IPDR6702 NORTH CAROLINA PAGE: 1

RUN DATE: 05/20/2007 IPRS CHECKWRITE SUMMARY REPORT

CHECKWRITE DATE: 05/22/2007

FINANCIAL PAYER: NCDMH

PROVIDER NUMBER	PROVIDER NAME	HIGH DENIAL EOBS	NUMBER OF DENIALS	DESCRIPTION	TNC DENIALS	TOTAL DENIALS	TOTAL CLAIMS FINALIZED	TOTAL CLAIMS PAID
3404901	SMOKY MOUNTAINM	24	548	PROCEDURE CODE, PROCEDURE/MODI				
	H/DD/SAS			FIER COMBINATION OR PROCEDURE				
				CODE/TYPE OF SERVICE COMBINATI				
		8599	99	DETAIL NOT COVERED BY COMBINAT	17	876	883	7
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		8505	89	CLAIM DENIED DUE TO INSUFFICIE				
				NT BUDGET				
3404904	WESTERN HIGHLAN	24	14733	PROCEDURE CODE, PROCEDURE/MODI				
	DS LME			FIER COMBINATION OR PROCEDURE				
				CODE/TYPE OF SERVICE COMBINATI				
		3411	1071	PROVIDER TYPE AND SPECIALTY 07	0	16608	21895	5287
				4/113 CANNOT BILL ENHANCED				
				BENEFIT SERVICES ON OR AFTER D				
		3412	318	PROVIDER TYPE AND SPECIALTY 07				
				4/113 CANNOT BILL ENHANCED				
				BENEFIT SERVICES ON OR AFTER D				
3404910	PATHWAYS	24	10634	PROCEDURE CODE, PROCEDURE/MODI				
				FIER COMBINATION OR PROCEDURE				
				CODE/TYPE OF SERVICE COMBINATI				
		8505	776	CLAIM DENIED DUE TO INSUFFICIE	2	11928	15602	3639
				NT BUDGET				
		21	204	DUPLICATE OF CLAIM-SYSTEM				
3404912	CATAWBA COUNTYM	24	2012	PROCEDURE CODE, PROCEDURE/MODI				
	ENTAL HEALT			FIER COMBINATION OR PROCEDURE				
				CODE/TYPE OF SERVICE COMBINATI				
		8505	87	CLAIM DENIED DUE TO INSUFFICIE	0	2122	2429	307
				NT BUDGET				
		8599	22	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
3404913	MECKLENBURG COM	8505	4517	CLAIM DENIED DUE TO INSUFFICIE				
	ENTAL HEALT			NT BUDGET				
		8599	1232	DETAIL NOT COVERED BY COMBINAT	279	7615	8000	385
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		143	261	CLIENT ID NUMBER NOT ON STATE				
				ELIGIBILITY FILE				
3404916	CROSSROADS BEHA	24	7046	PROCEDURE CODE, PROCEDURE/MODI				
	VIORAL HEAL			FIER COMBINATION OR PROCEDURE				
				CODE/TYPE OF SERVICE COMBINATI				
		79	126	THIS SERVICE IS NOT PAYABLE TO	0	7332	7389	57
				YOUR SUBMITTED BILLING				
				PROVIDER TYPE AND SPECIALTY IN				
		8505	62	CLAIM DENIED DUE TO INSUFFICIE				
				NT BUDGET				
3404917	CENTERPOINT HUM	8505	7951	CLAIM DENIED DUE TO INSUFFICIE				
	AN SERVICES			NT BUDGET				
		24	7191	PROCEDURE CODE, PROCEDURE/MODI	0	15433	16850	1417
				FIER COMBINATION OR PROCEDURE				
				CODE/TYPE OF SERVICE COMBINATI				
		8599	75	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				

