

**BAYOU HEALTH Prepaid Denied Claim Report**  
**Amerigroup Louisiana, Inc.: 2162519**  
**For period 11/01/2012 - 11/30/2012**  
**12/21/2012**

<b>Denial Reason</b>	<b>Total</b>
Denial Reason Code 1 - Lack of documentation to support Medical Necessity	18
Denial Reason Code 2 - Prior Authorization was not on file	11363
Denial Reason Code 3 - Member has other insurance that must be billed first	3419
Denial Reason Code 4 - Claim was submitted after the filing deadline	0
Denial Reason Code 5 - Service was not covered by the BAYOU HEALTH PLAN	720
Denial Reason Code 6 - All Other	62317
Denial Reason Code 6 - A more specific code is available for the NDC #.	7
Denial Reason Code 6 - A valid CLIA number must be submitted for this service	14881
Denial Reason Code 6 - Administration code submitted without an appropriate serum code.	375
Denial Reason Code 6 - Bilateral procedure is payable on 1 line.	1
Denial Reason Code 6 - Changes processed under corrected submission	14
Denial Reason Code 6 - Charges processed under original submission.	1669
Denial Reason Code 6 - Claim matched to a pended UM therefore zero units are allowed	12
Denial Reason Code 6 - Claim must be billed with T1015	570
Denial Reason Code 6 - Claim processed under NB ID	3
Denial Reason Code 6 - Code is considered an add-on. The primary codes was denied or missing.	157
Denial Reason Code 6 - Consent Form Incomplete, Refer to Website for specifics	21
Denial Reason Code 6 - Consent form incomplete. Refer to the State website for specifics on	353
Denial Reason Code 6 - Current Medical Visit should not have been billed separately from an	26
Denial Reason Code 6 - Current procedure denied because it does not require an	6
Denial Reason Code 6 - Current procedure has been replaced due to an age conflict	26
Denial Reason Code 6 - Current procedure is CCI incidental to a procedure in history	180
Denial Reason Code 6 - Current procedure is CCI mutually exclusive to a procedure in	11
Denial Reason Code 6 - Daily or Lifetime Max Occurrence	670
Denial Reason Code 6 - Deny - Admin code billed without a serum code(s)	1
Denial Reason Code 6 - Deny Billing Error Incorrect Discharge Status	20
Denial Reason Code 6 - Deny- Incorrect Subscriber Submitted	7

Denial Reason Code 6 - Diagnosis is inconsistent with the member's gender	108
Denial Reason Code 6 - Disallow Amount entered - manual pricing	5
Denial Reason Code 6 - Historical procedure occurred within 90 day of an associated surgical	49
Denial Reason Code 6 - History Daily/Lifetime Max Occurrence	730
Denial Reason Code 6 - History Mutually Exclusive Procedure	73
Denial Reason Code 6 - History PreOp Conflict Within 1 Day	3
Denial Reason Code 6 - History Rebundle	19
Denial Reason Code 6 - Inappropriate Modifier for Service	1692
Denial Reason Code 6 - Incidental due to a procedure in history	213
Denial Reason Code 6 - Included in Mother's per diem/case rate	103
Denial Reason Code 6 - Included in per diem/case rate	1
Denial Reason Code 6 - Incorrect CMS claim form was submitted.	51
Denial Reason Code 6 - Incorrect/Incomplete/Missing consent form	92
Denial Reason Code 6 - Invalid ICD9 Diagnosis Code	8
Denial Reason Code 6 - Invalid or No Place of Service Billed. Please resubmit with HIPAA	6
Denial Reason Code 6 - Invalid Patient Status/Discharge Code	2
Denial Reason Code 6 - Maximum daily allowance exceeded	800
Denial Reason Code 6 - Maximum units with bilateral modifier is 1	5
Denial Reason Code 6 - Medical visit occurred on same day as a surgical procedure.	145
Denial Reason Code 6 - Member not eligible for Benefits	3010
Denial Reason Code 6 - Member's coverage was not in effect on the date the service	4
Denial Reason Code 6 - Missing/incomplete/invalid rendering provider primary identifier	4
Denial Reason Code 6 - NDC, Unit of Measure or Quantity is missing or invalid.	1277
Denial Reason Code 6 - New patient visit frequency exceeded	116
Denial Reason Code 6 - No Original claim on file. Please submit an original claim	1
Denial Reason Code 6 - Non-Compliant CPT/HCPCS code	6
Denial Reason Code 6 - Non-Compliant Modifier	12
Denial Reason Code 6 - Not a reimbursable service	4
Denial Reason Code 6 - Per pregnancy maximum allowance exceeded	65
Denial Reason Code 6 - Please resubmit with applicable modifier	2
Denial Reason Code 6 - Please submit claim to eyeQuest	80
Denial Reason Code 6 - Please submit claim to Logisticare	290
Denial Reason Code 6 - Post-Operative procedure occurred within timeframe of a surgical	1

