

Denied Claims Report		BAYOU HEALTH Reporting			
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:	7/1/2013	File Type:	Excel		
Report Period End Date:	7/31/2013	Subject Matter:	Informatics (I)		
Report Due Date:	8/15/2013				
#DENIAL_CODE	COUNT				
Denial Reason Code 1 - Lack of documentation to support Medical Necessity	1759				
Denial Reason Code 2 - Prior Authorization was not on file	6463				
Denial Reason Code 3 - Member has other insurance that must be billed first	4318				
Denial Reason Code 4 - Claim was submitted after the filing deadline	2028				
Denial Reason Code 5 - Service was not covered by the BAYOU HEALTH PLAN	9820				
Denial Reason Code 6 - ADD-ON CODE CANNOT BE BILLED WITHOUT PRIMARY CODE	24				
Denial Reason Code 6 - AFTER REVIEW, PREV DECISION UPHELD, SEE PROV HANDBOOK FOR APPEAL PROCESS	905				
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	1625				
Denial Reason Code 6 - DENIED:RESUBMIT WITH A VALID NDC NBR,QUALIFIER AND UNITS FOR PROCESSING	2				
Denial Reason Code 6 - DENY - INVALID ADMIT TYPE FOR AGE OF PATIENT BILLED	48				
Denial Reason Code 6 - DENY - MOM AND BABY CHARGES SHOULD BE BILLED SEPARATELY	63				
Denial Reason Code 6 - DENY - PLEASE RESUBMIT ACCORDING TO VACCINE GUIDELINES	109				
Denial Reason Code 6 - DENY-ENCOUNTER CODE REQUIRED AND MUST BE BILLED W/PAYABLE DETAIL LINES	645				
Denial Reason Code 6 - DENY-UB04: INVALID TOB	16				
Denial Reason Code 6 - DENY: DENIED AFTER REVIEW OF PATIENT S CLAIM HISTORY	4962				
Denial Reason Code 6 - DENY: DUPLICATE SUBMISSION-ORIGINAL CLAIM STILL IN PEND STATUS	265				
Denial Reason Code 6 - DENY: LATE CHARGES DENIED, REPLACEMENT BILL REQUIRED FOR PROCESSING	86				
Denial Reason Code 6 - DENY: PAYMENT INCLUDED IN THE HIGHER INTENSITY CODE BILLED	14				
Denial Reason Code 6 - DENY: PLEASE FORWARD TO THE DENTAL VENDOR FOR PROCESSING	20				
Denial Reason Code 6 - DENY: PROCEDURE IS INAPPROPRIATE FOR PROVIDER SPECIALTY	18				
Denial Reason Code 6 - DENY: PROCEDURE NOT COVERED FOR THE MEMBER S AGE	48				
Denial Reason Code 6 - DENY: THIS CPT CODE IS INVALID WHEN BILLED WITH THIS DIAGNOSIS	15				
Denial Reason Code 6 - DENY: THIS IS A DELETED CODE AT THE TIME OF SERVICE	18				
Denial Reason Code 6 - DENY: ACCOMMODATION DAYS NOT VALID FOR DATE OF SERVICE SPAN	1				
Denial Reason Code 6 - DENY: ADJUSTMENT WAS NOT RECEIVED WITHIN TIMELY FILING LIMIT	313				
Denial Reason Code 6 - DENY: ADMISSION SOURCE MISSING OR INVALID	4				
Denial Reason Code 6 - DENY: ADMIT TYPE OR SOURCE MISSING OR INVALID	17				
Denial Reason Code 6 - DENY: BASED ON REVIEW OF MED RECORDS	3834				
Denial Reason Code 6 - DENY: BENEFIT MAXIMUM HAS BEEN REACHED	644				
Denial Reason Code 6 - DENY: BILL WITH SPECIFIC VACCINE CODE	370				
Denial Reason Code 6 - DENY: BILLED SERVICE DOES NOT MATCH UNITS DATES - CORRECT AND RESUBMIT	44				
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	619				
Denial Reason Code 6 - DENY: CODE WAS DENIED BY CODE AUDITING SOFTWARE	323				
Denial Reason Code 6 - DENY: COVERAGE NOT IN EFFECT WHEN SERVICE PROVIDED	30				
