Denial Reason	Total
Denial Reason Code 1 - Lack of documentation to support Medical Necessity	123
Denial Reason Code 2 - Prior Authorization was not on file	11205
Denial Reason Code 3 - Member has other insurance that must be billed first	2745
Denial Reason Code 4 - Claim was submitted after the filing deadline	0
Denial Reason Code 5 - Service was not covered by the BAYOU HEALTH PLAN	747
Denial Reason Code 6 - All Other	54859
Denial Reason Code 6 - A more specific code is available	2
Denial Reason Code 6 - Add-on code. Primary denied or missing.	119
Denial Reason Code 6 - Admin cd billed w/o appropriate serum	152
Denial Reason Code 6 - Age Conflict Replaced Procedure	14
Denial Reason Code 6 - Age exceeds normal range for procedure	16
Denial Reason Code 6 - Agreement Discount	21
Denial Reason Code 6 - All Enroll events are Future	3
Denial Reason Code 6 - Anesthesia Schedule	5
Denial Reason Code 6 - Assistant at Surgery Procedure	30
Denial Reason Code 6 - Assistant Surgeon Disallow	53
Denial Reason Code 6 - Billing Error	143
Denial Reason Code 6 - CCI Incidental Procedure	808
Denial Reason Code 6 - CCI Incidental Procedure in History	140
Denial Reason Code 6 - CCI Mutually Exclusive Procedure	74
Denial Reason Code 6 - CCI Mutually Exclusive Procedure in Hist	8

Denial Reason Code 6 - Changes processed under corrected submis	50
Denial Reason Code 6 - Charges processed under original submiss	938
Denial Reason Code 6 - Claim billed under mother's ID	14
Denial Reason Code 6 - Claim must be billed with T1015	592
Denial Reason Code 6 - Claim processed under NB ID	1
Denial Reason Code 6 - Consent form incomplete.Refer to Website	3
Denial Reason Code 6 - Consent form required	138
Denial Reason Code 6 - Current Procedure Rebundle	2
Denial Reason Code 6 - Daily maximum exceeded	138
Denial Reason Code 6 - Daily or Lifetime Max Occurrence	700
Denial Reason Code 6 - Date req. prior to subgroup orig eff dt.	60
Denial Reason Code 6 - Date req. Prior to Subscriber Eff Dt.	1665
Denial Reason Code 6 - Definite Duplicate Claim	7927
Denial Reason Code 6 - Denied based on void/cancelled claim	3
Denial Reason Code 6 - Denied part of all inclusive lab panel	67
Denial Reason Code 6 - Deny Incorrect Discharge Status	1
Denial Reason Code 6 - Deny per Medical Director	3
Denial Reason Code 6 - Description of service needed	130
Denial Reason Code 6 - Description of service required	217
Denial Reason Code 6 - Diagnosis inconsistent with age	299
Denial Reason Code 6 - Diagnosis inconsistent with mbr gender	74
Denial Reason Code 6 - Disallow - Not age appropriate	3
Denial Reason Code 6 - Disallow-not allowed under contract	3392
Denial Reason Code 6 - Disallowed amount	28
Denial Reason Code 6 - Duplicate line for bilateral procedure.	2

Denial Reason Code 6 - Duplicate Service	218
Denial Reason Code 6 - Duplicate Uni or Bilateral Procedure	3
Denial Reason Code 6 - EOB charges does not match claim	20
Denial Reason Code 6 - EOB illegible please resubmit	11
Denial Reason Code 6 - EOB member mismatch to claim	7
Denial Reason Code 6 - Exceeds frequency guidelines	4
Denial Reason Code 6 - Exceeds Per Case Rate	13
Denial Reason Code 6 - Experimental procedure	42
Denial Reason Code 6 - Experimental Procedure Disallow	29
Denial Reason Code 6 - Frequency code indicates non-payment clm	5
Denial Reason Code 6 - History Daily/Lifetime Max Occurrence	345
Denial Reason Code 6 - History Medical Visit Conflict	13
Denial Reason Code 6 - History Mutually Exclusive Procedure	64
Denial Reason Code 6 - History PreOp Conflict Within 1 Day	5
Denial Reason Code 6 - History Procedure Rebundle	22
Denial Reason Code 6 - Inappropriate billing for this contract	1
Denial Reason Code 6 - Inappropriate for age	24
Denial Reason Code 6 - Inappropriate Modifier for Service	2587
Denial Reason Code 6 - Incidental due to a procedure in history	197
Denial Reason Code 6 - Incidental to a current procedure	6660
Denial Reason Code 6 - Included in per diem/case rate	10
Denial Reason Code 6 - Incorrect billing form/provider	52
Denial Reason Code 6 - Incorrect code for specialty type	1
Denial Reason Code 6 - Invalid Gender for Procedure	5
Denial Reason Code 6 - Invalid ICD9 Diagnosis Code	3

