BAYOU HEALTH Prepaid Denied Claim Report - Summary
Amerigroup Louisiana, Inc.: 2162519
For period 20130301 - 20130331

Denial Reason	Total
Denial Reason Code 1 - Lack of documentation to support Medical Necessity	113
Denial Reason Code 2 - Prior Authorization was not on file	13,883
Denial Reason Code 3 - Member has other insurance that must be billed first	5,413
Denial Reason Code 4 - Claim was submitted after the filing deadline	738
Denial Reason Code 5 - Service was not covered by the BAYOU HEALTH PLAN	250
Denial Reason Code 6 - All Other	66,751
Total	87,148

BAYOU HEALTH Prepaid Denied Claim Report
Amerigroup Louisiana, Inc.: 2162519
For period 20130301 - 20130331
Report Date 20130415

Denial Reason	Total
Denial Reason Code 1 - Lack of documentation to support Medical Necessity	53
Denial Reason Code 2 - Prior Authorization was not on file	13,344
Denial Reason Code 3 - Member has other insurance that must be billed first	5,413
Denial Reason Code 4 - Claim was submitted after the filing deadline	577
Denial Reason Code 5 - Service was not covered by the BAYOU HEALTH PLAN	238
Denial Reason Code 6 - All Other	66,410
Denial Reason Code 6 - A more specific code is available	30
Denial Reason Code 6 - Add-on code. Primary denied or missing.	313
Denial Reason Code 6 - Admin cd billed w/o appropriate serum	219
Denial Reason Code 6 - Age Conflict Replaced Procedure	10
Denial Reason Code 6 - Age exceeds normal range for procedure	7
Denial Reason Code 6 - All Enroll events are Future	19
Denial Reason Code 6 - Assistant at Surgery Procedure	3
Denial Reason Code 6 - Assistant Surgeon Disallow	6
Denial Reason Code 6 - Billing Error	120
Denial Reason Code 6 - CCI Incidental Procedure	2,299
Denial Reason Code 6 - CCI Incidental Procedure in History	410
Denial Reason Code 6 - Charge exceeds the allowable amount	7
Denial Reason Code 6 - Charges processed under original submiss	1,973
Denial Reason Code 6 - Claim billed under mother's ID	3
Denial Reason Code 6 - Claim must be billed with T1015	972

Denial Reason Code 6 - Claim processed under NB ID	2
Denial Reason Code 6 - Consent Form Incomplete,Refer to Website	8
Denial Reason Code 6 - Consent form incomplete.Refer to Website	593
Denial Reason Code 6 - Consent form required	239
Denial Reason Code 6 - Covered Counter > Srv Allow Ctr+rel hist	277
Denial Reason Code 6 - Daily maximum exceeded	280
Denial Reason Code 6 - Daily or Lifetime Max Occurrence	663
Denial Reason Code 6 - Date req. Prior to Subscriber Eff Dt.	1,880
Denial Reason Code 6 - Definite Duplicate Claim	11,509
Denial Reason Code 6 - Deny - resubmit with a valid code	1
Denial Reason Code 6 - Description of service needed	18
Denial Reason Code 6 - Description of service required	218
Denial Reason Code 6 - Diagnosis inconsistent with age	374
Denial Reason Code 6 - Diagnosis inconsistent with mbr gender	44
Denial Reason Code 6 - Disallow-not allowed under contract	6,722
Denial Reason Code 6 - Disallowed amount	4
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	395
Denial Reason Code 6 - Duplicate Uni or Bilateral Procedure	8
Denial Reason Code 6 - EOB charges does not match claim	518
Denial Reason Code 6 - EOB illegible please resubmit	96
Denial Reason Code 6 - EOB member mismatch to claim	29
Denial Reason Code 6 - Exceeds frequency guidelines	8
Denial Reason Code 6 - Exceeds Per Case Rate	6
Denial Reason Code 6 - Experimental procedure	30

