

BAYOU HEALTH Prepaid Denied Claim Report
Amerigroup Louisiana, Inc.: 2162519
For period 20121201 - 20121231
01/15/2013

Denial Reason	Total
Denial Reason Code 1 - Lack of documentation to support Medical Necessity	28
Denial Reason Code 2 - Prior Authorization was not on file	16099
Denial Reason Code 3 - Member has other insurance that must be billed first	7067
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	669
Denial Reason Code 6 - All Other	76833
Denial Reason Code 6 - 7 Is not a valid Admission Source Code	1
Denial Reason Code 6 - A more specific code is available	12
Denial Reason Code 6 - Add-on code. Primary denied or missing.	221
Denial Reason Code 6 - Admin cd billed w/o appropriate serum	304
Denial Reason Code 6 - Age Conflict Replaced Procedure	22
Denial Reason Code 6 - Age exceeds normal range for procedure	3
Denial Reason Code 6 - All Enroll events are Future	3
Denial Reason Code 6 - Assistant at Surgery Procedure	15
Denial Reason Code 6 - Assistant Surgeon Disallow	12
Denial Reason Code 6 - Billing Error	360
Denial Reason Code 6 - CCI Incidental Procedure	1151

Denial Reason Code 6 - CCI Incidental Procedure in History	182
Denial Reason Code 6 - CCI Mutually Exclusive Procedure	124
Denial Reason Code 6 - CCI Mutually Exclusive Procedure in Hist	4
Denial Reason Code 6 - Charge exceeds the allowable amount	1
Denial Reason Code 6 - Charges processed under original submiss	2539
Denial Reason Code 6 - Claim billed under mother's ID	3
Denial Reason Code 6 - Claim Coordinated with EOP	1
Denial Reason Code 6 - Claim must be billed with T1015	702
Denial Reason Code 6 - Claim processed under NB ID	6
Denial Reason Code 6 - Consent Form Incomplete,Refer to Website	22
Denial Reason Code 6 - Consent form incomplete.Refer to Website	460
Denial Reason Code 6 - Consent form required	246
Denial Reason Code 6 - Daily maximum exceeded	236
Denial Reason Code 6 - Daily or Lifetime Max Occurrence	912
Denial Reason Code 6 - Date req. prior to subgroup orig eff dt.	47
Denial Reason Code 6 - Date req. Prior to Subscriber Eff Dt.	8263
Denial Reason Code 6 - Definite Duplicate Claim	13618
Denial Reason Code 6 - Denied based on void/cancelled claim	3
Denial Reason Code 6 - Deny Incorrect Discharge Status	2
Denial Reason Code 6 - Description of service needed	83
Denial Reason Code 6 - Description of service required	437
Denial Reason Code 6 - Diagnosis inconsistent with age	347
Denial Reason Code 6 - Diagnosis inconsistent with mbr gender	73
Denial Reason Code 6 - Disallow-not allowed under contract	4380

Denial Reason Code 6 - Disallowed amount	8
Denial Reason Code 6 - Duplicate line for bilateral procedure.	1
Denial Reason Code 6 - Duplicate Service	289
Denial Reason Code 6 - EOB charges does not match claim	240
Denial Reason Code 6 - EOB illegible please resubmit	56
Denial Reason Code 6 - EOB member mismatch to claim	31
Denial Reason Code 6 - Exceeds frequency guidelines	13
Denial Reason Code 6 - Experimental procedure	26
Denial Reason Code 6 - Experimental Procedure Disallow	52
Denial Reason Code 6 - History Daily/Lifetime Max Occurrence	894
Denial Reason Code 6 - History Medical Visit Conflict	32
Denial Reason Code 6 - History Mutually Exclusive Procedure	46
Denial Reason Code 6 - History PreOp Conflict Within 1 Day	2
Denial Reason Code 6 - History Procedure Rebundle	39
Denial Reason Code 6 - Inappropriate / Missing modifier	2
Denial Reason Code 6 - Inappropriate billing by dietitian	22
Denial Reason Code 6 - Inappropriate for age	186
Denial Reason Code 6 - Inappropriate Modifier for Service	2073
Denial Reason Code 6 - Inappropriate procedure-modifier comb	1
Denial Reason Code 6 - Incidental due to a procedure in history	246
Denial Reason Code 6 - Incidental to a current procedure	7351
Denial Reason Code 6 - Included in Mother's per diem/case rate	389
Denial Reason Code 6 - Included in per diem/case rate	2
Denial Reason Code 6 - Incorrect billing form/provider	74