Denial Reason Code 6 - Price Adjusted Due to Additional Line Item Modifiers.	9
Denial Reason Code 6 - Price Adjusted Due to Line Item Modifier.	127
Denial Reason Code 6 - Pricing will be manually calculated and entered	5
Denial Reason Code 6 - Procedure billed is outside usual scope of practice for anesthesiology	2
Denial Reason Code 6 - Procedure code billed in an invalid location	139
Denial Reason Code 6 - Procedure does not meet established medical criteria for coverage	29
Denial Reason Code 6 - Procedure exceeds established frequency guidelines and is not covered	8
Denial Reason Code 6 - Professional service billed without appropriate modifier	79
Denial Reason Code 6 - Provider License is no longer active in member state of residence	15
Denial Reason Code 6 - Reimbursement reduced for like procedure conducted during same session	17
Denial Reason Code 6 - Requested procedure is not reimbursable based on diagnosis submitted	236
Denial Reason Code 6 - Resubmit claim billing NDC number for drug code	12
Denial Reason Code 6 - Resubmit claim billing with a Valid National Drug Code Number.	3
Denial Reason Code 6 - Resubmit claim with a description of service.	28
Denial Reason Code 6 - Resubmit claim with a valid NDC# and description	1
Denial Reason Code 6 - Resubmit one place of service per claim	9
Denial Reason Code 6 - Resubmit with rendering provider NPI	41
Denial Reason Code 6 - Resubmit with servicing provider	311
Denial Reason Code 6 - Resubmit with Units/Visits	1
Denial Reason Code 6 - Resubmit with valid /correct Date of Service	3
Denial Reason Code 6 - Resubmit with valid Proc/Rev code	1
Denial Reason Code 6 - Revenue Code requires a valid procedure code for reimbursement	23
Denial Reason Code 6 - Serum Available at No Cost through VFC	2715
Denial Reason Code 6 - Service included in higher level of care	108
Denial Reason Code 6 - Service not billed with appropriate modifier	3
Denial Reason Code 6 - Service processed per manual pricing	15
Denial Reason Code 6 - Services not separately payable	7
Denial Reason Code 6 - State Medicaid ID required for payment	4606
Denial Reason Code 6 - Submit claim to Magellan - AMERIGROUP not responsible for this service	603
Denial Reason Code 6 - Submit Claim to Vendor-UNIVITA	167
Denial Reason Code 6 - Surgical supplies are not separately reimbursable	74
Denial Reason Code 6 - The allowable amount for this service has been reduced according to	133
Denial Reason Code 6 - The claim line is disallowed because the diagnosis is	281

Denial Reason Code 6 - The member's coverage was not in effect on the date services were	1727
Denial Reason Code 6 - The submitted code is disallowed because the procedure is	409
Denial Reason Code 6 - The submitted service is not allowed per your contract	4236
Denial Reason Code 6 - This charge exceeds the contracted amount for this service	2
Denial Reason Code 6 - This claim is a duplicate of a previously submitted claim for	8721
Denial Reason Code 6 - This edit occurred because a procedure code indicates a service N/C	58
Denial Reason Code 6 - This edit occurred because multiple exclusive bilateral proc codes	605
Denial Reason Code 6 - This edit occurred because proc code reported has a status indicator	1
Denial Reason Code 6 - This edit occurred because proc is not reportable on an OPPS	186
Denial Reason Code 6 - This edit occurred because proc was performed that must be reported	52
Denial Reason Code 6 - This edit occurred because Rev code 762 (observation) is used with	148
Denial Reason Code 6 - This edit occurred because services with service indicator "C" which	4
Denial Reason Code 6 - This edit occurred because the From, Thru, or Service date is	2
Denial Reason Code 6 - This edit occurred because the item, service, or procedure was admin	1
Denial Reason Code 6 - This edit occurred because the line item contains a revenue code	1
Denial Reason Code 6 - This edit occurred because the proc is one of a pair of mutually exc	2
Denial Reason Code 6 - This procedure does not normally require the services of an	10
Denial Reason Code 6 - This procedure is considered CCI incidental to or part of the	850
Denial Reason Code 6 - This procedure is considered CCI mutually exclusive to or part	92
Denial Reason Code 6 - This procedure is considered experimental in nature and not a covered	32
Denial Reason Code 6 - This procedure is considered incidental to or a part of the primary	6267
Denial Reason Code 6 - This procedure is considered mutually exclusive to the primary	586
Denial Reason Code 6 - This procedure is not normally performed for members in this age range	189
Denial Reason Code 6 - This procedure is not normally performed more than once per day.	14
Denial Reason Code 6 - This service is a duplicate of a previously submitted service for	260
Denial Reason Code 6 - This service is disallowed because a new patient consult was billed	4
Denial Reason Code 6 - This service is not normally performed for members in this age range	8
Denial Reason Code 6 - This service is not normally performed for this members gender	4
Denial Reason Code 6 - This service is not normally performed for this member's gender	3
Denial Reason Code 6 - This service is not reimbursable for this Provider Type	1
Denial Reason Code 6 - Unlisted Procedure Code	35
Denial Reason Code 6 - Valid sterilization consent form required	9
<b>Grand Total</b>	<b>77837</b>

**Denied Claims Report Summary:eyeQuest  
 Amerigroup Louisiana, Inc.: 2162519  
 For Period 20121101 to 20121130**

<b>Denial Reason</b>	<b>Total</b>
1 - Lack of documentation to support Medical Necessity	
2 - Prior Authorization was not on file	8
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	4
6-Service is denied for benefit limitations	2
6-Routine refractive exams are included as part of the routine eye exams	2
6-LA AMGP Lens Option Fee	1
6-Invalid date of service	2
Grand Total	19

**Denied Claims Report Summary: Univita  
Amerigroup Louisiana, Inc.: 2162519  
For Period 20121101 to 20121130**

<b>Denial Reason</b>	<b>Total</b>
1 - Lack of documentation to support Medical Necessity	58
2 - Prior Authorization was not on file	478
3 - Member has other insurance that must be billed first	0
4 - Claim was submitted after the filing deadline	73
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	50
6 - This Claim has been processed according to the authorization/contracted rates on file	45
<b>Grand Total</b>	<b>707</b>

**Denied Claims Report Summary: Logisticare  
Amerigroup Louisiana, Inc.: 2152519  
For Period 20121101 to 20121130**

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 - No Signature Provided	
Grand Total	0