PROVIDER NUMBER	PROVIDER NAME	HIGH DENIAL EOBS	NUMBER OF DENIALS	DESCRIPTION	TNC DENIALS	TOTAL DENIALS	TOTAL CLAIMS FINALIZED	TOTAL CLAIMS PAID
3404919	GUILFORD CO MEN	8505	5032	CLAIM DENIED DUE TO INSUFFICIE				
	TAL HEALTHC			NT BUDGET				
		8800	712	FURTHER PROCESSING NECESSARY,	0	6315	6453	138
				PLEASE CHECK FOR CLAIM ON				
				FUTURE RA'S.				
		24	502	PROCEDURE CODE, PROCEDURE/MODI				
				FIER COMBINATION OR PROCEDURE				
				CODE/TYPE OF SERVICE COMBINATI				
3404920	ALAMANCE CASWEL	24	4579	PROCEDURE CODE, PROCEDURE/MODI				
	L AREA MH D			FIER COMBINATION OR PROCEDURE				
				CODE/TYPE OF SERVICE COMBINATI				
		8000	334	NO RATE AVAILABLE ON FILE TO P	0	5237	6463	1226
				RICE THIS CLAIM DETAIL				
		8505	170	CLAIM DENIED DUE TO INSUFFICIE				
				NT BUDGET				
3404921	ORANGE PERSON C	24	2744	PROCEDURE CODE, PROCEDURE/MODI				
	HATHAM AREA			FIER COMBINATION OR PROCEDURE				
				CODE/TYPE OF SERVICE COMBINATI				
		5312	1105	PRIOR AUTHORIZED DOLLARS EXCEE	0	4909	6020	1111
				DED				
		8505	518	CLAIM DENIED DUE TO INSUFFICIE				
				NT BUDGET				
3404922	THE DURHAM CENT	24	9976	PROCEDURE CODE, PROCEDURE/MODI				
	ER			FIER COMBINATION OR PROCEDURE				
				CODE/TYPE OF SERVICE COMBINATI				
		8505	7057	CLAIM DENIED DUE TO INSUFFICIE	28	19101	19694	593
				NT BUDGET				
		8800	1685	FURTHER PROCESSING NECESSARY,				
				PLEASE CHECK FOR CLAIM ON				
				FUTURE RA'S.				
3404923	FIVE COUNTY MH	24	4917	PROCEDURE CODE, PROCEDURE/MODI				
				FIER COMBINATION OR PROCEDURE				
				CODE/TYPE OF SERVICE COMBINATI				
		143	72	CLIENT ID NUMBER NOT ON STATE	0	5143	7266	2123
				ELIGIBILITY FILE				
		8536	67	ATTENDING PROVIDER TYPE AND SP				
				ECIALTY COMBINATION IS NOT				
				VALID FOR SUBMITTED BILLING PR				
3404925	SANDHILLS CENTE	8505	5263	CLAIM DENIED DUE TO INSUFFICIE				
	R FOR MH/DD			NT BUDGET				
		24	973	PROCEDURE CODE, PROCEDURE/MODI	18	6983	12734	5751
				FIER COMBINATION OR PROCEDURE				
				CODE/TYPE OF SERVICE COMBINATI				
		8599	340	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
3404926	SOUTHEASTERN RE	24	14100	PROCEDURE CODE, PROCEDURE/MODI				
	G MENTAL HL			FIER COMBINATION OR PROCEDURE				
				CODE/TYPE OF SERVICE COMBINATI				
		8536	93	ATTENDING PROVIDER TYPE AND SP	1	14485	16284	1799
				ECIALTY COMBINATION IS NOT				
				VALID FOR SUBMITTED BILLING PR				
		8800	88	FURTHER PROCESSING NECESSARY,				
				PLEASE CHECK FOR CLAIM ON				
				FUTURE RA'S.				
3404927	CUMBERLAND CO M	21	289	DUPLICATE OF CLAIM-SYSTEM				
	HC							
		8505	265	CLAIM DENIED DUE TO INSUFFICIE	1	754	2607	1853
				NT BUDGET				
		8950	60	CLIENT ONLY ENROLLED IN TRACKI				
				NG POP GROUP. MUST ALSO BE				
				ENROLLED IN A FUNDED POP GROUP				