Denial Reason Code 6 - Invalid Place of Service Billed	4
Denial Reason Code 6 - Invalid Revenue Code	3
Denial Reason Code 6 - Level of Care Denial	1
Denial Reason Code 6 - Magellan responsibility	124
Denial Reason Code 6 - Manual pricing applied	1
Denial Reason Code 6 - Medical visit occurred on same day	104
Denial Reason Code 6 - Member not eligible for product category	81
Denial Reason Code 6 - Modifiers do not match units billed.	2
Denial Reason Code 6 - Multiple proc reduction applies	25
Denial Reason Code 6 - Multiple Same Day Surgery Reductions	114
Denial Reason Code 6 - Mutually Exclusive to another procedure	557
Denial Reason Code 6 - NCCI Daily maximum exceeded	608
Denial Reason Code 6 - NDC number is invalid	8
Denial Reason Code 6 - NDC number required	3
Denial Reason Code 6 - NDC, UOM or Qty is missing or invalid	1831
Denial Reason Code 6 - NDC, UOM or Qty is missing or invalid.	5
Denial Reason Code 6 - NetworX Std Fee Sched	1244
Denial Reason Code 6 - New consult on existing patient	5
Denial Reason Code 6 - New visit frequency edit	85
Denial Reason Code 6 - NICU reduction applied	1
Denial Reason Code 6 - Non-Compliant CPT/HCPCS code	6
Denial Reason Code 6 - Non-Compliant Modifier	1
Denial Reason Code 6 - Payment included in Administration Code	232
Denial Reason Code 6 - Pended Status, Zero Units	20
Denial Reason Code 6 - Per pregnancy maximum exceeded	59

Denial Reason Code 6 - Plan not effective on date requested	3
Denial Reason Code 6 - Post Op Procedure included in Surgery	1
Denial Reason Code 6 - Post-Op within 90 day of surgery in hist	31
Denial Reason Code 6 - PreOp Conflict within 1 day of surgery	1
Denial Reason Code 6 - Procedure billed in an invalid location	162
Denial Reason Code 6 - Procedure non-reimbursable	634
Denial Reason Code 6 - Procedure not supported by Diagnosis	271
Denial Reason Code 6 - Professional component mod not present	40
Denial Reason Code 6 - Reduced allowable	1
Denial Reason Code 6 - Repeat procedure requires medical review	3
Denial Reason Code 6 - Resubmit with individual dates of servic	1
Denial Reason Code 6 - Resubmit with itemized bill	1
Denial Reason Code 6 - Resubmit with NDC# and description	11
Denial Reason Code 6 - Resubmit with rendering provider NPI	817
Denial Reason Code 6 - Resubmit with servicing provider	9
Denial Reason Code 6 - RV code requires a valid procedure code	17
Denial Reason Code 6 - Serum Available at No Cost through VFC	245
Denial Reason Code 6 - Service included in higher level of care	80
Denial Reason Code 6 - Service inconsistent with mbr gender	2
Denial Reason Code 6 - Service line denied since primary denied	6
Denial Reason Code 6 - Service not billed with appropriate mod	17
Denial Reason Code 6 - Service not reimbursable	10
Denial Reason Code 6 - Services Disallowed by UM	94
Denial Reason Code 6 - State responsibility	1811
Denial Reason Code 6 - State Medicaid ID required for payment	8246

Denial Reason Code 6 - Submit claim to eyeQuest	91
Denial Reason Code 6 - Submit Claim to Vendor-UNIVITA	231
Denial Reason Code 6 - Submit to Logisticare	4
Denial Reason Code 6 - Submit to State Medicaid	1
Denial Reason Code 6 - Surgical supplies not separately payable	79
Denial Reason Code 6 - Termination	3513
Denial Reason Code 6 - Time units in total minutes needed	2
Denial Reason Code 6 - Units allowed for modifier 50 is 1	4
Denial Reason Code 6 - Unlisted/Nonspecific Procedure Code	80
Denial Reason Code 6 - Valid CLIA # must be submitted	4814
Denial Reason Code 6 - Void Billing Error	23
Denial Reason Code 6 - Void Newborn Claim Processed Under Mom	2
Denial Reason Code 6 - Void Other	1
Grand Total	**69679**

BAYOU HEALTH Prepaid Denied Claim Report - eyeQuest
Amerigroup Louisiana, Inc.: 2162519
For period 07/1/2012 to 07/31/2012
11/30/2012

Denial Reason	Total
1 - Lack of documentation to support Medical Necessity	
2 - Prior Authorization was not on file	52
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-Duplicate	5
6-Service Denied for benefit limitations	1
6-Reevaluate Claim	1
6-Diagnosis Code Not Found	57

BAYOU HEALTH Prepaid Denied Claim Report - Univita
Amerigroup Louisiana, Inc.: 2162519
For period 07/1/2012 to 07/31/2012
11/30/2012

Denial Reason	Total
1 - Lack of documentation to support Medical Necessity	121
2 - Prior Authorization was not on file	431
3 - Member has other insurance that must be billed first	0
4 - Claim was submitted after the filing deadline	44
5 - Service was not covered by the BAYOU HEALTH PLAN	0
6 - The diagnosis is inconsistent with the patient's age	1
6 - Duplicate Claim	51
6 - This Claim has been processed according to the authorization/contracted rates on file	50
Grand Total	698

BAYOU HEALTH Prepaid Denied Claim Report - Logisticare
Amerigroup Louisiana, Inc.: 2162519
For period 07/1/2012 to 07/31/2012
11/30/2012

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 - No Signature Provided	18
6 - Member No Show	5
6 - Insufficient information provided to approve charge	2
Grand Total	25