.00	40	91.00	44	100.00

M O N T H L Y E X C E P T I O N S U M M A R Y

TYPE ENTRY ALL CLAIM TYPE MED VENDOR

EXC CDE	EXCEPTION DESCRIPTION	DISPOSITION SS D S PR P	FORCED OCCURS	FORCED PERCNT	DENIED OCCURS	DENIED PERCNT	NOT DENIED OR FORCED OCCURS	NOT DENIED OR FORCED PERCNT	TOTAL OCCURS	TOTAL PERCNT
606	DOS ON CLM NOT ON PA FILE		47	6.00	0	0.00	711	94.00	758	100.00
607	INSUFF $$ IN PA FILE FOR SRVC.		4	2.00	85	47.00	91	51.00	180	100.00
608	INSUFF AUTH UNITS ON FILE.		44	21.00	68	33.00	97	46.00	209	100.00
610	PA PROVIDER NUMBER MISMATCH		0	0.00	0	0.00	22	100.00	22	100.00
611	(NA)NON-COVERED CODE W/AUTH NO		0	0.00	31	91.00	3	9.00	34	100.00
630	P&O LICENSURE REQUIREMENT		0	0.00	55	60.00	36	40.00	91	100.00
649	ATTEND/PERF/REF NOT CERT DIET		0	0.00	55	3.00	1,690	97.00	1,745	100.00
705	NONDME & MSE LIMIT 30 PER MO.		18	95.00	1	5.00	0	0.00	19	100.00
706	NON-DME LIMIT 1 PER MONTH		29	25.00	46	40.00	40	35.00	115	100.00
707	1 PHYSICAL THERAPY EVAL PER YR		51	31.00	65	39.00	50	30.00	166	100.00
713	MULT AMBUL CODE 0010A -OXYGEN		5	36.00	1	7.00	8	57.00	14	100.00
715	ALLOW 1 WOUND CARE PER DAY		2	67.00	0	0.00	1	33.00	3	100.00
716	MAX ALLOWED 4 PER/YR - NONDME		9	27.00	23	70.00	1	3.00	33	100.00
728	DISP DIAP LIMIT 300 PER MO		28	35.00	5	6.00	47	59.00	80	100.00
731	UROLOGICAL SUPPLY-120/MONTH		55	67.00	12	15.00	15	18.00	82	100.00
734	4 PER/MONTH/COMPLIANCE PKGING.		488	54.00	176	20.00	238	26.00	902	100.00
736	REUSABLE LARGE UNDERPADS LIMIT		0	0.00	0	0.00	1	100.00	1	100.00
741	BUNDLED MEDICAL SUPPLIES		25	43.00	9	16.00	24	41.00	58	100.00
743	LIMIT 1 PER/MO. OXY/MED VENDOR		1,331	83.00	27	2.00	243	15.00	1,601	100.00
744	NON-DME/MSE MAX LIMIT 3 PER MO		14	54.00	6	23.00	6	23.00	26	100.00
746	BUNDLED MEDICAL SUPPLIES		14	21.00	12	18.00	41	61.00	67	100.00
750	ONE PER CLIENT EVERY 5 YRS		4	15.00	8	30.00	15	55.00	27	100.00
759	4 ALLOWED PER YEAR		2	12.00	6	35.00	9	53.00	17	100.00
768	RESP THRPY HME VST/ ADH INTAKE		0	0.00	1	100.00	0	0.00	1	100.00
769	UROLOGICAL SUPPLY 240/MONTH		182	42.00	28	6.00	227	52.00	437	100.00
784	UROLOGICAL LMT 150/300 PER MO.		777	77.00	26	3.00	204	20.00	1,007	100.00
785	SERVICES BEYOND PROGRAM LIMITS		617	44.00	479	34.00	314	22.00	1,410	100.00
786	SERVICES BEYOND PROGRAM LIMITS		1	33.00	2	67.00	0	0.00	3	100.00
792	NOT ALLOWED IN COMBO(DIAPERS)		1,448	70.00	480	23.00	136	7.00	2,064	100.00
799	MALE EXTERNAL CATHS/60 PER MO.		8	73.00	1	9.00	2	18.00	11	100.00
823	PA SPAN FOUND,INSUFF $		0	0.00	2	100.00	0	0.00	2	100.00
824	INSUFFICIENT UNITS IN PA FILE		0	0.00	2	100.00	0	0.00	2	100.00
850	ADJ.-NO MATCH IN HISTORY		0	0.00	9	100.00	0	0.00	9	100.00
855	ADJ HAS AUTO DENY		1,016	100.00	0	0.00	0	0.00	1,016	100.00
875	CLAIM FOR NEW BIENNIUM		0	0.00	0	0.00	5	100.00	5	100.00
877	TAKE CHARGE CLIENT/NON TC PROV		0	0.00	6	8.00	65	92.00	71	100.00
898	TOO MANY CLAIMS PER RECIP		0	0.00	0	0.00	28	100.00	28	100.00
899	OVER 50 EXCEPTIONS		0	0.00	1	100.00	0	0.00	1	100.00
1004	PROC/REV CODE REQUIRES NDC		0	0.00	0	0.00	58	100.00	58	100.00
1005	V58.9 NOT VALID.		0	0.00	0	0.00	87	100.00	87	100.00
1007	GENERAL INFORMATION		0	0.00	0	0.00	12	100.00	12	100.00
1008	PT 44 P CLAIM INSTEAD OF M		9	9.00	77	79.00	11	12.00	97	100.00
1030	GENERAL INFORMATION		0	0.00	0	0.00	2	100.00	2	100.00

M O N T H L Y E X C E P T I O N S U M M A R Y

TYPE ENTRY ALL CLAIM TYPE

EXC CDE	EXCEPTION DESCRIPTION	GROSS ADJ DISPOSITION SS D S PR P	FORCED OCCURS	FORCED PERCNT	DENIED OCCURS	DENIED PERCNT	NOT DENIED OR FORCED OCCURS	NOT DENIED OR FORCED PERCNT	TOTAL OCCURS	TOTAL PERCNT
125	CLAIM PAST TIMELY BILL LIMIT		0	0.00	0	0.00	111	100.00	111	100.00
127	DOS AFTER BATCH DATE		0	0.00	0	0.00	592	100.00	592	100.00
141	(NA) PRIOR BIENNIUM DT OF SRVC		0	0.00	0	0.00	33	100.00	33	100.00
199	MATCH CODE ERROR-GR ADJ		0	0.00	0	0.00	1,086	100.00	1,086	100.00
200	PROGRAM CODE ERROR-GR ADJ		0	0.00	0	0.00	1	100.00	1	100.00
290	FROM DOS MORE THAN 3 YRS OLD		0	0.00	0	0.00	30	100.00	30	100.00
292	(NA) FISCAL YEAR END		0	0.00	0	0.00	45	100.00	45	100.00
301	(NA) INELIG FOR CAT OF SERVICE		0	0.00	0	0.00	17	100.00	17	100.00
306	(NA) PROVIDER NOT ACTIVE		0	0.00	0	0.00	16	100.00	16	100.00
307	(NA) VOLUNTARY TERMINATION		0	0.00	0	0.00	3	100.00	3	100.00
317	(NA) OUT OF STATE PROVIDER		0	0.00	0	0.00	6	100.00	6	100.00
402	(NA)PROV TERMINATED-NUMBER CHG		0	0.00	0	0.00	1	100.00	1	100.00
422	(NA) PROV NOT ENROLLED FOR DOS		0	0.00	0	0.00	5	100.00	5	100.00
852	GROSS ADJ EXCEEDS MAX		0	0.00	0	0.00	48	100.00	48	100.00

M O N T H L Y E X C E P T I O N S U M M A R Y

TYPE ENTRY ALL CLAIM TYPE DRG

EXC CDE	EXCEPTION DESCRIPTION	DISPOSITION SS D S PR P	FORCED OCCURS	FORCED PERCNT	DENIED OCCURS	DENIED PERCNT	NOT DENIED OR FORCED OCCURS	NOT DENIED OR FORCED PERCNT	TOTAL OCCURS	TOTAL PERCNT
101	EXACT DUPLICATE		3	2.00	0	0.00	191	98.00	194	100.00
102	POSSIBLE DUPLICATE		134	47.00	77	27.00	73	26.00	284	100.00
103	POSSIBLE DUPLICATE - CONFLICT		433	77.00	5	1.00	124	22.00	562	100.00
115	CONFLICT:TOT DAYS VS SVC DATES		0	0.00	0	0.00	87	100.00	87	100.00
116	INVALID APPROVAL CODE		10	6.00	165	94.00	0	0.00	175	100.00
124	MISSING "FROM" DATE OF SERVICE		0	0.00	1	20.00	4	80.00	5	100.00
125	CLAIM PAST TIMELY BILL LIMIT		78	37.00	132	63.00	0	0.00	210	100.00
127	DOS AFTER BATCH DATE		0	0.00	0	0.00	1	100.00	1	100.00
129	MISSING PIC		0	0.00	10	91.00	1	9.00	11	100.00
130	INVALID PIC		0	0.00	15	65.00	8	35.00	23	100.00
132	MISSING TOTAL CLAIM CHARGE		0	0.00	3	75.00	1	25.00	4	100.00
133	CALC ERROR OF TOT CLAIM CHARGE		0	0.00	3	30.00	7	70.00	10	100.00
134	CALC ERROR OF NET CLAIM CHARGE		0	0.00	104	63.00	60	37.00	164	100.00
137	CALC ERROR NON-COVERED CHARGE		0	0.00	0	0.00	3	100.00	3	100.00
139	MISSING ATTENDING PROV NUMBER		0	0.00	1	3.00	32	97.00	33	100.00
141	(NA) PRIOR BIENNIUM DT OF SRVC		0	0.00	0	0.00	15	100.00	15	100.00
147	LACKS DAILY ROOM RATE		0	0.00	0	0.00	7	100.00	7	100.00
148	MISSING REVENUE CODE		0	0.00	0	0.00	18	100.00	18	100.00
163	MISSING DIAGNOSIS CODE		0	0.00	0	0.00	17	100.00	17	100.00
165	(NA) TPL/OTHER RESOURCES		187	98.00	3	2.00	0	0.00	190	100.00
166	(NA) TPR PAYMENT		348	65.00	191	35.00	0	0.00	539	100.00
167	INVALID PATIENT STATUS CODE		0	0.00	1	7.00	14	93.00	15	100.00
171	NON-COV CHG MORE THAN BILLED		0	0.00	0	0.00	2	100.00	2	100.00
176	(NA)ONE DATE OF SRVC PER CLAIM		0	0.00	0	0.00	1	100.00	1	100.00
184	MISSING LINE ITEM BILLED AMT		0	0.00	0	0.00	24	100.00	24	100.00
185	MISSING DATE OF ADMIT		0	0.00	3	21.00	11	79.00	14	100.00
190	MISSING/INVALID ITA INDICATOR		5	7.00	53	75.00	13	18.00	71	100.00
195	MISSING ADMIT DIAGNOSIS		0	0.00	6	43.00	8	57.00	14	100.00
197	(NA) EMC WITH COMMENTS		1,292	100.00	0	0.00	0	0.00	1,292	100.00
198	(NA) LACKS SURGERY/DELIVERY DT		0	0.00	0	0.00	144	100.00	144	100.00
204	INVALID ATTENDING PROV NUMBER		0	0.00	0	0.00	58	100.00	58	100.00
205	INVALID ADMISSION TYPE		0	0.00	5	20.00	20	80.00	25	100.00
206	INVALID ADMISSION SOURCE		0	0.00	0	0.00	14	100.00	14	100.00
213	INVALID 5TH DIAGNOSIS		0	0.00	0	0.00	1	100.00	1	100.00
214	INVALID PRIMARY PROCEDURE		0	0.00	1	2.00	57	98.00	58	100.00
215	INVALID 2ND PROCEDURE		0	0.00	0	0.00	27	100.00	27	100.00
216	INVALID 3RD PROCEDURE		0	0.00	0	0.00	10	100.00	10	100.00
217	INVALID PATIENT STATUS		17	57.00	2	7.00	11	36.00	30	100.00
218	READMITS WITHIN 7 DAYS OR LESS		253	54.00	148	32.00	68	14.00	469	100.00
220	SURG DATE NOT WITHIN DT OF SVC		5	19.00	6	22.00	16	59.00	27	100.00
230	NA) ADMIT & FROM DTE NOT EQUAL		15	26.00	13	23.00	29	51.00	57	100.00
232	MISSING DISCHARGE HOUR		0	0.00	0	0.00	19	100.00	19	100.00
234	INVALID DISCHARGE HOUR		0	0.00	0	0.00	2	100.00	2	100.00
235	LOS LESS THAN 24 HOURS.		3	3.00	1	1.00	101	96.00	105	100.00
240	(NA) KIDNEY DIALYSIS REVIEW		0	0.00	0	0.00	5	100.00	5	100.00
245	(NA) HOSPICE CLIENT		14	70.00	5	25.00	1	5.00	20	100.00
247	RECIP HAS QMB COVERAGE ONLY		0	0.00	0	0.00	3	100.00	3	100.00
250	NOT ELIG WITH THIS PIC.		0	0.00	19	10.00	166	90.00	185	100.00

252	(NA) NOT ELIG FOR ALL DOS	37	74.00	1	2.00	12	24.00	50 100.00
253	POSSIBLE RECIPIENT DEATH	0	0.00	1	50.00	1	50.00	2 100.00

