

**BAYOU HEALTH Prepaid Denied Claim Report**  
**Amerigroup Louisiana, Inc.: 2162519**  
**For period 20130401 - 20130430**  
**20130515**

Denial Reason	Total
Denial Reason Code 1 - Lack of documentation to support Medical Necessity	52
Denial Reason Code 2 - Prior Authorization was not on file	12189
Denial Reason Code 3 - Member has other insurance that must be billed first	4726
Denial Reason Code 4 - Claim was submitted after the filing deadline	809
Denial Reason Code 5 - Service was not covered by the BAYOU HEALTH PLAN	285
Denial Reason Code 6 - All Other	62032

\* This summary tab includes Amerigroup Louisiana, Inc.; eyeQuest; Univita; and Logisticare only;  
 Caremark's denial reason codes differ from Amerigroup Louisiana, Inc. ; eyeQuest; Univita; and Logisticare

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Denial Reason	Total
Denial Reason Code 1 - Lack of documentation to support Medical Necessity	26
Denial Reason Code 2 - Prior Authorization was not on file	11281
Denial Reason Code 3 - Member has other insurance that must be billed first	4726
Denial Reason Code 4 - Claim was submitted after the filing deadline	635
Denial Reason Code 5 - Service was not covered by the BAYOU HEALTH PLAN	255
Denial Reason Code 6 - All Other	61589
Denial Reason Code 6 - A more specific code is available	21
Denial Reason Code 6 - Add-on code. Primary denied or missing.	234
Denial Reason Code 6 - Admin cd billed w/o appropriate serum	206
Denial Reason Code 6 - Age Conflict Replaced Procedure	14
Denial Reason Code 6 - Age exceeds normal range for procedure	8
Denial Reason Code 6 - All Enroll events are Future	7
Denial Reason Code 6 - Assistant at Surgery Procedure	9
Denial Reason Code 6 - Assistant Surgeon Disallow	12
Denial Reason Code 6 - Billing Error	131
Denial Reason Code 6 - CCI Incidental Procedure	1282
Denial Reason Code 6 - CCI Incidental Procedure in History	242
Denial Reason Code 6 - Charge exceeds the allowable amount	3
Denial Reason Code 6 - Charges processed under original submiss	2347
Denial Reason Code 6 - Claim must be billed with T1015	307

<b>Denial Reason</b>	<b>Total</b>
Denial Reason Code 6 - Claim processed under NB ID	1
Denial Reason Code 6 - Clinical daily maximum exceeded	5
Denial Reason Code 6 - Consent Form Incomplete,Refer to Website	4
Denial Reason Code 6 - Consent form incomplete.Refer to Website	483
Denial Reason Code 6 - Consent form required	204
Denial Reason Code 6 - Covered Counter > Srv Allow Ctr+rel hist	216
Denial Reason Code 6 - Daily maximum exceeded	258
Denial Reason Code 6 - Daily or Lifetime Max Occurrence	629
Denial Reason Code 6 - Date req. Prior to Subscriber Eff Dt.	1162
Denial Reason Code 6 - Definite Duplicate Claim	9489
Denial Reason Code 6 - Deny - Included in Global OB service	10
Denial Reason Code 6 - Deny Incorrect Discharge Status	2
Denial Reason Code 6 - Description of service needed	5
Denial Reason Code 6 - Description of service required	187
Denial Reason Code 6 - Diagnosis inconsistent with age	278
Denial Reason Code 6 - Diagnosis inconsistent with mbr gender	56
Denial Reason Code 6 - Disallow-not allowed under contract	4489
Denial Reason Code 6 - Disallowed amount	8
Denial Reason Code 6 - Dup History Uni or Bilateral Procedure	2
Denial Reason Code 6 - Duplicate line for bilateral procedure.	2
Denial Reason Code 6 - Duplicate Service	248
Denial Reason Code 6 - Duplicate Uni or Bilateral Procedure	8
Denial Reason Code 6 - EOB charges does not match claim	382
Denial Reason Code 6 - EOB illegible please resubmit	135