Denial Reason Code 6 - DENY: DENIED BY MEDICAL SERVICES	582				
Denial Reason Code 6 - DENY: DIAGNOSIS CODE 1 MISSING OR INVALID	1				
Denial Reason Code 6 - DENY: DIAGNOSIS CODE 2 MISSING OR INVALID	18				
Denial Reason Code 6 - DENY: DIAGNOSIS CODE 6 MISSING OR INVALID	18				
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	215				
Denial Reason Code 6 - DENY: DUPLICATE CLAIM SERVICE	20257				
Denial Reason Code 6 - DENY: EDI CLAIM MUST BE SUBMITTED IN HARD COPY W CONSENT FORM ATTACHED	292				
Denial Reason Code 6 - DENY: HCPCS CPT is not compatible with REV code billed	1109				
Denial Reason Code 6 - DENY: HMS OVERPAYMENT RECOUPMENT	32				
Denial Reason Code 6 - DENY: ICD9 PROC CODE 1 MISSING OR INVALID	59				
Denial Reason Code 6 - DENY: ICD9 PROC CODE 2 MISSING OR INVALID	1				
Denial Reason Code 6 - DENY: ICD9 PROC CODE 3 MISSING OR INVALID	1				
Denial Reason Code 6 - DENY: INAPPROPRIATE PRIMARY ADMITTING DIAG CODE	3				
Denial Reason Code 6 - DENY: INVALID DATES OF SERVICE PLEASE RE-SUBMIT	9				
Denial Reason Code 6 - DENY: INVALID DELETED MISSING CPT CODE	43				
Denial Reason Code 6 - DENY: INVALID OR MISSING DISCHARGE STATUS, PLEASE RE-SUBMIT	107				
Denial Reason Code 6 - DENY: INVALID PLACE OF SERVICE, PLEASE CONSULT THE PROV MANUAL	10				
Denial Reason Code 6 - DENY: MEMBER NAME NUMBER DATE OF BIRTH DO NOT MATCH,PLEASE RESUBMIT	315				
Denial Reason Code 6 - DENY: MODIFIER INVALID FOR PROCEDURE OR MODIFIER NOT REPORTED	495				
Denial Reason Code 6 - DENY: NDC MISSING/INVALID OR NOT APPROPRIATE FOR PROCEDURE	1593				
Denial Reason Code 6 - DENY: NON-COVERED - CONTACT PROVIDER SERVICES	57				
Denial Reason Code 6 - DENY: NON-SPECIFIC DIAGNOSIS- REQUIRES 5TH DIGIT PLEASE RESUBMIT	125				
Denial Reason Code 6 - DENY: PLEASE SUBMIT TO MENTAL HEALTH PLAN FOR PROCESSING	7453				
Denial Reason Code 6 - DENY: PLEASE SUBMIT TO THE VISION VENDOR FOR PROCESSING	237				
Denial Reason Code 6 - DENY: PRIMARY CARRIER PAID UNDER CAPITATION ARRANGEMENT	8				
Denial Reason Code 6 - DENY: PROFESSIONAL FEE MUST BE BILLED ON HCFA FORM	6				
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	21				
Denial Reason Code 6 - DENY: RESUBMIT WITH COB FOR NON-T1015 LINES	107				
Denial Reason Code 6 - DENY: RESUBMIT WITH MODIFIER SPECIFIED BY STATE FOR PROPER PAYMENT	428				
Denial Reason Code 6 - DENY: REVENUE CODE NOT REIMBURSABLE - CPT HCPCS CODE REQUIRED	1884				
Denial Reason Code 6 - DENY: REVENUE CODES NOT BILLED ON THE UB92, PLEASE RE-SUBMIT	90				
Denial Reason Code 6 - DENY: SERVICE HAS EXCEEDED THE AUTHORIZED LIMIT	276				
Denial Reason Code 6 - DENY: SERVICES BILLED ON INCORRECT FORM, PLEASE REBILL ON A UB92	18				
Denial Reason Code 6 - DENY: SIGNATURE MISSING FROM BOX 31, PLEASE RESUBMIT	64				
Denial Reason Code 6 - DENY: SIGNED CONSENT FORM HAS NOT BEEN RECEIVED	168				
Denial Reason Code 6 - DENY: STERILIZATION CONSENT FORM IS NOT VALID OR IS MISSING INFORMATION	889				
Denial Reason Code 6 - DENY: THE DIAGNOSIS IS INCONSISTENT WITH THE PATIENT S AGE	475				