M O N T H L Y E X C E P T I O N S U M M A R Y

TYPE ENTRY ALL CLAIM TYPE DRG

EXC CDE	EXCEPTION DESCRIPTION	DISPOSITION SS D S PR P	FORCED OCCURS	FORCED PERCNT	DENIED OCCURS	DENIED PERCNT	NOT DENIED OR FORCED OCCURS	NOT DENIED OR FORCED PERCNT	TOTAL OCCURS	TOTAL PERCNT
255	(NA) OVER AGE 65 & MED ELIG 0		0	0.00	0	0.00	225	100.00	225	100.00
257	(NA) STRICTED PT / ON REVIEW		0	0.00	0	0.00	3	100.00	3	100.00
259	(NA) ELIG FOR MEDICARE PART A		124	45.00	126	45.00	27	10.00	277	100.00
262	(NA) TPL SUSPECT		49	83.00	1	2.00	9	15.00	59	100.00
263	(NA) TPL COV. ON ELIG FILE		340	51.00	196	29.00	131	20.00	667	100.00
264	TPL CARRIER CODE WITH NO TPL $		3	100.00	0	0.00	0	0.00	3	100.00
269	TPL - ELIG POST-PAYMENT MODE		0	0.00	1	1.00	115	99.00	116	100.00
271	RECIP NOT ELIGIBLE FOR DOS		0	0.00	11	18.00	50	82.00	61	100.00
274	(NA) RECIPIENT EXPIRED		9	82.00	0	0.00	2	18.00	11	100.00
282	LCP-ONE DAY SPEND DOWN COUPON		0	0.00	0	0.00	2	100.00	2	100.00
285	(NA) Q PROGRAM CODE WITH ITA		34	60.00	11	19.00	12	21.00	57	100.00
287	MI PROGRAM ENDED 7/1/03		0	0.00	12	57.00	9	43.00	21	100.00
290	FROM DOS MORE THAN 3 YRS OLD		5	45.00	3	27.00	3	28.00	11	100.00
292	(NA) FISCAL YEAR END		0	0.00	0	0.00	75	100.00	75	100.00
301	(NA) INELIG FOR CAT OF SERVICE		0	0.00	0	0.00	14	100.00	14	100.00
315	INVALID ATTENDING PROV NUMBER		0	0.00	1	100.00	0	0.00	1	100.00
317	(NA) OUT OF STATE PROVIDER		0	0.00	0	0.00	2	100.00	2	100.00
320	(NA)ACCIDENT DIAG-TPL SUSPECT		0	0.00	0	0.00	533	100.00	533	100.00
324	(NA) INVALID SEX TO DX		11	58.00	5	26.00	3	16.00	19	100.00
343	DIAGNOSIS REQUIRES APPROVAL		102	39.00	20	8.00	141	53.00	263	100.00
345	(NA) DATE OF CONSENT REQUIRED		133	41.00	113	34.00	82	25.00	328	100.00
352	(NA) VERIFY # UNITS BILLED		0	0.00	0	0.00	8	100.00	8	100.00
364	MISSING OCCURRENCE CODE DATE.		0	0.00	2	33.00	4	67.00	6	100.00
367	VERIFY REVENUE CODE		0	0.00	0	0.00	11	100.00	11	100.00
398	(NA) NO DRG RECORD FOR PRICING		0	0.00	133	79.00	36	21.00	169	100.00
404	(NA)PROV TERM-OTHER INVOL RSNS		0	0.00	0	0.00	1	100.00	1	100.00
416	PROV # NOT VALID FOR BILLING		0	0.00	12	100.00	0	0.00	12	100.00
422	(NA) PROV NOT ENROLLED FOR DOS		13	87.00	0	0.00	2	13.00	15	100.00
428	NO OUTLIER REIMB RATE (NA)		0	0.00	0	0.00	1	100.00	1	100.00
433	(NA) CLAIM TYPE ERROR		1	1.00	0	0.00	142	99.00	143	100.00
436	(NA)INVALID HOSPITAL TYPE		0	0.00	0	0.00	17	100.00	17	100.00
438	DAYS BILLED EXCEED ITA ALLOWED		0	0.00	0	0.00	11	100.00	11	100.00
440	(NA) PROV NOT ENROLLED FOR DOS		0	0.00	0	0.00	4	100.00	4	100.00
449	INVALID ADMIT DIAGNOSIS		0	0.00	0	0.00	5	100.00	5	100.00
482	UNDOCUMENTED ALIENS		0	0.00	0	0.00	1	100.00	1	100.00
498	DDD RECIPIENT FOR DOS ON CLAIM		0	0.00	0	0.00	234	100.00	234	100.00
504	PSYCH PROV AND NOT PSYCH DX		0	0.00	8	100.00	0	0.00	8	100.00
505	HOSPICE PROV/NONHOSPICE RECIP		0	0.00	0	0.00	3	100.00	3	100.00
521	PCCM REFERRAL # REQUIRED		4	10.00	28	72.00	7	18.00	39	100.00
525	FAMILY PLANNING ONLY/TAKE CHG		0	0.00	21	91.00	2	9.00	23	100.00
534	INVALID 9TH DIAGNOSIS CODE.		2	100.00	0	0.00	0	0.00	2	100.00
535	INVALID 4TH PROCEDURE CODE.		0	0.00	0	0.00	6	100.00	6	100.00
536	INVALID FIFTH PROCEDURE CODE.		0	0.00	0	0.00	1	100.00	1	100.00
537	INVALID SIXTH PROCEDURE CODE.		0	0.00	0	0.00	1	100.00	1	100.00
542	POSSIBLE HIGH OUTLIER CLAIM.		1	0.00	0	0.00	640	100.00	641	100.00
549	CLIENT IS ON SLMB		0	0.00	0	0.00	1	100.00	1	100.00
552	HMO - MHC PLANS & BHP PLUS		4	3.00	0	0.00	113	97.00	117	100.00
564	BORDER PROVIDER BILLING ITA		0	0.00	0	0.00	1	100.00	1	100.00

569	RSN PRIOR AUTHORIZATION #	0	0.00	0	0.00	339	100.00	339 100.00
586	PSYCH CLAIM WITH NO 88 AUTH #.	0	0.00	41	45.00	50	55.00	91 100.00

M O N T H L Y E X C E P T I O N S U M M A R Y

TYPE ENTRY ALL CLAIM TYPE DRG

EXC CDE	EXCEPTION DESCRIPTION	DISPOSITION SS D S PR P	FORCED OCCURS	FORCED PERCNT	DENIED OCCURS	DENIED PERCNT	NOT DENIED OR FORCED OCCURS	NOT DENIED OR FORCED PERCNT	TOTAL OCCURS	TOTAL PERCNT
588	CLAIM FOR TRANSFERRED BABY.		15	56.00	0	0.00	12	44.00	27	100.00
602	(NA) NO RECORD OF PA NUMBER		0	0.00	2	8.00	22	92.00	24	100.00
603	PA IS IN PENDING STATUS		0	0.00	0	0.00	2	100.00	2	100.00
604	NO RECIP MATCH ON PA FILE		0	0.00	0	0.00	6	100.00	6	100.00
606	DOS ON CLM NOT ON PA FILE		1	100.00	0	0.00	0	0.00	1	100.00
620	IP/DRG ADMIT REQUIRES APPROVAL		167	65.00	45	18.00	43	17.00	255	100.00
621	(NA)NON-CONTRACT HOSP REQ AUTH		3	20.00	3	20.00	9	60.00	15	100.00
627	LONG TERM ACUTE CARE OR PM&R.		0	0.00	0	0.00	1	100.00	1	100.00
635	QRS/PIP HISTORY ONLY ADJUSTMEN		91	100.00	0	0.00	0	0.00	91	100.00
855	ADJ HAS AUTO DENY		5	100.00	0	0.00	0	0.00	5	100.00
875	CLAIM FOR NEW BIENNIUM		0	0.00	0	0.00	1	100.00	1	100.00
898	TOO MANY CLAIMS PER RECIP		0	0.00	0	0.00	1	100.00	1	100.00
1030	GENERAL INFORMATION		0	0.00	0	0.00	8	100.00	8	100.00

M O N T H L Y E X C E P T I O N S U M M A R Y

TYPE ENTRY ALL CLAIM TYPE INPATIENT

EXC CDE	EXCEPTION DESCRIPTION	DISPOSITION SS D S PR P	FORCED OCCURS	FORCED PERCNT	DENIED OCCURS	DENIED PERCNT	NOT DENIED OR FORCED OCCURS	NOT DENIED OR FORCED PERCNT	TOTAL OCCURS	TOTAL PERCNT
101	EXACT DUPLICATE		0	0.00	0	0.00	102	100.00	102	100.00
102	POSSIBLE DUPLICATE		66	46.00	26	18.00	50	36.00	142	100.00
103	POSSIBLE DUPLICATE - CONFLICT		159	64.00	3	1.00	86	35.00	248	100.00
109	EXCEEDS PAS ALLOWANCE		149	31.00	215	45.00	119	24.00	483	100.00
115	CONFLICT:TOT DAYS VS SVC DATES		28	45.00	14	23.00	20	32.00	62	100.00
116	INVALID APPROVAL CODE		8	29.00	20	71.00	0	0.00	28	100.00
125	CLAIM PAST TIMELY BILL LIMIT		36	33.00	72	67.00	0	0.00	108	100.00
130	INVALID PIC		0	0.00	5	50.00	5	50.00	10	100.00
133	CALC ERROR OF TOT CLAIM CHARGE		0	0.00	5	56.00	4	44.00	9	100.00
134	CALC ERROR OF NET CLAIM CHARGE		0	0.00	31	60.00	21	40.00	52	100.00
137	CALC ERROR NON-COVERED CHARGE		0	0.00	0	0.00	2	100.00	2	100.00
139	MISSING ATTENDING PROV NUMBER		0	0.00	0	0.00	6	100.00	6	100.00
141	(NA) PRIOR BIENNIUM DT OF SRVC		0	0.00	0	0.00	10	100.00	10	100.00
147	LACKS DAILY ROOM RATE		0	0.00	0	0.00	21	100.00	21	100.00
148	MISSING REVENUE CODE		0	0.00	0	0.00	236	100.00	236	100.00
150	ITA/INDICATOR ERROR		0	0.00	1	17.00	5	83.00	6	100.00
165	(NA) TPL/OTHER RESOURCES		132	100.00	0	0.00	0	0.00	132	100.00
166	(NA) TPR PAYMENT		121	71.00	50	29.00	0	0.00	171	100.00
171	NON-COV CHG MORE THAN BILLED		0	0.00	2	100.00	0	0.00	2	100.00
183	MISSING UNITS OR DAYS		0	0.00	0	0.00	1	100.00	1	100.00
184	MISSING LINE ITEM BILLED AMT		0	0.00	15	37.00	26	63.00	41	100.00
190	MISSING/INVALID ITA INDICATOR		10	29.00	18	51.00	7	20.00	35	100.00
195	MISSING ADMIT DIAGNOSIS		0	0.00	2	29.00	5	71.00	7	100.00
197	(NA) EMC WITH COMMENTS		757	100.00	0	0.00	0	0.00	757	100.00
198	(NA) LACKS SURGERY/DELIVERY DT		0	0.00	0	0.00	72	100.00	72	100.00
204	INVALID ATTENDING PROV NUMBER		0	0.00	0	0.00	2	100.00	2	100.00
206	INVALID ADMISSION SOURCE		0	0.00	6	67.00	3	33.00	9	100.00
207	INVALID OUTLIER CODE		0	0.00	1	33.00	2	67.00	3	100.00
213	INVALID 5TH DIAGNOSIS		0	0.00	0	0.00	1	100.00	1	100.00
214	INVALID PRIMARY PROCEDURE		0	0.00	2	100.00	0	0.00	2	100.00
220	SURG DATE NOT WITHIN DT OF SVC		0	0.00	0	0.00	38	100.00	38	100.00
224	DUPLICATE REV. CODES		0	0.00	0	0.00	207	100.00	207	100.00
232	MISSING DISCHARGE HOUR		0	0.00	0	0.00	1	100.00	1	100.00
234	INVALID DISCHARGE HOUR		0	0.00	1	100.00	0	0.00	1	100.00
235	LOS LESS THAN 24 HOURS.		1	1.00	0	0.00	104	99.00	105	100.00
245	(NA) HOSPICE CLIENT		4	80.00	1	20.00	0	0.00	5	100.00
247	RECIP HAS QMB COVERAGE ONLY		0	0.00	3	100.00	0	0.00	3	100.00
250	NOT ELIG WITH THIS PIC.		0	0.00	8	29.00	20	71.00	28	100.00
252	(NA) NOT ELIG FOR ALL DOS		0	0.00	17	89.00	2	11.00	19	100.00
253	POSSIBLE RECIPIENT DEATH		0	0.00	0	0.00	1	100.00	1	100.00
255	(NA) OVER AGE 65 & MED ELIG 0		0	0.00	0	0.00	28	100.00	28	100.00
257	(NA) STRICTED PT / ON REVIEW		0	0.00	0	0.00	3	100.00	3	100.00
259	(NA) ELIG FOR MEDICARE PART A		29	35.00	40	48.00	14	17.00	83	100.00
262	(NA) TPL SUSPECT		14	74.00	0	0.00	5	26.00	19	100.00
263	(NA) TPL COV. ON ELIG FILE		145	65.00	55	25.00	23	10.00	223	100.00
264	TPL CARRIER CODE WITH NO TPL $		1	100.00	0	0.00	0	0.00	1	100.00
269	TPL - ELIG POST-PAYMENT MODE		0	0.00	0	0.00	37	100.00	37	100.00
271	RECIP NOT ELIGIBLE FOR DOS		0	0.00	0	0.00	12	100.00	12	100.00

274 (NA) RECIPIENT EXPIRED	7 78.00	0 0.00	2 22.00	9 100.00
284 (NA) LCP/MI-NON COVERED SRVC	0 0.00	1 100.00	0 0.00	1 100.00

