Denied Claims Report

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BAYOU HEALTH Reporting

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Health Plan ID:	2162845	Document ID: P173
Health Plan Name:	Louisiana Healthcare Connections - LA	Document Name: **Denied Claims Report**
Health Plan Contact:		Reporting Frequency: Monthly
Contact Email:		Report Due Date: 15th of the month following end of reporting period
Report Period Start Date:	4/1/2013	File Type: Excel
Report Period End Date:	4/30/2013	Subject Matter: Informatics (I)
Report Due Date:	5/15/2013	

DENIAL_CODE	COUNT
Denial Reason Code 1 - Lack of documentation to support Medical Necessity	5224
Denial Reason Code 2 - Prior Authorization was not on file	6554
Denial Reason Code 3 - Member has other insurance that must be billed first	5852
Denial Reason Code 4 - Claim was submitted after the filing deadline	778
Denial Reason Code 5 - Service was not covered by the BAYOU HEALTH PLAN	16801
Denial Reason Code 6 - ADD-ON CODE CANNOT BE BILLED WITHOUT PRIMARY CODE	37
Denial Reason Code 6 - ADD-ON CODE REQUIRED WITH PRIMARY CODE FOR QUANTITY GREATER THAN ONE	4
Denial Reason Code 6 - AFTER REVIEW, PREV DECISION UPHELD, SEE PROV HANDBOOK FOR APPEAL PROCESS	571
Denial Reason Code 6 - Adjust: Claim to be reprocessed corrected under new claim number	3154
Denial Reason Code 6 - Adjustment: Adjusted per corrected billing from provider	128
Denial Reason Code 6 - Adjustment: Provider billed incorrectly & sumbitted reimbursement	82
Denial Reason Code 6 - BASE CODE CANNOT BE BILLED IN QTY GREATER THAN ONE	38
Denial Reason Code 6 - CLAIM CANNOT BE PROCESSED WITHOUT OPERATIVE REPORT	1
Denial Reason Code 6 - CPT NOT REIMBURSED SEPARATELY. INCLUDED AS PART OF INCLUSIVE PROCEDURE	1511
Denial Reason Code 6 - DENIAL: AIM CREDIT BALANCE RECOVERY	1
Denial Reason Code 6 - DENIED:RESUBMIT WITH A VALID NDC NBR,QUALIFIER AND UNTS FOR PROCESSING	3
Denial Reason Code 6 - DENY - MOM AND BABY CHARGES SHOULD BE BILLED SEPARATELY	45
Denial Reason Code 6 - DENY - PLEASE RESUBMIT ACCORDING TO VACCINE GUIDELINES	101
Denial Reason Code 6 - DENY-ENCOUNTER CODE REQUIRED AND MUST BE BILLED W/PAYABLE DETAIL LINES	524
Denial Reason Code 6 - DENY: DENIED AFTER REVIEW OF PATIENT S CLAIM HISTORY	5294
Denial Reason Code 6 - DENY: DUPLICATE SUBMISSION-ORIGINAL CLAIM STILL IN PEND STATUS	358
Denial Reason Code 6 - DENY: LATE CHARGES DENIED, REPLACEMENT BILL REQUIRED FOR PROCESSING	109
Denial Reason Code 6 - DENY: PAYMENT INCLUDED IN THE HIGHER INTENSITY CODE BILLED	3
Denial Reason Code 6 - DENY: PLEASE FORWARD TO THE DENTAL VENDOR FOR PROCESSING	32
Denial Reason Code 6 - DENY: PROCEDURE IS INAPPROPRIATE FOR PROVIDER SPECIALTY	10
Denial Reason Code 6 - DENY: PROCEDURE NOT COVERED FOR THE MEMBER S AGE	47
Denial Reason Code 6 - DENY: THIS CPT CODE IS INVALID WHEN BILLED WITH THIS DIAGNOSIS	16
Denial Reason Code 6 - DENY: THIS IS A DELETED CODE AT THE TIME OF SERVICE	81
Denial Reason Code 6 - DENY: ADJUSTMENT WAS NOT RECEIVED WITHIN TIMELY FILING LIMIT	553
Denial Reason Code 6 - DENY: ADMISSION SOURCE MISSING OR INVALID	16
Denial Reason Code 6 - DENY: ATTENDING PROVIDER NAME/NPI MISSING OR INVALID	7
Denial Reason Code 6 - DENY: BASED ON REVIEW OF MED RECORDS	271
Denial Reason Code 6 - DENY: BENEFIT MAXIMUM HAS BEEN REACHED	660
