

Prepaid Denied Claims- Medical Summary

Health Plan ID: 2162934
 Health Plan Name: AmeriHealth Caritas Louisiana
 Health Plan Contact: ***
 Contact Email: ***
 Report Period Start Date: 3/1/2014
 Report Period End Date: 3/31/2014
 Submission Date of Report: 4/15/2014

BAYOU HEALTH Reporting

Document ID: PI173 Revision Date 11/01/2013
 Document Name: **Prepaid Denied Claims**
 Reporting Frequency: Monthly
 Report Due Date: 4/15/2014
 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	7923
3	Member has other insurance that must be billed first	4248
4	Claim was submitted after the filing deadline	4886
5	Service was not covered by the BAYOU HEALTH PLAN	2439
6	All Other	83326
Total		102822

Prepaid Denied Claims- 06 Medical Crosswalk

Health Plan ID: 2162934
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BAYOU HEALTH Reporting

Document ID: P1173 Revision Date 11/01/2013
 Document Name: **Prepaid Denied Claims**
 Reporting Frequency: Monthly
 Report Due Date: 4/15/2014
 File Type: Excel
 Subject Matter: Informatics (I)

Health Plan Denial Code	Health Plan Denial Code Description	Total
Z98	Code not covered by MA	13047
CDD	This claim is a duplicate of a previously submitted claim for	10591
B24	Inappropriate Coding for Contract/Agreement	10379
Z99	Procedure code not payable for provider specialty type	9831
HAB	iHealth - Units Adjusted - See Exp Code	8683
ST	Member not eligible for Benefits	7017
N01	This procedure is considered incidental to or a part of the primary	4496
PXN	NetworX Std Fee Schedule	2866
O18	Reduced allowable units	2762
ZB2	Payment Restricted Based on Level of CLIA Certification	2752
Z60	Invalid Billing	2046
X86	Invalid/Missing Revenue Codes submitted on Claim	1448
Q45	NDC number, use during effective date, quantity or unit of	928
S23	The member's coverage was not in effect on the date services were	833
108	Invalid Procedure/Modifier/POS combination	735
073	Deny All Claim Lines	718
X70	Billed with Invalid Bill Type	686
Z95	Invalid/Inappropriate/Deleted Code, Modifier or Description	534
ZE4	Complete Medical Records Required for consideration - Please re-file;	515
I79	Included in Mom/Baby Case Rate	197
I09	Diagnosis Invalid/Missing/Deleted or Requires 4th or 5th digit	178
PDC	The charge has been reduced based on a discount arrangement with the	174
MSD	The allowable amount for this service has been reduced according to	173
R47	Payment reflects Coordination of Benefits, if \$0, max liability met	126
UM1	Units exceed a utilization management authorization	125
N16	This service is not normally performed for members in this age range	121
G00	Payment Included in Other Billed Service	106
PMX	Maximum Provision	106
XB8	Resubmit to LogistiCare	82
G93	ACA: contract pay amount equal to or greater than ACA rate	75
ZZA	Submit Family Planning Consent form	75
X90	Disallowed amount	74
MP0	Pricing will be manually calculated and entered	69
N05	This service is not covered when performed on the same day as	59
PS2	Exceeds the maximum number of units for this service	53
R39	Duplicate claim previously paid at correct rate or capitated.	49
N04	This service is considered a part of the original surgical procedure	45
X51	Services Not Covered	45
X96	EOB attachments were illegible/incomplete	42
X68	Invalid or Zero Units Submitted	37
Z66	Primary/Secondary Diagnosis POA Missing/Invalid	37
I06	Itemized Bill/DOS/Charges/Invoice Required	35

Health Plan Denial Code	Health Plan Denial Code Description	Total
BH1	Resubmit to Service Vendor Magellan	31
UM0	Services were Disallowed by Utilization Management	29
Z30	T1015 must be billed w/valid CPT/HCPC code	29
PAI	The charges exceed the contracted amount for this service	25
002	Increased allowable	23
N09	This procedure is normally performed for cosmetic purposes	18
003	Reduced allowable	17
N06	This procedure does not normally require the services of an	16
R50	Same Procedure Paid to a Different Provider	16
N14	This service is not covered for this member	13
PXJ	Anesthesia Schedule	13
PMP	Price Adjusted Due to Additional Line Item Modifiers.	12
PXI	ASC Grouper, 10 Lv	12
I93	Invalid Billing	9
X53	Services were not Provided	9
104	Workflow Claim level Disallow	8
CD0	Default Disallow	8
G98	ACA: COB claim processed under ACA program requirements	8
Z48	Resubmit to primary carrier for appeals processing	8
019	Disallowed amount	7
PSR	The charge exceeds the allowable rate for the service	7
2W	Visual necessity not indicated.	7
ZB1	Resubmit to VSP	6
B22	Resubmit with Valid NDC#	5
R88	Medicare/Third Party Denial on File	5
5V	Comprehensive exam was found in history & was downcoded to an intermediate exam.	4
S2	The member's coverage was not in effect on the date the service	3
I20	Deny Disallow	2
S13	Member's coverage was not in effect on the date the service	2
TRI	Member is tri-eligible; Submit EOBs from all insurance carriers	2
X39	Duplicate claim previously paid at correct rate or capitated.	2
60	Changed exam billed amount.	2
5X	This service is included in the reimbursement of another procedure billed for this date of service.	2
G94	ACA: eligible line repriced at the ACA rate	1
I48	Resubmit to Primary Carrier for Appeals Process	1
I68	Invalid Place of Service for Procedure	1
J61	R129:Corrected clm rec'd adj orig claim	1
N13	This procedure is not a covered service under your plan	1
R46	Over Maximum Procedure/Benefit Limited	1
R91	Inappropriate Coding for Contract/Agreement	1
UM2	Units were reduced by a utilization management authorization	1
X06	Itemized Bill, Date of Service, or Invoice	1
X77	Incorrect Provider/TIN Identification Number Submitted	1
Z88	Resubmit ot Dentaquest	1
Z90	Invalid Billing	1
	Logisticare	4
Total		83326

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