

Community Health Solutions of America, LLC

Reject Code Summary

Reporting Period: 8/1/2012 - 8/31/2012

Reject Code	Description	Total
1	LACK OF DOCUMENTATION	765
2	PRIOR AUTHORIZATION DENIED	750
3	MEMBER HAS OTHER INSURANCE THAT MUST BE BILLED FIRST	0
4	CLAIM WAS SUBMITTED AFTER THE TIMELY FILING DEADLINE	0
5	SERVICE WAS NOT COVERED	9021
284	PROVIDER TAXONOMY IS MISSING OR INCOMPLETE	534
285	MEMBER MEDICAID ID NUMBER AND NAME DO NOT MATCH	12
	Total	11082