

BAYOU HEALTH Prepaid Denied Claim Report
Amerigroup Louisiana, Inc.: 2162519
For period 09/01/2012 - 09/30/2012
01/18/2013

Denial Reason	Total
Denial Reason Code 1 - Lack of documentation to support Medical Necessity	15
Denial Reason Code 2 - Prior Authorization was not on file	14536
Denial Reason Code 3 - Member has other insurance that must be billed first	4428
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	591
Denial Reason Code 6 - All Other	64378
Denial Reason Code 6 - A more specific code is available	1
Denial Reason Code 6 - Add-on code. Primary denied or missing.	143
Denial Reason Code 6 - Admin cd billed w/o appropriate serum	172
Denial Reason Code 6 - Age Conflict Replaced Procedure	6
Denial Reason Code 6 - Age exceeds normal range for procedure	15
Denial Reason Code 6 - Agreement Discount	9
Denial Reason Code 6 - Anesthesia Schedule	2
Denial Reason Code 6 - Assistant at Surgery Procedure	8
Denial Reason Code 6 - Assistant Surgeon Disallow	17
Denial Reason Code 6 - Billing Error	666
Denial Reason Code 6 - CCI Incidental Procedure	863
Denial Reason Code 6 - CCI Incidental Procedure in History	136
Denial Reason Code 6 - CCI Mutually Exclusive Procedure	47

Denial Reason Code 6 - CCI Mutually Exclusive Procedure in Hist	10
Denial Reason Code 6 - Changes processed under corrected submis	2
Denial Reason Code 6 - Charge exceeds the allowable amount	2
Denial Reason Code 6 - Charges processed under original submiss	2077
Denial Reason Code 6 - Claim level disallow	9
Denial Reason Code 6 - Claim must be billed with T1015	564
Denial Reason Code 6 - Claim priced per MCR review	2
Denial Reason Code 6 - Claim processed under NB ID	7
Denial Reason Code 6 - Clinic included in physician charges	1
Denial Reason Code 6 - Consent Form Incomplete,Refer to Website	1
Denial Reason Code 6 - Consent form required	108
Denial Reason Code 6 - Daily maximum exceeded	181
Denial Reason Code 6 - Daily or Lifetime Max Occurrence	711
Denial Reason Code 6 - Date req. prior to subgroup orig eff dt.	30
Denial Reason Code 6 - Date req. Prior to Subscriber Eff Dt.	2777
Denial Reason Code 6 - Definite Duplicate Claim	7062
Denial Reason Code 6 - Description of service needed	95
Denial Reason Code 6 - Description of service required	160
Denial Reason Code 6 - Diagnosis inconsistent with age	308
Denial Reason Code 6 - Diagnosis inconsistent with mbr gender	39
Denial Reason Code 6 - Disallow - Not age appropriate	1
Denial Reason Code 6 - Disallow-not allowed under contract	2752
Denial Reason Code 6 - Disallowed amount	13
Denial Reason Code 6 - Duplicate line for bilateral procedure.	3

Denial Reason Code 6 - Duplicate Service	236
Denial Reason Code 6 - Duplicate Uni or Bilateral Procedure	2
Denial Reason Code 6 - EOB charges does not match claim	69
Denial Reason Code 6 - EOB illegible please resubmit	10
Denial Reason Code 6 - Exceeds frequency guidelines	6
Denial Reason Code 6 - Exceeds Per Case Rate	9
Denial Reason Code 6 - Experimental procedure	25
Denial Reason Code 6 - Experimental Procedure Disallow	29
Denial Reason Code 6 - History Daily/Lifetime Max Occurrence	700
Denial Reason Code 6 - History Medical Visit Conflict	26
Denial Reason Code 6 - History Mutually Exclusive Procedure	170
Denial Reason Code 6 - History PreOp Conflict Within 1 Day	3
Denial Reason Code 6 - History Procedure Rebundle	40
Denial Reason Code 6 - Inappropriate for age	105
Denial Reason Code 6 - Inappropriate Modifier for Service	2536
Denial Reason Code 6 - Incidental due to a procedure in history	237
Denial Reason Code 6 - Incidental to a current procedure	6987
Denial Reason Code 6 - Incorrect billing form/provider	165
Denial Reason Code 6 - Incorrect code for specialty type	3
Denial Reason Code 6 - Incorrect Subscriber	2
Denial Reason Code 6 - Insufficient for medical criteria	38
Denial Reason Code 6 - Invalid Gender for Procedure	3
Denial Reason Code 6 - Invalid ICD9 Diagnosis Code	11
Denial Reason Code 6 - Invalid Place of Service Billed	4

