Denial Reason	Total
Denial Reason Code 1 - Lack of documentation to support Medical Necessity	65
Denial Reason Code 2 - Prior Authorization was not on file	15092
Denial Reason Code 3 - Member has other insurance that must be billed first	5083
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	789
Denial Reason Code 6 - All Other	77735
Denial Reason Code 6 - Add-on code. Primary denied or missing.	168
Denial Reason Code 6 - Admin cd billed w/o appropriate serum	322
Denial Reason Code 6 - Age Conflict Replaced Procedure	26
Denial Reason Code 6 - Age exceeds normal range for procedure	6
Denial Reason Code 6 - Agreement Discount	6
Denial Reason Code 6 - All Enroll events are Future	2
Denial Reason Code 6 - Anesthesia Schedule	7
Denial Reason Code 6 - Assistant at Surgery Procedure	5
Denial Reason Code 6 - Assistant Surgeon Disallow	24
Denial Reason Code 6 - Billing Error	284
Denial Reason Code 6 - CCI Incidental Procedure	1246
Denial Reason Code 6 - CCI Incidental Procedure in History	187
Denial Reason Code 6 - CCI Mutually Exclusive Procedure	69
Denial Reason Code 6 - CCI Mutually Exclusive Procedure in Hist	6
Denial Reason Code 6 - Changes processed under corrected submis	1
Denial Reason Code 6 - Charge exceeds the allowable amount	1

Denial Reason Code 6 - Charges processed under original submiss	2048
Denial Reason Code 6 - Claim billed under mother's ID	2
Denial Reason Code 6 - Claim must be billed with T1015	724
Denial Reason Code 6 - Claim processed under NB ID	3
Denial Reason Code 6 - Consent form required	168
Denial Reason Code 6 - Current Procedure Rebundle	1
Denial Reason Code 6 - Daily maximum exceeded	255
Denial Reason Code 6 - Daily or Lifetime Max Occurrence	866
Denial Reason Code 6 - Date req. prior to subgroup orig eff dt.	46
Denial Reason Code 6 - Date req. Prior to Subscriber Eff Dt.	3535
Denial Reason Code 6 - Definite Duplicate Claim	10428
Denial Reason Code 6 - Denied based on void/cancelled claim	8
Denial Reason Code 6 - Denied part of all inclusive lab panel	62
Denial Reason Code 6 - Deny Incorrect Discharge Status	1
Denial Reason Code 6 - Deny per Medical Director	1
Denial Reason Code 6 - Deny-Admin code billed w/o a serum code	6
Denial Reason Code 6 - Description of service needed	113
Denial Reason Code 6 - Description of service required	195
Denial Reason Code 6 - Diagnosis inconsistent with age	524
Denial Reason Code 6 - Diagnosis inconsistent with mbr gender	76
Denial Reason Code 6 - Disallow - Not age appropriate	4
Denial Reason Code 6 - Disallow-not allowed under contract	4039
Denial Reason Code 6 - Disallowed amount	10
Denial Reason Code 6 - Dup History Uni or Bilateral Procedure	1
Denial Reason Code 6 - Duplicate line for bilateral procedure.	3
Denial Reason Code 6 - Duplicate Service	454
Denial Reason Code 6 - Duplicate Uni or Bilateral Procedure	5
Denial Reason Code 6 - EOB charges does not match claim	85

Denial Reason Code 6 - EOB illegible please resubmit	18
Denial Reason Code 6 - EOB member mismatch to claim	2
Denial Reason Code 6 - Exceeds frequency guidelines	11
Denial Reason Code 6 - Exceeds Per Case Rate	9
Denial Reason Code 6 - Experimental procedure	36
Denial Reason Code 6 - Experimental Procedure Disallow	20
Denial Reason Code 6 - History Daily/Lifetime Max Occurrence	739
Denial Reason Code 6 - History Medical Visit Conflict	23
Denial Reason Code 6 - History Mutually Exclusive Procedure	119
Denial Reason Code 6 - History PreOp Conflict Within 1 Day	6
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	43
Denial Reason Code 6 - Inappropriate Modifier for Service	3649
Denial Reason Code 6 - Inappropriate procedure-modifier comb	10
Denial Reason Code 6 - Incidental due to a procedure in history	301
Denial Reason Code 6 - Incidental to a current procedure	8206
Denial Reason Code 6 - Included in per diem/case rate	17
Denial Reason Code 6 - Incorrect billing form/provider	55
Denial Reason Code 6 - Incorrect code for specialty type	9
Denial Reason Code 6 - Invalid Gender for Procedure	4
Denial Reason Code 6 - Invalid ICD9 Diagnosis Code	5
Denial Reason Code 6 - Invalid Place of Service Billed	9
Denial Reason Code 6 - Invalid Revenue Code	4
Denial Reason Code 6 - Invoice required	4
Denial Reason Code 6 - Magellan responsibility	617
Denial Reason Code 6 - Manual pricing applied	1
Denial Reason Code 6 - Medicaid State Sanction Provider, No Pay	5

