APPENDIX XI - Dental Program, July 1, 2016 - June 30, 2017[1]

Denied prior authorizations by denial code and procedure code category

MCNA Code	Description of Authorization Denial Code	Diagnostic	Preventive	Restorative	Endodontics	Periodontics	Removable Prosthodontics	Implant Services	Fixed Prosthosdontics	Oral & Maxillofacial Surgery	Orhtodontics	Adjunctive General Services	Ungrouped	Total
5	Services In A Mobile Setting Or School Based Setting	-	-	-	-	-	-	-	-	-	-	-	58	58
6	The Member Must Be Between The Ages Of 13 - 20 To Receive This Procedure	5	77	179	22	20	6	-	-	4	1	43	41	398
15	Procedure Denied As Pre-Authorization Has Expired.	292	146	902	56	-	11	-	-		32		109	1,548
16	Upon Review Of The X-Ray, The Tooth Appears To Be Missing.	53	172	881	550	147	119	-	-	6	508	15	68	2,519
18	There Is No Benefit For Restorations When The Tooth Has Previously Been Restored.	332	131	1,000	355	32	871	-	-	1	1,129	12	590	4,453
22	Our Records Indicate The Member Has Other Primary Insurance. Primary Carrier Remittance Must Be Submitted With The Claim Prior To Mcna Making Payment.	-	-	12	6	-	2	-	-	-	7		-	27
31	Service(S) Denied As Patient Not Specified.	14	15	81	20	7	46	-	-		143	2	60	388
32	Member Ineligible. This Member Has Exceeded The Age Limit For Coverage Under This Plan.	-	-	1	-	-	-	-	-	-	-	-	-	1
35	You Are Allowed This Procedure Once In A Lifetime	-	-	1	-	-	-	-	-	-	-	-	-	1
49	This Procedure Is Not Covered In Conjunction With The Reported Service(S).	14	-	-	1	3	-	-	-	1	1	-	8	28
50	If Two Or More Essential Services Are Equally Effective, The More Conservative And/Or Less Costly Treatment Will Be Covered To Maintain Dental Health.	52	56	380	110	21	17	-	-	5	209	2	1,085	1,937
55	Procedure Denied Because Procedure/Treatment Is Deemed Experimental/Investigational In Nature.	-	-	125	10	64	-	-	-	-	5	2	-	206
56	The Dental Director Has Advised That The X-Rays Received Do Not Demonstrate The Need For Treatment Submitted.	2	7	1,178	420	482	1	-	-	-	657	-	12	2,759
58	The Services Were Not Rendered At This Facility, Therefore This Claim Is Denied.	-	-	-	-	-	203	-	-	-	-	-	-	203
96	Procedure Is Only Covered On Permanent Teeth. Primary Teeth Are Not Covered.	-	118	1,318	539	5	-	-	-	-	4	-	3	1,987
97	An Indirect Pulp Cap Procedure Is Considered A Part Of The Final Restoration. Code 3120 Is Not Separately Payable.	-	54	2	-	-	-	-	-	-	3	-	-	59
133	The Member Must Be 0 - 12 To Receive This Procedure	-	-	1	1	-	-	-	-	-	-	-	2	4
146	Claim Denied As Claim Does Not Have A Subscriber Signature In Box 36 Of The Claim Form Received.	4	-	-	-	-	4	-	-	-	-	-	-	8
152	Please Submit The Pathology Report For Review With Your Claim.	3	216	2	-	-	22	-	-	-	78	8	98	427
165	This Plan Requires A Referral For Specialty Services	1	-	-	-	4	-	-	-	-	153	-	92	250
169	The Plan Will Reimburse For Either A Full Mouth X-Ray Series Or A Panoramic Film, But Not Both, On The Same Date Of Service.	2	181	142	24	391	75	-	-	1	1,302	9	29	2,156
181	Please Submit A Correct Cdt Code.	26	90	468	98	19	215	-	-	1	48	31	17	1,013
204	This Is A Non-Covered Service Per The Covered Services Outlined In Your Provider Manual. Prosthodontic Service(S)	145	44	505	215	348	231	-	24	36	775	25	1,442	3,790

