

## Denied Claims Report

Health Plan ID: 2162845  
 Health Plan Name: Louisiana Healthcare Connections - LA  
 Health Plan Contact:  
 Contact Email:  
 Report Period Start Date: 5/1/2013  
 Report Period End Date: 5/31/2013  
 Report Due Date: 6/15/2013

## BAYOU HEALTH Reporting

Document ID: P173  
 Document Name: **Denied Claims Report**  
 Reporting Frequency: Monthly  
 Report Due Date: 15th of the month following end of reporting period  
 File Type: Excel  
 Subject Matter: Informatics (I)

DENIAL_CODE	COUNT
Denial Reason Code 1 - Lack of documentation to support Medical Necessity	7247
Denial Reason Code 2 - Prior Authorization was not on file	8521
Denial Reason Code 3 - Member has other insurance that must be billed first	5145
Denial Reason Code 4 - Claim was submitted after the filing deadline	1272
Denial Reason Code 5 - Service was not covered by the BAYOU HEALTH PLAN	15921
Denial Reason Code 6 - ADD-ON CODE CANNOT BE BILLED WITHOUT PRIMARY CODE	50
Denial Reason Code 6 - AFTER REVIEW, PREV DECISION UPHELD, SEE PROV HANDBOOK FOR APPEAL PROCESS	1907
Denial Reason Code 6 - Adjust: Claim to be reprocessed corrected under new claim number	4329
Denial Reason Code 6 - Adjusted for internal purposes-Correction has been generated	10
Denial Reason Code 6 - Adjustment: Adjusted per corrected billing from provider	904
Denial Reason Code 6 - Adjustment: Provider billed incorrectly & submitted reimbursement	180
Denial Reason Code 6 - BASE CODE CANNOT BE BILLED IN QTY GREATER THAN ONE	29
Denial Reason Code 6 - CPT NOT REIMBURSED SEPARATELY. INCLUDED AS PART OF INCLUSIVE PROCEDURE	2207
Denial Reason Code 6 - DENIAL: AIM CREDIT BALANCE RECOVERY	1
Denial Reason Code 6 - DENIED:RESUBMIT WITH A VALID NDC NBR,QUALIFIER AND UNITS FOR PROCESSING	1
Denial Reason Code 6 - DENY - INVALID ADMIT TYPE FOR AGE OF PATIENT BILLED	44
Denial Reason Code 6 - DENY - MOM AND BABY CHARGES SHOULD BE BILLED SEPARATELY	74
Denial Reason Code 6 - DENY - PLEASE RESUBMIT ACCORDING TO VACCINE GUIDELINES	116
Denial Reason Code 6 - DENY-ENCOUNTER CODE REQUIRED AND MUST BE BILLED W/PAYABLE DETAIL LINES	465
Denial Reason Code 6 - DENY: DENIED AFTER REVIEW OF PATIENT S CLAIM HISTORY	6707
Denial Reason Code 6 - DENY: DUPLICATE SUBMISSION-ORIGINAL CLAIM STILL IN PEND STATUS	535
Denial Reason Code 6 - DENY: LATE CHARGES DENIED, REPLACEMENT BILL REQUIRED FOR PROCESSING	45
Denial Reason Code 6 - DENY: PAYMENT INCLUDED IN THE HIGHER INTENSITY CODE BILLED	7
Denial Reason Code 6 - DENY: PLEASE FORWARD TO THE DENTAL VENDOR FOR PROCESSING	26
Denial Reason Code 6 - DENY: PROCEDURE IS INAPPROPRIATE FOR PROVIDER SPECIALTY	8
Denial Reason Code 6 - DENY: PROCEDURE NOT COVERED FOR THE MEMBER S AGE	77
Denial Reason Code 6 - DENY: THIS CPT CODE IS INVALID WHEN BILLED WITH THIS DIAGNOSIS	12
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	536
Denial Reason Code 6 - DENY: ADMISSION SOURCE MISSING OR INVALID	26
Denial Reason Code 6 - DENY: ADMIT TYPE OR SOURCE MISSING OR INVALID	1
Denial Reason Code 6 - DENY: ATTENDING PROVIDER NAME/NPI MISSING OR INVALID	6
Denial Reason Code 6 - DENY: BASED ON REVIEW OF MED RECORDS	8
Denial Reason Code 6 - DENY: BENEFIT MAXIMUM HAS BEEN REACHED	622
Denial Reason Code 6 - DENY: BILL WITH SPECIFIC VACCINE CODE	430
Denial Reason Code 6 - DENY: BILLED SERVICE DOES NOT MATCH UNITS DATES - CORRECT AND RESUBMIT	118
Denial Reason Code 6 - DENY: CODE IS CONSIDERED AN INTEGRAL COMPONENT OF THE E M CODE BILLED	26
Denial Reason Code 6 - DENY: CODE QUESTIONED BY CODE AUDIT SOFTWARE-DENIED AFTER MEDICAL REVIEW	1
Denial Reason Code 6 - DENY: CODE REPLACED BASED ON CODE AUDITING SOFTWARE RECOMMENDATION	1376
Denial Reason Code 6 - DENY: CODE WAS DENIED BY CODE AUDITING SOFTWARE	425
Denial Reason Code 6 - DENY: DENIED BY MEDICAL SERVICES	672