M O N T H L Y E X C E P T I O N S U M M A R Y

TYPE ENTRY ALL CLAIM TYPE INPATIENT

EXC CDE	EXCEPTION DESCRIPTION	DISPOSITION SS	D	S	PR	P	FORCED OCCURS	FORCED PERCNT	DENIED OCCURS	DENIED PERCNT	NOT DENIED OR FORCED OCCURS	NOT DENIED OR FORCED PERCNT	TOTAL OCCURS	TOTAL PERCNT
285	(NA) Q PROGRAM CODE WITH ITA						71	88.00	10	12.00	0	0.00	81	100.00
290	FROM DOS MORE THAN 3 YRS OLD						2	67.00	1	33.00	0	0.00	3	100.00
292	(NA) FISCAL YEAR END						0	0.00	0	0.00	58	100.00	58	100.00
301	(NA) INELIG FOR CAT OF SERVICE						0	0.00	1	6.00	15	94.00	16	100.00
315	INVALID ATTENDING PROV NUMBER						0	0.00	1	100.00	0	0.00	1	100.00
317	(NA) OUT OF STATE PROVIDER						0	0.00	0	0.00	49	100.00	49	100.00
320	(NA)ACCIDENT DIAG-TPL SUSPECT						0	0.00	0	0.00	169	100.00	169	100.00
324	(NA) INVALID SEX TO DX						1	100.00	0	0.00	0	0.00	1	100.00
335	INVALID 2ND DIAGNOSIS CODE						0	0.00	0	0.00	2	100.00	2	100.00
343	DIAGNOSIS REQUIRES APPROVAL						98	49.00	36	18.00	68	33.00	202	100.00
345	(NA) DATE OF CONSENT REQUIRED						32	53.00	13	22.00	15	25.00	60	100.00
358	(NA) NO ACCOM RATE ON FILE						0	0.00	0	0.00	17	100.00	17	100.00
364	MISSING OCCURRENCE CODE DATE.						0	0.00	0	0.00	1	100.00	1	100.00
367	VERIFY REVENUE CODE						0	0.00	1	0.00	255	100.00	256	100.00
369	REVENUE CODE NOT ALLOWED						0	0.00	3	0.00	848	100.00	851	100.00
377	(NA)APPROVAL OR TRANSPORT TEAM						245	45.00	67	12.00	227	43.00	539	100.00
378	UNABLE TO PRICE FOR THIS DOS						0	0.00	2	100.00	0	0.00	2	100.00
379	(NA) UNABLE TO PRICE						0	0.00	0	0.00	4	100.00	4	100.00
381	ROOM RATE EXCEEDS CAP RATE.						12	60.00	0	0.00	8	40.00	20	100.00
399	(NA) EXCLUDED REVENUE CODE						0	0.00	0	0.00	8	100.00	8	100.00
404	(NA)PROV TERM-OTHER INVOL RSNS						0	0.00	0	0.00	11	100.00	11	100.00
416	PROV # NOT VALID FOR BILLING						0	0.00	4	100.00	0	0.00	4	100.00
433	(NA) CLAIM TYPE ERROR						0	0.00	1	8.00	11	92.00	12	100.00
434	BIRTH WT MISSING OR < 100 GMS.						0	0.00	19	30.00	45	70.00	64	100.00
436	(NA)INVALID HOSPITAL TYPE						0	0.00	0	0.00	4	100.00	4	100.00
437	(NA) NO STATE ONLY PERCENTAGE						0	0.00	0	0.00	14	100.00	14	100.00
438	DAYS BILLED EXCEED ITA ALLOWED						72	55.00	34	26.00	24	19.00	130	100.00
449	INVALID ADMIT DIAGNOSIS						0	0.00	0	0.00	1	100.00	1	100.00
480	ALLOWED AMOUNT OVER THRESHOLD						6	55.00	0	0.00	5	45.00	11	100.00
494	EXCEEDS 3/5 DAY DETOX LIMIT						0	0.00	1	50.00	1	50.00	2	100.00
498	DDD RECIPIENT FOR DOS ON CLAIM						0	0.00	0	0.00	59	100.00	59	100.00
504	PSYCH PROV AND NOT PSYCH DX						4	33.00	8	67.00	0	0.00	12	100.00
521	PCCM REFERRAL # REQUIRED						2	40.00	3	60.00	0	0.00	5	100.00
525	FAMILY PLANNING ONLY/TAKE CHG						0	0.00	7	70.00	3	30.00	10	100.00
532	INVALID 7TH DIAGNOSIS CODE.						0	0.00	0	0.00	1	100.00	1	100.00
535	INVALID 4TH PROCEDURE CODE.						0	0.00	1	100.00	0	0.00	1	100.00
549	CLIENT IS ON SLMB						0	0.00	2	100.00	0	0.00	2	100.00
552	HMO - MHC PLANS & BHP PLUS						4	16.00	0	0.00	21	84.00	25	100.00
556	INVALID CLM TYPE FOR MEDICARE						0	0.00	1	14.00	6	86.00	7	100.00
569	RSN PRIOR AUTHORIZATION #						0	0.00	0	0.00	615	100.00	615	100.00
582	CLAIM GROUPS TO TRANSPLANT DRG						0	0.00	1	50.00	1	50.00	2	100.00
586	PSYCH CLAIM WITH NO 88 AUTH #.						0	0.00	42	72.00	16	28.00	58	100.00
588	CLAIM FOR TRANSFERRED BABY.						16	76.00	0	0.00	5	24.00	21	100.00
602	(NA) NO RECORD OF PA NUMBER						1	11.00	0	0.00	8	89.00	9	100.00
603	PA IS IN PENDING STATUS						0	0.00	1	50.00	1	50.00	2	100.00
604	NO RECIP MATCH ON PA FILE						1	5.00	0	0.00	21	95.00	22	100.00
620	IP/DRG ADMIT REQUIRES APPROVAL						36	72.00	12	24.00	2	4.00	50	100.00
621	(NA)NON-CONTRACT HOSP REQ AUTH						0	0.00	0	0.00	2	100.00	2	100.00

627 LONG TERM ACUTE CARE OR PM&R.	0 0.00	0 0.00	6 100.00	6 100.00
635 QRS/PIP HISTORY ONLY ADJUSTMEN	5 100.00	0 0.00	0 0.00	5 100.00

M O N T H L Y E X C E P T I O N S U M M A R Y

TYPE ENTRY ALL CLAIM TYPE INPATIENT

EXC CDE	EXCEPTION DESCRIPTION	DISPOSITION SS	D	S	PR	P	FORCED OCCURS	FORCED PERCNT	DENIED OCCURS	DENIED PERCNT	NOT DENIED OR FORCED OCCURS	NOT DENIED OR FORCED PERCNT	TOTAL OCCURS	TOTAL PERCNT
642	INVALID SECONDARY DETOX DX						0	0.00	1	100.00	0	0.00	1	100.00
643	INVALID 3RD POSITION DETOX DX						0	0.00	2	33.00	4	67.00	6	100.00
644	INVALID 4TH POSITION DETOX DX						0	0.00	0	0.00	4	100.00	4	100.00
645	INVALID 5TH POSITION DETOX DX						0	0.00	0	0.00	4	100.00	4	100.00
646	INVALID DETOX ADMIT DX						0	0.00	1	100.00	0	0.00	1	100.00
651	INVALID 6TH POSITION DETOX DX						0	0.00	0	0.00	2	100.00	2	100.00
652	INVALID 7TH POSITION DETOX DX						0	0.00	0	0.00	1	100.00	1	100.00
653	INVALID 8TH POSITION DETOX DX						0	0.00	0	0.00	1	100.00	1	100.00
855	ADJ HAS AUTO DENY						13	93.00	1	7.00	0	0.00	14	100.00
877	TAKE CHARGE CLIENT/NON TC PROV						0	0.00	1	33.00	2	67.00	3	100.00

M O N T H L Y E X C E P T I O N S U M M A R Y

TYPE ENTRY ALL CLAIM TYPE NH

EXC CDE	EXCEPTION DESCRIPTION	DISPOSITION SS D S PR P	FORCED OCCURS	FORCED PERCNT	DENIED OCCURS	DENIED PERCNT	NOT DENIED OR FORCED OCCURS	NOT DENIED OR FORCED PERCNT	TOTAL OCCURS	TOTAL PERCNT
101	EXACT DUPLICATE		0	0.00	0	0.00	75	100.00	75	100.00
103	POSSIBLE DUPLICATE - CONFLICT		248	90.00	18	7.00	10	3.00	276	100.00
115	CONFLICT:TOT DAYS VS SVC DATES		0	0.00	8	100.00	0	0.00	8	100.00
125	CLAIM PAST TIMELY BILL LIMIT		35	83.00	7	17.00	0	0.00	42	100.00
166	(NA) TPR PAYMENT		1	1.00	0	0.00	181	99.00	182	100.00
241	NH DATES NOT W/IN ELIG SPAN		0	0.00	1	100.00	0	0.00	1	100.00
245	(NA) HOSPICE CLIENT		159	83.00	28	15.00	4	2.00	191	100.00
247	RECIP HAS QMB COVERAGE ONLY		0	0.00	4	100.00	0	0.00	4	100.00
252	(NA) NOT ELIG FOR ALL DOS		0	0.00	3	100.00	0	0.00	3	100.00
253	POSSIBLE RECIPIENT DEATH		0	0.00	3	100.00	0	0.00	3	100.00
257	(NA) STRICTED PT / ON REVIEW		0	0.00	0	0.00	4	100.00	4	100.00
267	NOT ELIG PER NH RECORD		0	0.00	2	67.00	1	33.00	3	100.00
268	NH PROVIDER NUMBER INCORRECT		0	0.00	1	100.00	0	0.00	1	100.00
269	TPL - ELIG POST-PAYMENT MODE		0	0.00	0	0.00	6,118	100.00	6,118	100.00
271	RECIP NOT ELIGIBLE FOR DOS		0	0.00	30	100.00	0	0.00	30	100.00
274	(NA) RECIPIENT EXPIRED		4	80.00	0	0.00	1	20.00	5	100.00
279	(NA) NOT ELIG-MED CODE 6		0	0.00	0	0.00	11	100.00	11	100.00
382	BILLED RATE MUST= RATE ON FILE		0	0.00	0	0.00	79	100.00	79	100.00
498	DDD RECIPIENT FOR DOS ON CLAIM		0	0.00	0	0.00	529	100.00	529	100.00
549	CLIENT IS ON SLMB		0	0.00	1	50.00	1	50.00	2	100.00
561	CLIENT COVERED BY PACE PROJECT		0	0.00	2	100.00	0	0.00	2	100.00
624	STOP CLAIM IND FOR N/H SEGMENT		121	98.00	0	0.00	3	2.00	124	100.00
1014	COB TEST		0	0.00	0	0.00	3	100.00	3	100.00

M O N T H L Y E X C E P T I O N S U M M A R Y

TYPE ENTRY ALL CLAIM TYPE MCARE INP

EXC CDE	EXCEPTION DESCRIPTION	DISPOSITION SS D S PR P	FORCED OCCURS	FORCED PERCNT	DENIED OCCURS	DENIED PERCNT	NOT DENIED OR FORCED OCCURS	NOT DENIED OR FORCED PERCNT	TOTAL OCCURS	TOTAL PERCNT
101	EXACT DUPLICATE		0	0.00	0	0.00	410	100.00	410	100.00
102	POSSIBLE DUPLICATE		79	37.00	20	9.00	117	54.00	216	100.00
106	MEDICARE CLAIM OUT OF BALANCE		71	10.00	0	0.00	643	90.00	714	100.00
115	CONFLICT:TOT DAYS VS SVC DATES		0	0.00	0	0.00	7	100.00	7	100.00
116	INVALID APPROVAL CODE		0	0.00	132	100.00	0	0.00	132	100.00
125	CLAIM PAST TIMELY BILL LIMIT		0	0.00	0	0.00	309	100.00	309	100.00
126	''FROM'' DATE PAST ''TO'' DATE		0	0.00	0	0.00	3	100.00	3	100.00
127	DOS AFTER BATCH DATE		0	0.00	0	0.00	1	100.00	1	100.00
129	MISSING PIC		0	0.00	2	40.00	3	60.00	5	100.00
141	(NA) PRIOR BIENNIUM DT OF SRVC		0	0.00	0	0.00	189	100.00	189	100.00
165	(NA) TPL/OTHER RESOURCES		39	100.00	0	0.00	0	0.00	39	100.00
166	(NA) TPR PAYMENT		25	86.00	4	14.00	0	0.00	29	100.00
167	INVALID PATIENT STATUS CODE		0	0.00	0	0.00	9	100.00	9	100.00
173	ADMIT DATE AFTER ''FROM"" DATE		0	0.00	0	0.00	4	100.00	4	100.00
185	MISSING DATE OF ADMIT		0	0.00	0	0.00	29	100.00	29	100.00
192	MEDICARE BILLING LIMITATION		70	37.00	44	24.00	73	39.00	187	100.00
228	MISSING MEDICARE PAID DATE		0	0.00	36	44.00	45	56.00	81	100.00
229	NO PIC FOR THIS HIC		0	0.00	0	0.00	121	100.00	121	100.00
245	(NA) HOSPICE CLIENT		5	26.00	1	5.00	13	69.00	19	100.00
250	NOT ELIG WITH THIS PIC.		0	0.00	60	100.00	0	0.00	60	100.00
252	(NA) NOT ELIG FOR ALL DOS		4	12.00	8	24.00	22	64.00	34	100.00
253	POSSIBLE RECIPIENT DEATH		0	0.00	0	0.00	12	100.00	12	100.00
257	(NA) STRICTED PT / ON REVIEW		0	0.00	0	0.00	5	100.00	5	100.00
263	(NA) TPL COV. ON ELIG FILE		201	58.00	5	1.00	142	41.00	348	100.00
269	TPL - ELIG POST-PAYMENT MODE		0	0.00	0	0.00	30	100.00	30	100.00
271	RECIP NOT ELIGIBLE FOR DOS		0	0.00	18	31.00	40	69.00	58	100.00
282	LCP-ONE DAY SPEND DOWN COUPON		0	0.00	0	0.00	1	100.00	1	100.00
284	(NA) LCP/MI-NON COVERED SRVC		0	0.00	0	0.00	4	100.00	4	100.00
285	(NA) Q PROGRAM CODE WITH ITA		0	0.00	0	0.00	11	100.00	11	100.00
287	MI PROGRAM ENDED 7/1/03		0	0.00	0	0.00	1	100.00	1	100.00
290	FROM DOS MORE THAN 3 YRS OLD		84	44.00	0	0.00	105	56.00	189	100.00
292	(NA) FISCAL YEAR END		0	0.00	0	0.00	50	100.00	50	100.00
301	(NA) INELIG FOR CAT OF SERVICE		0	0.00	1	1.00	151	99.00	152	100.00
307	(NA) VOLUNTARY TERMINATION		0	0.00	0	0.00	11	100.00	11	100.00
317	(NA) OUT OF STATE PROVIDER		0	0.00	0	0.00	11	100.00	11	100.00
343	DIAGNOSIS REQUIRES APPROVAL		0	0.00	0	0.00	54	100.00	54	100.00
344	INVALID PRIMARY DIAGNOSES CODE		0	0.00	0	0.00	4	100.00	4	100.00
379	(NA) UNABLE TO PRICE		0	0.00	0	0.00	149	100.00	149	100.00
384	MEDICARE MAX DED EXCEEDED		1	33.00	0	0.00	2	67.00	3	100.00
385	CO-INS PERCENTAGE EXCEEDED		0	0.00	0	0.00	12	100.00	12	100.00
402	(NA)PROV TERMINATED-NUMBER CHG		0	0.00	0	0.00	2	100.00	2	100.00
404	(NA)PROV TERM-OTHER INVOL RSNS		0	0.00	0	0.00	1	100.00	1	100.00
416	PROV # NOT VALID FOR BILLING		0	0.00	12	9.00	118	91.00	130	100.00
498	DDD RECIPIENT FOR DOS ON CLAIM		0	0.00	0	0.00	166	100.00	166	100.00
549	CLIENT IS ON SLMB		0	0.00	69	58.00	51	42.00	120	100.00
591	MEDICARE PAID MORE THAN		0	0.00	0	0.00	2,141	100.00	2,141	100.00
592	MEDICARE PAID LESS THAN		0	0.00	0	0.00	2,707	100.00	2,707	100.00
596	MEDICARE PD/DEDUCTIBLE =ZERO		0	0.00	0	0.00	138	100.00	138	100.00