Denial Reason Code 6 - DENY: BILL WITH SPECIFIC VACCINE CODE	392
Denial Reason Code 6 - DENY: CLAIM CANNOT BE PROCESSED WITHOUT AN ITEMIZED BILL	19
Denial Reason Code 6 - DENY: CODE IS CONSIDERED AN INTEGRAL COMPONENT OF THE E M CODE BILLED	6
Denial Reason Code 6 - DENY: CODE REPLACED BASED ON CODE AUDITING SOFTWARE RECOMMENDATION	766
Denial Reason Code 6 - DENY: CODE WAS DENIED BY CODE AUDITING SOFTWARE	294
Denial Reason Code 6 - DENY: DENIED BY MEDICAL SERVICES	643
Denial Reason Code 6 - DENY: DIAGNOSIS CODE 1 MISSING OR INVALID	14
Denial Reason Code 6 - DENY: DIAGNOSIS CODE 6 MISSING OR INVALID	11
Denial Reason Code 6 - DENY: DIAGNOSIS,CPT HCPCS ICD-9 CODE,MODIFIER INVALID ON DATE OF SERVICE	1
Denial Reason Code 6 - DENY: DISCHARGE HOUR INVALID WITH DISCHARGE STATUS 30	194
Denial Reason Code 6 - DENY: DISCHARGE HOUR MISSING OR INVALID	16
Denial Reason Code 6 - DENY: DUPLICATE CLAIM SERVICE	12448
Denial Reason Code 6 - DENY: EDI CLAIM MUST BE SUBMITTED IN HARD COPY W CONSENT FORM ATTACHED	213
Denial Reason Code 6 - DENY: HCPCS CPT is not compatible with REV code billed	375
Denial Reason Code 6 - DENY: ICD-9 PROCEDURE CODE REQUIRES A 4TH DIGIT	2
Denial Reason Code 6 - DENY: ICD9 PROC CODE 2 MISSING OR INVALID	8
Denial Reason Code 6 - DENY: ICD9 PROCEDURE CODE MISSING OR INVALID	217
Denial Reason Code 6 - DENY: INVALID DATES OF SERVICE PLEASE RE-SUBMIT	19
Denial Reason Code 6 - DENY: INVALID DELETED MISSING CPT CODE	7
Denial Reason Code 6 - DENY: INVALID OR MISSING DISCHARGE STATUS, PLEASE RE-SUBMIT	28
Denial Reason Code 6 - DENY: INVALID PLACE OF SERVICE, PLEASE CONSULT THE PROV MANUAL	36
Denial Reason Code 6 - DENY: MEMBER NAME NUMBER DATE OF BIRTH DO NOT MATCH,PLEASE RESUBMIT	223
Denial Reason Code 6 - DENY: MODIFIER INVALID FOR PROCEDURE OR MODIFIER NOT REPORTED	370
Denial Reason Code 6 - DENY: NDC MISSING/INVALID OR NOT APPROPRIATE FOR PROCEDURE	1698
Denial Reason Code 6 - DENY: NON-COVERED - CONTACT PROVIDER SERVICES	8
Denial Reason Code 6 - DENY: NON-SPECIFIC DIAGNOSIS- REQUIRES 5TH DIGIT PLEASE RESUBMIT	56
Denial Reason Code 6 - DENY: ORIGINAL SUBMISSION WAS NOT RECEIVED WITHIN TIMELY FILING LIMIT	1
Denial Reason Code 6 - DENY: PLEASE SUBMIT TO MENTAL HEALTH PLAN FOR PROCESSING	2459
Denial Reason Code 6 - DENY: PLEASE SUBMIT TO THE VISION VENDOR FOR PROCESSING	313
Denial Reason Code 6 - DENY: PROFESSIONAL FEE MUST BE BILLED ON HCFA FORM	9
Denial Reason Code 6 - DENY: PROVIDER MUST USE HCPC CPT FOR CORRECT PRICING	11
Denial Reason Code 6 - DENY: RESUBMIT CLAIM UNDER FQHC RHC CLINIC NPI NUMBER	3
Denial Reason Code 6 - DENY: RESUBMIT WITH MODIFIER SPECIFIED BY STATE FOR PROPER PAYMENT	315
Denial Reason Code 6 - DENY: REVENUE CODE NOT REIMBURSABLE - CPT HCPCS CODE REQUIRED	1728
Denial Reason Code 6 - DENY: REVENUE CODES NOT BILLED ON THE UB92, PLEASE RE-SUBMIT	42
Denial Reason Code 6 - DENY: SERVICE HAS EXCEEDED THE AUTHORIZED LIMIT	388
Denial Reason Code 6 - DENY: SERVICES BILLED ON INCORRECT FORM, PLEASE REBILL ON A UB92	59
Denial Reason Code 6 - DENY: SIGNATURE MISSING FROM BOX 31, PLEASE RESUBMIT	53
Denial Reason Code 6 - DENY: SIGNED CONSENT FORM HAS NOT BEEN RECEIVED	95
Denial Reason Code 6 - DENY: STERILIZATION CONSENT FORM IS NOT VALID OR IS MISSING INFORMATION	576
Denial Reason Code 6 - DENY: THE DIAGNOSIS IS INCONSISTENT WITH THE PATIENT S AGE	221
