

## Prepaid Denied Claims- Medical Summary

Health Plan ID: 2162845  
Health Plan Name: Louisiana Healthcare Connections - LA  
Health Plan Contact: \*\*\*  
Contact Email: \*\*\*  
Report Period Start Date: 2/1/2014  
Report Period End Date: 2/28/2014

Submission Date of Report:  
3/14/2014

## BAYOU HEALTH Reporting

Document ID: PI173 Revision Date 11/01/2013  
Document Name: **Prepaid Denied Claims**  
Reporting Frequency: Monthly  
Report Due Date: 15th of the month following end of reporting period  
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	8709
2	Prior Authorization was not on file	4356
3	Member has other insurance that must be billed first	3473
4	Claim was submitted after the filing deadline	3330
5	Service was not covered by the BAYOU HEALTH PLAN	7613
6	All Other	50026
<b>Total</b>		<b>77507</b>

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## Prepaid Denied Claims- 06 Medical Crosswalk

Health Plan ID: 2162845  
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Health Plan Denial Code	Health Plan Denial Code Description	Total
EX06	DENY: THE PROCEDURE CODE IS INCONSISTENT WITH THE PATIENT S AGE	87
EX07	DENY: THE PROCEDURE CODE IS INCONSISTENT WITH THE PATIENT S SEX	15
EX09	DENY: THE DIAGNOSIS IS INCONSISTENT WITH THE PATIENT S AGE	267
EX0Y	DENY - MOM AND BABY CHARGES SHOULD BE BILLED SEPARATELY	7
EX0Z	DENY - INVALID ADMIT TYPE FOR AGE OF PATIENT BILLED	4
EX10	DENY: THE DIAGNOSIS IS INCONSISTENT WITH THE PATIENT S SEX	41
EX16	DENY: REVENUE CODE NOT REIMBURSABLE - CPT HCPCS CODE REQUIRED	1388
EX18	DENY: DUPLICATE CLAIM SERVICE	14216
EX1I	INFO: Provider Allowable adjusted to include ACA Parity Payment	138
EX35	DENY: BENEFIT MAXIMUM HAS BEEN REACHED	1332
EX4D	DENY: NON-SPECIFIC DIAGNOSIS- REQUIRES 5TH DIGIT PLEASE RESUBMIT	7
EX4I	INFO: ACA PARITY PAYMENT MADE PREVIOUSLY VIA INTERIM CHECK	1
EX57	DENY: CODE WAS DENIED BY CODE AUDITING SOFTWARE	516
EX58	DENY: CODE REPLACED BASED ON CODE AUDITING SOFTWARE RECOMMEND	576
EX6L	EOB INCOMPLETE-PLEASE RESUBMIT WITH REASON OF OTHER INSURANCE D	37
EX6a	DENY: ICD9 PROC CODE 1 MISSING OR INVALID	9
EX8F	DENY: ADMISSION SOURCE MISSING OR INVALID	53
EX8b	DENY: DISCHARGE HOUR INVALID WITH DISCHARGE STATUS 30	3
EX8k	DENY: ATTENDING PROVIDER NAME/NPI MISSING OR INVALID	29
EX8n	DENY: REVENUE CODE NOT REIMBURSABLE WITHOUT CPT OR HCPCS	1
EX9M	DENY: THIS CPT CODE IS INVALID WHEN BILLED WITH THIS DIAGNOSIS	6
EXAi	PAY: SERVICE PROCESSED THRU COB AUTOMATION	305
EXAm	DENY: ADMINISTRATIVE DENIAL	2
EXBG	DENY: TYPE OF BILL MISSING OR INCORRECT ON CLAIM, PLEASE RE-SUBMIT	273
EXBI	DENY: CLAIM CANNOT BE PROCESSED WITHOUT AN ITEMIZED BILL	1
EXBK	DENY: BILLED SERVICE DOES NOT MATCH UNITS DATES - CORRECT AND RESU	4
EXBS	DENY: INVALID DATES OF SERVICE PLEASE RE-SUBMIT	1
EXBU	DENY - NUMBER OF BLOOD UNITS IS REQUIRED	1
EXBY	REQUEST COMPLETE NO ACTION NECESSARY	3
EXCV	DENY: BILL WITH SPECIFIC VACCINE CODE	419
EXDD	DENY: SIGNED CONSENT FORM HAS NOT BEEN RECEIVED	7
EXDS	DENY: DUPLICATE SUBMISSION-ORIGINAL CLAIM STILL IN PEND STATUS	207
EXDT	DENY: PLEASE FORWARD TO THE DENTAL VENDOR FOR PROCESSING	19
EXDZ	DENY: SERVICE HAS EXCEEDED THE AUTHORIZED LIMIT	203
EXE4	DENY: ICD9 PROCEDURE CODE MISSING OR INVALID	3