MCNA Code	Description of Authorization Denial Code	Diagnostic	Preventive	Restorative	Endodontics	Periodontics	Removable Prosthodontics	Implant Services	Fixed Prosthosdontics	Oral & Maxillofacial Surgery	Orhtodontics	Adjunctive General Services	Ungrouped	Total
222	You Do Not Meet Medical Criteria For Ext (7111, 7140, 7210, 7220, 7230, 7240, 7241), Removal Of Residual Tooth Root (7250), Coronectomy (7251), Surgical Access Of An Unerupted Tooth (7280), Biopsy (7285 Or 7286), Alveoloplasty (7310, 7311, 7320, 7321), Incision And Drainage (7510 Or 7511), Excision Of Hyperplastic Tissue (7970)	126	90	302	15	11	15	-	-	-	2	-	5	566
242	Services Performed By A Non-Participating Facility Are Reimbursable For Sixty (60) Days From The Effective Date Of The Mma Region. After Sixty Days Have Elapsed, Claims Will Be Reviewed For Eligibility, Benefits, And/Or Medical Necessity And May Be Denied.	21	12	87	28	12	29	-	-	-	53	1	19	262
251	The Nea Attachment Submitted Is Invalid, Unreadable And/Or Contains No Images. Please Submit The Attachments.	15	29	1,876	438	43	61	-	-	-	494	2	19	2,977
252	This Code Requires Pre-Operative X-Rays To Be Submitted With The Claim For Consideration. The Procedure Will Be Evaluated For Medical Necessity During The Claim Review.	206	234	2,303	870	326	893	-	-	3	1,531	47	351	6,764
269	This Procedure Can Only Be Considered When Reported And Performed In Conjunction With Covered Services.	-	-	8	-	-		-	-	-	1	-	2,364	2,373
272	The Combination Of Services Submitted On This Request For This Member Cannot Be Performed By The Same Provider On The Same Date Of Service.	1,042	184	1,774	248	83	1,768	-	-	13	5,971	70	615	11,768
276	You Do Not Meet Medical Criteria For Limited Ortho Tx Of Primary Or Transitional Dentition (8010, 8020), Interceptive Ortho Tx Or Primary Or Transitional Dentition (8050, 8060), Comprehen, Sive Ortho Tx Or Transitional, Adolescent Or Adult Dentition (8070, 8080, 8090), Removable Appliance Therapy (8210), Fixed Appliance Therapy (8220), Pre-Ortho Tx Exam To Monitor Growth And Development (8660), Periodic Ortho Tx (8670), Ortho Retention (8680), Repair Of Ortho Appliance (8691), Replacement Of Lost Or Broken Retainer (8692), Recement Or Rebond Fixed Retainer (8693)	-	-	-	-	-	-	-	-	-	-	12	-	12
B13	A Previous Restoration For This Tooth Has Been Identified In Member History. Please Review The Current Claim To The Member History For Possible Reduction Of The Approved Amount	-	-	73	29	-	-	-	-	-	431	-	-	533
B7	Our Records Indicate That This Procedure Has Been Excluded From Payment As You Were Not Credentialed To Perform This Service On Mcna Members.	-	-	-	-	-	-	-	-	-	-	-	176	176
Total		**2,355**	**1,856**	**13,601**	**4,055**	**2,018**	**4,589**		**24**	**71**	**13,538**	**281**	**7,263**	**49,651**

Source: Report 188D Dental Service Authorizations

APPENDIX XI - Dental Program, July 1, 2016 - June 30, 2017[1]

Claims denied after prior authorization approved by denial code and procedure code category