PROVIDER NUMBER	PROVIDER NAME	HIGH DENIAL EOBS	NUMBER OF DENIALS	DESCRIPTION	TNC DENIALS	TOTAL DENIALS	TOTAL CLAIMS FINALIZED	TOTAL CLAIMS PAID
3404930	JOHNSTON COUNTY	8505	1066	CLAIM DENIED DUE TO INSUFFICIE				
	MNTL HLTHC			NT BUDGET				
		24	517	PROCEDURE CODE, PROCEDURE/MODI	0	1867	2143	276
				FIER COMBINATION OR PROCEDURE				
				CODE/TYPE OF SERVICE COMBINATI				
		8599	146	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
3404931	WAKE CO HUM SVC	24	4729	PROCEDURE CODE, PROCEDURE/MODI				
	BILLING OF			FIER COMBINATION OR PROCEDURE				
				CODE/TYPE OF SERVICE COMBINATI				
		8505	587	CLAIM DENIED DUE TO INSUFFICIE	18	6051	6767	716
				NT BUDGET				
		8800	364	FURTHER PROCESSING NECESSARY,				
				PLEASE CHECK FOR CLAIM ON				
				FUTURE RA'S.				
3404933	SOUTHEASTERN CT	24	1862	PROCEDURE CODE, PROCEDURE/MODI				
	R FOR MH/DD			FIER COMBINATION OR PROCEDURE				
				CODE/TYPE OF SERVICE COMBINATI				
		11	154	CLIENT NOT ELIGIBLE ON SERVICE	0	2264	5709	3445
				DATE				
		8000	62	NO RATE AVAILABLE ON FILE TO P				
				RICE THIS CLAIM DETAIL				
3404934	ONSLOW CARTERET	24	1299	PROCEDURE CODE, PROCEDURE/MODI				
	BEHAV HEAL			FIER COMBINATION OR PROCEDURE				
				CODE/TYPE OF SERVICE COMBINATI				
		11	353	CLIENT NOT ELIGIBLE ON SERVICE	0	2229	3402	1173
				DATE				
		8599	225	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
3404935	WAYNE CO MENTAL	0	0	*** NO DATA TO REPORT ***				
	HEALTH CTR							
		0	0		0	0	0	0
3404936	WILSON-GREENE M	8505	789	CLAIM DENIED DUE TO INSUFFICIE				
	ENTAL HEALT			NT BUDGET				
		24	58	PROCEDURE CODE, PROCEDURE/MODI	0	850	1346	496
				FIER COMBINATION OR PROCEDURE				
				CODE/TYPE OF SERVICE COMBINATI				
		191	2	CLIENT ID NUMBER DOES NOT MATC				
				H PATIENT NAME				
3404937	EDGECOMBE NASH	24	79	PROCEDURE CODE, PROCEDURE/MODI				
	MNTL HLTH C			FIER COMBINATION OR PROCEDURE				
				CODE/TYPE OF SERVICE COMBINATI				
		21	55	DUPLICATE OF CLAIM-SYSTEM	0	137	433	296
		5404	2	SEVERE DUPLICATE: SAME ATTD PR				
				OV/PCODE/TOS/DOS/MOD				
3404939	NEUSE MENTAL HE	24	1697	PROCEDURE CODE, PROCEDURE/MODI				
	ALTH CENTER			FIER COMBINATION OR PROCEDURE				
				CODE/TYPE OF SERVICE COMBINATI				
		8599	114	DETAIL NOT COVERED BY COMBINAT	0	1854	2464	610
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		7001	11	EXCEEDS THE ONE PER DAY LIMITA				
				TION				
3404941	PITT CO MH/DD/S	24	4268	PROCEDURE CODE, PROCEDURE/MODI				
	AS CENTER			FIER COMBINATION OR PROCEDURE				
				CODE/TYPE OF SERVICE COMBINATI				
		8505	459	CLAIM DENIED DUE TO INSUFFICIE	0	5053	5736	683
				NT BUDGET				
		669	67	OTHER DIAGNOSIS CODE 3 IS INVA				
				LID				

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3404942	ROANOKE CHOWANH	24	1571	PROCEDURE CODE, PROCEDURE/MODI				
	UMAN SERVIC			FIER COMBINATION OR PROCEDURE				
				CODE/TYPE OF SERVICE COMBINATI				
		8654	19	ONLY 16 UNITS ALLOWED PER DAY	0	1600	1949	349
				WITHOUT PRIOR				
				APPROVAL. PLEASE CORRECT THE				
		21	10	DUPLICATE OF CLAIM-SYSTEM				
3404943	ALBEMARLE MENTA	24	295	PROCEDURE CODE, PROCEDURE/MODI				
	L HEALTH CE			FIER COMBINATION OR PROCEDURE				
				CODE/TYPE OF SERVICE COMBINATI				
		5404	66	SEVERE DUPLICATE: SAME ATTD PR	10	448	1149	701
				OV/PCODE/TOS/DOS/MOD				
		3411	22	PROVIDER TYPE AND SPECIALTY 07				
				4/113 CANNOT BILL ENHANCED				
				BENEFIT SERVICES ON OR AFTER D				
3404944	EASTPOINTE HUMA	24	1964	PROCEDURE CODE, PROCEDURE/MODI				
	N SERVICES			FIER COMBINATION OR PROCEDURE				
				CODE/TYPE OF SERVICE COMBINATI				
		8621	36	60 RESIDENTIAL LEVEL III TREAT	5	2036	3158	1122
				MENT RECEIVED, PA IS REQUIRED				
				FOR ADDITIONAL SERVICE.				
		8599	20	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
3404946	FOOTHILLS AREAM	24	2667	PROCEDURE CODE, PROCEDURE/MODI				
	ENTAL HEALT			FIER COMBINATION OR PROCEDURE				
				CODE/TYPE OF SERVICE COMBINATI				
		8505	1809	CLAIM DENIED DUE TO INSUFFICIE	8	5437	5620	183
				NT BUDGET				
		191	584	CLIENT ID NUMBER DOES NOT MATC				
				H PATIENT NAME				
3404957	TIDELAND MENTAL	8599	149	DETAIL NOT COVERED BY COMBINAT				
	HEALTH CTR			ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		24	47	PROCEDURE CODE, PROCEDURE/MODI	11	218	976	758
				FIER COMBINATION OR PROCEDURE				
				CODE/TYPE OF SERVICE COMBINATI				
		8933	11	ADTNC INELIGIBLE TO RECEIVE SE				
				RVICES IN IPRS.				
3404979	NEW RIVER AREAM	24	3425	PROCEDURE CODE, PROCEDURE/MODI				
	H/DD/SA PRO			FIER COMBINATION OR PROCEDURE				
				CODE/TYPE OF SERVICE COMBINATI				
		8800	4	FURTHER PROCESSING NECESSARY,	0	3429	3429	0
				PLEASE CHECK FOR CLAIM ON				
				FUTURE RA'S.				