Denial Reason Code 6 - Experimental Procedure Disallow	37
Denial Reason Code 6 - History Daily/Lifetime Max Occurrence	1,512
Denial Reason Code 6 - History Medical Visit Conflict	41
Denial Reason Code 6 - History Mutually Exclusive Procedure	122
Denial Reason Code 6 - History PreOp Conflict Within 1 Day	12
Denial Reason Code 6 - History Procedure Rebundle	31
Denial Reason Code 6 - Inappropriate billing for this contract	4
Denial Reason Code 6 - Inappropriate for age	166
Denial Reason Code 6 - Inappropriate Modifier for Service	1,795
Denial Reason Code 6 - Incidental due to a procedure in history	256
Denial Reason Code 6 - Incidental to a current procedure	6,285
Denial Reason Code 6 - Included in Mother's per diem/case rate	151
Denial Reason Code 6 - Incorrect billing form/provider	156
Denial Reason Code 6 - Incorrect code for specialty type	4
Denial Reason Code 6 - Insufficient for medical criteria	1
Denial Reason Code 6 - Invalid Birthweight	1
Denial Reason Code 6 - Invalid Gender for Procedure	2
Denial Reason Code 6 - Invalid Patient Status/Discharge Code	30
Denial Reason Code 6 - Invalid Place of Service Billed	3
Denial Reason Code 6 - Location not appropriate for procedure	2
Denial Reason Code 6 - Magellan responsibility	526
Denial Reason Code 6 - Manual pricing applied	11
Denial Reason Code 6 - Medical visit occurred on same day	209
Denial Reason Code 6 - Member not eligible for product category	65
Denial Reason Code 6 - Modifier Pricing Applied	6
Denial Reason Code 6 - Modifiers do not match units billed.	3

Denial Reason Code 6 - Multiple proc reduction applies	23
Denial Reason Code 6 - Multiple Same Day Surgery Reductions	172
Denial Reason Code 6 - Mutually Exclusive to another procedure	715
Denial Reason Code 6 - NCCI Daily maximum exceeded	1,178
Denial Reason Code 6 - NDC number is invalid	1
Denial Reason Code 6 - NDC number required	1
Denial Reason Code 6 - NDC, UOM or Qty is missing or invalid	2,031
Denial Reason Code 6 - NetworX Std Fee Sched	27
Denial Reason Code 6 - New visit frequency edit	226
Denial Reason Code 6 - Non-Compliant CPT/HCPCS code	23
Denial Reason Code 6 - Non-Compliant Modifier	2
Denial Reason Code 6 - Not a Covered Service	402
Denial Reason Code 6 - Paid at contracted rate	2
Denial Reason Code 6 - Paid per established rates	5
Denial Reason Code 6 - Pended Status, Zero Units	8
Denial Reason Code 6 - Per pregnancy maximum exceeded	124
Denial Reason Code 6 - Plan not effective on date requested	1
Denial Reason Code 6 - Please resubmit with applicable modifier	2
Denial Reason Code 6 - Post Op Procedure included in Surgery	12
Denial Reason Code 6 - Post-Op within 90 day of surgery in hist	47
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	65
Denial Reason Code 6 - Procedure non-reimbursable	391
Denial Reason Code 6 - Procedure not reimbursable for specialty	23
Denial Reason Code 6 - Procedure not supported by Diagnosis	313