Denial Reason Code 6 - DENY: THE DIAGNOSIS IS INCONSISTENT WITH THE PATIENT S SEX	48				
Denial Reason Code 6 - DENY: THE PROCEDURE CODE IS INCONSISTENT WITH THE PATIENT S AGE	95				
Denial Reason Code 6 - DENY: THE PROCEDURE CODE IS INCONSISTENT WITH THE PATIENT S SEX	14				
Denial Reason Code 6 - DENY: THIS IS NOT A VALID MODIFIER FOR THIS CODE	1				
Denial Reason Code 6 - DENY: TYPE OF BILL MISSING OR INCORRECT ON CLAIM, PLEASE RE-SUBMIT	7				
Denial Reason Code 6 - DENY: VISIT IS INCLUDED IN SURGERY	3				
Denial Reason Code 6 - DENY:Admin Denial	18				

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#DENIAL_CODE	COUNT						
Denial Reason Code 6 - DENY:INSUFFICIENT INFO FOR PROCESSING,RESUBMIT W PRIME S ORIGINAL EOB	102						
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	15						
Denial Reason Code 6 - DENY:PROVIDER NOT CONTRACTED FOR THIS SERVICE-DO NOT BILL PATIENT	2126						
Denial Reason Code 6 - DIAGNOSIS CANNOT BE USED AS PRIMARY DIAGNOSIS, PLEASE RESUBMIT	163						
Denial Reason Code 6 - Deny: svcs not eligible for Medicare Primary members	148						
Denial Reason Code 6 - EOB INCOMPLETE-PLEASE RESUBMIT WITH REASON OF OTHER INSURANCE DENIAL	70						
Denial Reason Code 6 - INAPPROPRIATE LEVEL OF E M SERVICE BILLED	37						
Denial Reason Code 6 - INCORRECT NPI FOR TIN	17						
Denial Reason Code 6 - MAXIMUM ALLOWANCE EXCEEDED	527						
Denial Reason Code 6 - MISSING MODIFIER 26	126						
Denial Reason Code 6 - MODIFIER BILLED IS NOT VALID, PLEASE RESUBMIT WITH CORRECT CODE	2						
Denial Reason Code 6 - NIA PRICING APPLIED	2						
Denial Reason Code 6 - OTHER INSURANCE EOB SUBMITTED DOES NOT MATCH BILLED, PLEASE RESUBMIT	144						
Denial Reason Code 6 - PAID ACCORDING TO CONTRACT STATE PROCESSING GUIDELINES	372						
Denial Reason Code 6 - PAY: SERVICE PROCESSED THRU COB AUTOMATION	338						
Denial Reason Code 6 - PAY: FOR INTERNAL PURPOSES ONLY	1						
Denial Reason Code 6 - PAY: REIMBURSEMENT INCLUDED IN GLOBAL FEE	1						
Denial Reason Code 6 - PROCEDURE CODE APPENDED WITH BILATERAL 50 MODIFIER	13						
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	1135						
Denial Reason Code 6 - PROCEDURE CODE ICD-9 CODE INCONSISTENT WITH MEMBERS GENDER	30						
Denial Reason Code 6 - PROCEDURE CODE INCONSISTENT WITH MEMBER S AGE	24						
Denial Reason Code 6 - PROCEDURE CODE PAIRS INCIDENTAL, MUTUALLY EXCLUSIVE OR UNBUNDLED	9096						
Denial Reason Code 6 - PROCEDURE CODE PREVIOUSLY BILLED ON HISTORICAL CLAIM	1086						
Denial Reason Code 6 - PROCEDURE CODE UNBUNDLED FROM GLOBAL PROCEDURE CODE	3339						
Denial Reason Code 6 - PROCEDURE or DIAGNOSIS CODE DELETED, INCOMPLETE OF INVALID	31						
Denial Reason Code 6 - REQUEST COMPLETE NO ACTION NECESSARY	3						
Denial Reason Code 6 - SERVICE LINE REPRESENTS DENIAL OF ADDITIONAL UNITS BILLED	533						
Denial Reason Code 6 - SERVICE(S) OR SUPPLIES DURING GLOBAL SURGICAL PERIOD	202						
Denial Reason Code 6 - SINGLE UNILATERAL PROCEDURE SUBMITTED MORE THAN ONCE ON THE SAME DOS	2						
TOTAL	96837						
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.							