855	ADJ HAS AUTO DENY	2	100.00	0	0.00	0	0.00	2 100.00

M O N T H L Y E X C E P T I O N S U M M A R Y

TYPE ENTRY ALL CLAIM TYPE MCARE OP

EXC CDE	EXCEPTION DESCRIPTION	DISPOSITION SS D S PR P	FORCED OCCURS	FORCED PERCNT	DENIED OCCURS	DENIED PERCNT	NOT DENIED OR FORCED OCCURS	NOT DENIED OR FORCED PERCNT	TOTAL OCCURS	TOTAL PERCNT
101	EXACT DUPLICATE		0	0.00	0	0.00	4,896	100.00	4,896	100.00
102	POSSIBLE DUPLICATE		635	36.00	509	29.00	626	35.00	1,770	100.00
106	MEDICARE CLAIM OUT OF BALANCE		5,268	41.00	6	0.00	7,714	59.00	12,988	100.00
110	MEDICARE ASSIGNMENT INDICATOR		0	0.00	0	0.00	4	100.00	4	100.00
115	CONFLICT:TOT DAYS VS SVC DATES		0	0.00	0	0.00	61	100.00	61	100.00
116	INVALID APPROVAL CODE		0	0.00	882	100.00	0	0.00	882	100.00
124	MISSING "FROM" DATE OF SERVICE		0	0.00	2	67.00	1	33.00	3	100.00
125	CLAIM PAST TIMELY BILL LIMIT		0	0.00	1	0.00	1,616	100.00	1,617	100.00
126	''FROM'' DATE PAST ''TO'' DATE		0	0.00	2	100.00	0	0.00	2	100.00
127	DOS AFTER BATCH DATE		0	0.00	1	25.00	3	75.00	4	100.00
129	MISSING PIC		0	0.00	14	4.00	335	96.00	349	100.00
141	(NA) PRIOR BIENNIUM DT OF SRVC		0	0.00	0	0.00	351	100.00	351	100.00
165	(NA) TPL/OTHER RESOURCES		198	99.00	2	1.00	0	0.00	200	100.00
166	(NA) TPR PAYMENT		93	89.00	12	11.00	0	0.00	105	100.00
167	INVALID PATIENT STATUS CODE		1	0.00	2	0.00	21,260	100.00	21,263	100.00
173	ADMIT DATE AFTER ''FROM"" DATE		0	0.00	0	0.00	32	100.00	32	100.00
183	MISSING UNITS OR DAYS		0	0.00	0	0.00	8	100.00	8	100.00
192	MEDICARE BILLING LIMITATION		499	33.00	654	44.00	348	23.00	1,501	100.00
203	INVALID TPL INDICATOR		0	0.00	0	0.00	1	100.00	1	100.00
228	MISSING MEDICARE PAID DATE		4	1.00	170	31.00	381	68.00	555	100.00
229	NO PIC FOR THIS HIC		1	0.00	0	0.00	1,770	100.00	1,771	100.00
245	(NA) HOSPICE CLIENT		6	21.00	13	45.00	10	34.00	29	100.00
250	NOT ELIG WITH THIS PIC.		0	0.00	627	44.00	786	56.00	1,413	100.00
252	(NA) NOT ELIG FOR ALL DOS		2	6.00	10	31.00	20	63.00	32	100.00
253	POSSIBLE RECIPIENT DEATH		0	0.00	0	0.00	10	100.00	10	100.00
257	(NA) STRICTED PT / ON REVIEW		0	0.00	0	0.00	132	100.00	132	100.00
263	(NA) TPL COV. ON ELIG FILE		1,428	49.00	38	1.00	1,460	50.00	2,926	100.00
264	TPL CARRIER CODE WITH NO TPL $		6	86.00	0	0.00	1	14.00	7	100.00
269	TPL - ELIG POST-PAYMENT MODE		0	0.00	0	0.00	705	100.00	705	100.00
271	RECIP NOT ELIGIBLE FOR DOS		0	0.00	492	46.00	575	54.00	1,067	100.00
284	(NA) LCP/MI-NON COVERED SRVC		0	0.00	0	0.00	5	100.00	5	100.00
285	(NA) Q PROGRAM CODE WITH ITA		0	0.00	0	0.00	9	100.00	9	100.00
290	FROM DOS MORE THAN 3 YRS OLD		277	81.00	0	0.00	67	19.00	344	100.00
292	(NA) FISCAL YEAR END		0	0.00	0	0.00	22	100.00	22	100.00
301	(NA) INELIG FOR CAT OF SERVICE		103	1.00	436	5.00	7,674	94.00	8,213	100.00
307	(NA) VOLUNTARY TERMINATION		0	0.00	0	0.00	16	100.00	16	100.00
310	RURAL HEALTH & FQHC X-OVERS		11,356	59.00	4	0.00	7,814	41.00	19,174	100.00
317	(NA) OUT OF STATE PROVIDER		0	0.00	0	0.00	97	100.00	97	100.00
323	(NA) INVALID RECIP AGE TO DX		0	0.00	0	0.00	2	100.00	2	100.00
324	(NA) INVALID SEX TO DX		0	0.00	0	0.00	21	100.00	21	100.00
343	DIAGNOSIS REQUIRES APPROVAL		0	0.00	0	0.00	1,143	100.00	1,143	100.00
344	INVALID PRIMARY DIAGNOSES CODE		0	0.00	0	0.00	44	100.00	44	100.00
379	(NA) UNABLE TO PRICE		53	1.00	0	0.00	5,880	99.00	5,933	100.00
401	(NA) PROV TERM - BAD ADDRESS		0	0.00	0	0.00	4	100.00	4	100.00
402	(NA)PROV TERMINATED-NUMBER CHG		0	0.00	0	0.00	238	100.00	238	100.00
404	(NA)PROV TERM-OTHER INVOL RSNS		0	0.00	0	0.00	2,371	100.00	2,371	100.00
416	PROV # NOT VALID FOR BILLING		0	0.00	97	2.00	4,871	98.00	4,968	100.00
498	DDD RECIPIENT FOR DOS ON CLAIM		0	0.00	0	0.00	2,773	100.00	2,773	100.00

505 HOSPICE PROV/NONHOSPICE RECIP	0	0.00	0	0.00	1	100.00	1	100.00
525 FAMILY PLANNING ONLY/TAKE CHG	0	0.00	1	50.00	1	50.00	2	100.00

M O N T H L Y E X C E P T I O N S U M M A R Y

TYPE ENTRY ALL CLAIM TYPE MCARE OP

EXC CDE	EXCEPTION DESCRIPTION	DISPOSITION SS	D	S	PR	P	FORCED OCCURS	FORCED PERCNT	DENIED OCCURS	DENIED PERCNT	NOT DENIED OR FORCED OCCURS	NOT DENIED OR FORCED PERCNT	TOTAL OCCURS	TOTAL PERCNT
549	CLIENT IS ON SLMB						0	0.00	885	56.00	709	44.00	1,594	100.00
591	MEDICARE PAID MORE THAN						0	0.00	0	0.00	10,904	100.00	10,904	100.00
592	MEDICARE PAID LESS THAN						0	0.00	0	0.00	28,603	100.00	28,603	100.00
596	MEDICARE PD/DEDUCTIBLE =ZERO						0	0.00	0	0.00	941	100.00	941	100.00
855	ADJ HAS AUTO DENY						2	100.00	0	0.00	0	0.00	2	100.00
875	CLAIM FOR NEW BIENNIUM						0	0.00	0	0.00	1	100.00	1	100.00
898	TOO MANY CLAIMS PER RECIP						0	0.00	0	0.00	28	100.00	28	100.00
	TOTAL FOR TYPE OF ENTRY						380,081	14.00	182,556	7.00	2,199,327	79.00	2,761,964	100.00

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TYPE ENTRY ALL CLAIM TYPE ALL

EXC CDE	EXCEPTION DESCRIPTION	DISPOSITION SS D S PR P	FORCED OCCURS	FORCED PERCNT	DENIED OCCURS	DENIED PERCNT	NOT DENIED OR FORCED OCCURS	NOT DENIED OR FORCED PERCNT	TOTAL OCCURS	TOTAL PERCNT
1	1 ROOT CANAL COVERED PER TOOTH		10	34.00	19	66.00	0	0.00	29	100.00
2	1 EXAM COVERED IN 6 MONTHS		696	53.00	573	44.00	33	3.00	1,302	100.00
3	1 PRENATAL EXAM/9 MONTH PERIOD		20	14.00	24	17.00	101	69.00	145	100.00
4	ONE CROWN PER TOOTH IN 5 YEARS		4	33.00	8	67.00	0	0.00	12	100.00
5	NERVE BLOCK INCL IN PROCEDURE		0	0.00	4	80.00	1	20.00	5	100.00
6	2 NH CALLS FOR NON-EMERG CARE		198	43.00	208	45.00	59	12.00	465	100.00
8	CLOZARIL COORDINATION 1 PER WK		2	40.00	3	60.00	0	0.00	5	100.00
9	ORTHODONTIC TRMT LIMIT/ 3 MOS.		1	5.00	5	25.00	14	70.00	20	100.00
10	5 SCREENS COV 1ST YEAR LIFE		13	43.00	8	27.00	9	30.00	30	100.00
11	1 ANNUAL SCREEN AFT 4TH YEAR		10	4.00	63	27.00	163	69.00	236	100.00
12	LIMIT AUDITS		106	25.00	303	71.00	15	4.00	424	100.00
13	AUTO/NON AUTO/PANEL LAB TESTS		1,140	17.00	59	1.00	5,706	82.00	6,905	100.00
14	ONE PER YEAR LIMITATION		0	0.00	0	0.00	1	100.00	1	100.00
15	PSYCH ALLOWANCE PER DAY		62	8.00	18	2.00	683	90.00	763	100.00
16	92552 INCLUDED IN 92553		0	0.00	0	0.00	2	100.00	2	100.00
17	2 EPIDIDURALS FOR POST OP PAIN		6	55.00	3	27.00	2	18.00	11	100.00
18	ORTHODONTIA TRTMT/2 YR MAX		0	0.00	2	100.00	0	0.00	2	100.00
19	NORPLANT REMOVAL PD @ 50%		3	100.00	0	0.00	0	0.00	3	100.00
20	1 PROPHY ALLOWED EVERY 6 MONTH		155	38.00	242	59.00	14	3.00	411	100.00
21	90782-88 INCL IN E/M CODE		1	0.00	26	2.00	1,119	98.00	1,146	100.00
22	OMT NOT ALLOWED W/E&M		0	0.00	0	0.00	7	100.00	7	100.00
23	92555 INCLUDED IN 92556		0	0.00	0	0.00	1	100.00	1	100.00
24	1 PANOREX/FMS ALLOWED IN 3 YRS		180	34.00	335	64.00	12	2.00	527	100.00
26	SPEECH THERAPY LIMIT/12/CAL YR		23	39.00	28	47.00	8	14.00	59	100.00
27	1 UPPER DENTURE ALLOWED/10 YR		216	75.00	48	17.00	25	8.00	289	100.00
28	4 BITEWINGS ALLOWED PER 12 MO.		6,129	88.00	628	9.00	211	3.00	6,968	100.00
29	ALS VS BLS SAME DAY		137	31.00	21	5.00	282	64.00	440	100.00
30	1 RELINE ALLOWED IN 5 YEARS		8	21.00	28	72.00	3	7.00	39	100.00
31	1 ROOT PLANING PER 24 MONTHS		534	52.00	446	44.00	42	4.00	1,022	100.00
32	A4550 NOT ALLOWED W/ PROCEDURE		0	0.00	6	86.00	1	14.00	7	100.00
33	1 ADULT PROPHY ALLOWED 12 MO.		499	61.00	296	36.00	27	3.00	822	100.00
34	ADJ/RELINE/TISS CND INC IN FEE		0	0.00	0	0.00	5	100.00	5	100.00
35	1 REFRACTION ALLOWED 2 YEARS		61	14.00	136	32.00	227	54.00	424	100.00
36	RELINE DENTURE ONCE IN 5 YRS		5	19.00	21	78.00	1	3.00	27	100.00
38	MAX OF 3 EPSDT EXAMS ALLOWED		1	17.00	0	0.00	5	83.00	6	100.00
40	MULTIPLE DENTAL OPERATIVE PROC		30	59.00	3	6.00	18	35.00	51	100.00
41	1 DEPO PROVERA IN 65 DAYS		43	11.00	66	17.00	282	72.00	391	100.00
42	ADJ/RELINE/TISS COND IN FEE.		0	0.00	4	50.00	4	50.00	8	100.00
43	AFTER HR CHRG NOT IN ADD SUN		20	9.00	7	3.00	187	88.00	214	100.00
44	ESTABLISHED PT-FEE REDUCED		714	20.00	558	16.00	2,284	64.00	3,556	100.00
45	1 SUPP ALLOWED PER DELIVERY		50	32.00	48	31.00	57	37.00	155	100.00
46	VENTILATION ASSIST/E&M CODES		0	0.00	17	94.00	1	6.00	18	100.00
47	ORTHO BANDING VS EA ADD 3 MO		0	0.00	0	0.00	12	100.00	12	100.00
48	MAX OF 3 HRS GRP THERAPY/DAY		122	17.00	39	5.00	551	78.00	712	100.00
49	INCLUDED IN OXY SYSTEM		8	29.00	16	57.00	4	14.00	28	100.00
51	1 DELIVERY IN 9 MONTH PERIOD		1,479	74.00	74	4.00	447	22.00	2,000	100.00
52	0020A NOT ALLOWED W/0001A		0	0.00	0	0.00	2	100.00	2	100.00
53	MULT OPERATIVE PROC PERFORMED		11,121	69.00	1,296	8.00	3,752	23.00	16,169	100.00

54	NON-DME/MSE LIMIT 2 PER MONTH	50	56.00	28	31.00	11	13.00	89 100.00
55	CC/ADMIT/CNSLT/SURG INV COMBO	5,266	20.00	2,425	9.00	18,291	71.00	25,982 100.00

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TYPE ENTRY ALL CLAIM TYPE ALL

