

Trend Reporting Requirements :

- Please use this form if you have identified a reoccurring claim trends **affecting 10 or more claims** with the same denial/payment codes.
- **Please provide one Claim Number as an example of this issue. Fields 1-5, in green, are required (other columns, in blue, are optional).**
- We will run an analysis and identify all affected claims within the date range you provide.
- Failure to provide, complete, and accurately enter the data/information could result in delayed response from our claims team.
- Examples of items to be reported via this escalation spreadsheet include sudden change in denials or payments not previously applied to identified codes, underpayments of codes, overpayments of codes, non-PAR denials for a contracted Provider/Practitioner.
- **Once this form has been completed, it should be returned to CoordinatedCareProvi@Centene.com**
- If you have any questions regarding the Trend Reporting form, please contact your Provider Network Specialist (PNS). If you do not know how to contact your PNS, contact Provider Services (1-877-644-4613).

Column	Field Name	Formatting Instructions	Example	Additional Details/Links, etc.
A	Claim Number	123MPE45678/123WAE45678	123MPE45678/123WAE45678	Claim numbers related to issue
B	Provider TIN	TAX ID #	12-3456789	Servicing Providers Tax ID #
C	Date Range	MM/DD/YYYY	01/01/2020-01/31/2020	Date range of identified trend denials
D	CPT/HCPCS/REV/DX Code	Denied Codes	99214/E0100/125/E10.9	CPT/HCPCS/REV/DX Code billed on claim that trend is specific to when applicable
E	Denial Code	Denied EX codes go here	EXy1,EXyn,EXEC,EXA1	Denial/Payment code listed on Portal or Explanation of Payment
F	Trend Description	Description of trended issue.	"All claims from the Ear, Nose and Throat Clinic, TIN XXX, have been denying EXA1 since 5/1"	Describe Issue
G	Provider Name Denial/Payment Code	First Name, Last Name Group Name	Dr. John Smith / ABCD Clinic	Provider Name
H	Provider MRN	Provider Medical Record Number	*****	Please complete the servicing Practitioner or Provider Name
I	Case ID	Call Reference # or Case ID	S-12345678 / C-12345678	These reference numbers will be given to you by Provider Services when applicable, but not required for identified trends
J	Rendering NPI	NPI #	1234567891	Servicing Providers NPI #
K	MRN	Medical Record Number	Medical Record Number	Medical Record (or HAR or CSN, if preferred) number to identify member

Claim Number	Provider TIN	Date Range	CPT/HCPC/REV/D X Code	Denial Code	Trend Description	Provider Name	Provider MRN #	Case ID	Rendering NPI	MRN#/HAR#