

BAYOU HEALTH Prepaid Denied Claim Report - Summary
Amerigroup Louisiana, Inc.: 2162519
For period 20130501 - 20130531

Denial Reason	Total
Denial Reason Code 1 - Lack of documentation to support Medical Necessity	303
Denial Reason Code 2 - Prior Authorization was not on file	11,856
Denial Reason Code 3 - Member has other insurance that must be billed first	7,847
Denial Reason Code 4 - Claim was submitted after the filing deadline	1,303
Denial Reason Code 5 - Service was not covered by the BAYOU HEALTH PLAN	13,944
Denial Reason Code 6 - All Other	82,305
Total	117,558

BAYOU HEALTH Prepaid Denied Claim Report
Amerigroup Louisiana, Inc.: 2162519
For period 20130601 - 20130630
20130715

Denial Reason	Total
Denial Reason Code 1 - Lack of documentation to support Medical Necessity	152
Denial Reason Code 2 - Prior Authorization was not on file	5097
Denial Reason Code 3 - Member has other insurance that must be billed first	6744
Denial Reason Code 4 - Claim was submitted after the filing deadline	1143
Denial Reason Code 5 - Service was not covered by the BAYOU HEALTH PLAN	707
Denial Reason Code 6 - All Other	61932
Denial Reason Code 6 - A more specific code is available	24
Denial Reason Code 6 - Add-on code. Primary denied or missing.	208
Denial Reason Code 6 - Admin cd billed w/o appropriate serum	163
Denial Reason Code 6 - Age Conflict Replaced Procedure	11
Denial Reason Code 6 - Age exceeds normal range for procedure	10
Denial Reason Code 6 - All Enroll events are Future	8
Denial Reason Code 6 - Assistant at Surgery Procedure	10
Denial Reason Code 6 - Assistant Surgeon Disallow	14
Denial Reason Code 6 - Billing Error	64
Denial Reason Code 6 - CCI Incidental Procedure	1289
Denial Reason Code 6 - CCI Incidental Procedure in History	220
Denial Reason Code 6 - Changes processed under corrected submis	10
Denial Reason Code 6 - Charge exceeds the allowable amount	9
Denial Reason Code 6 - Charges processed under original submiss	2536

Denial Reason	Total
Denial Reason Code 6 - Claim Coordinated with EOP	61
Denial Reason Code 6 - Claim level disallow	1
Denial Reason Code 6 - Claim must be billed with T1015	226
Denial Reason Code 6 - Claim priced per MCR review	5
Denial Reason Code 6 - CMS considers this a bundled service	1
Denial Reason Code 6 - Consent Form Incomplete,Refer to Website	25
Denial Reason Code 6 - Consent form incomplete.Refer to Website	499
Denial Reason Code 6 - Consent form required	266
Denial Reason Code 6 - Daily maximum exceeded	233
Denial Reason Code 6 - Daily or Lifetime Max Occurrence	651
Denial Reason Code 6 - Date req. Prior to Subscriber Eff Dt.	1109
Denial Reason Code 6 - Definite Duplicate Claim	11078
Denial Reason Code 6 - Deny - Included in Global OB service	30
Denial Reason Code 6 - Deny Incorrect Discharge Status	2
Denial Reason Code 6 - Deny preauth not obtained	642
Denial Reason Code 6 - Description of service needed	9
Denial Reason Code 6 - Description of service required	344
Denial Reason Code 6 - Diagnosis inconsistent with age	446
Denial Reason Code 6 - Diagnosis inconsistent with mbr gender	119
Denial Reason Code 6 - Disallow-not allowed under contract	4292
Denial Reason Code 6 - Disallowed amount	18
Denial Reason Code 6 - Duplicate Service	257
Denial Reason Code 6 - Duplicate Uni or Bilateral Procedure	4
Denial Reason Code 6 - EOB charges does not match claim	175

Denial Reason	Total
Denial Reason Code 6 - EOB illegible please resubmit	72
Denial Reason Code 6 - EOB member mismatch to claim	7
Denial Reason Code 6 - Exceeds frequency guidelines	36
Denial Reason Code 6 - Exceeds Per Case Rate	1
Denial Reason Code 6 - Experimental procedure	21
Denial Reason Code 6 - Experimental Procedure Disallow	47
Denial Reason Code 6 - Frequency code indicates non-payment clm	1
Denial Reason Code 6 - History Daily/Lifetime Max Occurrence	1195
Denial Reason Code 6 - History Medical Visit Conflict	32
Denial Reason Code 6 - History Mutually Exclusive Procedure	123
Denial Reason Code 6 - History PreOp Conflict Within 1 Day	5
Denial Reason Code 6 - History Procedure Rebundle	44
Denial Reason Code 6 - Hosp clm rev- incomplete documentation	20
Denial Reason Code 6 - Inappropriate / Missing modifier	3
Denial Reason Code 6 - Inappropriate for age	164
Denial Reason Code 6 - Inappropriate Modifier for Service	1450
Denial Reason Code 6 - Incidental due to a procedure in history	278
Denial Reason Code 6 - Incidental to a current procedure	6287
Denial Reason Code 6 - Incorrect billing form/provider	87
Denial Reason Code 6 - Incorrect code for specialty type	6
Denial Reason Code 6 - Incorrect Subscriber	13
Denial Reason Code 6 - Insufficient for medical criteria	3
Denial Reason Code 6 - Invalid Gender for Procedure	3
Denial Reason Code 6 - Invalid ICD9 Diagnosis Code	2

