

## Prepaid Denied Claims- Medical Summary

Health Plan ID: 2162934  
 Health Plan Name: AmeriHealth Caritas Louisiana  
 Health Plan Contact:  
 Contact Email:  
 Report Period Start Date: 2/1/2014  
 Report Period End Date: 2/28/2014  
 Submission Date of Report:  
 3/15/2014

## BAYOU HEALTH Reporting

Document ID: PI173      Revision Date 11/01/2013  
 Document Name: **Prepaid Denied Claims**  
 Frequency: Monthly  
 Report Due Date: 2/14/2014  
 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	12643
3	Member has other insurance that must be billed first	3932
4	Claim was submitted after the filing deadline	3586
5	Service was not covered by the BAYOU HEALTH PLAN	1744
6	All Other	66651
<b>Total</b>		<b>88556</b>

## Prepaid Denied Claims- 06 Medical Crosswalk

Health Plan ID: 2162934  
 Health Plan Name: AmeriHealth Caritas Louisiana  
 Health Plan Contact:  
 Contact Email:  
 Report Period Start Date: 2/1/2014  
 Report Period End Date: 2/28/2014  
 Submission Date of Report: 3/15/2014

## BAYOU HEALTH Reporting

Document ID: P1173 Revision Date 11/01/2013  
 Document Name: **Prepaid Denied Claims**  
 Reporting Frequency: Monthly  
 Report Due Date: 2/14/2014  
 File Type: Excel  
 Subject Matter: Informatics (I)

Health Plan Denial Code	Health Plan Denial Code Description	Total
Z99	Procedure code not payable for provider specialty type	9705
CDD	This claim is a duplicate of a previously submitted claim for	9320
B24	Inappropriate Coding for Contract/Agreement	8611
HAB	iHealth - Units Adjusted - See Exp Code	7612
ST	Member not eligible for Benefits	6567
N01	This procedure is considered incidental to or a part of the primary	4301
Z98	Code not covered by MA	4081
O18	Reduced allowable units	2543
ZB2	Payment Restricted Based on Level of CLIA Certification	2406
Z60	Invalid Billing	2283
PXN	NetworX Std Fee Schedule	1936
X86	Invalid/Missing Revenue Codes submitted on Claim	1134
S23	The member's coverage was not in effect on the date services were	789
O73	Deny All Claim Lines	735
Z95	Invalid/Inappropriate/Deleted Code, Modifier or Description	576
Q45	NDC number, use during effective date, quantity or unit of	571
108	Invalid Procedure/Modifier/POS combination	564
X70	Billed with Invalid Bill Type	528
I79	Included in Mom/Baby Case Rate	319
R47	Payment reflects Coordination of Benefits, if \$0, max liability met	247
PS2	Exceeds the maximum number of units for this service	212
XB8	Resubmit to LogistiCare	148
N16	This service is not normally performed for members in this age range	123
UM1	Units exceed a utilization management authorization	118
I09	Diagnosis Invalid/Missing/Deleted or Requires 4th or 5th digit	116
MSD	The allowable amount for this service has been reduced according to	108
G00	Payment Included in Other Billed Service	102
PMX	Maximum Provision	81
ZZA	Submit Family Planning Consent form	64
X96	EOB attachments were illegible/incomplete	59
N04	This service is considered a part of the original surgical procedure	57
Z30	T1015 must be billed w/valid CPT/HCPC code	55
	Logisticare	54
N05	This service is not covered when performed on the same day as	54
R50	Same Procedure Paid to a Different Provider	43
R39	Duplicate claim previously paid at correct rate or capitated.	40
Z66	Primary/Secondary Diagnosis POA Missing/Invalid	39

Health Plan Denial Code	Health Plan Denial Code Description	Total
N09	This procedure is normally performed for cosmetic purposes	31
Z48	Resubmit to primary carrier for appeals processing	30
R88	Medicare/Third Party Denial on File	27
I06	Itemized Bill/DOS/Charges/Invoice Required	26
104	Workflow Claim level Disallow	15
G93	ACA: contract pay amount equal to or greater than ACA rate	15
PMP	Price Adjusted Due to Additional Line Item Modifiers.	14
BH1	Resubmit to Service Vendor Magellan	13
PAI	The charges exceed the contracted amount for this service	12
003	Reduced allowable	11
UM0	Services were Disallowed by Utilization Management	11
2W	Visual necessity not indicated.	10
X68	Invalid or Zero Units Submitted	10
X90	Disallowed amount	10
019	Disallowed amount	9
I93	Invalid Billing	9
N06	This procedure does not normally require the services of an	9
X53	Services were not Provided	9
Z92	Invalid or Missing Place of Service	8
PXI	ASC Grouper, 10 Lv	7
N14	This service is not covered for this member	6
S2	The member's coverage was not in effect on the date the service	6
J61	R129:Corrected clm rec'd adj orig claim	5
X39	Duplicate claim previously paid at correct rate or capitated.	5
60	Changed exam billed amount.	4
B22	Resubmit with Valid NDC#	3
PDC	The charge has been reduced based on a discount arrangement with the	3
R17	Under Review for COB processing	3
ZD0	Claim line denied	3
I37	Resubmit with Appropriate Modifier and/or Units	2
R00	Payment Included in Other Billed Service	2
R53	Services were not Provided	2
X04	Correct NDC Code required for consideration	2
X77	Incorrect Provider/TIN Identification Number Submitted	2
Z90	Invalid Billing	2
ZA5	Resubmit to Primary Carrier for appeals processing	2
ZB1	Resubmit to VSP	2
2E	The exam service is included within the global period of the surgical claim.	1
5V	Comprehensive exam was found in history & was downcoded to an intermediate exam.	1
G94	ACA: eligible line repriced at the ACA rate	1
HMR	The Procedure code is missing or invalid at Time of Service	1
I04	Correct NDC Code Required	1
I05	Invalid/Inappropriate/Deleted Code, Modifier or Description	1
I38	Need Newborn Number	1
R91	Inappropriate Coding for Contract/Agreement	1
X05	Invalid/inappropriate/deleted code, modifier or	1
X55	Members Age not valid for diagnosis code	1
<b>Total</b>		66651

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