Provider Guide to
Common Claim Submission Errors

Common Reasons for Claim Denial

NPI Number Missing or Invalid

- The submission has incorrect information, such as NPI, ZIP code, address, or NPI type.
- The submission is missing required information such as the NPI, ZIP code, address, or NPI type.
- The NPI has expired according to the Provider Master List (PML).

Duplicate Claims

- A provider submits a duplicate claim for one that has already been paid.
- A provider submits a corrected claim but fail to use the appropriate Type of Bill for corrections, resulting in a denial of the claim.

Timely Filing

- The claim was submitted after the timely filing deadline.

Service not Authorized

- The claim is denied due to the absence of a prior authorization. To avoid this denial, the provider should verify whether prior authorization is required before performing the procedure and submitting the claim.

Miscellaneous Denials

- Patient not found
- Insured subscriber not found
- Billed amount missing

How to Avoid these Errors

- Double-check all provider details before claim submission, ensuring that the NPI, ZIP code, taxonomy code, address, and NPI type are accurate and up to date.
- Before submitting a claim, check the status of any previous submissions to ensure it's not a duplicate. Utilize claim tracking systems to avoid resubmitting paid claims.
- When submitting a corrected claim, make sure to use the correct Type of Bill code to identify it as a corrected claim to avoid denials.
- Always verify if a procedure requires prior authorization. Confirm that authorization is on file before submitting the claim to avoid denial.

Claims Inquiries & Customer Experience Prior Authorization Inquiries, contact: 866-899-4828