Denial Reason	Total
Denial Reason Code 6 - Invalid Patient Status/Discharge Code	42
Denial Reason Code 6 - Invalid Place of Service Billed	9
Denial Reason Code 6 - Lesser of logic applied	4
Denial Reason Code 6 - Magellan responsibility	576
Denial Reason Code 6 - Manual pricing applied	8
Denial Reason Code 6 - Medical documentation not submitted(RMA)	21
Denial Reason Code 6 - Medical visit occurred on same day	201
Denial Reason Code 6 - Member not eligible for product category	38
Denial Reason Code 6 - Missing/Incomplete/Invalid Present on AI	1
Denial Reason Code 6 - Modifier Pricing Applied	21
Denial Reason Code 6 - Modifiers do not match units billed.	1
Denial Reason Code 6 - Multiple proc reduction applies	18
Denial Reason Code 6 - Multiple Same Day Surgery Reductions	206
Denial Reason Code 6 - Mutually Exclusive to another procedure	651
Denial Reason Code 6 - NCCI Daily maximum exceeded	775
Denial Reason Code 6 - NDC number is invalid	1
Denial Reason Code 6 - NDC number required	3
Denial Reason Code 6 - NDC, UOM or Qty is missing or invalid	1847
Denial Reason Code 6 - New consult on existing patient	4
Denial Reason Code 6 - New visit frequency edit	217
Denial Reason Code 6 - Non-Compliant CPT/HCPCS code	16
Denial Reason Code 6 - Non-Compliant Modifier	10
Denial Reason Code 6 - Paid at applicable FQHC/RHC rate	1
Denial Reason Code 6 - Pended Status, Zero Units	18

Denial Reason	Total
Denial Reason Code 6 - Per pregnancy maximum exceeded	139
Denial Reason Code 6 - Please resubmit with applicable modifier	93
Denial Reason Code 6 - Post Op Procedure included in Surgery	6
Denial Reason Code 6 - Post-Op within 90 day of surgery in hist	53
Denial Reason Code 6 - PreOp Conflict within 1 day of surgery	3
Denial Reason Code 6 - Previous DRG grouper paid in full	1
Denial Reason Code 6 - Procedure billed in an invalid location	146
Denial Reason Code 6 - Procedure exceeds max daily allowance	44
Denial Reason Code 6 - Procedure non-reimbursable	375
Denial Reason Code 6 - Procedure not reimbursable for specialty	55
Denial Reason Code 6 - Procedure not supported by Diagnosis	478
Denial Reason Code 6 - Professional component mod not present	143
Denial Reason Code 6 - Repeat procedure requires medical review	8
Denial Reason Code 6 - Resubmit one place of service per claim	3
Denial Reason Code 6 - Resubmit with NDC# and description	5
Denial Reason Code 6 - Resubmit with rendering provider NPI	21
Denial Reason Code 6 - Resubmit with servicing provider	2
Denial Reason Code 6 - RV code requires a valid procedure code	61
Denial Reason Code 6 - RV Coded billed with wrong Type of Bill	1
Denial Reason Code 6 - Serum Available at No Cost through VFC	2376
Denial Reason Code 6 - Service included in higher level of care	163
Denial Reason Code 6 - Service inconsistent with mbr gender	7
Denial Reason Code 6 - Services Disallowed by UM	73
Denial Reason Code 6 - Services not separately payable	198

Denial Reason	Total
Denial Reason Code 6 - State responsibility	7
Denial Reason Code 6 - State Medicaid ID required for payment	8714
Denial Reason Code 6 - Submit claim to eyeQuest	135
Denial Reason Code 6 - Submit Claim to Vendor-UNIVITA	170
Denial Reason Code 6 - Submit mother's claims - nb chrgs incl	5
Denial Reason Code 6 - Submit to Logisticare	123
Denial Reason Code 6 - Surgical supplies not separately payable	131
Denial Reason Code 6 - Termination	6441
Denial Reason Code 6 - Units allowed for modifier 50 is 1	3
Denial Reason Code 6 - Unlisted/Nonspecific Procedure Code	91
Denial Reason Code 6 - Valid CLIA # must be submitted	1752
Denial Reason Code 6 - Void Other	1
Denial Reason Code 6 - Well Newborn Claims Not Reimbursable	247
Grand Total	75775