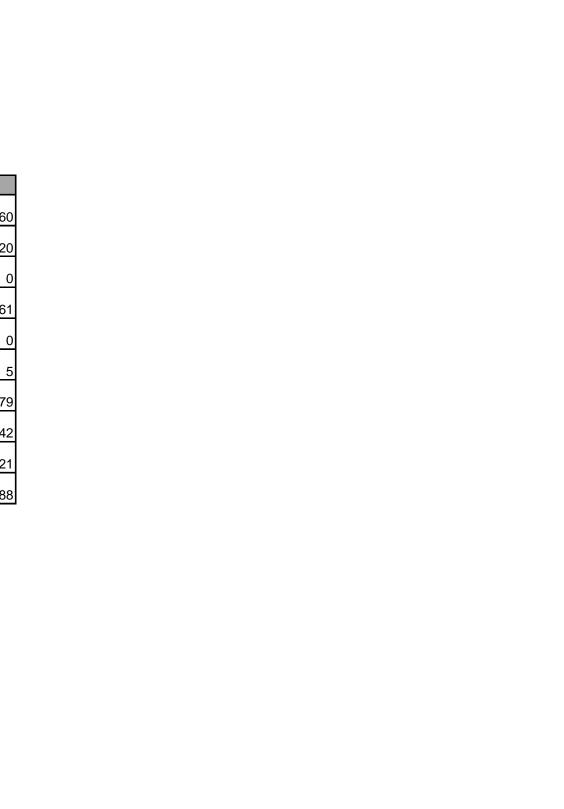|	
Denial Reason Code 6 - Professional component mod not present	137
Denial Reason Code 6 - Rebill with appropriate surgical CPT	2
Denial Reason Code 6 - Reduced allowable	1
Denial Reason Code 6 - Repeat procedure requires medical review	3
Denial Reason Code 6 - Resubmit on UB04 claim form for service	1
Denial Reason Code 6 - Resubmit with NDC# and description	17
Denial Reason Code 6 - Resubmit with rendering provider NPI	47
Denial Reason Code 6 - Resubmit with servicing provider	15
Denial Reason Code 6 - RV code requires a valid procedure code	50
Denial Reason Code 6 - Serum Available at No Cost through VFC	2,544
Denial Reason Code 6 - Service included in higher level of care	160
Denial Reason Code 6 - Service inconsistent with mbr gender	6
Denial Reason Code 6 - Service not reimbursable	2
Denial Reason Code 6 - Services Disallowed by UM	86
Denial Reason Code 6 - Services not separately payable	68
Denial Reason Code 6 - Srv not supported by documentation (RMA)	1
Denial Reason Code 6 - State responsibility	2
Denial Reason Code 6 - State Medicaid ID required for payment	6,326
Denial Reason Code 6 - Submit claim to eyeQuest	139
Denial Reason Code 6 - Submit Claim to Vendor-UNIVITA	245
Denial Reason Code 6 - Submit to Logisticare	110
Denial Reason Code 6 - Surgical supplies not separately payable	82
Denial Reason Code 6 - Termination	4,892
Denial Reason Code 6 - Units allowed for modifier 50 is 1	2
Denial Reason Code 6 - Unlisted/Nonspecific Procedure Code	173
Denial Reason Code 6 - Valid CLIA # must be submitted	3,498

Denial Reason Code 6 - Void Billing Error	8
Denial Reason Code 6 - Well Newborn Claims Not Reimbursable	69
Total	86,035

BAYOU HEALTH Prepaid Denied Claim Report Summary: eyeQuest
Amerigroup Louisiana, Inc.: 2162519
For Period 20130301 to 20130331
20130415

Denial Reason	Total
1 - Lack of documentation to support Medical Necessity	
2 - Prior Authorization was not on file	19
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	12
6-Duplicate Services	180
6-LA AMGP Lens Option Fee	9
6-Diagnosis code not found	1
6-Dispensing fee not paid without materials	1
6-Invalid date of service	1
Grand Total	223

BAYOU HEALTH Prepaid Denied Claim Report Summary: Univita
Amerigroup Louisiana, Inc.: 2162519
For Period 20130301 to 20130331
20130415

Denial Reason	Total
1 - Lack of documentation to support Medical Necessity	60
2 - Prior Authorization was not on file	520
3 - Member has other insurance that must be billed first	0
4 - Claim was submitted after the filing deadline	161
5 - Service was not covered by the BAYOU HEALTH PLAN	0
6 - The diagnosis is inconsistent with the patient's age	5
6 - Duplicate Claim	79
6 - This Claim has been processed according to the authorization/contracted rates on file	42
6 - This (these) diagnosis(es) is (are) not covered, missing, or are invalid.	21
Grand Total	888

BAYOU HEALTH Prepaid Denied Claim Report Summary: Logisticare
Amerigroup Louisiana, Inc.: 2162519
For Period 20130301 to 20130331
20130415

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	2
Grand Total	2