Claim Denial Decoder

Fix It. Bill It. Get Paid.

Claim Denial Decoder

Fix It. Bill It. Get Paid.

Denial Code: CO-16

Meaning: Claim lacks information

Common Cause: Missing start/stop times or NDC

Fix It: Add complete documentation and resubmit

Pro Tip: Use a checklist before submitting claims

Claim Denial Decoder

Fix It. Bill It. Get Paid.

Denial Code: CO-18

Meaning: Duplicate claim/service

Common Cause: Multiple entries for same service/date

Fix It: Verify submission and delete duplicates

Pro Tip: Audit batch claims before sending

Claim Denial Decoder

Fix It. Bill It. Get Paid.

Denial Code: CO-197

Meaning: Authorization required

Common Cause: No prior auth for infused drug or visit

Fix It: Initiate retro auth or appeal with records

Pro Tip: Track auth expirations proactively

Claim Denial Decoder

Fix It. Bill It. Get Paid.

Denial Code: CO-109

Meaning: Claim not covered by this payer

Common Cause: Incorrect payer billed

Fix It: Verify active coverage and rebill correctly

Pro Tip: Check eligibility *day of* visit

Claim Denial Decoder

Fix It. Bill It. Get Paid.

Denial Code: CO-96

Meaning: Non-covered service

Common Cause: Patient in SNF, rehab, or hospice

Fix It: Bill facility or wait until episode ends

Pro Tip: Verify place of service restrictions

Claim Denial Decoder

Fix It. Bill It. Get Paid.

Denial Code: CO-45

Meaning: Charge exceeds fee schedule

Common Cause: Billed above allowed rate

Fix It: Adjust to allowed amount

Pro Tip: Load payer fee schedules into your system

Claim Denial Decoder

Fix It. Bill It. Get Paid.

Denial Code: CO-11

Meaning: Diagnosis inconsistent with procedure

Common Cause: Dx doesnt justify infusion

Fix It: Update dx code or submit records

Pro Tip: Use payer policies to match dx codes

Claim Denial Decoder

Fix It. Bill It. Get Paid.

Denial Code: CO-22

Meaning: Covered by another payer

Common Cause: Coordination of benefits issue

Fix It: Get updated COB info and rebill

Pro Tip: Verify COB status every visit

Claim Denial Decoder

Fix It. Bill It. Get Paid.

Denial Code: CO-29

Meaning: Time limit for filing expired

Common Cause: Late submission

Fix It: Appeal if valid reason, else adjust off

Pro Tip: Track filing limits by payer

Claim Denial Decoder

Fix It. Bill It. Get Paid.

Denial Code: CO-204

Meaning: Service not covered under patients plan

Common Cause: Plan exclusion

Fix It: Bill patient or confirm alternate payer

Pro Tip: Know which plans exclude specialty drugs

Claim Denial Decoder

Fix It. Bill It. Get Paid.

Denial Code: CO-B9

Meaning: Patient in hospice

Common Cause: Hospice enrolled but office billed

Fix It: Check hospice coverage and coordinate

Pro Tip: Always verify hospice status in Medicare

Claim Denial Decoder

Fix It. Bill It. Get Paid.

Denial Code: CO-151

Meaning: Payment adjusted due to payer policy

Common Cause: Bundled service or policy edit

Fix It: Review policy edits; may not be appealable

Pro Tip: Know each payer's bundling rules

Claim Denial Decoder

Fix It. Bill It. Get Paid.

Denial Code: CO-54

Meaning: Multiple physicians/OP visits on same day

Common Cause: Billed with other outpatient claims

Fix It: Review visit timing; append modifier if needed

Pro Tip: Use -25 modifier when justified

Claim Denial Decoder

Fix It. Bill It. Get Paid.

Denial Code: CO-170

Meaning: Payment denied due to missing/incomplete/invalid claim data

Common Cause: Incorrect coding or formatting

Fix It: Fix claim format/data entry

Pro Tip: Use clearinghouse scrubber reports

Claim Denial Decoder

Fix It. Bill It. Get Paid.

Denial Code: CO-185

Meaning: Procedure modifier was invalid

Common Cause: Wrong or missing modifier

Fix It: Use correct modifier (e.g., -59, -25)

Pro Tip: Keep a modifier cheat sheet at desk

Claim Denial Decoder

Fix It. Bill It. Get Paid.

Denial Code: CO-252

Meaning: An attachment/other documentation is required

Common Cause: Medical records not sent

Fix It: Submit necessary documentation

Pro Tip: Send records with initial submission for high-risk payers

Claim Denial Decoder

Fix It. Bill It. Get Paid.

Denial Code: CO-50

Meaning: Non-covered service not deemed medically necessary

Common Cause: Payer policy excludes Dx/Tx combo

Fix It: Submit appeal with records

Pro Tip: Use payer LCD/NCDs to support necessity

Claim Denial Decoder

Fix It. Bill It. Get Paid.

Denial Code: CO-M51

Meaning: Missing/incomplete/invalid procedure code(s)

Common Cause: Typo or outdated code

Fix It: Update to valid CPT/HCPCS

Pro Tip: Crosswalk codes annually

Claim Denial Decoder

Fix It. Bill It. Get Paid.

Denial Code: CO-A1

Meaning: Claim denied charges

Common Cause: Misc. errors not tied to a specific issue

Fix It: Contact payer for clarification

Pro Tip: Flag A1 denials for deeper audit

Claim Denial Decoder

Fix It. Bill It. Get Paid.

Denial Code: CO-31

Meaning: Patient cannot be identified as insured

Common Cause: Wrong ID or name mismatch

Fix It: Correct demographics and resubmit

Pro Tip: Check exact payer spelling of patient name

Claim Denial Decoder

Fix It. Bill It. Get Paid.

Denial Code: CO-23

Meaning: The impact of prior payers' adjudication

Common Cause: Incorrect secondary billing

Fix It: Recalculate and rebill with EOBs

Pro Tip: Upload all prior payer EOBs

Claim Denial Decoder

Fix It. Bill It. Get Paid.

Denial Code: CO-20

Meaning: Claim not covered due to being filed to the wrong contractor

Common Cause: Wrong Medicare MAC billed

Fix It: Refile to correct MAC

Pro Tip: Use CMS MAC lookup tool

Claim Denial Decoder

Fix It. Bill It. Get Paid.

Denial Code: CO-135

Meaning: Claim denied, not our patient

Common Cause: Patient not on file

Fix It: Confirm registration and rebill

Pro Tip: Always verify patient profile in system

Claim Denial Decoder

Fix It. Bill It. Get Paid.

Denial Code: CO-P2

Meaning: Information requested from patient not received

Common Cause: Payer waiting on patient forms

Fix It: Contact patient to complete forms

Pro Tip: Automate patient form reminders

Claim Denial Decoder

Fix It. Bill It. Get Paid.

Denial Code: CO-198

Meaning: Precert/authorization exceeded

Common Cause: Too many units billed

Fix It: Request auth extension or correct units

Pro Tip: Track units authorized vs. used