Priority Health

Service Receipt

Billing/Coding Questions
Call: (800) 942-4765
EDI Questions
Email: edisetup@priorityhealth.com

Attention: **Claim Billing Department**
Name:
Address:

Provider ID:	
Total Billed:	
Claim Count:	**237**
Claims Rejected:	**16**
Claim Warnings:	**0**

News Flash

Information on EDI setup for Claims, ERA's and more can be found at:
https://www.priorityhealth.com/provider/manual/set-up-edi

Data File Summary
Transmission Source: Transmission Date:
Transmission ID: Transmission Time:
Priority Health ID:

**Claims identified in this section were not accepted. Action- resubmit if correctable.
Warnings are informational only and no action is required.**

- -
Your Ref ID: PH DCN:
Claim Amt: Svc Dates: 02/02/2021 - 02/02/2021
Member Name: Member ID:
Rejected: Member was not eligible at time of service.
- -
Your Ref ID: PH DCN:
Claim Amt: Svc Dates: 02/04/2021 - 02/04/2021
Member Name: Member ID:
Rejected: Member was not eligible at time of service.
- -
Your Ref ID: PH DCN:
Claim Amt: Svc Dates: 04/14/2023 - 04/14/2023
Member Name: Member ID:
Rejected: Line 1, Invalid CPT/HCPCS Code '94010' and/or Modifier '25'
- -
Your Ref ID: PH DCN:
Claim Amt: Svc Dates: 01/20/2023 - 01/20/2023
Member Name: Member ID:
Rejected: Line 1, Invalid CPT/HCPCS Code '95165' and/or Modifier 'U1'
- -
Your Ref ID: PH DCN:
Claim Amt: Svc Dates: 03/28/2023 - 03/28/2023
Member Name: Member ID:
Rejected: Line 1, Invalid CPT/HCPCS Code 'A4410' and/or Modifier 'AU'
Rejected: Line 2, Invalid CPT/HCPCS Code 'A4419' and/or Modifier 'AU'
- -
Your Ref ID: PH DCN:
Claim Amt: Svc Dates: 04/21/2023 - 04/21/2023
Member Name: Member ID:

Rejected: Line 1, Invalid CPT/HCPCS Code '12001' and/or Modifier '25'
- -
Your Ref ID: PH DCN:
Claim Amt: Svc Dates: 11/01/2022 - 11/30/2022
Member Name: Member ID:
Rejected: Line 1, Invalid CPT/HCPCS Code 'H0019' and/or Modifier 'U3'
- -
Your Ref ID: PH DCN:
Claim Amt: Svc Dates: 06/09/2023 - 06/09/2023
Member Name: Member ID:
Rejected: Line 1, Invalid CPT/HCPCS Code '10060' and/or Modifier '25'
- -
Your Ref ID: PH DCN:
Claim Amt: Svc Dates: 07/18/2023 - 07/18/2023
Member Name: Member ID:
Rejected: Line 1, Invalid CPT/HCPCS Code '96161' and/or Modifier '25'
Rejected: Member ID does not match a Priority Health member.
- -
Your Ref ID: PH DCN:
Claim Amt: Svc Dates: 07/18/2023 - 07/18/2023
Member Name: Member ID:
Rejected: Line 1, Invalid CPT/HCPCS Code '96161' and/or Modifier '25'
Rejected: Member ID does not match a Priority Health member.
- -
Your Ref ID: PH DCN:
Claim Amt: Svc Dates: 07/21/2023 - 07/21/2023
Member Name: Member ID:
Rejected: Line 2, Invalid CPT/HCPCS Code '96110' and/or Modifier '25'
Rejected: Line 3, Invalid CPT/HCPCS Code '99173' and/or Modifier 'QW'
- -
Your Ref ID: PH DCN:
Claim Amt: Svc Dates: 01/25/2021 - 01/25/2021
Member Name: Member ID:
Rejected: Member was not eligible at time of service.

- -
Your Ref ID: PH DCN:
Claim Amt: Svc Dates: 09/02/2021 - 09/02/2021
Member Name: Member ID:
Rejected: Line 1, Invalid CPT/HCPCS Code 'U0003' and/or Modifier '59'
- -
Your Ref ID: PH DCN:
Claim Amt: Svc Dates: 10/12/2022 - 10/12/2022
Member Name: Member ID:
Rejected: Member ID does not match a Priority Health member.
- -
Your Ref ID: PH DCN:
Claim Amt: Svc Dates: 07/18/2023 - 07/18/2023
Member Name: Member ID:
Rejected: Line 1, Invalid CPT/HCPCS Code '83655' and/or Modifier '25'
- -
Your Ref ID: PH DCN:
Claim Amt: Svc Dates: 07/13/2023 - 07/13/2023
Member Name: Member ID:
Rejected: Line 1, Invalid CPT/HCPCS Code '96160' and/or Modifier 'TH'

End of Receipt