BAYOU HEALTH Prepaid Denied Claim Report - Summary
Amerigroup Louisiana, Inc.: 2162519
For period 20130501 - 20130531

Denial Reason	Total
Denial Reason Code 1 - Lack of documentation to support Medical Necessity	261
Denial Reason Code 2 - Prior Authorization was not on file	9,179
Denial Reason Code 3 - Member has other insurance that must be billed first	4,163
Denial Reason Code 4 - Claim was submitted after the filing deadline	880
Denial Reason Code 5 - Service was not covered by the BAYOU HEALTH PLAN	191
Denial Reason Code 6 - All Other	55,617
Total	70,291

* This summary tab includes Amerigroup Louisiana, Inc.; eyeQuest; Univita; and Logisticare only. Amerigroup is currently working with Caremark's denial reason codes in order to align with the RFP and the System's Companion Guide

BAYOU HEALTH Prepaid Denied Claim Report
Amerigroup Louisiana, Inc.: 2162519
For period 20130501 - 20130531
06/14/2013

Denial Reason	Total
Denial Reason Code 1 - Lack of documentation to support Medical Necessity	72
Denial Reason Code 2 - Prior Authorization was not on file	8829
Denial Reason Code 3 - Member has other insurance that must be billed first	4163
Denial Reason Code 4 - Claim was submitted after the filing deadline	738
Denial Reason Code 5 - Service was not covered by the BAYOU HEALTH PLAN	191
Denial Reason Code 6 - All Other	55330
Denial Reason Code 6 - A more specific code is available	79
Denial Reason Code 6 - Add-on code. Primary denied or missing.	200
Denial Reason Code 6 - Admin cd billed w/o appropriate serum	250
Denial Reason Code 6 - Age Conflict Replaced Procedure	14
Denial Reason Code 6 - Age exceeds normal range for procedure	16
Denial Reason Code 6 - All Enroll events are Future	15
Denial Reason Code 6 - Assistant at Surgery Procedure	11
Denial Reason Code 6 - Assistant Surgeon Disallow	7
Denial Reason Code 6 - Billing Error	278
Denial Reason Code 6 - CCI Incidental Procedure	1207
Denial Reason Code 6 - CCI Incidental Procedure in History	169
Denial Reason Code 6 - Charges processed under original submiss	2671
Denial Reason Code 6 - Claim Coordinated with EOP	19
Denial Reason Code 6 - Claim must be billed with T1015	216

Denial Reason	Total
Denial Reason Code 6 - Clinical daily maximum exceeded	1
Denial Reason Code 6 - Consent Form Incomplete,Refer to Website	18
Denial Reason Code 6 - Consent form incomplete.Refer to Website	467
Denial Reason Code 6 - Consent form required	341
Denial Reason Code 6 - Covered Counter > Srv Allow Ctr+rel hist	232
Denial Reason Code 6 - Current Procedure Rebundle	1
Denial Reason Code 6 - Daily maximum exceeded	211
Denial Reason Code 6 - Daily or Lifetime Max Occurrence	624
Denial Reason Code 6 - Date req. Prior to Subscriber Eff Dt.	1361
Denial Reason Code 6 - Definite Duplicate Claim	7271
Denial Reason Code 6 - Deny - Included in Global OB service	21
Denial Reason Code 6 - Deny Incorrect Discharge Status	2
Denial Reason Code 6 - Deny preauth not obtained	275
Denial Reason Code 6 - Description of service needed	16
Denial Reason Code 6 - Description of service required	335
Denial Reason Code 6 - Diagnosis inconsistent with age	282
Denial Reason Code 6 - Diagnosis inconsistent with mbr gender	128
Denial Reason Code 6 - Disallow-not allowed under contract	4193
Denial Reason Code 6 - Disallowed amount	33
Denial Reason Code 6 - Duplicate line for bilateral procedure.	1
Denial Reason Code 6 - Duplicate Service	252
Denial Reason Code 6 - Duplicate Uni or Bilateral Procedure	2
Denial Reason Code 6 - EOB charges does not match claim	279
Denial Reason Code 6 - EOB illegible please resubmit	92