Denial Reason Code 6 - DENY: DIAGNOSIS CODE 10 MISSING OR INVALID	13
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	55
Denial Reason Code 6 - DENY: DUPLICATE CLAIM SERVICE	16061
Denial Reason Code 6 - DENY: EDI CLAIM MUST BE SUBMITTED IN HARD COPY W CONSENT FORM ATTACHED	550
Denial Reason Code 6 - DENY: HCPCS CPT is not compatible with REV code billed	465
Denial Reason Code 6 - DENY: ICD9 PROC CODE 4 MISSING OR INVALID	22
Denial Reason Code 6 - DENY: ICD9 PROCEDURE CODE MISSING OR INVALID	15
Denial Reason Code 6 - DENY: INELIGIBLE DUE TO UNTIMELY SUBMISSION TO PRIMARY CARRIER	2
Denial Reason Code 6 - DENY: INVALID DATES OF SERVICE PLEASE RE-SUBMIT	70
Denial Reason Code 6 - DENY: INVALID DELETED MISSING CPT CODE	4
Denial Reason Code 6 - DENY: INVALID OR MISSING DISCHARGE STATUS, PLEASE RE-SUBMIT	33
Denial Reason Code 6 - DENY: INVALID OR NO TAX ID NUMBER SUBMITTED ON CLAIM, PLEASE RESUBMIT	1
Denial Reason Code 6 - DENY: INVALID PLACE OF SERVICE, PLEASE CONSULT THE PROV MANUAL	34
Denial Reason Code 6 - DENY: INVALID REV CODE BILL TYPE COMBO	7
Denial Reason Code 6 - DENY: MEMBER NAME NUMBER DATE OF BIRTH DO NOT MATCH,PLEASE RESUBMIT	286
Denial Reason Code 6 - DENY: MODIFIER INVALID FOR PROCEDURE OR MODIFIER NOT REPORTED	457
Denial Reason Code 6 - DENY: NDC MISSING/INVALID OR NOT APPROPRIATE FOR PROCEDURE	2013
Denial Reason Code 6 - DENY: NON-COVERED - CONTACT PROVIDER SERVICES	15
Denial Reason Code 6 - DENY: NON-SPECIFIC DIAGNOSIS- REQUIRES 5TH DIGIT PLEASE RESUBMIT	89
Denial Reason Code 6 - DENY: PLEASE SUBMIT TO MENTAL HEALTH PLAN FOR PROCESSING	2344
Denial Reason Code 6 - DENY: PLEASE SUBMIT TO THE VISION VENDOR FOR PROCESSING	331
Denial Reason Code 6 - DENY: PROFESSIONAL FEE MUST BE BILLED ON HCFA FORM	14
Denial Reason Code 6 - DENY: PROVIDER MUST USE HCPC CPT FOR CORRECT PRICING	17
Denial Reason Code 6 - DENY: RESUBMIT CLAIM UNDER FQHC RHC CLINIC NPI NUMBER	9
Denial Reason Code 6 - DENY: RESUBMIT WITH MODIFIER SPECIFIED BY STATE FOR PROPER PAYMENT	465
Denial Reason Code 6 - DENY: REVENUE CODE NOT REIMBURSABLE - CPT HCPCS CODE REQUIRED	1953
Denial Reason Code 6 - DENY: REVENUE CODES NOT BILLED ON THE UB92, PLEASE RE-SUBMIT	61
Denial Reason Code 6 - DENY: SERVICE HAS EXCEEDED THE AUTHORIZED LIMIT	474
Denial Reason Code 6 - DENY: SERVICES BILLED ON INCORRECT FORM, PLEASE REBILL ON A UB92	74
Denial Reason Code 6 - DENY: SIGNATURE MISSING FROM BOX 31, PLEASE RESUBMIT	25
Denial Reason Code 6 - DENY: SIGNED CONSENT FORM HAS NOT BEEN RECEIVED	139
Denial Reason Code 6 - DENY: STERILIZATION CONSENT FORM IS NOT VALID OR IS MISSING INFORMATION	577
Denial Reason Code 6 - DENY: THE DIAGNOSIS IS INCONSISTENT WITH THE PATIENT S AGE	336
Denial Reason Code 6 - DENY: THE DIAGNOSIS IS INCONSISTENT WITH THE PATIENT S SEX	105
Denial Reason Code 6 - DENY: THE PROCEDURE CODE IS INCONSISTENT WITH THE PATIENT S AGE	111
Denial Reason Code 6 - DENY: THE PROCEDURE CODE IS INCONSISTENT WITH THE PATIENT S SEX	20
Denial Reason Code 6 - DENY: TYPE OF BILL MISSING OR INCORRECT ON CLAIM, PLEASE RE-SUBMIT	3
Denial Reason Code 6 - DENY: VISIT IS INCLUDED IN SURGERY	1
Denial Reason Code 6 - DENY: YOUR NPI IS NOT ON FILE VALID OR YOU HAVE NOT BILLED WITH YOUR NPI	1
Denial Reason Code 6 - DENY:Admin Denial	61
Denial Reason Code 6 - DENY:INSUFFICIENT INFO FOR PROCESSING,RESUBMIT W PRIME S ORIGINAL EOB	127
Denial Reason Code 6 - DENY:NO ACTION NEEDED - WILL BE REPROCESSED AFTER STATE REVIEWS NEW CODE	651
Denial Reason Code 6 - DENY:NON-SPECIFIC DIAGNOSIS OR ICD9 PROC NEEDS 4TH DIGIT PLEASE RESUBMIT	24
Denial Reason Code 6 - DENY:PROVIDER NOT CONTRACTED FOR THIS SERVICE-DO NOT BILL PATIENT	2793
Denial Reason Code 6 - DENY:SERVICES PREVIOUSLY DENIED BY OUR MENTAL HEALTH PROVIDER	1