CARC Code	CARC_Description	Diagnostic	Preventive	Restorative	Endodontics	Periodontics	Removable Prosthodontics	Implant Services	Fixed Prosthosdontics	Oral & Maxillofacial Surgery	Orhtodontics	Adjunctive General Services	Ungrouped	Total (All)
5	The procedure code/bill type is inconsistent with the place of service. Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	-	-	-	-	-	-	-	-	-	-	84	-	84
6	The procedure/revenue code is inconsistent with the patient's age. Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	4	121	9	-	1	1	-	-	1	-	9	-	146
8	The procedure code is inconsistent with the provider type/specialty (taxonomy). Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	18	8	36	25	-	70	-	-	98	-	79	-	334
14	The date of birth follows the date of service.	-	1	-	-	-	-	-	-	5	-	1	-	7
15	The authorization number is missing, invalid, or does not apply to the billed services or provider.	14	2	1	2	-	2	-	-	2	-	-	-	23
16	Claim/service lacks information or has submission/billing error(s) which is needed for adjudication. Do not use this code for claims attachment(s)/other documentation. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	198	91	260	130	9	118	-	-	215	50	203	-	1,274
18	Exact duplicate claim/service (Use only with Group Code OA except where state workers' compensation regulations requires CO)	722	230	1,835	646	49	525	-	-	1,464	125	1,442	-	7,038
22	This care may be covered by another payer per coordination of benefits.	167	31	165	45	3	168	-	-	179	4	174	-	936
23	The impact of prior payer(s) adjudication including payments and/or adjustments. (Use only with Group Code OA)	-	-	-	-	-	-	-	-	1	-	-	-	1
26	Expenses incurred prior to coverage.	-	-	-	-	-	2	-	-	-	-	-	-	2
27	Expenses incurred after coverage terminated.	10	-	19	3	1	45	-	-	20	1	18	-	117
29	The time limit for filing has expired.	23	-	25	15	2	13	-	-	48	2	15	-	143
31	Patient cannot be identified as our insured.	-	-	2	2	-	-	-	-	2	-	2	-	8
35	Lifetime benefit maximum has been reached.	-	-	-	-	-	-	-	-	-	3	-	-	3
39	Services denied at the time authorization/pre-certification was requested.	-	-	14	1	-	1	-	-	22	-	7	-	45
40	Charges do not meet qualifications for emergent/urgent care. Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	-	-	-	-	-	-	-	-	-	-	5	-	5

CARC Code	CARC_Description	Diagnostic	Preventive	Restorative	Endodontics	Periodontics	Removable Prosthodontics	Implant Services	Fixed Prosthosdontics	Oral & Maxillofacial Surgery	Orhtodontics	Adjunctive General Services	Ungrouped	Total (All)
45	Charge exceeds fee schedule/maximum allowable or contracted/legislated fee arrangement. Note: This adjustment amount cannot equal the total service or claim charge amount; and must not duplicate provider adjustment amounts (payments and contractual reductions) that have resulted from prior payer(s) adjudication. (Use only with Group Codes PR or CO depending upon liability)	-	-	1	-	-	-	-	-	-	-	-	-	1
49	This is a non-covered service because it is a routine/preventive exam or a diagnostic/screening procedure done in conjunction with a routine/preventive exam. Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	49	4	15	1	23	-	-	-	-	-	32	-	124
50	These are non-covered services because this is not deemed a 'medical necessity' by the payer. Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	6	1	17	6	1	-	-	-	7	13	215	-	266
55	Procedure/treatment/drug is deemed experimental/investigational by the payer. Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	-	-	1	-	-	-	-	-	-	-	-	-	1
56	Procedure/treatment has not been deemed 'proven to be effective' by the payer. Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	-	-	22	22	-	-	-	-	16	-	-	-	60
95	Plan procedures not followed.	-	-	2	119	-	-	-	-	-	-	-	-	121
96	Non-covered charge(s). At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.) Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	-	-	28	21	-	-	-	-	2	-	-	-	51
97	The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	10	16	424	1	-	6	-	-	-	-	-	-	457
101	Predetermination: anticipated payment upon completion of services or claim adjudication.	-	-	1	8	-	1	-	-	-	-	-	-	10
140	Patient/Insured health identification number and name do not match.	-	1	-	-	-	-	-	-	-	-	-	-	1
146	Diagnosis was invalid for the date(s) of service reported.	3	-	-	-	-	2	-	-	-	-	-	-	5
149	Lifetime benefit maximum has been reached for this service/benefit category.	-	-	-	-	-	-	-	-	-	1	-	-	1