EXC CDE	EXCEPTION DESCRIPTION	DISPOSITION SS D S PR P	FORCED OCCURS	FORCED PERCNT	DENIED OCCURS	DENIED PERCNT	NOT DENIED OR FORCED OCCURS	NOT DENIED OR FORCED PERCNT	TOTAL OCCURS	TOTAL PERCNT
57	EAR MOLD IS INCL. HEARING AID		4	25.00	9	56.00	3	19.00	16	100.00
58	OSTEOPATHIC LIMIT OF 10		0	0.00	8	100.00	0	0.00	8	100.00
59	LIMIT 3 PER/MO. OXYGEN/NON-DME		28	70.00	7	18.00	5	12.00	40	100.00
60	INCLUDED IN OXY SYSTEM		0	0.00	11	85.00	2	15.00	13	100.00
61	INIT PROC BILLED PREV SUB PD		243	72.00	56	17.00	39	11.00	338	100.00
63	NOT COV IN 30 DAY PREV DRUG AB		158	82.00	13	7.00	21	11.00	192	100.00
64	CONTRAINDICATED		151	80.00	22	12.00	15	8.00	188	100.00
65	SPEECH - 36 PER YR FOR DX		1	14.00	0	0.00	6	86.00	7	100.00
66	ONE 90801 ALLOWED PER YEAR		3	5.00	13	22.00	43	73.00	59	100.00
67	MAX OF 180 PER MONTH		127	48.00	30	11.00	109	41.00	266	100.00
68	OT ADDT'L LIMIT 36 VISITS/YR		134	66.00	37	18.00	33	16.00	204	100.00
69	ORAL HYGIENE INSTR ONCE A YR		8	14.00	50	85.00	1	1.00	59	100.00
71	KIDNEY PT. - PHYSICIAN CLAIMS		0	0.00	0	0.00	1,062	100.00	1,062	100.00
73	DME LIMIT 1 PER YEAR		4	33.00	5	42.00	3	25.00	12	100.00
75	CRITICAL CARE INCLUDES SERV		9	47.00	8	42.00	2	11.00	19	100.00
77	PEDIAT/NEONATE INCL(S) SERVICE		23	35.00	36	55.00	6	10.00	65	100.00
78	X-RAY INCLUDED IN 00210		0	0.00	0	0.00	55	100.00	55	100.00
79	UA IN COMB W/OTHER UA		0	0.00	0	0.00	52	100.00	52	100.00
81	ONE EYE EXAM ALLOWED 2 YRS		52	17.00	66	21.00	191	62.00	309	100.00
82	1 LOWER DENTURE ALLOWED/10 YR		156	76.00	34	17.00	14	7.00	204	100.00
85	AUDIO TESTS INCL. IN 92557		0	0.00	0	0.00	3	100.00	3	100.00
87	MULTIPLE SURGERY ANES VS. ANES		1,271	64.00	72	4.00	636	32.00	1,979	100.00
88	LIMIT AUDITS		220	48.00	199	43.00	39	9.00	458	100.00
89	COMPONENT TESTS INCL. IN CBC		8	1.00	2	0.00	533	99.00	543	100.00
90	1 INITIAL EXTRACTION ALLOWED		5	36.00	0	0.00	9	64.00	14	100.00
92	ALLOW 1 SEALANT PER TOOTH		364	21.00	1,347	78.00	15	1.00	1,726	100.00
93	RESTORATIONS NA WITH CROWNS.		0	0.00	0	0.00	53	100.00	53	100.00
94	INTERPRETER SERVICES		1	100.00	0	0.00	0	0.00	1	100.00
96	NONDME & MSE LIMIT 10 PER MO.		166	87.00	6	3.00	19	10.00	191	100.00
98	3RD RX WITHIN A CALENDAR MONTH		0	0.00	0	0.00	34,646	100.00	34,646	100.00
99	CONTRAINDICATED AUDIT		495	77.00	14	2.00	137	21.00	646	100.00
100	DUPE/DIFFERENT JULIAN DATE		625	1.00	129	0.00	64,849	99.00	65,603	100.00
101	EXACT DUPLICATE		12,539	10.00	19,884	16.00	91,573	74.00	123,996	100.00
102	POSSIBLE DUPLICATE		5,316	31.00	3,013	18.00	8,620	51.00	16,949	100.00
103	POSSIBLE DUPLICATE - CONFLICT		2,108	34.00	928	15.00	3,181	51.00	6,217	100.00
104	CALLS INCL IN FLAT FEE		121	19.00	287	45.00	230	36.00	638	100.00
105	DIAGNOSIS NOT ALLOWED W/PROC		22,323	48.00	2,023	4.00	22,434	48.00	46,780	100.00
106	MEDICARE CLAIM OUT OF BALANCE		5,340	39.00	6	0.00	8,358	61.00	13,704	100.00
107	MC ALLOWED MORE THAN BILL AMT		3	38.00	2	25.00	3	37.00	8	100.00
109	EXCEEDS PAS ALLOWANCE		149	31.00	215	45.00	119	24.00	483	100.00
110	MEDICARE ASSIGNMENT INDICATOR		0	0.00	0	0.00	4	100.00	4	100.00
114	MCARE DED GT THAN ALLOW AMT		0	0.00	3	100.00	0	0.00	3	100.00
115	CONFLICT:TOT DAYS VS SVC DATES		28	12.00	22	10.00	175	78.00	225	100.00
116	INVALID APPROVAL CODE		808	13.00	5,323	87.00	1	0.00	6,132	100.00
117	INVALID PROCEDURE MODIFIER		48	2.00	1,128	45.00	1,329	53.00	2,505	100.00
118	MISSING PLACE OF SERVICE		1	0.00	32	3.00	939	97.00	972	100.00
120	PROC MOD TC VS POS.		0	0.00	1	100.00	0	0.00	1	100.00
121	ENTER YOUR PROVIDER NUMBER		0	0.00	0	0.00	58	100.00	58	100.00

124 MISSING "FROM" DATE OF SERVICE	0	0.00	232	21.00	851	79.00	1,083	100.00
125 CLAIM PAST TIMELY BILL LIMIT	3,410	17.00	5,612	28.00	11,367	55.00	20,389	100.00

M O N T H L Y E X C E P T I O N S U M M A R Y

TYPE ENTRY ALL CLAIM TYPE ALL

EXC CDE	EXCEPTION DESCRIPTION	DISPOSITION SS D S PR P	FORCED OCCURS	FORCED PERCNT	DENIED OCCURS	DENIED PERCNT	NOT DENIED OR FORCED OCCURS	NOT DENIED OR FORCED PERCNT	TOTAL OCCURS	TOTAL PERCNT
126	''FROM'' DATE PAST ''TO'' DATE		0	0.00	50	40.00	75	60.00	125	100.00
127	DOS AFTER BATCH DATE		1,023	17.00	822	14.00	4,183	69.00	6,028	100.00
128	INJURY DATE PAST ''TO'' DATE		0	0.00	0	0.00	7	100.00	7	100.00
129	MISSING PIC		5	1.00	185	30.00	437	69.00	627	100.00
130	INVALID PIC		111	2.00	280	5.00	5,631	93.00	6,022	100.00
131	MODIFIER DL-MANUAL DENY LINE		0	0.00	752	100.00	2	0.00	754	100.00
132	MISSING TOTAL CLAIM CHARGE		1	0.00	30	1.00	2,595	99.00	2,626	100.00
133	CALC ERROR OF TOT CLAIM CHARGE		0	0.00	111	7.00	1,463	93.00	1,574	100.00
134	CALC ERROR OF NET CLAIM CHARGE		0	0.00	892	20.00	3,474	80.00	4,366	100.00
136	(NA) POS TO MODIFIER 26		129	4.00	0	0.00	2,951	96.00	3,080	100.00
137	CALC ERROR NON-COVERED CHARGE		0	0.00	0	0.00	21	100.00	21	100.00
138	Q IN LMC FOR TRAINING		8	100.00	0	0.00	0	0.00	8	100.00
139	MISSING ATTENDING PROV NUMBER		0	0.00	47	11.00	363	89.00	410	100.00
141	(NA) PRIOR BIENNIUM DT OF SRVC		0	0.00	0	0.00	2,014	100.00	2,014	100.00
144	RX "WRITTEN" DATE MISSING.		0	0.00	0	0.00	777	100.00	777	100.00
147	LACKS DAILY ROOM RATE		0	0.00	0	0.00	28	100.00	28	100.00
148	MISSING REVENUE CODE		0	0.00	126	20.00	511	80.00	637	100.00
150	ITA/INDICATOR ERROR		73	60.00	6	5.00	42	35.00	121	100.00
151	MISSING PRESCRIBING PROV #		0	0.00	0	0.00	6,950	100.00	6,950	100.00
153	NDC INVALID		0	0.00	0	0.00	554	100.00	554	100.00
154	RX NUMBER MISSING		0	0.00	0	0.00	3	100.00	3	100.00
155	MISSING/INVALID DRUG QUANTITY		0	0.00	0	0.00	642	100.00	642	100.00
156	(NA) MISSING DAYS SUPPLY		0	0.00	0	0.00	11,217	100.00	11,217	100.00
159	INVALID LINE ITEM EOB CODE		0	0.00	0	0.00	6	100.00	6	100.00
160	INVALID EPSDT INDICATOR		0	0.00	0	0.00	12	100.00	12	100.00
161	MISSING/INVALID EPSDT REF IND		0	0.00	1	100.00	0	0.00	1	100.00
163	MISSING DIAGNOSIS CODE		86	8.00	11	1.00	1,000	91.00	1,097	100.00
164	INVALID/MISSING REFERRING PROV		3	0.00	2	0.00	4,056	100.00	4,061	100.00
165	(NA) TPL/OTHER RESOURCES		19,140	92.00	1,501	7.00	60	1.00	20,701	100.00
166	(NA) TPR PAYMENT		12,025	59.00	8,228	40.00	216	1.00	20,469	100.00
167	INVALID PATIENT STATUS CODE		1	0.00	3	0.00	21,283	100.00	21,287	100.00
168	INVALID MODIFIER FOR EPSDT		34	0.00	0	0.00	18,541	100.00	18,575	100.00
169	(NA)MODIFIER INVALID W/ PROC.		1,395	16.00	1,402	16.00	5,860	68.00	8,657	100.00
170	INVALID PLACE OF SERVICE		0	0.00	7	1.00	692	99.00	699	100.00
171	NON-COV CHG MORE THAN BILLED		0	0.00	2	29.00	5	71.00	7	100.00
172	MISSING PROCEDURE CODE		0	0.00	2	0.00	1,670	100.00	1,672	100.00
173	ADMIT DATE AFTER ''FROM"" DATE		0	0.00	0	0.00	36	100.00	36	100.00
174	MISSING PERFORMING PROV. #		2	0.00	2,020	32.00	4,244	68.00	6,266	100.00
175	EPSDT REF RSN W/O EPSDT "I"		0	0.00	0	0.00	1	100.00	1	100.00
176	(NA)ONE DATE OF SRVC PER CLAIM		388	8.00	8	0.00	4,634	92.00	5,030	100.00
177	(NA) INVALID/INCORRECT UNITS		1,944	15.00	2,740	22.00	7,985	63.00	12,669	100.00
183	MISSING UNITS OR DAYS		0	0.00	709	27.00	1,941	73.00	2,650	100.00
184	MISSING LINE ITEM BILLED AMT		20	0.00	1,021	18.00	4,697	82.00	5,738	100.00
185	MISSING DATE OF ADMIT		0	0.00	3	7.00	40	93.00	43	100.00
187	INVALID/MISSING HDR EOB CODE		1	100.00	0	0.00	0	0.00	1	100.00
188	TYPE OF INS. A-K OR N		0	0.00	0	0.00	2	100.00	2	100.00
190	MISSING/INVALID ITA INDICATOR		16	15.00	71	66.00	20	19.00	107	100.00
191	PROV # NOT TIED TO SUBMITTER		505	1.00	0	0.00	67,045	99.00	67,550	100.00

192 MEDICARE BILLING LIMITATION	909	26.00	1,962	56.00	608	18.00	3,479	100.00
194 HOSPICE-DOS/DAYS DO NOT AGREE	28	32.00	33	38.00	27	30.00	88	100.00

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TYPE ENTRY ALL CLAIM TYPE ALL

EXC CDE	EXCEPTION DESCRIPTION	DISPOSITION SS D S PR P	FORCED OCCURS	FORCED PERCNT	DENIED OCCURS	DENIED PERCNT	NOT DENIED OR FORCED OCCURS	NOT DENIED OR FORCED PERCNT	TOTAL OCCURS	TOTAL PERCNT
195	MISSING ADMIT DIAGNOSIS		0	0.00	8	38.00	13	62.00	21	100.00
196	ANESTH UNITS EXCEED MAXIMUM		1	2.00	0	0.00	48	98.00	49	100.00
197	(NA) EMC WITH COMMENTS		86,692	100.00	3	0.00	0	0.00	86,695	100.00
198	(NA) LACKS SURGERY/DELIVERY DT		0	0.00	0	0.00	216	100.00	216	100.00
199	MATCH CODE ERROR-GR ADJ		0	0.00	0	0.00	1,086	100.00	1,086	100.00
200	PROGRAM CODE ERROR-GR ADJ		0	0.00	0	0.00	1	100.00	1	100.00
201	NO ICN TO CREDIT ON ADJUSTMENT		0	0.00	0	0.00	21	100.00	21	100.00
203	INVALID TPL INDICATOR		0	0.00	0	0.00	55	100.00	55	100.00
204	INVALID ATTENDING PROV NUMBER		2	0.00	7	2.00	394	98.00	403	100.00
205	INVALID ADMISSION TYPE		0	0.00	5	20.00	20	80.00	25	100.00
206	INVALID ADMISSION SOURCE		0	0.00	6	26.00	17	74.00	23	100.00
207	INVALID OUTLIER CODE		0	0.00	1	33.00	2	67.00	3	100.00
208	INVALID ACCIDENT CODE		0	0.00	0	0.00	10	100.00	10	100.00
211	INVALID 3RD DIAGNOSIS CODE		0	0.00	0	0.00	3	100.00	3	100.00
212	INVALID 4TH DIAGNOSIS		0	0.00	0	0.00	3	100.00	3	100.00
213	INVALID 5TH DIAGNOSIS		0	0.00	0	0.00	3	100.00	3	100.00
214	INVALID PRIMARY PROCEDURE		0	0.00	3	5.00	57	95.00	60	100.00
215	INVALID 2ND PROCEDURE		0	0.00	0	0.00	27	100.00	27	100.00
216	INVALID 3RD PROCEDURE		0	0.00	0	0.00	10	100.00	10	100.00
217	INVALID PATIENT STATUS		17	57.00	2	7.00	11	36.00	30	100.00
218	READMITS WITHIN 7 DAYS OR LESS		253	54.00	148	32.00	68	14.00	469	100.00
219	INVALID NUMBER OF SURFACES		0	0.00	131	20.00	531	80.00	662	100.00
220	SURG DATE NOT WITHIN DT OF SVC		5	1.00	6	1.00	488	98.00	499	100.00
222	(NA) SPLIT BILL PROV W/O MOD		1,492	63.00	416	18.00	454	19.00	2,362	100.00
223	(NA) TECH COMP W/O MOD 27/TC		0	0.00	17	53.00	15	47.00	32	100.00
224	DUPLICATE REV. CODES		1	0.00	0	0.00	6,113	100.00	6,114	100.00
226	MODIFIER MISSING ON PROCEDURE		7	0.00	479	24.00	1,513	76.00	1,999	100.00
227	ANESTHESIA SVCS & NO MODIFIER		0	0.00	34	51.00	33	49.00	67	100.00
228	MISSING MEDICARE PAID DATE		4	0.00	976	54.00	829	46.00	1,809	100.00
229	NO PIC FOR THIS HIC		14	1.00	0	0.00	2,011	99.00	2,025	100.00
230	NA) ADMIT & FROM DTE NOT EQUAL		15	26.00	13	23.00	29	51.00	57	100.00
231	MISSING ADMISSION HOUR		0	0.00	220	18.00	1,010	82.00	1,230	100.00
232	MISSING DISCHARGE HOUR		4	0.00	606	39.00	934	61.00	1,544	100.00
234	INVALID DISCHARGE HOUR		0	0.00	1	33.00	2	67.00	3	100.00
235	LOS LESS THAN 24 HOURS.		4	2.00	1	0.00	205	98.00	210	100.00
236	TPL FOR GLASSES CONTRACTOR		0	0.00	0	0.00	656	100.00	656	100.00
237	CLMS W/O DOS SPAN		101	4.00	0	0.00	2,328	96.00	2,429	100.00
239	MN UNDER 21-NO REFER PROVIDER		0	0.00	3	27.00	8	73.00	11	100.00
240	(NA) KIDNEY DIALYSIS REVIEW		0	0.00	0	0.00	2,675	100.00	2,675	100.00
241	NH DATES NOT W/IN ELIG SPAN		0	0.00	1	100.00	0	0.00	1	100.00
242	HEALTH DEPT MODIFER MISSING		3	0.00	15	1.00	2,236	99.00	2,254	100.00
243	HOSPICE CLM-RECIP NOT ON CNP		0	0.00	4	7.00	56	93.00	60	100.00
244	LINE ITEM SVC DATES NOT ELIGIB		25	3.00	287	31.00	620	66.00	932	100.00
245	(NA) HOSPICE CLIENT		284	11.00	322	13.00	1,876	76.00	2,482	100.00
246	POSSIBLE MEDICARE COVERAGE-HH		0	0.00	0	0.00	305	100.00	305	100.00
247	RECIP HAS QMB COVERAGE ONLY		177	17.00	379	36.00	488	47.00	1,044	100.00
249	(NA) EPSDT MUST BE UNDER 21		26	1.00	1,590	78.00	427	21.00	2,043	100.00
250	NOT ELIG WITH THIS PIC.		16	0.00	3,680	10.00	32,031	90.00	35,727	100.00

