APPENDIX V: TOP FIVE CLAIM DENIAL REASONS

Reporting Period: July 1, 2016 through June 30, 2017

Denial Type	Denial Type Count	All Denial Count	% of All Denials
Invalid Procedure Code/Modifier Combination	12789	30,440	42%
Duplicate, previously submitted and processed or still in process	8203	30,440	27%
No authorization on file	4940	30,440	16%
Patient not eligible	2997	30,440	10%
Services not covered under provider's contract	1511	30,440	5%