Denial Reason	Total
Denial Reason Code 6 - EOB member mismatch to claim	14
Denial Reason Code 6 - Exceeds frequency guidelines	17
Denial Reason Code 6 - Exceeds Per Case Rate	2
Denial Reason Code 6 - Experimental procedure	26
Denial Reason Code 6 - Experimental Procedure Disallow	50
Denial Reason Code 6 - History Daily/Lifetime Max Occurrence	1033
Denial Reason Code 6 - History Medical Visit Conflict	18
Denial Reason Code 6 - History Mutually Exclusive Procedure	94
Denial Reason Code 6 - History PreOp Conflict Within 1 Day	2
Denial Reason Code 6 - History Procedure Rebundle	40
Denial Reason Code 6 - Inappropriate / Missing modifier	3
Denial Reason Code 6 - Inappropriate for age	137
Denial Reason Code 6 - Inappropriate Modifier for Service	1197
Denial Reason Code 6 - Incidental due to a procedure in history	224
Denial Reason Code 6 - Incidental to a current procedure	5913
Denial Reason Code 6 - Incorrect billing form/provider	108
Denial Reason Code 6 - Incorrect code for specialty type	5
Denial Reason Code 6 - Insufficient for medical criteria	2
Denial Reason Code 6 - Invalid Gender for Procedure	2
Denial Reason Code 6 - Invalid ICD9 Diagnosis Code	1
Denial Reason Code 6 - Invalid Place of Service Billed	5
Denial Reason Code 6 - Invalid Revenue Code	8
Denial Reason Code 6 - Magellan responsibility	467
Denial Reason Code 6 - Manual pricing applied	5

Denial Reason	Total
Denial Reason Code 6 - Medical visit occurred on same day	147
Denial Reason Code 6 - Member not eligible for product category	7
Denial Reason Code 6 - Missing Principal Procedure Code	6
Denial Reason Code 6 - Modifier Pricing Applied	9
Denial Reason Code 6 - Modifiers do not match units billed.	2
Denial Reason Code 6 - Multiple proc reduction applies	18
Denial Reason Code 6 - Multiple Same Day Surgery Reductions	174
Denial Reason Code 6 - Mutually Exclusive to another procedure	559
Denial Reason Code 6 - NCCI Daily maximum exceeded	897
Denial Reason Code 6 - NDC number required	1
Denial Reason Code 6 - NDC, UOM or Qty is missing or invalid	1659
Denial Reason Code 6 - New visit frequency edit	144
Denial Reason Code 6 - No Original claim on file.	4
Denial Reason Code 6 - Non-Compliant CPT/HCPCS code	8
Denial Reason Code 6 - Non-Compliant Modifier	4
Denial Reason Code 6 - Not a Covered Service	136
Denial Reason Code 6 - Paid at contracted rate	27
Denial Reason Code 6 - Paid per established rates	1
Denial Reason Code 6 - Pended Status, Zero Units	11
Denial Reason Code 6 - Per pregnancy maximum exceeded	124
Denial Reason Code 6 - Please resubmit with applicable modifier	132
Denial Reason Code 6 - Post Op Procedure included in Surgery	4
Denial Reason Code 6 - Post-Op within 90 day of surgery in hist	52
Denial Reason Code 6 - PreOp Conflict within 1 day of surgery	2

Denial Reason	**Total**
Denial Reason Code 6 - Procedure billed in an invalid location	124
Denial Reason Code 6 - Procedure exceeds max daily allowance	34
Denial Reason Code 6 - Procedure non-reimbursable	332
Denial Reason Code 6 - Procedure not reimbursable for specialty	38
Denial Reason Code 6 - Procedure not supported by Diagnosis	353
Denial Reason Code 6 - Professional component mod not present	59
Denial Reason Code 6 - Reduced allowable	2
Denial Reason Code 6 - Repeat procedure requires medical review	3
Denial Reason Code 6 - Resubmit one place of service per claim	5
Denial Reason Code 6 - Resubmit with NDC# and description	2
Denial Reason Code 6 - Resubmit with rendering provider NPI	100
Denial Reason Code 6 - Resubmit with servicing provider	6
Denial Reason Code 6 - RV code requires a valid procedure code	50
Denial Reason Code 6 - RV Coded billed with wrong Type of Bill	2
Denial Reason Code 6 - Serum Available at No Cost through VFC	2015
Denial Reason Code 6 - Service included in higher level of care	152
Denial Reason Code 6 - Service inconsistent with mbr gender	5
Denial Reason Code 6 - Services Disallowed by UM	198
Denial Reason Code 6 - Services not separately payable	87
Denial Reason Code 6 - State responsibility	5
Denial Reason Code 6 - State Medicaid ID required for payment	8713
Denial Reason Code 6 - Submit claim to eyeQuest	82
Denial Reason Code 6 - Submit Claim to Vendor-UNIVITA	190
Denial Reason Code 6 - Submit to Logisticare	103

