



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 ID:
Priority Health ID:

Transmission Date:
Transmission Time:

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'

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End of Receipt