

8015/8016 Revise reasons

Revise #	Description of Revise Reason	8015	8016
1	Patient not a member of this health plan	x	x
2	Multiple Revise reasons.	x	x
Issue with matching to Claim			
3	Confirmation # does not match to claim	x	x
4	Screen date does not match the claim	x	x
5	Birthdate does not match the claim	x	x
6	Medicaid/QUEST ID does not match the claim	x	x
7	Name does not match the claim	x	x
8	Billing Provider NPI does not match the claim	x	x
9	Rendering provider NPI does not match the claim	x	x
10	Rendering provider Name does not match the claim	x	x
I. Patient Information			
11	Birth date does not match the Medicaid ID	x	x
12	Birth date does not match the Last Name	x	x
13	Birth date does not match the First Name	x	x
14	Medicaid ID does not match the Last Name	x	x
15	Medicaid ID does not match the First Name	x	x
16	Last name does not match the First Name	x	x
II. Periodic Screen Age			
17	Initial visit confirmation # does not match to an existing 8015		x
18	Initial visit date does not match with an existing 8015		x
III. Measurements			
19	Verify Height	x	
20	Verify Weight	x	
21	Verify BMI %	x	
22	Verify Blood Pressure	x	
23	Verify Sex	x	
24	Unable to obtain measurement indicated and no follow up or reason indicated in comments.	x	
IV. Vaccinations Given Today			
25	Verify Vaccinations given today	x	x
26	Vaccination up to date not indicated and no catch-up plan or explanation in comments.	x	
V. Screening			
27	Vision Screening not done and no reason or follow up plan indicated in the comments.	x	
28	Hearing Screening not done and no reason or follow up plan or explanation in comments.	x	
29	Development Screen not done and no reason or follow up plan indicated in the comments.	x	

30	Autism Screening not done and no reason or follow up plan indicated in the comments.	x	
31	Hgb/Hct not done by 12m no reason or follow up plan indicated in the comments.	x	
32	Hgb/Hct not done for female between 12y-14y and no reason or follow up plan indicated in the comments.	x	
33	First Blood Lead Level not done by 12m and no reason or follow up plan indicated in the comments.	x	
34	Second Blood Lead Level not done by 24m (2 levels required by 2 years) and no reason or follow up plan indicated in the comments.	x	
35	Cholesterol not done by 11y and no reason or follow up plan indicated in the comments.	x	
36	Cholesterol not done by 20y and no reason or follow up plan indicated in the comments.	x	
VII. Request Health Coordination or Referral			
37	Does not indicate the specialty agency or individual to whom the referral was made in comments.	x	x