<b>Denial Reason</b>	<b>Total</b>
Denial Reason Code 6 - EOB member mismatch to claim	4
Denial Reason Code 6 - Exceeds frequency guidelines	9
Denial Reason Code 6 - Exceeds Per Case Rate	1
Denial Reason Code 6 - Experimental procedure	17
Denial Reason Code 6 - Experimental Procedure Disallow	47
Denial Reason Code 6 - History Daily/Lifetime Max Occurrence	1107
Denial Reason Code 6 - History Medical Visit Conflict	27
Denial Reason Code 6 - History Mutually Exclusive Procedure	143
Denial Reason Code 6 - History PreOp Conflict Within 1 Day	7
Denial Reason Code 6 - History Procedure Rebundle	29
Denial Reason Code 6 - Inappropriate billing by dietitian	24
Denial Reason Code 6 - Inappropriate billing for this contract	3
Denial Reason Code 6 - Inappropriate for age	133
Denial Reason Code 6 - Inappropriate Modifier for Service	1187
Denial Reason Code 6 - Incidental due to a procedure in history	256
Denial Reason Code 6 - Incidental to a current procedure	5836
Denial Reason Code 6 - Incorrect billing form/provider	112
Denial Reason Code 6 - Incorrect code for specialty type	7
Denial Reason Code 6 - Incorrect Subscriber	1
Denial Reason Code 6 - Invalid Gender for Procedure	2
Denial Reason Code 6 - Invalid ICD9 Diagnosis Code	4
Denial Reason Code 6 - Invalid Place of Service Billed	9
Denial Reason Code 6 - Invoice required	1
Denial Reason Code 6 - Lesser of logic applied	20

Denial Reason	Total
Denial Reason Code 6 - Magellan responsibility	525
Denial Reason Code 6 - Manual pricing applied	14
Denial Reason Code 6 - Medicaid State Sanction Provider, No Pay	3
Denial Reason Code 6 - Medical visit occurred on same day	147
Denial Reason Code 6 - Member not eligible for product category	6
Denial Reason Code 6 - Modifier Pricing Applied	8
Denial Reason Code 6 - Modifiers do not match units billed.	3
Denial Reason Code 6 - Multiple proc reduction applies	11
Denial Reason Code 6 - Multiple Same Day Surgery Reductions	212
Denial Reason Code 6 - Mutually Exclusive to another procedure	542
Denial Reason Code 6 - NCCI Daily maximum exceeded	1068
Denial Reason Code 6 - NDC number is invalid	4
Denial Reason Code 6 - NDC, UOM or Qty is missing or invalid	1567
Denial Reason Code 6 - NetworX Std Fee Sched	1
Denial Reason Code 6 - New visit frequency edit	164
Denial Reason Code 6 - Non-Compliant CPT/HCPCS code	8
Denial Reason Code 6 - Non-Compliant Modifier	5
Denial Reason Code 6 - Not a Covered Service	141
Denial Reason Code 6 - Paid at applicable FQHC/RHC rate	2
Denial Reason Code 6 - Pended Status, Zero Units	17
Denial Reason Code 6 - Per pregnancy maximum exceeded	121
Denial Reason Code 6 - Please resubmit with applicable modifier	56
Denial Reason Code 6 - Post Op Procedure included in Surgery	12
Denial Reason Code 6 - Post-Op within 90 day of surgery in hist	43

<b>Denial Reason</b>	<b>Total</b>
Denial Reason Code 6 - PreOp Conflict within 1 day of surgery	2
Denial Reason Code 6 - Procedure billed in an invalid location	144
Denial Reason Code 6 - Procedure exceeds max daily allowance	77
Denial Reason Code 6 - Procedure non-reimbursable	341
Denial Reason Code 6 - Procedure not reimbursable for specialty	28
Denial Reason Code 6 - Procedure not supported by Diagnosis	318
Denial Reason Code 6 - Professional component mod not present	127
Denial Reason Code 6 - Provider was not the Member's PCP	4353
Denial Reason Code 6 - Reduced allowable	2
Denial Reason Code 6 - Repeat procedure requires medical review	5
Denial Reason Code 6 - Resubmit one place of service per claim	2
Denial Reason Code 6 - Resubmit with rendering provider NPI	36
Denial Reason Code 6 - Resubmit with servicing provider	1
Denial Reason Code 6 - RV code requires a valid procedure code	51
Denial Reason Code 6 - Serum Available at No Cost through VFC	1864
Denial Reason Code 6 - Service included in higher level of care	148
Denial Reason Code 6 - Service inconsistent with mbr gender	8
Denial Reason Code 6 - Service line denied since primary denied	1
Denial Reason Code 6 - Service not reimbursable	4
Denial Reason Code 6 - Services Disallowed by UM	56
Denial Reason Code 6 - Services not separately payable	111
Denial Reason Code 6 - State responsibility	2
Denial Reason Code 6 - State Medicaid ID required for payment	6410
Denial Reason Code 6 - Submit claim to eyeQuest	57

