

## Prepaid Denied Claims- Medical Summary

Health Plan ID: 2162934  
Health Plan Name: AmeriHealth Caritas Louisiana  
Health Plan Contact: \*\*\*  
Contact Email: \*\*\*  
Report Period Start Date: 1/1/2014  
Report Period End Date: 1/31/2014  
Submission Date of Report:  
2/15/2014

## BAYOU HEALTH Reporting

Document ID: PI173      Revision Date 11/01/2013  
Document Name: **Prepaid Denied Claims**  
Reporting Frequency: Monthly  
Report Due Date: 2/15/2014  
File Type: Excel  
Subject Matter: Informatics (I)

DHH Denial Code	DHH Denial Description	# of Denied Claim Lines
1	Lack of documentation to support Medical Necessity	0
2	Prior Authorization was not on file	20946
3	Member has other insurance that must be billed first	3951
4	Claim was submitted after the filing deadline	3951
5	Service was not covered by the BAYOU HEALTH PLAN	1614
6	All Other	79377
<b>Total</b>		<b>109839</b>

**Prepaid Denied Claims- 06 Medical Crosswalk**

Health Plan ID: 2162934  
 Health Plan Name: AmeriHealth Caritas Louisiana  
 Health Plan Contact: Melissa Bezet  
 Contact Email: mbezet@amerihealthcaritasla.com  
 Report Period Start Date: 1/1/2014  
 Report Period End Date: 1/31/2014  
 Submission Date of Report: 2/15/2014

**BAYOU HEALTH Reporting**

Document ID: P1173 Revision Date 11/01/2013  
 Document Name: Prepaid Denied Claims  
 Reporting Frequency: Monthly  
 Report Due Date: 2/15/2014  
 File Type: Excel  
 Subject Matter: Informatics (I)

Health Plan Denial Code	Health Plan Denial Code Description	Total
3	Reduced allowable	4
018	Reduced allowable units	3221
019	Disallowed amount	8
073	A1:Deny All Claim Lines	904
104	Claim level disallow	8
108	Invalid Procedure/Modifier/POS combo	906
2W	Visual necessity not indicated.	15
5V	Comprehensive exam was found in history & was downcoded to an int	2
60	Changed exam billed amount.	1
B22	Resubmit with NDC#	5
B24	Inapp coding for contract/agree	10087
BH1	Resubmit to Service Vendor Magellan	41
CDD	Definite Duplicate Claim	9817
G00	PaymentIncluded in OtherBilledService	152
G93	ACA: contract pay amount equal to or gr	39
HAB	Health - Units Adjust - See Exp Code	7839
I02	Clm Pend: Illegible Records Sub	2
I04	Clm Pend: Correct NDC Code Req	1
I05	Clm Pend: Invalid/Del Code, Mod or D	1
I06	Clm Pend: Itemized Bill Required	47
I08	Clm Pend:Diag Inv/Missing/Del/4th or5	1
I09	Diag Inv /Missing/Deleted/Req 4th/5th	157
I37	Resubmit w/ Approp. Modifier and/or U	7
I79	Included in Mom/Baby Case Rate	299
MSD	Multiple Same Day Surgery Reductions	191
N01	Subset Procedure Disallow	4964
N04	Follow-Up Service Disallow	70
N05	Same Day Procedure Disallow	61
N06	Assistant Surgeon Disallow	15
N09	Cosmetic Procedure Disallow	27
N13	Invalid Procedure/Modifier Disallow	1
N14	Invalid Gender for Procedure	3015
N16	Age exceeds extreme range for procedur	134
PAI	Exceeds All Inclusive P/D Rate	8
PDC	Agreement Discount	4
PMP	Modifier Pricing Applied	15
PMX	Maximum Provision	79
PS2	Exceeds the maximum number of units	46
PSR	Exceeds Rate Entered	11
PXI	ASC Grouper, 10 Lv	9
PXN	NetworX Std Fee Sched	2294
Q45	NDC Data Missing/incomplete/inva	694
R00	Payment Included in Other Billed Serv	4
R17	Under Review for COB processing	1
R39	Dup Claim Prev Pd at Correct Rate/Ca	45
R47	Pymt reflects COB, if \$0, max liab me	286
R50	Same Procedure Pd to Different Prov	17
R60	Dates and/or Servs Outside Ref/Auth	1
R88	Medicare/Third Party Denial on File	15
S13	All Enroll events are Future	2
S2	Date requested < Subscriber's Birth D	1
S23	Date req. Prior to Subscriber Eff Dt.	916
ST	Termination	7877
TRI	Member is tri-eligible; Submit EOBs	4
UM0	Services Disallowed by UM	23
UM1	Units exceed UM authorization	154
UM2	Units reduced by UM authorization	1
X39	DupClaimPrevPd at Correct Rate/Cap	8
X53	Services were not Provided	6
X68	Invalid Units Submitted	8
X70	5:Billed with Invalid Bill Type	448
X77	Incorrect Provider/TIN ID # Submitted	3
X86	Clm Pend: invalid/miss rev code	1498
X90		64
X91	nappropriateCoding ForContract/Agree	2
X96	ClmPend: EOB/attach illeg/incomplete	97
XB8	Resubmit to LogistiCare	77
Z30	T1015 must bill w/val CPT/HCPC code	75
Z48	ResubPrimaryCarrier/Appeals Process	20
Z60	Invalid Billing	2481
Z66	Primary/Sec Diagnosis POA Error	39
Z90	Invalid Billing	1
Z95	Invalid/Deleted Code,ModifierOrDesc	512
Z98	Code not covered by MA	6497
Z99	Code Not payable for ProviderSpecialty	9460
ZB2	Payment Restricted Based on Lvl of CLIA	3439
ZD0	Claim line denied	2
ZZA	Submit Family Planning Consent form	85
	Logisticare	6
<b>Total</b>		<b>79377</b>

\*Description and totals of all 'Code 6' Denial Codes in Detailed Report.