

Sign Language Denied Claims Desk Aid

Troubleshooting denied claims in ProviderOne

Date of Birth Error		
Error/Remark Code on RA	Error Description	Resources to correct error
<ul style="list-style-type: none"> Adjustment reason 02125 Remark code N329 	<p>Recipient DOB Mismatch</p> <p>Missing/incomplete/invalid patient birth date</p>	<ul style="list-style-type: none"> Check the original provider request to ensure the DOB was not mis-keyed If the DOB was does not appear to have been mis-keyed, you can check it by: <ul style="list-style-type: none"> Checking eligibility in ProviderOne Contacting Interpreter Services Inbox Calling our ProviderOne call center at 1-800-562-3022
Procedure Requires Prior Authorization (PA)		
Error/Remark Code on RA	Error Description	Resources to correct error
<ul style="list-style-type: none"> Adjustment reason 11120 	<p>Procedure Requires Prior Authorization (PA)</p> <p>Precertification/authorization Notification/pre-treatment absent.</p>	<p>Check the PA number you entered. You may see this code if:</p> <ul style="list-style-type: none"> The date of service on the claim does not match the DOS on the PA If the Service Line coding is different <ul style="list-style-type: none"> Check for T103 and correct modifiers Check the Interpreter request form for a U8 or U9 Mod If the appointment type is checked for SUD or MH on interpreter request form a 2nd modifier will be required The PA number is missing or was mis-keyed.
Procedures Codes are not Covered		

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<ul style="list-style-type: none"> Adjustment reason 03837 Remark code N674 	Procedure Code(s) are not covered unless T1013 is paid on same claim	This code will be attached to the s0215, T2024, and A0170 when the 11120-denial code is on the claim. Once you fix the error posting on the T1013, the 03837 will no longer appear.

Services Not Covered Under Patients Plan

Error/Remark Code on RA	Error Description	Resources to correct error
<ul style="list-style-type: none"> Adjustment reasons 02190 and 02200 Remark code N192 	<ul style="list-style-type: none"> This service/equipment drug is not covered under patient's benefit plan Patient is a Medicaid/Qualified Medicare Beneficiary 	<ul style="list-style-type: none"> The client's Benefit Service Package does not cover This will need to be paid through an A19 Send Interpreter Services Inbox an email that this claim will need to be paid through an A19.

Client Does Not Match

Error/Remark Code on RA	Error Description	Resources to correct error
<ul style="list-style-type: none"> Adjustment reason 11010 Remark code N54 	<ul style="list-style-type: none"> Prior Authorization Recipient ID Mis-Match Claim information is inconsistent with pre-certified/authorized service 	<ul style="list-style-type: none"> The client on the request form/claim does not match the client that was entered in ProviderOne Prior Auth request. Contact Interpreter Services Inbox.

Claim is Suspended

Error/Remark Code on RA	Error Description	Resources to correct error
<ul style="list-style-type: none"> Error Allocated Suspended 	<ul style="list-style-type: none"> Prior Authorization Recipient ID Mis-Match Claim information is inconsistent with pre-certified/authorized service 	<ul style="list-style-type: none"> This means the claim has been put in a suspend folder for Interpreter Services staff to review. This is not a denied claim. These will be released within 10 days.

Note: This desk-aid is intended to assist sign language billers trouble shoot the most common sign language billing errors. Please note this is not a complete list of all possible errors or denials. If you have further questions you can email the Interpreter Services inbox or review the complete [ProviderOne Billing and Resource guide](#).