

Denied Claims Report

Health Plan ID: 2162845
 Health Plan Name: Louisiana Healthcare Connections - LA
 Health Plan Contact:
 Contact Email:
 Report Period Start Date: 6/1/2013
 Report Period End Date: 6/30/2013
 Report Due Date: 7/15/2013

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	3099
Denial Reason Code 2 - Prior Authorization was not on file	6337
Denial Reason Code 3 - Member has other insurance that must be billed first	3337
Denial Reason Code 4 - Claim was submitted after the filing deadline	1960
Denial Reason Code 5 - Service was not covered by the BAYOU HEALTH PLAN	9889
Denial Reason Code 6 - ADD-ON CODE CANNOT BE BILLED WITHOUT PRIMARY CODE	25
Denial Reason Code 6 - AFTER REVIEW, PREV DECISION UPHELD, SEE PROV HANDBOOK FOR APPEAL PROCESS	697
Denial Reason Code 6 - Adjust: Claim to be reprocessed corrected under new claim number	3061
Denial Reason Code 6 - Adjustment: Adjusted per corrected billing from provider	284
Denial Reason Code 6 - Adjustment: Provider billed incorrectly & submitted reimbursement	97
Denial Reason Code 6 - CPT NOT REIMBURSED SEPARATELY. INCLUDED AS PART OF INCLUSIVE PROCEDURE	1819
Denial Reason Code 6 - DENY - INVALID ADMIT TYPE FOR AGE OF PATIENT BILLED	36
Denial Reason Code 6 - DENY - MOM AND BABY CHARGES SHOULD BE BILLED SEPARATELY	19
Denial Reason Code 6 - DENY - NUMBER OF BLOOD UNITS IS REQUIRED	6
Denial Reason Code 6 - DENY - PLEASE RESUBMIT ACCORDING TO VACCINE GUIDELINES	88
Denial Reason Code 6 - DENY-ENCOUNTER CODE REQUIRED AND MUST BE BILLED W/PAYABLE DETAIL LINES	369
Denial Reason Code 6 - DENY-UB04: INVALID TOB	64
Denial Reason Code 6 - DENY: DENIED AFTER REVIEW OF PATIENT S CLAIM HISTORY	4271
Denial Reason Code 6 - DENY: DUPLICATE SUBMISSION-ORIGINAL CLAIM STILL IN PEND STATUS	304
Denial Reason Code 6 - DENY: LATE CHARGES DENIED, REPLACEMENT BILL REQUIRED FOR PROCESSING	62
Denial Reason Code 6 - DENY: PAYMENT INCLUDED IN THE HIGHER INTENSITY CODE BILLED	8
Denial Reason Code 6 - DENY: PLEASE FORWARD TO THE DENTAL VENDOR FOR PROCESSING	16
Denial Reason Code 6 - DENY: PROCEDURE IS INAPPROPRIATE FOR PROVIDER SPECIALTY	59
Denial Reason Code 6 - DENY: PROCEDURE NOT COVERED FOR THE MEMBER S AGE	33
Denial Reason Code 6 - DENY: THIS CPT CODE IS INVALID WHEN BILLED WITH THIS DIAGNOSIS	49
Denial Reason Code 6 - DENY: THIS IS A DELETED CODE AT THE TIME OF SERVICE	41
Denial Reason Code 6 - DENY: ABORTION NECESSITY FORM REQUIRED FOR PROCESSING	1
Denial Reason Code 6 - DENY: ACCOMMODATION DAYS NOT VALID FOR DATE OF SERVICE SPAN	22
Denial Reason Code 6 - DENY: ADJUSTMENT WAS NOT RECEIVED WITHIN TIMELY FILING LIMIT	260
Denial Reason Code 6 - DENY: ADMISSION SOURCE MISSING OR INVALID	25
Denial Reason Code 6 - DENY: ADMIT TYPE OR SOURCE MISSING OR INVALID	12
Denial Reason Code 6 - DENY: ATTENDING PROVIDER NAME/NPI MISSING OR INVALID	4
Denial Reason Code 6 - DENY: BASED ON REVIEW OF MED RECORDS	560
Denial Reason Code 6 - DENY: BENEFIT MAXIMUM HAS BEEN REACHED	662
Denial Reason Code 6 - DENY: BILL WITH SPECIFIC VACCINE CODE	303
Denial Reason Code 6 - DENY: BILLED SERVICE DOES NOT MATCH UNITS DATES - CORRECT AND RESUBMIT	2
Denial Reason Code 6 - DENY: CLAIM CANNOT BE PROCESSED WITHOUT AN ITEMIZED BILL	42
Denial Reason Code 6 - DENY: CODE IS CONSIDERED AN INTEGRAL COMPONENT OF THE E M CODE BILLED	3
Denial Reason Code 6 - DENY: CODE REPLACED BASED ON CODE AUDITING SOFTWARE RECOMMENDATION	637
Denial Reason Code 6 - DENY: CODE WAS DENIED BY CODE AUDITING SOFTWARE	214
Denial Reason Code 6 - DENY: COVERAGE NOT IN EFFECT WHEN SERVICE PROVIDED	1
