BAYOU HEALTH Prepaid Denied Claim Report Summary
Amerigroup Louisiana, Inc.: 2162519
For period 20130101 - 20130131
02/15/2013

Denial Reason	Total
Denial Reason Code 1 - Lack of documentation to support Medical Necessity	33
Denial Reason Code 2 - Prior Authorization was not on file	11207
Denial Reason Code 3 - Member has other insurance that must be billed first	4385
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	696
Denial Reason Code 6 - All Other	57662
Denial Reason Code 6 - A more specific code is available	13
Denial Reason Code 6 - Add-on code. Primary denied or missing.	157
Denial Reason Code 6 - Admin cd billed w/o appropriate serum	458
Denial Reason Code 6 - Age Conflict Replaced Procedure	26
Denial Reason Code 6 - Age exceeds normal range for procedure	11
Denial Reason Code 6 - All Enroll events are Future	3
Denial Reason Code 6 - Assistant at Surgery Procedure	6
Denial Reason Code 6 - Assistant Surgeon Disallow	5
Denial Reason Code 6 - Billing Error	279
Denial Reason Code 6 - CCI Incidental Procedure	1167
Denial Reason Code 6 - CCI Incidental Procedure in History	178
Denial Reason Code 6 - Changes processed under corrected submis	24
Denial Reason Code 6 - Charge exceeds the allowable amount	7
Denial Reason Code 6 - Charges processed under original submiss	1933
Denial Reason Code 6 - Claim must be billed with T1015	832
Denial Reason Code 6 - Claim processed under NB ID	1

Denial Reason Code 6 - Consent Form Incomplete,Refer to Website	108
Denial Reason Code 6 - Consent form incomplete.Refer to Website	494
Denial Reason Code 6 - Consent form required	316
Denial Reason Code 6 - Daily maximum exceeded	223
Denial Reason Code 6 - Daily or Lifetime Max Occurrence	738
Denial Reason Code 6 - Date req. prior to subgroup orig eff dt.	27
Denial Reason Code 6 - Date req. Prior to Subscriber Eff Dt.	1415
Denial Reason Code 6 - Definite Duplicate Claim	8665
Denial Reason Code 6 - Denied based on void/cancelled claim	82
Denial Reason Code 6 - Deny Incorrect Discharge Status	1
Denial Reason Code 6 - Description of service needed	21
Denial Reason Code 6 - Description of service required	349
Denial Reason Code 6 - Diagnosis inconsistent with age	326
Denial Reason Code 6 - Diagnosis inconsistent with mbr gender	95
Denial Reason Code 6 - Disallow-not allowed under contract	4217
Denial Reason Code 6 - Disallowed amount	13
Denial Reason Code 6 - Duplicate Service	350
Denial Reason Code 6 - Duplicate Uni or Bilateral Procedure	4
Denial Reason Code 6 - EOB charges does not match claim	136
Denial Reason Code 6 - EOB illegible please resubmit	40
Denial Reason Code 6 - EOB member mismatch to claim	13
Denial Reason Code 6 - Exceeds frequency guidelines	16
Denial Reason Code 6 - Experimental procedure	29
Denial Reason Code 6 - Experimental Procedure Disallow	33
Denial Reason Code 6 - History Daily/Lifetime Max Occurrence	781
Denial Reason Code 6 - History Medical Visit Conflict	21
Denial Reason Code 6 - History Mutually Exclusive Procedure	81
Denial Reason Code 6 - History PreOp Conflict Within 1 Day	6

Denial Reason Code 6 - History Procedure Rebundle	24
Denial Reason Code 6 - Inappropriate billing by dietitian	41
Denial Reason Code 6 - Inappropriate billing for this contract	13
Denial Reason Code 6 - Inappropriate for age	163
Denial Reason Code 6 - Inappropriate Modifier for Service	1645
Denial Reason Code 6 - Incidental due to a procedure in history	226
Denial Reason Code 6 - Incidental to a current procedure	6351
Denial Reason Code 6 - Included in Mother's per diem/case rate	247
Denial Reason Code 6 - Included in per diem/case rate	20
Denial Reason Code 6 - Incorrect billing form/provider	78
Denial Reason Code 6 - Incorrect code for specialty type	3
Denial Reason Code 6 - Incorrect Subscriber	23
Denial Reason Code 6 - Incorrect Tax ID#	6
Denial Reason Code 6 - Insufficient for medical criteria	7
Denial Reason Code 6 - Invalid Gender for Procedure	8
Denial Reason Code 6 - Invalid ICD9 Diagnosis Code	3
Denial Reason Code 6 - Invalid Patient Status/Discharge Code	13
Denial Reason Code 6 - Invalid Place of Service Billed	5
Denial Reason Code 6 - Invalid Revenue Code	4
Denial Reason Code 6 - Lesser of logic applied	1
Denial Reason Code 6 - Magellan responsibility	528
Denial Reason Code 6 - Manual pricing applied	13
Denial Reason Code 6 - Medical visit occurred on same day	193
Denial Reason Code 6 - Member not eligible for product category	17
Denial Reason Code 6 - Missing/incomplete/invalid rendering prv	2
Denial Reason Code 6 - Modifier Pricing Applied	13
Denial Reason Code 6 - Modifiers do not match units billed.	3
Denial Reason Code 6 - Multiple proc reduction applies	4

