

Community Health Solutions of America, LLC

Reject Code Summary

Reporting Period: 9/1/2012 - 9/30/2012

Reject Code	Description	Total
1	LACK OF DOCUMENTATION	5065
2	PRIOR AUTHORIZATION DENIED	2100
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	10776
284	PROVIDER TAXONOMY IS MISSING OR INCOMPLETE	1490
285	MEMBER MEDICAID ID NUMBER AND NAME DO NOT MATCH	51
	Total	19482