Denial Reason Code 6 - DENY: CPT MODIFIER NOT APPROPRIATE WHEN BILLED WITH MULTIPLE UNITS	2
Denial Reason Code 6 - DENY: DENIED BY MEDICAL SERVICES	576
Denial Reason Code 6 - DENY: DISCHARGE HOUR INVALID WITH DISCHARGE STATUS 30	191
Denial Reason Code 6 - DENY: DISCHARGE HOUR MISSING OR INVALID	3
Denial Reason Code 6 - DENY: DUPLICATE CLAIM SERVICE	11007
Denial Reason Code 6 - DENY: EDI CLAIM MUST BE SUBMITTED IN HARD COPY W CONSENT FORM ATTACHED	245
Denial Reason Code 6 - DENY: HCPCS CPT is not compatible with REV code billed	949
Denial Reason Code 6 - DENY: HMS OVERPAYMENT RECOUPMENT	979
Denial Reason Code 6 - DENY: ICD9 PROC CODE 1 MISSING OR INVALID	15
Denial Reason Code 6 - DENY: INVALID DATES OF SERVICE PLEASE RE-SUBMIT	9
Denial Reason Code 6 - DENY: INVALID DELETED MISSING CPT CODE	592
Denial Reason Code 6 - DENY: INVALID OR MISSING DISCHARGE STATUS, PLEASE RE-SUBMIT	29
Denial Reason Code 6 - DENY: INVALID PLACE OF SERVICE, PLEASE CONSULT THE PROV MANUAL	28
Denial Reason Code 6 - DENY: MEMBER NAME NUMBER DATE OF BIRTH DO NOT MATCH,PLEASE RESUBMIT	259
Denial Reason Code 6 - DENY: MODIFIER INVALID FOR PROCEDURE OR MODIFIER NOT REPORTED	364
Denial Reason Code 6 - DENY: NDC MISSING/INVALID OR NOT APPROPRIATE FOR PROCEDURE	1769
Denial Reason Code 6 - DENY: NON-COVERED - CONTACT PROVIDER SERVICES	61
Denial Reason Code 6 - DENY: NON-SPECIFIC DIAGNOSIS- REQUIRES 5TH DIGIT PLEASE RESUBMIT	105
Denial Reason Code 6 - DENY: ORIGINAL SUBMISSION WAS NOT RECEIVED WITHIN TIMELY FILING LIMIT	2
Denial Reason Code 6 - DENY: PLEASE SUBMIT TO MENTAL HEALTH PLAN FOR PROCESSING	1829
Denial Reason Code 6 - DENY: PLEASE SUBMIT TO THE VISION VENDOR FOR PROCESSING	203
Denial Reason Code 6 - DENY: PRIMARY CARRIER PAID UNDER CAPITATION ARRANGEMENT	2
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	5
Denial Reason Code 6 - DENY: RESUBMIT CLAIM UNDER FQHC RHC CLINIC NPI NUMBER	38
Denial Reason Code 6 - DENY: RESUBMIT WITH MODIFIER SPECIFIED BY STATE FOR PROPER PAYMENT	312
Denial Reason Code 6 - DENY: REVENUE CODE NOT REIMBURSABLE - CPT HCPCS CODE REQUIRED	1851
Denial Reason Code 6 - DENY: REVENUE CODES NOT BILLED ON THE UB92, PLEASE RE-SUBMIT	35
Denial Reason Code 6 - DENY: SERVICE HAS EXCEEDED THE AUTHORIZED LIMIT	275
Denial Reason Code 6 - DENY: SERVICES BILLED ON INCORRECT FORM, PLEASE REBILL ON A UB92	10
Denial Reason Code 6 - DENY: SIGNATURE MISSING FROM BOX 31, PLEASE RESUBMIT	61
Denial Reason Code 6 - DENY: SIGNED CONSENT FORM HAS NOT BEEN RECEIVED	44
Denial Reason Code 6 - DENY: STERILIZATION CONSENT FORM IS NOT VALID OR IS MISSING INFORMATION	406
Denial Reason Code 6 - DENY: THE DIAGNOSIS IS INCONSISTENT WITH THE PATIENT S AGE	258
Denial Reason Code 6 - DENY: THE DIAGNOSIS IS INCONSISTENT WITH THE PATIENT S SEX	33
Denial Reason Code 6 - DENY: THE PROCEDURE CODE IS INCONSISTENT WITH THE PATIENT S AGE	81
Denial Reason Code 6 - DENY: THE PROCEDURE CODE IS INCONSISTENT WITH THE PATIENT S SEX	20
Denial Reason Code 6 - DENY: THIS IS NOT A VALID MODIFIER FOR THIS CODE	1
Denial Reason Code 6 - DENY:Admin Denial	29
Denial Reason Code 6 - DENY:INAPPROPRIATE CODE BILLED,CORRECT & RESUBMIT	1
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	1
Denial Reason Code 6 - DENY:NON-SPECIFIC DIAGNOSIS OR ICD9 PROC NEEDS 4TH DIGIT PLEASE RESUBMIT	19
Denial Reason Code 6 - DENY:PROVIDER NOT CONTRACTED FOR THIS SERVICE-DO NOT BILL PATIENT	2102
Denial Reason Code 6 - DENY:UNLISTED UNSPECIFIC CODE -RE-BILL MORE SPECIFIC CODE	1
Denial Reason Code 6 - DIAGNOSIS CANNOT BE USED AS PRIMARY DIAGNOSIS, PLEASE RESUBMIT	197

