

Name: _____

Date: _____

MEDICARE DENIALS

R M E D I C A L L Y U N L I K E L Y E D I T P N
C O O R D I N A T I O N O F B E N E F I T S O R
P M S J E C G L U V X N S F N H V P N R C T C L
V H Q T E F Y N Q M I P W T A O G Z E R M L Y S
C R Y A I J E R I L I G Z N A D N I V E B I V N
O H A S S F J R O N Q A W R H L N C D Q N U O K
D R G T I H E E R Z E Y L B K V V I O V Z I K R
I A Y A I C X N Y I A P C C A X C M A V T N E O
N L D H J S I E E P N K O L F A S L I A E D J M
G A X R E V R A E B Q G I E L O I U M S E R A B
R T C R R O C D N E X D P L R D D R S T I N E M
E E Z E A E M J D N C A Y R D T O R E N R J L D
V S K D A Z Q A J P O N M I O F S R O L L E Q Y
I U B I B H M U T A E T A Z N V M V Y C L C Z F
E B E V M X J B E C K G P I D I I G U I E J C F
W M J O D N A Q E S N H G R N E Y D G K M R Z Q
R I S R Y U K S H O T N F A I F T A E P L W O Y
E S N P W T S C S M I P T Q H V B S G R L V F N
Q S Z N R A A I C S Z I F B E I I W U Y U B G M
U I H Y R T S G S T O L X R L G K L D J J M I Q
I O X Y S C C I Q N R B Z I X T J H E D D E Y U
R N P P O M M B A P D E T Y X L D A V G Z A Z E
E T U D O C S F E M B Y H M R O O W G K E K L N
D U E N D E H S I L B A T S E S V W E N E D E B

PHYSICIAN NOT PRIVILEGED
NOT MEDICALLY NECESSARY
MISSING INFORMATION
REFERRING PROVIDER
MAX BENEFITS
ELIGIBILITY
PROVIDER

: Coding Review Required
MEDICALLY UNLIKELY EDIT
NO RECORD OF CLAIM
LATE SUBMISSION
ADR REQUEST
NONCOVERED
ADJUSTED

Coordination of Benefits
INVALID DIAGNOSIS CODE
NEW VS ESTABLISHED
REDETERMINATION
INVALID CPT
REOPENING