Health Plan Denial Code	Health Plan Denial Code Description	Total
EXEB	DENY: DENIED BY MEDICAL SERVICES	381
EXEC	DIAGNOSIS CANNOT BE USED AS PRIMARY DIAGNOSIS, PLEASE RESUBMIT	123
EXFH	DENY: RESUBMIT CLAIM UNDER FQHC RHC CLINIC NPI NUMBER	146
EXFL	DENY: NON-COVERED - CONTACT PROVIDER SERVICES	21
EXGA	DENY: PROCEDURE NOT COVERED FOR THE MEMBER S AGE	79
EXGX	DENY-ENCOUNTER CODE REQUIRED AND MUST BE BILLED W/PAYABLE DETAIL	396
EXH1	DENY: PROVIDER MUST USE HCPC CPT FOR CORRECT PRICING	12
EXHQ	DENY: EDI CLAIM MUST BE SUBMITTED IN HARD COPY W CONSENT FORM AT	185
EXHW	DENY: PAYMENT INCLUDED IN THE HIGHER INTENSITY CODE BILLED	23
EXI1	OTHER INSURANCE EOB SUBMITTED DOES NOT MATCH BILLED, PLEASE RESUBMIT	87
EXI6	DENY: DIAGNOSIS,CPT HCPCS ICD-9 CODE,MODIFIER INVALID ON DATE OF SERVICE	1
EXIE	CPT NOT REIMBURSED SEPARATELY. INCLUDED AS PART OF INCLUSIVE PROCEDURE	1743
EXIG	DENY: INVALID OR MISSING DISCHARGE STATUS, PLEASE RE-SUBMIT	20
EXIM	DENY: RESUBMIT WITH MODIFIER SPECIFIED BY STATE FOR PROPER PAYMENT	466
EXKZ	DENY: INVALID PLACE OF SERVICE, PLEASE CONSULT THE PROV MANUAL	14
EXLD	Deny: svcs not eligible for Medicare Primary members	30
EXMH	DENY: PLEASE SUBMIT TO MENTAL HEALTH PLAN FOR PROCESSING	1324
EXMQ	DENY: MEMBER NAME NUMBER DATE OF BIRTH DO NOT MATCH,PLEASE RESUBMIT	23
EXN4	DENY: YOUR NPI IS NOT ON FILE VALID OR YOU HAVE NOT BILLED WITH YOUR NPI	154
EXN5	DENY: NDC MISSING/INVALID OR NOT APPROPRIATE FOR PROCEDURE	740
EXN8	INCORRECT NPI FOR PROVIDER	4
EXNA	OTHER INS. DENIED - OOP PROVIDER NOT AUTHORIZED - SERVICES NOT PAYABLE	4
EXND	DENY: THIS IS A DELETED CODE AT THE TIME OF SERVICE	4
EXNT	DENY:PROVIDER NOT CONTRACTED FOR THIS SERVICE-DO NOT BILL PATIENT	2274
EXNV	DENY: STERILIZATION CONSENT FORM IS NOT VALID OR IS MISSING INFORMATION	88
EXNX	DENY: INVALID OR NO TAX ID NUMBER SUBMITTED ON CLAIM, PLEASE RESUBMIT	66
EXNa	NIA PRICING APPLIED	3
EXPF	DENY: PROFESSIONAL FEE MUST BE BILLED ON HCFA FORM	21
EXQR	DENY: ADJUSTMENT WAS NOT RECEIVED WITHIN TIMELY FILING LIMIT	206
EXRJ	DENY: REVENUE CODES NOT BILLED ON THE UB92, PLEASE RE-SUBMIT	10
EXRQ	DENY: ORIGINAL SUBMISSION WAS NOT RECEIVED WITHIN TIMELY FILING LIMIT	4
EXRt	DENY: RESUBMIT WITH COB FOR NON-T1015 LINES	151
EXSU	DENY: VISIT IS INCLUDED IN SURGERY	1
EXUZ	DENY: SERVICES BILLED ON INCORRECT FORM, PLEASE REBILL ON A UB92	29
EXVA	VOID ADJUSTMENT	1
EXVC	DENY - PLEASE RESUBMIT ACCORDING TO VACCINE GUIDELINES	120
EXVS	DENY: PLEASE SUBMIT TO THE VISION VENDOR FOR PROCESSING	271
EXVU	DENIED:RESUBMIT WITH A VALID NDC NBR,QUALIFIER AND UNITS FOR PROCEDURE	1
EXY1	DENY: BASED ON REVIEW OF MED RECORDS	30
EXY6	DENY:INSUFFICIENT INFO FOR PROCESSING,RESUBMIT W PRIME S ORIGINAL BILL	33
EXZC	DENY: PROCEDURE IS INAPPROPRIATE FOR PROVIDER SPECIALTY	11
EXZH	DENY: HCPCS CPT is not compatible with REV code billed	543
EXZL	DENY: LATE CHARGES DENIED, REPLACEMENT BILL REQUIRED FOR PROCESSING	12
EXZW	AFTER REVIEW, PREV DECISION UPHELD, SEE PROV HANDBOOK FOR APPEAL PROCESS	380
EXaM	DENY:Admin Denial	14
EXcl	DENY:NO ACTION NEEDED - WILL BE REPROCESSED AFTER STATE REVIEWS NEEDED	441
EXov	DENY: HMS OVERPAYMENT RECOUPMENT	90