Denial Reason Code 6 - DIAGNOSIS CANNOT BE USED AS PRIMARY DIAGNOSIS, PLEASE RESUBMIT	253
Denial Reason Code 6 - Deny: svcs not eligible for Medicare Primary members	174
Denial Reason Code 6 - EOB INCOMPLETE-PLEASE RESUBMIT WITH REASON OF OTHER INSURANCE DENIAL	121
Denial Reason Code 6 - INAPPROPRIATE LEVEL OF E M SERVICE BILLED	51
Denial Reason Code 6 - MAXIMUM ALLOWANCE EXCEEDED	658
Denial Reason Code 6 - MISSING MODIFIER 26	262
Denial Reason Code 6 - MODIFIER BILLED IS NOT VALID, PLEASE RESUBMIT WITH CORRECT CODE	3
Denial Reason Code 6 - NIA PRICING APPLIED	9
Denial Reason Code 6 - OTHER INSURANCE EOB SUBMITTED DOES NOT MATCH BILLED, PLEASE RESUBMIT	431
Denial Reason Code 6 - PAID ACCORDING TO CONTRACT STATE PROCESSING GUIDELINES	8
Denial Reason Code 6 - PAY: SERVICE PROCESSED THRU COB AUTOMATION	364
Denial Reason Code 6 - PAY: CHARGES PAID AT PROVIDER S COST-TO-CHARGE RATIO ON DATE OF PAYMENT	3
Denial Reason Code 6 - PAY: REIMBURSEMENT INCLUDED IN GLOBAL FEE	34
Denial Reason Code 6 - PENDED CLAIM REVIEW COMPLETED	1855
Denial Reason Code 6 - PROCEDURE CODE APPENDED WITH BILATERAL 50 MODIFIER	21
Denial Reason Code 6 - PROCEDURE CODE CONFLICTS WITH MEMBER S AGE	7
Denial Reason Code 6 - PROCEDURE CODE EXCEEDS MAXIMUM ALLOWED PER DATE OF SERVICE	1997
Denial Reason Code 6 - PROCEDURE CODE ICD-9 CODE INCONSISTENT WITH MEMBERS GENDER	11
Denial Reason Code 6 - PROCEDURE CODE INCONSISTENT WITH MEMBER S AGE	31
Denial Reason Code 6 - PROCEDURE CODE PAIRS INCIDENTAL, MUTUALLY EXCLUSIVE OR UNBUNDLED	10201
Denial Reason Code 6 - PROCEDURE CODE PREVIOUSLY BILLED ON HISTORICAL CLAIM	1009
Denial Reason Code 6 - PROCEDURE CODE UNBUNDLED FROM GLOBAL PROCEDURE CODE	4908
Denial Reason Code 6 - PROCEDURE or DIAGNOSIS CODE DELETED, INCOMPLETE OF INVALID	17
Denial Reason Code 6 - REQUEST COMPLETE NO ACTION NECESSARY	8
Denial Reason Code 6 - SERVICE LINE REPRESENTS DENIAL OF ADDITIONAL UNITS BILLED	659
Denial Reason Code 6 - SERVICE(S) OR SUPPLIES DURING GLOBAL SURGICAL PERIOD	301
Denial Reason Code 6 - SINGLE UNILATERAL PROCEDURE SUBMITTED MORE THAN ONCE ON THE SAME DOS	2
TOTAL	114476

**This report was based on LA Healthcare Connections' understanding of the current report specifications provided by DHH. The report programming is still under review, thus any changes may result in resubmission of the report. This report should not be used for comparative purposes until all reporting format and specifications have been finalized.**