

Most Common Denials from Kansas Medical Assistance Program (KMAP)

0091:

THIS SERVICE NOT COVERED BY KANSAS MEDICAL ASSISTANCE PROGRAM. 96 Non-covered charge(s).

(Healthwave 21, not reimbursable)

0003:

BENEFICIARY INELIGIBLE FOR ALL OR A PORTION OF THE SERVICE DATE(S) BILLED. IF NECESSARY, PLEASE RESUBMIT AND BREAK OUT SERVICES FOR WHICH THE BENEFICIARY IS ELIGIBLE FROM SERVICES FOR WHICH THE BENEFICIARY IS INELIGIBLE. REFER TO SECTIONS 1210 AND 2000 OF YOUR KANSAS MEDICAL ASSISTANCE PROGRAM PROVIDER MANUAL. 141

(Student ineligible for Medicaid)

0028:

THE BENEFICIARY NAME OR NUMBER IS MISSING OR DISAGREE.

(GB corrects and resubmit)

1455:

THE BENEFICIARY BIRTH DATE IS MISSING, INVALID OR DISAGREE.

(GB corrects and resubmits)

0007:

DETAIL DENIED, PROCEDURE/NDC/REVENUE CODE NOT CONSISTENT WITH BENEFICIARY'S AGE

(Student over 21 services not reimbursable)

0015:

Duplicate of claim paid.

(Duplicate claim services already processed)