Denial Reason Code 6 - Medical visit occurred on same day	217
Denial Reason Code 6 - Member not eligible for product category	85
Denial Reason Code 6 - Missing/Incomplete/Invalid Present on AI	1
Denial Reason Code 6 - Modifiers do not match units billed.	2
Denial Reason Code 6 - Multiple proc reduction applies	29
Denial Reason Code 6 - Multiple Same Day Surgery Reductions	105
Denial Reason Code 6 - Mutually Exclusive to another procedure	678
Denial Reason Code 6 - NCCI Daily maximum exceeded	745
Denial Reason Code 6 - NDC number is invalid	7
Denial Reason Code 6 - NDC number required	31
Denial Reason Code 6 - NDC, UOM or Qty is missing or invalid	2127
Denial Reason Code 6 - NetworX Std Fee Sched	1999
Denial Reason Code 6 - New consult on existing patient	2
Denial Reason Code 6 - New visit frequency edit	188
Denial Reason Code 6 - NICU reduction applied	1
Denial Reason Code 6 - No Original claim on file.	1
Denial Reason Code 6 - Non-Compliant CPT/HCPCS code	2
Denial Reason Code 6 - Non-Compliant Modifier	7
Denial Reason Code 6 - Patient Liability exceeds reimbursement	2
Denial Reason Code 6 - Pended Status, Zero Units	9
Denial Reason Code 6 - Per pregnancy maximum exceeded	108
Denial Reason Code 6 - Plan not effective on date requested	1
Denial Reason Code 6 - Please resubmit with applicable modifier	32
Denial Reason Code 6 - Post Op Procedure included in Surgery	2
Denial Reason Code 6 - Post-Op within 90 day of surgery in hist	45
Denial Reason Code 6 - PreOp Conflict within 1 day of surgery	3
Denial Reason Code 6 - Procedure billed in an invalid location	143
Denial Reason Code 6 - Procedure non-reimbursable	700

Denial Reason Code 6 - Procedure not supported by Diagnosis	318
Denial Reason Code 6 - Professional component mod not present	47
Denial Reason Code 6 - Repeat procedure requires medical review	2
Denial Reason Code 6 - Resubmit on UB04 claim form for service	3
Denial Reason Code 6 - Resubmit one place of service per claim	6
Denial Reason Code 6 - Resubmit with individual dates of servic	3
Denial Reason Code 6 - Resubmit with itemized bill	7
Denial Reason Code 6 - Resubmit with NDC# and description	1
Denial Reason Code 6 - Resubmit with rendering provider NPI	40
Denial Reason Code 6 - Resubmit with servicing provider	66
Denial Reason Code 6 - RV code requires a valid procedure code	22
Denial Reason Code 6 - Serum Available at No Cost through VFC	512
Denial Reason Code 6 - Service included in higher level of care	127
Denial Reason Code 6 - Service inconsistent with mbr gender	2
Denial Reason Code 6 - Service line denied since primary denied	1
Denial Reason Code 6 - Service not billed with appropriate mod	23
Denial Reason Code 6 - Service not reimbursable	6
Denial Reason Code 6 - Services Disallowed by UM	183
Denial Reason Code 6 - State responsibility	773
Denial Reason Code 6 - State Medicaid ID required for payment	8626
Denial Reason Code 6 - Submit claim to eyeQuest	162
Denial Reason Code 6 - Submit Claim to Vendor-UNIVITA	313
Denial Reason Code 6 - Submit to Logisticare	8
Denial Reason Code 6 - Surgical supplies not separately payable	122
Denial Reason Code 6 - Termination	4567
Denial Reason Code 6 - Time units in total minutes needed	1
Denial Reason Code 6 - Units allowed for modifier 50 is 1	7
Denial Reason Code 6 - Unlisted/Nonspecific Procedure Code	39

Denial Reason Code 6 - Valid CLIA # must be submitted	14481
Denial Reason Code 6 - Void Billing Error	18
Denial Reason Code 6 - Void Incorrect Subscriber	2
Denial Reason Code 6 - Void Newborn Claim Processed Under Mom	5
Denial Reason Code 6 - Void Other	2
Grand Total	**98764**

BAYOU HEALTH Prepaid Denied Claim Report - eyeQuest
Amerigroup Louisiana, Inc.: 2162519
For period 08/1/2012 to 08/31/2012
11/30/2012

Denial Reason	Total
1 - Lack of documentation to support Medical Necessity	
2 - Prior Authorization was not on file	17
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	156
6 - Service Denied for benefit limitations	3
6 - Reevaluate Claim	26
6 - Diagnosis Code Not Found	
6 - Dispensing fee will not be paid unless billed with frames or lenses.	1

BAYOU HEALTH Prepaid Denied Claim Report - Univita
Amerigroup Louisiana, Inc.: 2162519
For period 08/1/2012 to 08/31/2012
11/30/2012

Denial Reason	Total
1 - Lack of documentation to support Medical Necessity	64
2 - Prior Authorization was not on file	304
3 - Member has other insurance that must be billed first	0
4 - Claim was submitted after the filing deadline	57
5 - Service was not covered by the BAYOU HEALTH PLAN	0
6 - The diagnosis is inconsistent with the patient's age	3
6 - Duplicate Claim	39
6 - This Claim has been processed according to the authorization/contracted rates on file	53
Grand Total	520

BAYOU HEALTH Prepaid Denied Claim Report - Logisticare
Amerigroup Louisiana, Inc.: 2162519
For period 08/1/2012 to 08/31/2012
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	2
Grand Total	2