252 (NA) NOT ELIG FOR ALL DOS	43	20.00	84	40.00	85	40.00	212	100.00
253 POSSIBLE RECIPIENT DEATH	23	4.00	120	21.00	421	75.00	564	100.00

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EXC CDE	EXCEPTION DESCRIPTION	DISPOSITION SS D S PR P	FORCED OCCURS	FORCED PERCNT	DENIED OCCURS	DENIED PERCNT	NOT DENIED OR FORCED OCCURS	NOT DENIED OR FORCED PERCNT	TOTAL OCCURS	TOTAL PERCNT
255	(NA) OVER AGE 65 & MED ELIG 0		27	0.00	2	0.00	25,817	100.00	25,846	100.00
256	(NA) DETAIL DOS NOT ELIGIBLE		41	47.00	33	38.00	13	15.00	87	100.00
257	(NA) STRICTED PT / ON REVIEW		76	8.00	87	9.00	768	83.00	931	100.00
259	(NA) ELIG FOR MEDICARE PART A		943	75.00	191	15.00	127	10.00	1,261	100.00
260	RECIP NOT LISTED		0	0.00	9	0.00	5,720	100.00	5,729	100.00
261	(NA) ELIG FOR PART B		7,642	14.00	10,319	19.00	35,239	67.00	53,200	100.00
262	(NA) TPL SUSPECT		652	76.00	11	1.00	199	23.00	862	100.00
263	(NA) TPL COV. ON ELIG FILE		23,023	35.00	8,728	13.00	34,149	52.00	65,900	100.00
264	TPL CARRIER CODE WITH NO TPL $		252	70.00	0	0.00	107	30.00	359	100.00
267	NOT ELIG PER NH RECORD		0	0.00	2	67.00	1	33.00	3	100.00
268	NH PROVIDER NUMBER INCORRECT		0	0.00	1	100.00	0	0.00	1	100.00
269	TPL - ELIG POST-PAYMENT MODE		345	1.00	223	0.00	55,498	99.00	56,066	100.00
271	RECIP NOT ELIGIBLE FOR DOS		174	0.00	2,774	6.00	47,163	94.00	50,111	100.00
274	(NA) RECIPIENT EXPIRED		20	80.00	0	0.00	5	20.00	25	100.00
276	QMB DUAL RECIPIENT FOR DOS		40	0.00	1	0.00	54,487	100.00	54,528	100.00
277	RECIP NOT ELIGIBLE FOR DOS		0	0.00	15	1.00	2,369	99.00	2,384	100.00
279	(NA) NOT ELIG-MED CODE 6		1	3.00	8	28.00	20	69.00	29	100.00
281	(NA) GAU-APPROVAL CHK ON SRVCS		4,203	58.00	989	14.00	2,018	28.00	7,210	100.00
282	LCP-ONE DAY SPEND DOWN COUPON		1	13.00	0	0.00	7	87.00	8	100.00
283	(NA) LCP/MN-NON COVERED SRVC		308	20.00	603	39.00	631	41.00	1,542	100.00
284	(NA) LCP/MI-NON COVERED SRVC		34	6.00	89	15.00	468	79.00	591	100.00
285	(NA) Q PROGRAM CODE WITH ITA		115	32.00	125	35.00	122	33.00	362	100.00
286	VERIFY DETOX RECIP & SVCS		6	16.00	30	79.00	2	5.00	38	100.00
287	MI PROGRAM ENDED 7/1/03		0	0.00	12	2.00	788	98.00	800	100.00
288	INVALID REFERRING PROV NUMBER		11	2.00	89	13.00	577	85.00	677	100.00
290	FROM DOS MORE THAN 3 YRS OLD		473	28.00	89	5.00	1,116	67.00	1,678	100.00
292	(NA) FISCAL YEAR END		57	2.00	0	0.00	3,532	98.00	3,589	100.00
293	(NA) PROV EXCEP 11-QRS REVIEW		1	100.00	0	0.00	0	0.00	1	100.00
294	DPS REVIEW-EXCEP IND 21		63	89.00	0	0.00	8	11.00	71	100.00
299	ONCE PER LIFETIME PROCEDURE		439	28.00	85	5.00	1,039	67.00	1,563	100.00
300	VALID NUMBER BUT NOT ISSUED.		0	0.00	0	0.00	630	100.00	630	100.00
301	(NA) INELIG FOR CAT OF SERVICE		182	1.00	716	4.00	17,289	95.00	18,187	100.00
304	PERFORM PROV NUMBR NOT ON FILE		3	0.00	99	11.00	770	89.00	872	100.00
305	(NA)PROV EXCEP 10-QRS REVIEW		38	83.00	2	4.00	6	13.00	46	100.00
306	(NA) PROVIDER NOT ACTIVE		0	0.00	0	0.00	16	100.00	16	100.00
307	(NA) VOLUNTARY TERMINATION		0	0.00	1	0.00	1,711	100.00	1,712	100.00
308	SECURITY ERROR ON PROV NUMBER		0	0.00	0	0.00	1,297	100.00	1,297	100.00
310	RURAL HEALTH & FQHC X-OVERS		11,356	59.00	4	0.00	7,814	41.00	19,174	100.00
312	DENTAL SEALANTS		0	0.00	5	0.00	2,341	100.00	2,346	100.00
313	INCORRECT PROV# FOR CLAIM TYPE		24,812	74.00	299	1.00	8,233	25.00	33,344	100.00
315	INVALID ATTENDING PROV NUMBER		1	6.00	7	41.00	9	53.00	17	100.00
316	(NA) PROV APPLICATION PENDING		0	0.00	0	0.00	41	100.00	41	100.00
317	(NA) OUT OF STATE PROVIDER		0	0.00	0	0.00	5,767	100.00	5,767	100.00
319	MANUAL PRICE EXCEEDS PDD ALLOW		2	0.00	0	0.00	3,052	100.00	3,054	100.00
320	(NA)ACCIDENT DIAG-TPL SUSPECT		62	1.00	0	0.00	6,025	99.00	6,087	100.00
323	(NA) INVALID RECIP AGE TO DX		0	0.00	8	2.00	403	98.00	411	100.00
324	(NA) INVALID SEX TO DX		16	1.00	15	1.00	2,351	98.00	2,382	100.00
325	(NA)ACCIDENT DIAG-TPL SUSPECT		103	0.00	1	0.00	37,544	100.00	37,648	100.00

326 PROCEDURE CODE NOT COVERED	514	2.00	346	1.00	23,365	97.00	24,225	100.00
328 (NA)INVALID RECIP AGE FOR PROC	4,821	28.00	6,788	40.00	5,415	32.00	17,024	100.00

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EXC CDE	EXCEPTION DESCRIPTION	DISPOSITION SS D S PR P	FORCED OCCURS	FORCED PERCNT	DENIED OCCURS	DENIED PERCNT	NOT DENIED OR FORCED OCCURS	NOT DENIED OR FORCED PERCNT	TOTAL OCCURS	TOTAL PERCNT
329	(NA)INVALID RECIP SEX FOR PROC		9	4.00	44	22.00	150	74.00	203	100.00
330	NO ASSIST WITH THIS PROCEDURE		21	8.00	20	7.00	227	85.00	268	100.00
331	(NA) MANUAL PRICE REQUIRED		8	0.00	5,458	67.00	2,715	33.00	8,181	100.00
332	(NA) INVALID P/T FOR PROCEDURE		1,914	7.00	5,084	18.00	21,603	75.00	28,601	100.00
335	INVALID 2ND DIAGNOSIS CODE		0	0.00	0	0.00	297	100.00	297	100.00
336	(NA) RESTRICTED NARC-NO REFILL		0	0.00	0	0.00	667	100.00	667	100.00
340	ORTHOTICS W/MODS RT/LT		0	0.00	1	6.00	15	94.00	16	100.00
341	NDC REQUIRES PRIOR AUTH NUMBER		0	0.00	0	0.00	16,141	100.00	16,141	100.00
342	(NA) DX REQUIRES REVIEW.		10	5.00	0	0.00	202	95.00	212	100.00
343	DIAGNOSIS REQUIRES APPROVAL		5,063	17.00	7,545	26.00	16,826	57.00	29,434	100.00
344	INVALID PRIMARY DIAGNOSES CODE		64	0.00	7	0.00	19,600	100.00	19,671	100.00
345	(NA) DATE OF CONSENT REQUIRED		983	44.00	708	32.00	541	24.00	2,232	100.00
346	(NA) SPLIT-BILL MODIFIER ERROR		1,628	76.00	65	3.00	461	21.00	2,154	100.00
347	(NA) TAX CODE FOR TAXABLE SVC		1,381	91.00	0	0.00	129	9.00	1,510	100.00
348	(NA)BILLED AMT EXCEEDS MAX FEE		200	23.00	446	51.00	228	26.00	874	100.00
350	(NA)ALLOWED AMT EXCEEDS BILLED		0	0.00	0	0.00	1	100.00	1	100.00
351	(NA) VARIANCE		14	0.00	2	0.00	47,471	100.00	47,487	100.00
352	(NA) VERIFY # UNITS BILLED		42	0.00	9	0.00	21,403	100.00	21,454	100.00
353	PROC REQ PRIOR APPROVAL		3,425	32.00	3,058	29.00	4,227	39.00	10,710	100.00
354	MISSING TOOTH NUMBER/ARCH/QUAD		315	43.00	257	35.00	159	22.00	731	100.00
355	INVALID TOOTH NUMBER/ARCH/QUAD		0	0.00	0	0.00	240	100.00	240	100.00
356	MISSING TOOTH SURFACE		0	0.00	1	0.00	1,068	100.00	1,069	100.00
357	INVALID TOOTH SURFACE		0	0.00	0	0.00	108	100.00	108	100.00
358	(NA) NO ACCOM RATE ON FILE		0	0.00	0	0.00	17	100.00	17	100.00
360	INVALID NDC		0	0.00	0	0.00	3,548	100.00	3,548	100.00
361	INVALID PROCEDURE CODE		118	1.00	883	6.00	12,995	93.00	13,996	100.00
362	(NA)SPECIAL AGREEMENT MODIFIER		6	46.00	0	0.00	7	54.00	13	100.00
364	MISSING OCCURRENCE CODE DATE.		0	0.00	6	50.00	6	50.00	12	100.00
365	(NA) INVALID POS FOR PROCEDURE		647	5.00	5,575	40.00	7,581	55.00	13,803	100.00
366	(NA)INVALID PROV SPEC FOR PROC		1,090	29.00	106	3.00	2,544	68.00	3,740	100.00
367	VERIFY REVENUE CODE		0	0.00	893	52.00	811	48.00	1,704	100.00
368	(NA) MOD REQUIRES MANUAL PRICE		975	50.00	243	13.00	723	37.00	1,941	100.00
369	REVENUE CODE NOT ALLOWED		0	0.00	79	1.00	6,169	99.00	6,248	100.00
371	(NA) ITA PROCEDURE ONLY		0	0.00	0	0.00	3	100.00	3	100.00
373	PROC FOR EPSDT CLAIMS ONLY		1	4.00	0	0.00	26	96.00	27	100.00
375	(NA)BILLED AMOUNT > $1100.00		12	5.00	54	23.00	167	72.00	233	100.00
376	INVALID EPSDT PROCEDURE		7	0.00	12	1.00	2,072	99.00	2,091	100.00
377	(NA)APPROVAL OR TRANSPORT TEAM		1,299	66.00	91	5.00	575	29.00	1,965	100.00
378	UNABLE TO PRICE FOR THIS DOS		6	0.00	3,299	9.00	34,387	91.00	37,692	100.00
379	(NA) UNABLE TO PRICE		53	1.00	0	0.00	6,072	99.00	6,125	100.00
380	ANESTHESIA NOT ALLOWED W/PROC		3	2.00	94	54.00	76	44.00	173	100.00
381	ROOM RATE EXCEEDS CAP RATE.		12	60.00	0	0.00	8	40.00	20	100.00
382	BILLED RATE MUST= RATE ON FILE		0	0.00	0	0.00	79	100.00	79	100.00
384	MEDICARE MAX DED EXCEEDED		1	33.00	0	0.00	2	67.00	3	100.00
385	CO-INS PERCENTAGE EXCEEDED		0	0.00	0	0.00	12	100.00	12	100.00
387	LOCAL CODE NON-ALLOWABLE		8	0.00	14	0.00	15,729	100.00	15,751	100.00
388	LIMIT AUDITS		1	10.00	0	0.00	9	90.00	10	100.00
398	(NA) NO DRG RECORD FOR PRICING		0	0.00	133	79.00	36	21.00	169	100.00

399 (NA) EXCLUDED REVENUE CODE	0	0.00	7	10.00	65	90.00	72 100.00
401 (NA) PROV TERM - BAD ADDRESS	0	0.00	0	0.00	55	100.00	55 100.00