Denial Reason Code 6 - Multiple Same Day Surgery Reductions	153
Denial Reason Code 6 - Mutually Exclusive to another procedure	745
Denial Reason Code 6 - NCCI Daily maximum exceeded	1103
Denial Reason Code 6 - NDC number is invalid	1
Denial Reason Code 6 - NDC number required	45
Denial Reason Code 6 - NDC, UOM or Qty is missing or invalid	1757
Denial Reason Code 6 - NetworX Std Fee Sched	1867
Denial Reason Code 6 - New consult on existing patient	1
Denial Reason Code 6 - New visit frequency edit	146
Denial Reason Code 6 - No Original claim on file.	3
Denial Reason Code 6 - Non-Compliant CPT/HCPCS code	60
Denial Reason Code 6 - Non-Compliant Modifier	2
Denial Reason Code 6 - Paid at applicable FQHC/RHC rate	1
Denial Reason Code 6 - Paid at contracted rate	1
Denial Reason Code 6 - Pended Status, Zero Units	4
Denial Reason Code 6 - Per pregnancy maximum exceeded	123
Denial Reason Code 6 - Please resubmit with applicable modifier	23
Denial Reason Code 6 - Post Op Procedure included in Surgery	5
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	2
Denial Reason Code 6 - Procedure billed in an invalid location	180
Denial Reason Code 6 - Procedure exceeds max daily allowance	21
Denial Reason Code 6 - Procedure non-reimbursable	545
Denial Reason Code 6 - Procedure not supported by Diagnosis	271
Denial Reason Code 6 - Professional component mod not present	91
Denial Reason Code 6 - Reduced allowable	3
Denial Reason Code 6 - Repeat procedure requires medical review	1
Denial Reason Code 6 - Resubmit one place of service per claim	80

Denial Reason Code 6 - Resubmit per CMS guidelines for services	2
Denial Reason Code 6 - Resubmit with NDC# and description	15
Denial Reason Code 6 - Resubmit with rendering provider NPI	548
Denial Reason Code 6 - Resubmit with servicing provider	22
Denial Reason Code 6 - RV code requires a valid procedure code	52
Denial Reason Code 6 - Serum Available at No Cost through VFC	683
Denial Reason Code 6 - Service included in higher level of care	105
Denial Reason Code 6 - Service inconsistent with mbr gender	5
Denial Reason Code 6 - Service not reimbursable	5
Denial Reason Code 6 - Services Disallowed by UM	76
Denial Reason Code 6 - Services not separately payable	17
Denial Reason Code 6 - State responsibility	36
Denial Reason Code 6 - State Medicaid ID required for payment	6228
Denial Reason Code 6 - Submit claim to eyeQuest	82
Denial Reason Code 6 - Submit Claim to Vendor-UNIVITA	276
Denial Reason Code 6 - Submit mother's claims - nb chrgs incl	2
Denial Reason Code 6 - Submit to Logisticare	541
Denial Reason Code 6 - Surgical supplies not separately payable	62
Denial Reason Code 6 - Termination	4225
Denial Reason Code 6 - Total minutes of anesthesia time needed	1
Denial Reason Code 6 - Units allowed for modifier 50 is 1	4
Denial Reason Code 6 - Unlisted/Nonspecific Procedure Code	105
Denial Reason Code 6 - Valid CLIA # must be submitted	3951
Grand Total	**73983**

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2/15/2013

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	8
6 - Duplicate Services	1
6 - Svc past member term date	1
Grand Total	10

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For Period 20130101 to 20130131

2/15/2013

Denial Reason	Total
1 - Lack of documentation to support Medical Necessity	62
2 - Prior Authorization was not on file	456
3 - Member has other insurance that must be billed first	0
4 - Claim was submitted after the filing deadline	127
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	45
6 - This Claim has been processed according to the authorization/contracted rates on file	55
Grand Total	746

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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	
Grand Total	0