<b>Denial Reason</b>	<b>Total</b>
Denial Reason Code 6 - Submit Claim to Vendor-UNIVITA	323
Denial Reason Code 6 - Submit to Logisticare	83
Denial Reason Code 6 - Surgical supplies not separately payable	83
Denial Reason Code 6 - Termination	4819
Denial Reason Code 6 - Units allowed for modifier 50 is 1	6
Denial Reason Code 6 - Unlisted/Nonspecific Procedure Code	163
Denial Reason Code 6 - Valid CLIA # must be submitted	4963
Denial Reason Code 6 - Void Billing Error	2
Denial Reason Code 6 - Void Other	1
Denial Reason Code 6 - Well Newborn Claims Not Reimbursable	246
<b>Grand Total</b>	<b>78512</b>

**BAYOU HEALTH Prepaid Denied Claim Report: eyeQuest**  
**Amerigroup Louisiana, Inc.: 2162519**  
**For period 20130401 - 20130430**  
**20130515**

Denial Reason	Total
1 - Lack of documentation to support Medical Necessity	
2 - Prior Authorization was not on file	10
3 - Member has other insurance that must be billed first	
4 - Claim was submitted after the filing deadline	6
5 - Service was not covered by the BAYOU HEALTH PLAN	30
6 - Duplicate Services	188
6 - Dispensing fee not paid without materials	3
6 - Invalid date of service	8
Grand Total	245



**BAYOU HEALTH Prepaid Denied Claim Report: Univita  
Amerigroup Louisiana, Inc.: 2162519  
For period 20130401 - 20130430  
20130515**

Denial Reason	Total
1 - Lack of documentation to support Medical Necessity	26
2 - Prior Authorization was not on file	898
3 - Member has other insurance that must be billed first	0
4 - Claim was submitted after the filing deadline	168
5 - Service was not covered by the BAYOU HEALTH PLAN	0
6 - The diagnosis is inconsistent with the patient's age	6
6 - The diagnosis is inconsistent with the patient's gender	1
6 - Duplicate Claim	145
6 - This Claim has been processed according to the authorization/contracted rates on file	63
6 - This (these) diagnosis(es) is (are) not covered, missing, or are invalid.	18
Grand Total	1325

**BAYOU HEALTH Prepaid Denied Claim Report: Logisticare**  
**Amerigroup Louisiana, Inc.: 2162519**  
**For period 20130401 - 20130430**  
**20130515**

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	11
Grand Total	11

**BAYOU HEALTH Prepaid Denied Claim Report: Caremark  
 Amerigroup Louisiana, Inc.: 2162519  
 For period 20130401 - 20130430  
 20130515**

Denial Code	Denial Reason	Total
76	Plan Limitations Exceeded	21,211
75	Prior Authorization Required	17,217
70	Product/Service Not Covered	11,937
88	DUR Reject Error	8,814
69	Filled After Coverage Terminated	6,475
79	Refill Too Soon	5,977
41	Submit Bill To Other Processor Or Primary Payer	2,834
25	M/I Prescriber ID	858
33	M/I Prescription Origin Code	766
09	M/I Date Of Birth	598
01	M/I Bin Number	549
83	Duplicate Paid/Captured Claim	544
7M	Discrepancy Between Other Coverage Code And Other Coverage Information On File	418
56	Non-Matched Prescriber ID	389
77	Discontinued Product/Service ID Number	338

Denial Code	Denial Reason	Total
13	M/I Other Coverage Code	257
21	M/I Product/Service ID	225
22	M/I Dispense As Written (DAW)/Product Selection Code	218
40	Pharmacy Not Contracted With Plan On Date Of Service	180
DV	M/I Other Payer Amount Paid	162
8W	Discrepancy Between Other Coverage Code and Other Payer Amount Paid	147
67	Filled Before Coverage Effective	134
04	M/I Processor Control Number	84
E7	M/I Quantity Dispensed	49
DQ	M/I Usual And Customary Charge	35
82	Claim Is Post-Dated	26
23	M/I Ingredient Cost Submitted	20
6T	Compound Segment Required For Adjudication	16
19	M/I Days Supply	11
02	M/I Version/Release Number	8
7X	Days Supply Exceeds Plan Limitation	7
RE	M/I Compound Product ID Qualifier	5
2N	M/I Prescriber State/Province Address	3

Denial Code	Denial Reason	Total
85	Claim Not Processed	3
65	Patient Is Not Covered	2
5C	M/I Other Payer Coverage Type	1
HC	M/I Other Payer Amount Paid Qualifier	1
NP	M/I Other Payer-Patient Responsibility Amount Qualifier	1
<b>TOTAL</b>		<b>80,520</b>