Denial Reason	**Total**
Denial Reason Code 6 - Surgical supplies not separately payable	69
Denial Reason Code 6 - Termination	5011
Denial Reason Code 6 - Tx-School based svc-not ordered by physi	1
Denial Reason Code 6 - Units allowed for modifier 50 is 1	2
Denial Reason Code 6 - Unlisted/Nonspecific Procedure Code	87
Denial Reason Code 6 - Valid CLIA # must be submitted	2194
Denial Reason Code 6 - Well Newborn Claims Not Reimbursable	215
Grand Total	**69323**

BAYOU HEALTH Prepaid Denied Claim Report: eyeQuest
Amerigroup Louisiana, Inc.: 2162519
For period 20130501 - 20130531
06/14/2013

Denial Reason	Total
1 - Lack of documentation to support Medical Necessity	
2 - Prior Authorization was not on file	5
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 - Duplicate Services	90
6 - LA AMGP Lens Option Fee	6
6 - Diagnosis code not found	
6 - Dispensing fee not paid without materials	1
6 - Invalid date of service	
Grand Total	**102**

BAYOU HEALTH Prepaid Denied Claim Report: Univita
Amerigroup Louisiana, Inc.: 2162519
For period 20130501 - 20130531
06/14/2013

Denial Reason	Total
1 - Lack of documentation to support Medical Necessity	189
2 - Prior Authorization was not on file	345
3 - Member has other insurance that must be billed first	0
4 - Claim was submitted after the filing deadline	142
5 - Service was not covered by the BAYOU HEALTH PLAN	0
6 - The diagnosis is inconsistent with the patient's age	3
6 - Duplicate Claim	97
6 - This Claim has been processed according to the authorization/contracted rates on file	58
6 - Invalid CPT Code	9
6 - This (these) diagnosis(es) is (are) not covered, missing, or are invalid.	15
Grand Total	**858**

Denied Claims Report Summary: Logisticare
Amerigroup Louisiana, Inc.: 2162519
For period 20130501 - 20130531
6/14/2013

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	8
Grand Total	8

BAYOU HEALTH Prepaid Denied Claims Report: Caremark
Amergroup Louisiana, Inc.; 2162519
For period: 20130501-20130531
6/14/2013

Denial Code	Denial Reason	Total
76	Plan Limitations Exceeded	18,490
75	Prior Authorization Required	14,986
70	Product/Service Not Covered	10,211
88	DUR Reject Error	8,643
79	Refill Too Soon	6,495
69	Filled After Coverage Terminated	4,541
41	Submit Bill To Other Processor Or Primary Payer	2,698
25	M/I Prescriber ID	924
33	M/I Prescription Origin Code	637
01	M/I Bin Number	495
09	M/I Date Of Birth	488
56	Non-Matched Prescriber ID	399
7M	Discrepancy Between Other Coverage Code And Other Coverage Information On File	389
83	Duplicate Paid/Captured Claim	354
77	Discontinued Product/Service ID Number	325
13	M/I Other Coverage Code	234
21	M/I Product/Service ID	210
67	Filled Before Coverage Effective	192
22	M/I Dispense As Written (DAW)/Product Selection Code	177
40	Pharmacy Not Contracted With Plan On Date Of Service	176
DV	M/I Other Payer Amount Paid	110
04	M/I Processor Control Number	83

Denial Code	Denial Reason	Total
8W	Discrepancy Between Other Coverage Code and Other Payer Amount Paid	75
E7	M/I Quantity Dispensed	63
82	Claim Is Post-Dated	25
84	Claim Has Not Been Paid/Captured	21
19	M/I Days Supply	20
DQ	M/I Usual And Customary Charge	19
6T	Compound Segment Required For Adjudication	16
02	M/I Version/Release Number	16
2N	M/I Prescriber State/Province Address	15
RE	M/I Compound Product ID Qualifier	8
NQ	M/I Other Payer-Patient Responsibility Amount	8
23	M/I Ingredient Cost Submitted	6
7X	Days Supply Exceeds Plan Limitation	5
H9	M/I Other Amount Claimed Submitted	2
5C	M/I Other Payer Coverage Type	2
AK	M/I Software Vendor/Certification ID	1
8V	Negative Dollar Amount Is Not Supported In The Other Payer Amount Paid Field,	1
7C	M/I Other Payer ID	1
20	M/I Compound Code	1
HC	M/I Other Payer Amount Paid Qualifier	1
TOTAL		**71,563**