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402	(NA)PROV TERMINATED-NUMBER CHG		0	0.00	0	0.00	1,246	100.00	1,246	100.00
403	(NA) PROV TERM-NO CORE AGRMT		0	0.00	0	0.00	28	100.00	28	100.00
404	(NA)PROV TERM-OTHER INVOL RSNS		0	0.00	1	0.00	4,373	100.00	4,374	100.00
405	(NA) PROV TERMINATED-MED AUTH		0	0.00	0	0.00	229	100.00	229	100.00
407	(NA) PROV TERM-LICENSE EXPIRED		0	0.00	0	0.00	1	100.00	1	100.00
416	PROV # NOT VALID FOR BILLING		0	0.00	2,634	7.00	34,698	93.00	37,332	100.00
421	TOS/PROC REVIEW-MSS		89	56.00	27	17.00	43	27.00	159	100.00
422	(NA) PROV NOT ENROLLED FOR DOS		13	3.00	3	1.00	393	96.00	409	100.00
423	(NA) LABARATORY NOT CERTIFIED		0	0.00	0	0.00	1	100.00	1	100.00
428	NO OUTLIER REIMB RATE (NA)		0	0.00	0	0.00	1	100.00	1	100.00
430	MEDICARE $ EXCEEDS DSHS ALLOW		26,886	17.00	76	0.00	127,370	83.00	154,332	100.00
432	(NA)SRVC NOT ALLOWED TO NH PT.		233	22.00	428	41.00	377	37.00	1,038	100.00
433	(NA) CLAIM TYPE ERROR		1	0.00	1	0.00	307	100.00	309	100.00
434	BIRTH WT MISSING OR < 100 GMS.		0	0.00	19	30.00	45	70.00	64	100.00
436	(NA)INVALID HOSPITAL TYPE		0	0.00	0	0.00	21	100.00	21	100.00
437	(NA) NO STATE ONLY PERCENTAGE		0	0.00	0	0.00	14	100.00	14	100.00
438	DAYS BILLED EXCEED ITA ALLOWED		72	51.00	34	24.00	35	25.00	141	100.00
440	(NA) PROV NOT ENROLLED FOR DOS		0	0.00	0	0.00	554	100.00	554	100.00
441	(NA)PERF/ATTEND/PRESC PROV DOS		0	0.00	0	0.00	106	100.00	106	100.00
442	(NA) DRUG REQ APPROV-PT IN NH		0	0.00	0	0.00	1,244	100.00	1,244	100.00
448	HOME HLTH SRVC MAY REQ REVIEW		218	39.00	162	29.00	180	32.00	560	100.00
449	INVALID ADMIT DIAGNOSIS		0	0.00	0	0.00	6	100.00	6	100.00
450	MEDICARE PAID IN FULL-HEADER		0	0.00	0	0.00	23	100.00	23	100.00
451	MEDICARE PAID IN FULL - DETAIL		1,519	14.00	2	0.00	9,564	86.00	11,085	100.00
452	DENIED BY MEDICARE-HEADER		0	0.00	1,076	56.00	858	44.00	1,934	100.00
453	DENIED BY MEDICARE-DETAIL		2,107	18.00	104	1.00	9,782	81.00	11,993	100.00
457	(NA)5TH RX W/IN SAME CALEND MO		0	0.00	0	0.00	5,238	100.00	5,238	100.00
458	PROVIDER HOLD 10 - QRS REVIEW		10	100.00	0	0.00	0	0.00	10	100.00
473	TOS/PROC REVIEW - OPS		27	35.00	47	61.00	3	4.00	77	100.00
477	PERF PROV CAN'T BE A GROUP #		0	0.00	2	0.00	2,663	100.00	2,665	100.00
478	(NA)GROUP MEMB WRONG FOR TYPE		1	0.00	0	0.00	3,567	100.00	3,568	100.00
479	(NA)PERF PROV NOT COMPAT W/GRP		0	0.00	1	2.00	56	98.00	57	100.00
480	ALLOWED AMOUNT OVER THRESHOLD		6	55.00	0	0.00	5	45.00	11	100.00
482	UNDOCUMENTED ALIENS		0	0.00	0	0.00	2	100.00	2	100.00
483	PROCEDURE CODE VS TOOTH #		33	2.00	994	66.00	486	32.00	1,513	100.00
485	REFER PROV CAN'T BE A GROUP #		3	1.00	0	0.00	462	99.00	465	100.00
490	OTHER PD SVCS VS HMO CAP CLAIM		214	85.00	0	0.00	39	15.00	253	100.00
491	UNABLE TO PRICE HMO PREMIUM		286	83.00	58	17.00	0	0.00	344	100.00
492	HMO RECIP NOT ELIGIBLE FOR DOS		4	36.00	7	64.00	0	0.00	11	100.00
494	EXCEEDS 3/5 DAY DETOX LIMIT		0	0.00	1	50.00	1	50.00	2	100.00
495	TPL PAY & CHASE SERVICES		224	6.00	637	18.00	2,778	76.00	3,639	100.00
496	NO 1H/SL MODIFIER RATE		1	0.00	73	13.00	479	87.00	553	100.00
497	NOT ELIGIBLE FOR HMO FOR DOS		0	0.00	96	84.00	18	16.00	114	100.00
498	DDD RECIPIENT FOR DOS ON CLAIM		1,275	2.00	1	0.00	75,129	98.00	76,405	100.00
500	CHIROPRACTIC SVCS NA OVER 20		0	0.00	0	0.00	164	100.00	164	100.00
501	NO REFER # FOR CHIROPRACTIC		0	0.00	0	0.00	41	100.00	41	100.00
502	OBSOLETE DRUG		0	0.00	0	0.00	3,994	100.00	3,994	100.00
504	PSYCH PROV AND NOT PSYCH DX		4	20.00	16	80.00	0	0.00	20	100.00

505 HOSPICE PROV/NONHOSPICE RECIP	6	5.00	35	28.00	82	67.00	123	100.00
506 M,N,Q,U,V,W PROG NOT ALLOWED	0	0.00	0	0.00	11	100.00	11	100.00

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TYPE ENTRY ALL CLAIM TYPE ALL

EXC CDE	EXCEPTION DESCRIPTION	DISPOSITION SS D S PR P	FORCED OCCURS	FORCED PERCNT	DENIED OCCURS	DENIED PERCNT	NOT DENIED OR FORCED OCCURS	NOT DENIED OR FORCED PERCNT	TOTAL OCCURS	TOTAL PERCNT
512	CLIA NUMBER NOT ON FILE		0	0.00	0	0.00	979	100.00	979	100.00
520	PARTIAL PCOP SEGMENT COVERAGE		34	14.00	1	0.00	215	86.00	250	100.00
521	PCCM REFERRAL # REQUIRED		26	1.00	1,670	74.00	555	25.00	2,251	100.00
523	PROCEDURE EXCLUDED FROM TPL		112	46.00	0	0.00	129	54.00	241	100.00
525	FAMILY PLANNING ONLY/TAKE CHG		17,096	49.00	4,987	14.00	12,535	37.00	34,618	100.00
532	INVALID 7TH DIAGNOSIS CODE.		0	0.00	0	0.00	3	100.00	3	100.00
534	INVALID 9TH DIAGNOSIS CODE.		2	100.00	0	0.00	0	0.00	2	100.00
535	INVALID 4TH PROCEDURE CODE.		0	0.00	1	14.00	6	86.00	7	100.00
536	INVALID FIFTH PROCEDURE CODE.		0	0.00	0	0.00	1	100.00	1	100.00
537	INVALID SIXTH PROCEDURE CODE.		0	0.00	0	0.00	1	100.00	1	100.00
542	POSSIBLE HIGH OUTLIER CLAIM.		1	0.00	0	0.00	640	100.00	641	100.00
549	CLIENT IS ON SLMB		961	12.00	2,648	33.00	4,392	55.00	8,001	100.00
552	HMO - MHC PLANS & BHP PLUS		177	0.00	180	0.00	56,988	100.00	57,345	100.00
553	FQHC ENCOUNTER & CALL		186	4.00	1,067	23.00	3,450	73.00	4,703	100.00
555	DELIVERY SERVICES BILLED ON M		3	6.00	18	38.00	26	56.00	47	100.00
556	INVALID CLM TYPE FOR MEDICARE		0	0.00	1	14.00	6	86.00	7	100.00
557	PROLONGED CARE W/O OTHER CODES		62	41.00	54	36.00	35	23.00	151	100.00
559	EXPEDITED AUTH # INVALID.		0	0.00	0	0.00	80,791	100.00	80,791	100.00
560	FQHC ENCOUNTER & NO PAID LINES		1	0.00	0	0.00	25,443	100.00	25,444	100.00
561	CLIENT COVERED BY PACE PROJECT		0	0.00	2	8.00	23	92.00	25	100.00
563	AMBUL MILEAGE VS AMBUL MILEAGE		447	54.00	307	37.00	70	9.00	824	100.00
564	BORDER PROVIDER BILLING ITA		0	0.00	0	0.00	2	100.00	2	100.00
565	1C MODIFIER AND NO "B"		2	0.00	4	0.00	828	100.00	834	100.00
566	POSSIBLE DUPLICATE		2	50.00	0	0.00	2	50.00	4	100.00
567	HOSPICE CLAIMS BYPASSING TPL		0	0.00	0	0.00	440	100.00	440	100.00
569	RSN PRIOR AUTHORIZATION #		0	0.00	0	0.00	4,496	100.00	4,496	100.00
570	DRUG POS DUR ALERT.		0	0.00	0	0.00	309,332	100.00	309,332	100.00
571	POS DUR HIGH DOSE ALERT.		0	0.00	0	0.00	5,391	100.00	5,391	100.00
572	POS DUR LOW DOSE ALERT.		0	0.00	0	0.00	25	100.00	25	100.00
573	THERAPEUTIC DUP ALERT.		0	0.00	0	0.00	13,866	100.00	13,866	100.00
574	POS REFILL TOO SOON.		0	0.00	0	0.00	79,906	100.00	79,906	100.00
575	INVALID MEDICAID GROUP NUMBER.		0	0.00	0	0.00	13	100.00	13	100.00
576	X-OVER CLAIM W/MPI OF 3		0	0.00	0	0.00	40	100.00	40	100.00
577	ADMIN NOT VALID W/VACCINE CODE		4	0.00	85	3.00	2,721	97.00	2,810	100.00
578	0355M,0367M,0368M INVALID PROG		0	0.00	5	33.00	10	67.00	15	100.00
579	STAT LAB CHARGE		0	0.00	0	0.00	3	100.00	3	100.00
580	STATE ASSIGNED TRANS CODES		0	0.00	0	0.00	99	100.00	99	100.00
581	INFUSION PUMP RENTALS		0	0.00	0	0.00	105	100.00	105	100.00
582	CLAIM GROUPS TO TRANSPLANT DRG		0	0.00	1	50.00	1	50.00	2	100.00
584	PEDIATRIC FLUORIDE - NOT VALID		0	0.00	0	0.00	2,157	100.00	2,157	100.00
585	NEWBORN PREMIUMS		139	52.00	122	46.00	4	2.00	265	100.00
586	PSYCH CLAIM WITH NO 88 AUTH #.		0	0.00	83	56.00	66	44.00	149	100.00
588	CLAIM FOR TRANSFERRED BABY.		31	65.00	0	0.00	17	35.00	48	100.00
589	PSYCH CODES SUSPEND MANUAL PR.		0	0.00	0	0.00	1,498	100.00	1,498	100.00
590	ORAL ANTI-EMETIC DRUGS		0	0.00	0	0.00	18	100.00	18	100.00
591	MEDICARE PAID MORE THAN		0	0.00	0	0.00	13,045	100.00	13,045	100.00
592	MEDICARE PAID LESS THAN		0	0.00	0	0.00	31,310	100.00	31,310	100.00
595	PERFORMING PROV NOT CERTIFIED		0	0.00	0	0.00	6	100.00	6	100.00

596 MEDICARE PD/DEDUCTIBLE =ZERO	2	0.00	41	1.00	3,032	99.00	3,075	100.00
597 SAME PROV-SIMILAR SERVICE	1,244	25.00	752	15.00	2,891	60.00	4,887	100.00

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TYPE ENTRY ALL CLAIM TYPE ALL

EXC CDE	EXCEPTION DESCRIPTION	DISPOSITION SS D S PR P	FORCED OCCURS	FORCED PERCNT	DENIED OCCURS	DENIED PERCNT	NOT DENIED OR FORCED OCCURS	NOT DENIED OR FORCED PERCNT	TOTAL OCCURS	TOTAL PERCNT
598	RSN PREMIUM PAY VS X-OVERS		0	0.00	0	0.00	2,639	100.00	2,639	100.00
599	EXACT DUPLICATE PT 73 OR PS 90		947	5.00	7,971	42.00	10,237	53.00	19,155	100.00
601	PCOP & POS "1"		97	17.00	463	83.00	0	0.00	560	100.00
602	(NA) NO RECORD OF PA NUMBER		2	1.00	75	21.00	282	78.00	359	100.00
603	PA IS IN PENDING STATUS		0	0.00	1	1.00	113	99.00	114	100.00
604	NO RECIP MATCH ON PA FILE		1	1.00	12	11.00	96	88.00	109	100.00
606	DOS ON CLM NOT ON PA FILE		48	6.00	4	1.00	739	93.00	791	100.00
607	INSUFF $$ IN PA FILE FOR SRVC.		5	3.00	87	47.00	95	50.00	187	100.00
608	INSUFF AUTH UNITS ON FILE.		44	13.00	81	23.00	221	64.00	346	100.00
609	FQHC ENCOUNTER NOT PAYABLE		0	0.00	99	1.00	19,028	99.00	19,127	100.00
610	PA PROVIDER NUMBER MISMATCH		1	1.00	39	53.00	34	46.00	74	100.00
611	(NA)NON-COVERED CODE W/AUTH NO		0	0.00	534	75.00	179	25.00	713	100.00
620	IP/DRG ADMIT REQUIRES APPROVAL		203	67.00	57	19.00	45	14.00	305	100.00
621	(NA)NON-CONTRACT HOSP REQ AUTH		3	18.00	3	18.00	11	64.00	17	100.00
624	STOP CLAIM IND FOR N/H SEGMENT		121	98.00	0	0.00	3	2.00	124	100.00
625	LAB EVALUATION FOR AUTO DENY		0	0.00	0	0.00	966	100.00	966	100.00
627	LONG TERM ACUTE CARE OR PM&R.		0	0.00	0	0.00	22	100.00	22	100.00
628	TPL CASUALTY PRE-PAY REVIEW		0	0.00	0	0.00	1	100.00	1	100.00
630	P&O LICENSURE REQUIREMENT		0	0.00	55	60.00	36	40.00	91	100.00
635	QRS/PIP HISTORY ONLY ADJUSTMEN		97	100.00	0	0.00	0	0.00	97	100.00
636	PT 48/49 NOT VALID		0	0.00	0	0.00	98	100.00	98	100.00
637	ABCD SERVICE/NON-ABCD CLIENT		0	0.00	0	0.00	152	100.00	152	100.00
638	EXCEPTIONAL THERAPY CARE		7	100.00	0	0.00	0	0.00	7	100.00
639	DIAGNOSIS CODE IS V71.5		1	1.00	0	0.00	129	99.00	130	100.00
640	INVALID DETOX DIAGNOSIS		0	0.00	0	0.00	11	100.00	11	100.00
642	INVALID SECONDARY DETOX DX		0	0.00	1	100.00	0	0.00	1	100.00
643	INVALID 3RD POSITION DETOX DX		0	0.00	2	33.00	4	67.00	6	100.00
644	INVALID 4TH POSITION DETOX DX		0	0.00	0	0.00	4	100.00	4	100.00
645	INVALID 5TH POSITION DETOX DX		0	0.00	0	0.00	4	100.00	4	100.00
646	INVALID DETOX ADMIT DX		0	0.00	1	100.00	0	0.00	1	100.00
649	ATTEND/PERF/REF NOT CERT DIET		1	0.00	55	3.00	1,948	97.00	2,004	100.00
651	INVALID 6TH POSITION DETOX DX		0	0.00	0	0.00	2	100.00	2	100.00
652	INVALID 7TH POSITION DETOX DX		0	0.00	0	0.00	1	100.00	1	100.00
653	INVALID 8TH POSITION DETOX DX		0	0.00	0	0.00	1	100.00	1	100.00
655	M,R,X RECOUP ON PCOP SEGMENT		0	0.00	0	0.00	5	100.00	5	100.00
657	MISSING/INCORRECT FQHC/RHC		2	3.00	22	32.00	45	65.00	69	100.00
700	CASE MGMT-1 ALLOWED PER MONTH		17	17.00	45	45.00	39	38.00	101	100.00
701	CASE MGMT-1 FOLLOW-UP PER QTR		0	0.00	2	100.00	0	0.00	2	100.00
705	NONDME & MSE LIMIT 30 PER MO.		18	95.00	1	5.00	0	0.00	19	100.00
706	NON-DME LIMIT 1 PER MONTH		29	25.00	46	40.00	40	35.00	115	100.00
707	1 PHYSICAL THERAPY EVAL PER YR		84	31.00	106	40.00	77	29.00	267	100.00
708	12 PSYCH PER CALENDAR YEAR		5	14.00	0	0.00	30	86.00	35	100.00
711	CONTRAINDICATED AUDIT		48	41.00	44	37.00	26	22.00	118	100.00
713	MULT AMBUL CODE 0010A -OXYGEN		5	36.00	1	7.00	8	57.00	14	100.00
714	1 OT ASSESS PER CALENDAR YEAR		12	36.00	4	12.00	17	52.00	33	100.00
715	ALLOW 1 WOUND CARE PER DAY		3	60.00	0	0.00	2	40.00	5	100.00
716	MAX ALLOWED 4 PER/YR - NONDME		9	27.00	23	70.00	1	3.00	33	100.00
718	3 HMO NEWBORN CODES ALLOWED		29	6.00	155	35.00	264	59.00	448	100.00

