



June 27, 2019

Requests for Reconsideration with Medical Records

IlliniCare Health denials that can be disputed by submitting a Request for Reconsideration along with supporting medical records include: EXya, EXye, EXym, EXyf, EXyq, EXyr, EXys, EXyt, EXyu, EXyv, EXyq, EXyx, EXyy, EXyz, EXw1, EXw2, EXw3, EXw4, EXw5, EXw6, and EXxE.

A Request for Reconsideration can be submitted using the Provider Reconsideration Request Form located at www.IlliniCare.com. Requests for Reconsideration received prior to July 1, 2019 must be submitted within 180 calendar days from the date of service or date of discharge, whichever is later. **Requests for Reconsideration received on or after July 1, 2019 must be submitted within 90 calendar days of the original determination or Explanation of Payment (EOP).** Please ensure all fields on the Provider Reconsideration Request Form are completed. Do **not** include a copy of the claim with your Request for Reconsideration.

CODE	DESCRIPTION	CARC Code	RARC Code
EXya	DENIED AFTER REVIEW OF PATIENTS CLAIM HISTORY	222	N640
EXye	CLAIM CANNOT BE PROCESSED WITHOUT MEDICAL RECORDS	16	MA130
EXyf	PEND: HCI PARTIALLY APPROVED UNITS CLAIM NEEDS MANUAL PRICING	133	none
EXyq	DUPLICATE CLAIMS OR MULTIPLE PROVIDERS BILLING SAME/SIMILAR CODE(S)	18	N702
EXyr	INCORRECT PROCEDURE CODE FOR DIAGNOSIS PER NCD/CMS	11	N386
EXys	REIMBURSEMENT INCLUDED IN ANOTHER CODE PER CMS/AMA/MEDICAL GUIDELINES	P14	N20
EXyt	INCORRECT PROCEDURE CODE FOR MEMBER AGE OR GENDER PER CMS/AMA/PLAN	16	M51
EXyu	INCORRECT CPT/HCPCS/REV/MOD OR UNLISTED CODE BASED ON CPT/CMS GUIDELINES	16	M51
EXyv	OUTPATIENT SERVICES INCLUDED IN INPATIENT ADMIT PER CMS/PLAN GUIDELINES	60	N130
EXyx	INCLUDED IN GLOBAL SURGICAL OR MATERNITY PACKAGE PER CMS OR ACOG	97	M15
EXyy	REIMBURSEMENT REDUCTION BASED ON CPT AND/OR CMS GUIDELINES	A1	N381
EXyz	INCORRECT USE OF MODIFIER FOR PROCEDURE PER CMS/CPT/PLAN GUIDELINES	4	N517
EXw1	CO-SURGEON/TEAM SURGEON DISALLOWED PER CMS SURGICAL BILLING GUIDELINES	4	N517
EXw2	ASSISTANT & PRIMARY SURGEON PROCEDURE CODES MUST MATCH PER CMS	16	M51
EXw3	ASSISTANT,CO-SURGEION OR TEAM SURGEONS NOT TYPICALLY REQUIRED PER CMS	4	N517
EXw4	NEW PATIENT E/M INAPPROPRIATE PER AMA GUIDELINES	B16	none
EXw5	PRIMARY SERVICE IS MISSING OR DENIED PER AMA GUIDELINES	B15	N122
EXxE	PROCEDURE CODE IS DISALLOWED WITH THIS DIAGNOSIS CODE(S) PER PLAN POLICY	11	none

Visit our Provider section at IlliniCare.com for more information on claim submission, requests for reconsideration, and claim disputes.

As always, we thank you for providing excellent care to our members.

Sincerely,
IlliniCare Health