Denial Reason Code 6 - Lesser of logic applied	1
Denial Reason Code 6 - Magellan responsibility	602
Denial Reason Code 6 - Medicaid State Sanction Provider, No Pay	3
Denial Reason Code 6 - Medical visit occurred on same day	158
Denial Reason Code 6 - Member not eligible for product category	73
Denial Reason Code 6 - Modifier Pricing Applied	3
Denial Reason Code 6 - Modifiers do not match units billed.	4
Denial Reason Code 6 - Multiple proc reduction applies	31
Denial Reason Code 6 - Multiple Same Day Surgery Reductions	152
Denial Reason Code 6 - Mutually Exclusive to another procedure	530
Denial Reason Code 6 - NCCI Daily maximum exceeded	549
Denial Reason Code 6 - NDC number required	55
Denial Reason Code 6 - NDC, UOM or Qty is missing or invalid	1752
Denial Reason Code 6 - NetworX Std Fee Sched	1077
Denial Reason Code 6 - New consult on existing patient	1
Denial Reason Code 6 - New visit frequency edit	143
Denial Reason Code 6 - No Original claim on file.	1
Denial Reason Code 6 - Non-Compliant CPT/HCPCS code	8
Denial Reason Code 6 - Non-Compliant Modifier	3
Denial Reason Code 6 - Paid at contracted rate	1
Denial Reason Code 6 - Pended Status, Zero Units	5
Denial Reason Code 6 - Per pregnancy maximum exceeded	101
Denial Reason Code 6 - Plan not effective on date requested	3
Denial Reason Code 6 - Please resubmit with applicable modifier	12

Denial Reason Code 6 - Post Op Procedure included in Surgery	3
Denial Reason Code 6 - Post-Op within 90 day of surgery in hist	56
Denial Reason Code 6 - PreOp Conflict within 1 day of surgery	2
Denial Reason Code 6 - Procedure billed in an invalid location	199
Denial Reason Code 6 - Procedure exceeds max daily allowance	16
Denial Reason Code 6 - Procedure non-reimbursable	583
Denial Reason Code 6 - Procedure not supported by Diagnosis	306
Denial Reason Code 6 - Professional component mod not present	73
Denial Reason Code 6 - Repeat procedure requires medical review	3
Denial Reason Code 6 - Resubmit ER claim w/appropriate ER level	1
Denial Reason Code 6 - Resubmit on UB04 claim form for service	1
Denial Reason Code 6 - Resubmit one place of service per claim	2
Denial Reason Code 6 - Resubmit with itemized bill	40
Denial Reason Code 6 - Resubmit with NDC# and description	11
Denial Reason Code 6 - Resubmit with rendering provider NPI	175
Denial Reason Code 6 - Resubmit with servicing provider	126
Denial Reason Code 6 - RV code requires a valid procedure code	33
Denial Reason Code 6 - Serum Available at No Cost through VFC	251
Denial Reason Code 6 - Service included in higher level of care	148
Denial Reason Code 6 - Service inconsistent with mbr gender	4
Denial Reason Code 6 - Service line denied since primary denied	7
Denial Reason Code 6 - Service not billed with appropriate mod	5
Denial Reason Code 6 - Service Not Medically Necessary	1
Denial Reason Code 6 - Service not reimbursable	6

Denial Reason Code 6 - Services Disallowed by UM	575
Denial Reason Code 6 - State Medicaid ID required for payment	6680
Denial Reason Code 6 - Submit claim to eyeQuest	82
Denial Reason Code 6 - Submit Claim to Vendor-UNIVITA	204
Denial Reason Code 6 - Submit mother's claims - nb chrgs incl	3
Denial Reason Code 6 - Submit to Logisticare	8
Denial Reason Code 6 - Surgical supplies not separately payable	105
Denial Reason Code 6 - Termination	4623
Denial Reason Code 6 - Total minutes of anesthesia time needed.	1
Denial Reason Code 6 - Units allowed for modifier 50 is 1	5
Denial Reason Code 6 - Unlisted/Nonspecific Procedure Code	91
Denial Reason Code 6 - Valid CLIA # must be submitted	14264
Denial Reason Code 6 - Void Billing Error	1
Grand Total	83948

BAYOU HEALTH Prepaid Denied Claim Report - eyeQuest
Amerigroup Louisiana, Inc.: 2162519
For period 09/1/2012 to 09/30/2012
11/30/2012

Denial Reason	Total
1 - Lack of documentation to support Medical Necessity	
2 - Prior Authorization was not on file	1
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	44
6 - Service Denied for benefit limitations	2
6 - Reevaluate Claim	
6 - Diagnosis Code Not Found	
6 - Invalid DOS	1
6 - Svc Date Before Member Eff Date	1

BAYOU HEALTH Prepaid Denied Claim Report - Univita
Amerigroup Louisiana, Inc.: 2162519
For period 09/1/2012 to 09/30/2012
11/30/2012

Denial Reason	Total
1 - Lack of documentation to support Medical Necessity	9
2 - Prior Authorization was not on file	310
3 - Member has other insurance that must be billed first	0
4 - Claim was submitted after the filing deadline	47
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	47
6 - The diagnosis is inconsistent with the patient's gender	1
6 - This Claim has been processed according to the authorization/contracted rates on file	33
Grand Total	448

BAYOU HEALTH Prepaid Denied Claim Report - Logisticare
Amerigroup Louisiana, Inc.: 2162519
For period 09/1/2012 to 09/30/2012
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	1
Grand Total	1