CARC Code	CARC_Description	Diagnostic	Preventive	Restorative	Endodontics	Periodontics	Removable Prosthodontics	Implant Services	Fixed Prosthosdontics	Oral & Maxillofacial Surgery	Orhtodontics	Adjunctive General Services	Ungrouped	Total (All)
152	Payer deems the information submitted does not support this length of service. Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	4	15	-	-	-	9	-	-	65	5	30	-	128
163	Attachment/other documentation referenced on the claim was not received.	-	-	-	-	-	-	-	-	8	-	2	-	10
167	This (these) diagnosis(es) is (are) not covered. Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	3	-	-	-	-	-	-	-	-	-	1	-	4
169	Alternate benefit has been provided.	532	18	76	5	2	4	-	-	225	1	62	-	925
181	Procedure code was invalid on the date of service.	1	6	35	15	-	501	-	-	28	19	32	1	638
185	The rendering provider is not eligible to perform the service billed. Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	-	2	-	-	-	-	-	-	-	-	-	-	2
193	Original payment decision is being maintained. Upon review, it was determined that this claim was processed properly.	13	5	17	3	5	24	-	-	16	2	24	-	109
197	Precertification/authorization/notification absent.	12	84	136	41	22	91	-	1	362	42	211	-	1,002
200	Expenses incurred during lapse in coverage	3	-	-	-	-	-	-	-	4	-	4	-	11
204	This service/equipment/drug is not covered under the patient's current benefit plan	202	10	63	78	13	13	3	3	276	-	609	-	1,270
206	National Provider Identifier - missing.	30	7	40	15	-	27	-	-	106	2	59	-	286
210	Payment adjusted because pre-certification/authorization not received in a timely fashion	1	-	-	-	-	-	-	-	-	-	-	-	1
222	Exceeds the contracted maximum number of hours/days/units by this provider for this period. This is not patient specific. Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	196	299	98	13	-	9	-	-	-	-	2	-	617
226	Information requested from the Billing/Rendering Provider was not provided or not provided timely or was insufficient/incomplete. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT.)	25	8	26	29	1	114	-	-	37	1	65	-	306
233	Services/charges related to the treatment of a hospital-acquired condition or preventable medical error.	25	3	34	10	-	35	-	-	15	-	21	-	143
242	Services not provided by network/primary care providers.	9	-	3	-	-	8	-	-	3	1	2	-	26
250	The attachment/other documentation that was received was the incorrect attachment/document. The expected attachment/document is still missing. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT).	-	-	-	-	-	-	-	-	4	-	-	-	4

CARC Code	CARC_Description	Diagnostic	Preventive	Restorative	Endodontics	Periodontics	Removable Prosthodontics	Implant Services	Fixed Prosthosdontics	Oral & Maxillofacial Surgery	Orhtodontics	Adjunctive General Services	Ungrouped	Total (All)
251	The attachment/other documentation that was received was incomplete or deficient. The necessary information is still needed to process the claim. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT).	2	-	6	152	-	6	-	-	8	-	10	-	184
252	An attachment/other documentation is required to adjudicate this claim/service. At least one Remark Code must be provided (may be comprised of either the NCPDP Reject Reason Code, or Remittance Advice Remark Code that is not an ALERT).	28	8	812	817	13	1,720	-	-	765	5	524	-	4,692
269	Anesthesia not covered for this service/procedure. Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	-	-	8	-	-	-	-	-	-	-	438	-	446
272	Coverage/program guidelines were not met.	650	66	234	47	26	117	-	-	237	42	97	-	1,516
B13	Previously paid. Payment for this claim/service may have been provided in a previous payment.	178	58	392	154	5	187	-	-	471	18	282	-	1,745
B14	Only one visit or consultation per physician per day is covered.	18	-	1	-	-	-	-	-	-	-	3	-	22
B20	Procedure/service was partially or fully furnished by another provider.	4	2	26	9	1	6	-	-	37	1	32	-	118
B7	This provider was not certified/eligible to be paid for this procedure/service on this date of service. Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.	-	-	-	-	-	-	-	-	-	-	12	-	12
P14	The Benefit for this Service is included in the payment/allowance for another service/procedure that has been performed on the same day. Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present. To be used for Property and Casualty only.	144	-	-	-	-	-	-	-	1	-	-	-	145
P7	The applicable fee schedule/fee database does not contain the billed code. Please resubmit a bill with the appropriate fee schedule/fee database code(s) that best describe the service(s) provided and supporting documentation if required. To be used for Property and Casualty only.	-	-	1	-	-	-	-	-	-	-	-	-	1
Total		**3,304**	**1,097**	**4,885**	**2,435**	**177**	**3,825**	**3**	**4**	**4,750**	**338**	**4,808**	**1**	**25,627**

Source: Report 173 Denied Claims Dental