Denial Reason Code 6 - Incorrect code for specialty type	2
Denial Reason Code 6 - Incorrect Subscriber	4
Denial Reason Code 6 - Insufficient for medical criteria	47
Denial Reason Code 6 - Invalid Gender for Procedure	1
Denial Reason Code 6 - Invalid ICD9 Diagnosis Code	3
Denial Reason Code 6 - Invalid Patient Status/Discharge Code	4
Denial Reason Code 6 - Invalid Place of Service Billed	1
Denial Reason Code 6 - Invoice required	1
Denial Reason Code 6 - Magellan responsibility	654
Denial Reason Code 6 - Manual pricing applied	7
Denial Reason Code 6 - Medical visit occurred on same day	166
Denial Reason Code 6 - Member not eligible for product category	58
Denial Reason Code 6 - Missing/incomplete/invalid rendering prv	2
Denial Reason Code 6 - Modifier Pricing Applied	6
Denial Reason Code 6 - Modifiers do not match units billed.	1
Denial Reason Code 6 - Multiple proc reduction applies	21
Denial Reason Code 6 - Multiple Same Day Surgery Reductions	178
Denial Reason Code 6 - Mutually Exclusive to another procedure	715
Denial Reason Code 6 - NCCI Daily maximum exceeded	756
Denial Reason Code 6 - NDC number is invalid	13
Denial Reason Code 6 - NDC number required	7
Denial Reason Code 6 - NDC, UOM or Qty is missing or invalid	1938
Denial Reason Code 6 - NetworX Std Fee Sched	2084
Denial Reason Code 6 - New visit frequency edit	166

Denial Reason Code 6 - Non-Compliant CPT/HCPCS code	14
Denial Reason Code 6 - Not Reimbursable for Provider Type/Spec	1
Denial Reason Code 6 - Paid at contracted rate	1
Denial Reason Code 6 - Paid per established rates	8
Denial Reason Code 6 - Pended Status, Zero Units	21
Denial Reason Code 6 - Per pregnancy maximum exceeded	120
Denial Reason Code 6 - Please resubmit with applicable modifier	54
Denial Reason Code 6 - Post Op Procedure included in Surgery	8
Denial Reason Code 6 - Post-Op within 90 day of surgery in hist	32
Denial Reason Code 6 - PreOp Conflict within 1 day of surgery	7
Denial Reason Code 6 - Procedure billed in an invalid location	170
Denial Reason Code 6 - Procedure exceeds max daily allowance	34
Denial Reason Code 6 - Procedure non-reimbursable	591
Denial Reason Code 6 - Procedure not supported by Diagnosis	306
Denial Reason Code 6 - Professional component mod not present	152
Denial Reason Code 6 - Repeat procedure requires medical review	5
Denial Reason Code 6 - Resubmit one place of service per claim	58
Denial Reason Code 6 - Resubmit per CMS guidelines for services	4
Denial Reason Code 6 - Resubmit with individual dates of servic	1
Denial Reason Code 6 - Resubmit with modifier	1
Denial Reason Code 6 - Resubmit with NDC# and description	9
Denial Reason Code 6 - Resubmit with rendering provider NPI	125
Denial Reason Code 6 - Resubmit with servicing provider	107
Denial Reason Code 6 - RV code requires a valid procedure code	57

Denial Reason Code 6 - Serum Available at No Cost through VFC	817
Denial Reason Code 6 - Service included in higher level of care	137
Denial Reason Code 6 - Service inconsistent with mbr gender	8
Denial Reason Code 6 - Service line denied since primary denied	1
Denial Reason Code 6 - Service not billed with appropriate mod	1
Denial Reason Code 6 - Service Not Medically Necessary	1
Denial Reason Code 6 - Service not reimbursable	8
Denial Reason Code 6 - Services Disallowed by UM	117
Denial Reason Code 6 - Services not separately payable	20
Denial Reason Code 6 - State responsibility	37
Denial Reason Code 6 - State Medicaid ID required for payment	8075
Denial Reason Code 6 - Submit claim to eyeQuest	109
Denial Reason Code 6 - Submit Claim to Vendor-UNIVITA	211
Denial Reason Code 6 - Submit mother's claims - nb chrgs incl	1
Denial Reason Code 6 - Submit to Logisticare	547
Denial Reason Code 6 - Submit to State Medicaid	8
Denial Reason Code 6 - Surgical supplies not separately payable	102
Denial Reason Code 6 - Termination	5159
Denial Reason Code 6 - Units allowed for modifier 50 is 1	6
Denial Reason Code 6 - Unlisted/Nonspecific Procedure Code	128
Denial Reason Code 6 - Valid CLIA # must be submitted	5749
Grand Total	100696

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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	8
6 - Duplicate Services	1
6 - Svc past member term date	1
Grand Total	10

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Denial Reason	Total
1 - Lack of documentation to support Medical Necessity	62
2 - Prior Authorization was not on file	456
3 - Member has other insurance that must be billed first	0
4 - Claim was submitted after the filing deadline	127
5 - Service was not covered by the BAYOU HEALTH PLAN	0
6 - The diagnosis is inconsistent with the patient's age	1
6 - Duplicate Claim	45
6 - This Claim has been processed according to the authorization/contracted rates on file	55
Grand Total	746

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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