719	6 EA ADDITIONAL 3 MO ORTHO TX	0	0.00	0	0.00	11	100.00	11 100.00
720	CONTRAINDICATED AUDITS	32	14.00	45	20.00	147	66.00	224 100.00

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722	1 CHILDBRTH ED & 1 CHLDCARE AU		34	19.00	118	67.00	23	14.00	175	100.00
724	URINALYSIS INCL IN DELIVERY		0	0.00	0	0.00	129	100.00	129	100.00
725	LIMIT/CONTRAINDICATED AUDIT		7	47.00	1	7.00	7	46.00	15	100.00
728	DISP DIAP LIMIT 300 PER MO		28	35.00	5	6.00	47	59.00	80	100.00
729	TAKE CHARGE APP AND ECRR LIMIT		65	18.00	80	22.00	212	60.00	357	100.00
731	UROLOGICAL SUPPLY-120/MONTH		55	67.00	12	15.00	15	18.00	82	100.00
734	4 PER/MONTH/COMPLIANCE PKGING.		488	54.00	176	20.00	238	26.00	902	100.00
736	REUSABLE LARGE UNDERPADS LIMIT		0	0.00	0	0.00	1	100.00	1	100.00
737	1 DENTAL EXAM ALLOWED PER DAY		107	11.00	66	7.00	762	82.00	935	100.00
740	OT LIMIT 12 PROGRAM VISITS YR		362	57.00	182	28.00	96	15.00	640	100.00
741	BUNDLED MEDICAL SUPPLIES		25	43.00	9	16.00	24	41.00	58	100.00
742	1 POSTPARTUM (59430) ALLOWED		3	15.00	7	35.00	10	50.00	20	100.00
743	LIMIT 1 PER/MO. OXY/MED VENDOR		1,331	83.00	27	2.00	243	15.00	1,601	100.00
744	NON-DME/MSE MAX LIMIT 3 PER MO		14	54.00	6	23.00	6	23.00	26	100.00
745	1 DENTAL EXAM ALLOWED PER DAY		121	13.00	9	1.00	804	86.00	934	100.00
746	BUNDLED MEDICAL SUPPLIES		14	21.00	12	18.00	41	61.00	67	100.00
747	1 U/PARTIAL ALLOWED IN 5YRS		41	61.00	14	21.00	12	18.00	67	100.00
748	1 L/PARTIAL ALLOWED IN 5YRS		46	74.00	9	15.00	7	11.00	62	100.00
749	TOOTH PREVIOUSLY EXTRACTED		83	12.00	73	11.00	526	77.00	682	100.00
750	ONE PER CLIENT EVERY 5 YRS		4	15.00	8	30.00	15	55.00	27	100.00
751	1 0310M ALLOWED IN 12 MONTHS		2	29.00	3	43.00	2	28.00	7	100.00
753	E & M HOSP INCL IN DIALYSIS		0	0.00	5	71.00	2	29.00	7	100.00
754	1 SPEECH EVAL PER CALENDAR YR		0	0.00	2	50.00	2	50.00	4	100.00
756	INTERPRETER SIGN LANG OVER 6 U		269	97.00	3	1.00	6	2.00	278	100.00
758	SYNVISC/HYALGAN DOLLAR LIMIT		112	52.00	48	22.00	56	26.00	216	100.00
759	4 ALLOWED PER YEAR		2	12.00	6	35.00	9	53.00	17	100.00
762	1 NORPLANT KIT ALLOWED IN 5 YR		0	0.00	2	100.00	0	0.00	2	100.00
767	20 SUPPORT SVCS PER PREGNANCY		3	25.00	9	75.00	0	0.00	12	100.00
768	RESP THRPY HME VST/ ADH INTAKE		0	0.00	1	100.00	0	0.00	1	100.00
769	UROLOGICAL SUPPLY 240/MONTH		182	42.00	28	6.00	227	52.00	437	100.00
771	1 PCOP ADULT/BABY PREM PER MO.		157	26.00	119	19.00	336	55.00	612	100.00
772	CONTRAST MEDIA INCL IN MRI/CAT		0	0.00	41	21.00	152	79.00	193	100.00
773	60 MSS 15 MIN/UNITS PER PREGNA		55	49.00	49	43.00	9	8.00	113	100.00
780	TRIMESTER CARE/HIGH RISK		2	7.00	2	7.00	26	86.00	30	100.00
782	TRIMESTER CARE		0	0.00	3	21.00	11	79.00	14	100.00
783	TRI CARE VS ANTEPARTUM		68	25.00	107	40.00	93	35.00	268	100.00
784	UROLOGICAL LMT 150/300 PER MO.		777	77.00	26	3.00	204	20.00	1,007	100.00
785	SERVICES BEYOND PROGRAM LIMITS		824	43.00	651	34.00	423	23.00	1,898	100.00
786	SERVICES BEYOND PROGRAM LIMITS		26	65.00	14	35.00	0	0.00	40	100.00
787	1 HIV/AIDS CASE MGMT PER MONTH		6	14.00	19	45.00	17	41.00	42	100.00
789	FLUORIDE VS FLUORIDE VARNISH		0	0.00	0	0.00	1	100.00	1	100.00
792	NOT ALLOWED IN COMBO(DIAPERS)		1,448	70.00	480	23.00	136	7.00	2,064	100.00
794	DIABETIC EDUCATION LIMIT/6		1	14.00	6	86.00	0	0.00	7	100.00
795	6 DRUG SCREENS PER CALENDAR MO		13	57.00	10	43.00	0	0.00	23	100.00
796	MEDICAL NUTRITION THERAPY - 8		1	100.00	0	0.00	0	0.00	1	100.00
797	HYDRATION INFUS/CHEMOTHERAPY		0	0.00	0	0.00	127	100.00	127	100.00
798	ALLOW 8 ADDT'L HRS OF 90781		12	17.00	18	25.00	42	58.00	72	100.00
799	MALE EXTERNAL CATHS/60 PER MO.		8	73.00	1	9.00	2	18.00	11	100.00

823 PA SPAN FOUND,INSUFF $	0	0.00	2	100.00	0	0.00	2	100.00
824 INSUFFICIENT UNITS IN PA FILE	0	0.00	4	100.00	0	0.00	4	100.00

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TYPE ENTRY ALL CLAIM TYPE ALL

EXC CDE	EXCEPTION DESCRIPTION	DISPOSITION SS D S PR P	FORCED OCCURS	FORCED PERCNT	DENIED OCCURS	DENIED PERCNT	NOT DENIED OR FORCED OCCURS	NOT DENIED OR FORCED PERCNT	TOTAL OCCURS	TOTAL PERCNT
842	ADJUSTMENT CANNOT MATCH ON PIC		0	0.00	158	100.00	0	0.00	158	100.00
843	NO MATCH ON PROVIDER		0	0.00	115	100.00	0	0.00	115	100.00
850	ADJ.-NO MATCH IN HISTORY		0	0.00	111	100.00	0	0.00	111	100.00
851	ADJ-CLAIM WAS ALREADY CREDITED		0	0.00	465	100.00	0	0.00	465	100.00
852	GROSS ADJ EXCEEDS MAX		0	0.00	0	0.00	48	100.00	48	100.00
855	ADJ HAS AUTO DENY		4,638	96.00	1	0.00	172	4.00	4,811	100.00
856	PART B CLAIM OUT OF BALANCE		3	75.00	1	25.00	0	0.00	4	100.00
859	MISSING DENY EOB		0	0.00	0	0.00	21	100.00	21	100.00
865	MULTIPLE ADJUSTMENTS		0	0.00	472	100.00	0	0.00	472	100.00
866	ADJUSTING A GROSS ADJ		0	0.00	1	100.00	0	0.00	1	100.00
867	ADJUSTING A CREDIT		0	0.00	7	100.00	0	0.00	7	100.00
875	CLAIM FOR NEW BIENNIUM		0	0.00	0	0.00	47	100.00	47	100.00
877	TAKE CHARGE CLIENT/NON TC PROV		12	0.00	543	18.00	2,510	82.00	3,065	100.00
878	CODES ONLY TAKE CHARGE CLIENTS		0	0.00	8	1.00	715	99.00	723	100.00
897	ADULT DENTAL NC AFTER 8-1-03		13	2.00	2	0.00	758	98.00	773	100.00
898	TOO MANY CLAIMS PER RECIP		68	6.00	0	0.00	1,088	94.00	1,156	100.00
899	OVER 50 EXCEPTIONS		0	0.00	11	100.00	0	0.00	11	100.00
3	1 PRENATAL EXAM/9 MONTH PERIOD		0	0.00	226	77.00	67	23.00	293	100.00
4	ONE CROWN PER TOOTH IN 5 YEARS		12	1.00	25	2.00	1,317	97.00	1,354	100.00
5	NERVE BLOCK INCL IN PROCEDURE		0	0.00	0	0.00	87	100.00	87	100.00
6	2 NH CALLS FOR NON-EMERG CARE		0	0.00	271	16.00	1,411	84.00	1,682	100.00
7	LIMIT AUDIT		0	0.00	0	0.00	57	100.00	57	100.00
8	CLOZARIL COORDINATION 1 PER WK		9	9.00	77	79.00	11	12.00	97	100.00
11	1 ANNUAL SCREEN AFT 4TH YEAR		4	0.00	322	7.00	4,510	93.00	4,836	100.00
14	ONE PER YEAR LIMITATION		0	0.00	0	0.00	3	100.00	3	100.00
16	92552 INCLUDED IN 92553		1	1.00	0	0.00	141	99.00	142	100.00
17	2 EPIDIDURALS FOR POST OP PAIN		0	0.00	0	0.00	145	100.00	145	100.00
21	90782-88 INCL IN E/M CODE		0	0.00	1	100.00	0	0.00	1	100.00
22	OMT NOT ALLOWED W/E&M		0	0.00	32	76.00	10	24.00	42	100.00
30	1 RELINE ALLOWED IN 5 YEARS		0	0.00	0	0.00	111	100.00	111	100.00
500	CHIROPRACTIC SVCS NA OVER 20		23	77.00	4	13.00	3	10.00	30	100.00
501	NO REFER # FOR CHIROPRACTIC		0	0.00	0	0.00	951	100.00	951	100.00
502	OBSOLETE DRUG		64	86.00	10	14.00	0	0.00	74	100.00
503	INNOVATOR - DRUG		1	33.00	0	0.00	2	67.00	3	100.00
707	1 PHYSICAL THERAPY EVAL PER YR		0	0.00	0	0.00	422	100.00	422	100.00
761	1 NORPLANT ALLOWED IN 5 YRS.		0	0.00	0	0.00	42	100.00	42	100.00
771	1 PCOP ADULT/BABY PREM PER MO.		0	0.00	0	0.00	8,239	100.00	8,239	100.00
806	VACANT		0	0.00	0	0.00	24	100.00	24	100.00
809	EXCEPTION CODE - 809		0	0.00	0	0.00	600	100.00	600	100.00
826	EXCEPTION CODE - 826		0	0.00	0	0.00	12	100.00	12	100.00
828	EXCEPTION CODE - 828		0	0.00	0	0.00	201	100.00	201	100.00
829	EXCEPTION CODE - 829		0	0.00	0	0.00	260	100.00	260	100.00
830	EXCEPTION CODE - 830		0	0.00	0	0.00	399	100.00	399	100.00
843	NO MATCH ON PROVIDER		0	0.00	0	0.00	7,511	100.00	7,511	100.00
846	EXCEPTION CODE - 846		0	0.00	0	0.00	83	100.00	83	100.00
881	EXCEPTION CODE - 881		0	0.00	0	0.00	16	100.00	16	100.00
884	EXCEPTION CODE - 884		0	0.00	0	0.00	2	100.00	2	100.00
885	EXCEPTION CODE - 885		0	0.00	0	0.00	11	100.00	11	100.00

894	EXCEPTION CODE - 894	0	0.00	0	0.00	165	100.00	165 100.00

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TYPE ENTRY ALL CLAIM TYPE ALL

EXC CDE	EXCEPTION DESCRIPTION	DISPOSITION SS	D	S	PR	P	FORCED OCCURS	FORCED PERCNT	DENIED OCCURS	DENIED PERCNT	NOT DENIED OR FORCED OCCURS	NOT DENIED OR FORCED PERCNT	TOTAL OCCURS	TOTAL PERCNT
* * *	GRAND TOTALS						380,081	14.00	182,556	7.00	2,199,327	79.00	2,761,964	100.00