Denial Reason Code 6 - DENY: THE DIAGNOSIS IS INCONSISTENT WITH THE PATIENT S SEX	76
Denial Reason Code 6 - DENY: THE PROCEDURE CODE IS INCONSISTENT WITH THE PATIENT S AGE	62
Denial Reason Code 6 - DENY: THE PROCEDURE CODE IS INCONSISTENT WITH THE PATIENT S SEX	34
Denial Reason Code 6 - DENY: THIS IS NOT A VALID MODIFIER FOR THIS CODE	5
Denial Reason Code 6 - DENY: TYPE OF BILL MISSING OR INCORRECT ON CLAIM, PLEASE RE-SUBMIT	2
Denial Reason Code 6 - DENY: YOUR NPI IS NOT ON FILE VALID OR YOU HAVE NOT BILLED WITH YOUR NPI	58
Denial Reason Code 6 - DENY:Admin Denial	116
Denial Reason Code 6 - DENY:INAPPROPRIATE CODE BILLED,CORRECT & RESUBMIT	4
Denial Reason Code 6 - DENY:INSUFFICIENT INFO FOR PROCESSING,RESUBMIT W PRIME S ORIGINAL EOB	91
Denial Reason Code 6 - DENY:NO ACTION NEEDED - WILL BE REPROCESSED AFTER STATE REVIEWS NEW CODE	626
Denial Reason Code 6 - DENY:NON-SPECIFIC DIAGNOSIS OR ICD9 PROC NEEDS 4TH DIGIT PLEASE RESUBMIT	11
Denial Reason Code 6 - DENY:PROVIDER NOT CONTRACTED FOR THIS SERVICE-DO NOT BILL PATIENT	2197
Denial Reason Code 6 - DIAGNOSIS BILLED IS INVALID, PLEASE RESUBMIT WITH CORRECT CODE	8

Denial Reason Code 6 - DIAGNOSIS CANNOT BE USED AS PRIMARY DIAGNOSIS, PLEASE RESUBMIT	209
Denial Reason Code 6 - Deny: svcs not eligible for Medicare Primary members	131
Denial Reason Code 6 - EOB INCOMPLETE-PLEASE RESUBMIT WITH REASON OF OTHER INSURANCE DENIAL	16
Denial Reason Code 6 - INAPPROPRIATE LEVEL OF E M SERVICE BILLED	46
Denial Reason Code 6 - MAXIMUM ALLOWANCE EXCEEDED	435
Denial Reason Code 6 - MISSING MODIFIER 26	119
Denial Reason Code 6 - MODIFIER BILLED IS NOT VALID, PLEASE RESUBMIT WITH CORRECT CODE	2
Denial Reason Code 6 - NIA PRICING APPLIED	6
Denial Reason Code 6 - OTHER INSURANCE EOB SUBMITTED DOES NOT MATCH BILLED, PLEASE RESUBMIT	491
Denial Reason Code 6 - PAID ACCORDING TO CONTRACT STATE PROCESSING GUIDELINES	20
Denial Reason Code 6 - PAY: SERVICE PROCESSED THRU COB AUTOMATION	290
Denial Reason Code 6 - PAY: CHARGES PAID AT PROVIDER S COST-TO-CHARGE RATIO ON DATE OF PAYMENT	2
Denial Reason Code 6 - PAY: REIMBURSEMENT INCLUDED IN GLOBAL FEE	10
Denial Reason Code 6 - PENDED CLAIM REVIEW COMPLETED	1632
Denial Reason Code 6 - PROCEDURE CODE APPENDED WITH BILATERAL 50 MODIFIER	14
Denial Reason Code 6 - PROCEDURE CODE CONFLICTS WITH MEMBER S AGE	5
Denial Reason Code 6 - PROCEDURE CODE EXCEEDS MAXIMUM ALLOWED PER DATE OF SERVICE	694
Denial Reason Code 6 - PROCEDURE CODE ICD-9 CODE INCONSISTENT WITH MEMBERS GENDER	10
Denial Reason Code 6 - PROCEDURE CODE INCONSISTENT WITH MEMBER S AGE	24
Denial Reason Code 6 - PROCEDURE CODE PAIRS INCIDENTAL, MUTUALLY EXCLUSIVE OR UNBUNDLED	6749
Denial Reason Code 6 - PROCEDURE CODE PREVIOUSLY BILLED ON HISTORICAL CLAIM	744
Denial Reason Code 6 - PROCEDURE CODE UNBUNDLED FROM GLOBAL PROCEDURE CODE	4246
Denial Reason Code 6 - PROCEDURE or DIAGNOSIS CODE DELETED, INCOMPLETE OF INVALID	18
Denial Reason Code 6 - REQUEST COMPLETE NO ACTION NECESSARY	3
Denial Reason Code 6 - SERVICE LINE REPRESENTS DENIAL OF ADDITIONAL UNITS BILLED	474
Denial Reason Code 6 - SERVICE(S) OR SUPPLIES DURING GLOBAL SURGICAL PERIOD	247
Denial Reason Code 6 - SINGLE UNILATERAL PROCEDURE SUBMITTED MORE THAN ONCE ON THE SAME DOS	2
Denial Reason Code 6 - VERIFY THE CORRECT LOCATION CODE FOR SERVICE BILLED AND RESUBMIT	3
TOTAL	93135