Denial Reason Code 6 - Deny: svcs not eligible for Medicare Primary members	144
Denial Reason Code 6 - EOB INCOMPLETE-PLEASE RESUBMIT WITH REASON OF OTHER INSURANCE DENIAL	25
Denial Reason Code 6 - INAPPROPRIATE LEVEL OF E M SERVICE BILLED	49
Denial Reason Code 6 - INCORRECT NPI FOR PROVIDER	6
Denial Reason Code 6 - MAXIMUM ALLOWANCE EXCEEDED	460
Denial Reason Code 6 - MISSING MODIFIER 26	125
Denial Reason Code 6 - NIA PRICING APPLIED	4
Denial Reason Code 6 - OTHER INSURANCE EOB SUBMITTED DOES NOT MATCH BILLED, PLEASE RESUBMIT	369
Denial Reason Code 6 - PAID ACCORDING TO CONTRACT STATE PROCESSING GUIDELINES	2
Denial Reason Code 6 - PAY: SERVICE PROCESSED THRU COB AUTOMATION	314
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	12
Denial Reason Code 6 - PENDED CLAIM REVIEW COMPLETED	1956
Denial Reason Code 6 - PROCEDURE CODE APPENDED WITH BILATERAL 50 MODIFIER	10
Denial Reason Code 6 - PROCEDURE CODE CONFLICTS WITH MEMBER S AGE	6
Denial Reason Code 6 - PROCEDURE CODE EXCEEDS MAXIMUM ALLOWED PER DATE OF SERVICE	818
Denial Reason Code 6 - PROCEDURE CODE ICD-9 CODE INCONSISTENT WITH MEMBERS GENDER	15
Denial Reason Code 6 - PROCEDURE CODE INCONSISTENT WITH MEMBER S AGE	19
Denial Reason Code 6 - PROCEDURE CODE PAIRS INCIDENTAL, MUTUALLY EXCLUSIVE OR UNBUNDLED	7375
Denial Reason Code 6 - PROCEDURE CODE PREVIOUSLY BILLED ON HISTORICAL CLAIM	819
Denial Reason Code 6 - PROCEDURE CODE UNBUNDLED FROM GLOBAL PROCEDURE CODE	3103
Denial Reason Code 6 - PROCEDURE or DIAGNOSIS CODE DELETED, INCOMPLETE OF INVALID	26
Denial Reason Code 6 - REQUEST COMPLETE NO ACTION NECESSARY	1
Denial Reason Code 6 - SERVICE LINE REPRESENTS DENIAL OF ADDITIONAL UNITS BILLED	472
Denial Reason Code 6 - SERVICE(S) OR SUPPLIES DURING GLOBAL SURGICAL PERIOD	239
Denial Reason Code 6 - SINGLE UNILATERAL PROCEDURE SUBMITTED MORE THAN ONCE ON THE SAME DOS	4
Denial Reason Code 6 - VERIFY THE CORRECT LOCATION CODE FOR SERVICE BILLED AND RESUBMIT	3
TOTAL	80292

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.