BAYOU HEALTH Prepaid Denied Claim Report: eyeQuest
Amerigroup Louisiana, Inc.: 2162519
For period 20130601 - 20130630
20130715

Denial Reason	Total
1 - Lack of documentation to support Medical Necessity	0
2 - Prior Authorization was not on file	2
3 - Member has other insurance that must be billed first	0
4 - Claim was submitted after the filing deadline	0
5 - Service was not covered by the BAYOU HEALTH PLAN	12
6 - All Other	188
6 - Duplicate Services	154
6 - LA AMGP Lens Option Fee	13
6 - Diagnosis code not found	0
6 - Dispensing fee not paid without materials	0
6 - Invalid date of service	0
6 - Past member term date	21
Grand Total	202

BAYOU HEALTH Prepaid Denied Claim Report: Block
Amerigroup Louisiana, Inc.: 2162519
For period 20130601 - 20130630
20130715

Denial Reason	Total
1 - Lack of documentation to support Medical Necessity	
2 - Prior Authorization was not on file	13
3 - Member has other insurance that must be billed first	
4 - Claim was submitted after the filing deadline	
5 - Service was not covered by the BAYOU HEALTH PLAN	
6 - All Other	168
6 - Denial Reason - Alternate Service Used	108
6 - Denial Reason - Duplicate	15
6 - Denial Reason - Missing Information	17
6 - Denial Reason - NPI no Match	4
6 - Denial Reason - Not covered	8
6 - Denial Reason Provider Not participating	16
Grand Total	181

**BAYOU HEALTH Prepaid Denied Claim Report: Univita
Amerigroup Louisiana, Inc.: 2162519
For period 20130601 - 20130630
20130715**

Denial Reason	Total
1 - Lack of documentation to support Medical Necessity	151
2 - Prior Authorization was not on file	364
3 - Member has other insurance that must be billed first	0
4 - Claim was submitted after the filing deadline	160
5 - Service was not covered by the BAYOU HEALTH PLAN	0
6 - All Other	136
6 - The diagnosis is inconsistent with the patient's age	9
6 - Duplicate Claim	37
6 - This Claim has been processed according to the authorization/contracted rates on file	64
6 - Invalid CPT Code	4
6 - The diagnosis is inconsistent with the patient's gender	2
6 - This (these) diagnosis(es) is (are) not covered, missing, or are invalid.	20
Grand Total	811

Denied Claims Report Summary: Logisticare
Amerigroup Louisiana, Inc.: 2162519
For period 20130601 - 20130630
20130701

Denial Reason	Total
1 - Lack of documentation to support Medical Necessity	
2 - Prior Authorization was not on file	
3 - Member has other insurance that must be billed first	
4 - Claim was submitted after the filing deadline	
5 - Service was not covered by the BAYOU HEALTH PLAN	
6 - Insufficient information provided to approve charge	20
Grand Total	20

BAYOU HEALTH Prepaid Denied Claim Report
Amergroup Louisiana, Inc. 2162519
For period 20130601 - 20130630
Date of Report: 20130715

Denial Code	Denial Reason	Total
1	Lack of documentation to support Medical Necessity	
2	Prior Authorization was not on file	6,380
3	Member has other insurance that must be billed first	1,103
4	Claim was submitted after the filing deadline	
5	Service was not covered by the BAYOU HEALTH PLAN	13,225
6	All Other	19,861
	6 - Claim Is Post-Dated	21
	6 - Compound Segment Required For Adjudication	11
	6 - Days Supply Exceeds Plan Limitation	4
	6 - Discontinued Product/Service ID Number	183
	6 - Discrepancy Between Other Coverage Code And Other Coverage Information On File	262
	6 - Discrepancy Between Other Coverage Code and Other Payer Amount Paid	96
	6 - Duplicate Paid/Captured Claim	244
	6 - DUR Reject Error	6,038
	6 - Filled After Coverage Terminated	5,941
	6 - Filled Before Coverage Effective	75
	6 - M/I Bin Number	338
	6 - M/I Compound Product ID Qualifier	4

Denial Code	Denial Reason	Total
	6 - M/I Date Of Birth	305
	6 - M/I Days Supply	6
	6 - M/I Dispense As Written (DAW)/Product Selection Code	78
	6 - M/I Incentive Amount Submitted	5
	6 - M/I Ingredient Cost Submitted	2
	6 - M/I Other Coverage Code	254
	6 - M/I Other Payer Amount Paid	62
	6 - M/I Prescriber ID	278
	6 - M/I Prescriber State/Province Address	2
	6 - M/I Prescription Origin Code	337
	6 - M/I Processor Control Number	47
	6 - M/I Product/Service ID	109
	6 - M/I Quantity Dispensed	29
	6 - M/I Usual And Customary Charge	16
	6 - Non-Matched Prescriber ID	142
	6 - Pharmacy Not Contracted With Plan On Date Of Service	120
	6 - Refill Too Soon	4,852
TOTAL		40,569