Health Plan Denial Code	Health Plan Denial Code Description	Total
EXtc	SERVICE ONLY PAYABLE WITH A PAYABLE TRANSPORT CODE	1128
EXx1	INAPPROPRIATE LEVEL OF E M SERVICE BILLED	37
EXx2	SERVICE(S) OR SUPPLIES DURING GLOBAL SURGICAL PERIOD	186
EXx3	PROCEDURE CODE UNBUNDLED FROM GLOBAL PROCEDURE CODE	2549
EXx4	PROCEDURE CODE ICD-9 CODE INCONSISTENT WITH MEMBERS GENDER	2
EXx5	PROCEDURE CODE CONFLICTS WITH MEMBER S AGE	7
EXx7	ADD-ON CODE CANNOT BE BILLED WITHOUT PRIMARY CODE	24
EXx8	DENY: MODIFIER INVALID FOR PROCEDURE OR MODIFIER NOT REPORTED	249
EXx9	PROCEDURE CODE PAIRS INCIDENTAL, MUTUALLY EXCLUSIVE OR UNBUNDLED	6739
EXxc	PROCEDURE or DIAGNOSIS CODE DELETED, INCOMPLETE OF INVALID	20
EXxd	PROCEDURE CODE APPENDED WITH BILATERAL 50 MODIFIER	17
EXxe	PROCEDURE CODE INCONSISTENT WITH MEMBER S AGE	23
EXxf	MAXIMUM ALLOWANCE EXCEEDED	536
EXxg	SINGLE UNILATERAL PROCEDURE SUBMITTED MORE THAN ONCE ON THE SAME DATE	14
EXxh	SERVICE LINE REPRESENTS DENIAL OF ADDITIONAL UNITS BILLED	539
EXxo	MISSING MODIFIER 26	70
EXxp	PROCEDURE CODE PREVIOUSLY BILLED ON HISTORICAL CLAIM	462
EXxq	PROCEDURE CODE EXCEEDS MAXIMUM ALLOWED PER DATE OF SERVICE	551
EXya	DENY: DENIED AFTER REVIEW OF PATIENT S CLAIM HISTORY	5912
Total		50026

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