

BAYOU HEALTH Prepaid Denied Claim Report Summary
Amerigroup Louisiana, Inc.: 2162519
For period 20130201 - 20130228
03/15/2013

Denial Reason	Total
Denial Reason Code 1 - Lack of documentation to support Medical Necessity	87
Denial Reason Code 2 - Prior Authorization was not on file	13,933
Denial Reason Code 3 - Member has other insurance that must be billed first	4,750
Denial Reason Code 4 - Claim was submitted after the filing deadline	180
Denial Reason Code 5 - Service was not covered by the BAYOU HEALTH PLAN	257
Denial Reason Code 6 - All Other	57,297
Denial Reason Code 6 - A more specific code is available	6
Denial Reason Code 6 - Add-on code. Primary denied or missing.	222
Denial Reason Code 6 - Admin cd billed w/o appropriate serum	442
Denial Reason Code 6 - Age Conflict Replaced Procedure	32
Denial Reason Code 6 - Age exceeds normal range for procedure	14
Denial Reason Code 6 - All Enroll events are Future	6
Denial Reason Code 6 - Assistant at Surgery Procedure	14
Denial Reason Code 6 - Assistant Surgeon Disallow	3
Denial Reason Code 6 - Billing Error	361
Denial Reason Code 6 - CCI Incidental Procedure	1,050
Denial Reason Code 6 - CCI Incidental Procedure in History	208
Denial Reason Code 6 - Charge exceeds the allowable amount	7
Denial Reason Code 6 - Charges processed under original submiss	1,775
Denial Reason Code 6 - Claim billed under mother's ID	8

Denial Reason Code 6 - Claim must be billed with T1015	677
Denial Reason Code 6 - Claim processed under NB ID	11
Denial Reason Code 6 - Consent Form Incomplete,Refer to Website	25
Denial Reason Code 6 - Consent form incomplete.Refer to Website	629
Denial Reason Code 6 - Consent form required	336
Denial Reason Code 6 - Contracted terminal pricing	1
Denial Reason Code 6 - Covered Counter > Srv Allow Ctr+rel hist	160
Denial Reason Code 6 - Daily maximum exceeded	224
Denial Reason Code 6 - Daily or Lifetime Max Occurrence	656
Denial Reason Code 6 - Date req. prior to subgroup orig eff dt.	34
Denial Reason Code 6 - Date req. Prior to Subscriber Eff Dt.	1,266
Denial Reason Code 6 - Definite Duplicate Claim	8,502
Denial Reason Code 6 - Denied based on void/cancelled claim	6
Denial Reason Code 6 - Deny - resubmit with a valid code	3
Denial Reason Code 6 - Deny Incorrect Discharge Status	1
Denial Reason Code 6 - Description of service needed	5
Denial Reason Code 6 - Description of service required	220
Denial Reason Code 6 - Diagnosis inconsistent with age	469
Denial Reason Code 6 - Diagnosis inconsistent with mbr gender	111
Denial Reason Code 6 - Disallow-not allowed under contract	4,318
Denial Reason Code 6 - Disallowed amount	46
Denial Reason Code 6 - Dup History Uni or Bilateral Procedure	1
Denial Reason Code 6 - Duplicate line for bilateral procedure.	1
Denial Reason Code 6 - Duplicate Service	303
Denial Reason Code 6 - Duplicate Uni or Bilateral Procedure	3
Denial Reason Code 6 - EOB charges does not match claim	209

Denial Reason Code 6 - EOB illegible please resubmit	127
Denial Reason Code 6 - EOB member mismatch to claim	8
Denial Reason Code 6 - Exceeds frequency guidelines	2
Denial Reason Code 6 - Exceeds Per Case Rate	7
Denial Reason Code 6 - Experimental procedure	24
Denial Reason Code 6 - Experimental Procedure Disallow	36
Denial Reason Code 6 - History Daily/Lifetime Max Occurrence	1,131
Denial Reason Code 6 - History Medical Visit Conflict	33
Denial Reason Code 6 - History Mutually Exclusive Procedure	151
Denial Reason Code 6 - History PreOp Conflict Within 1 Day	6
Denial Reason Code 6 - History Procedure Rebundle	35
Denial Reason Code 6 - Inappropriate / Missing modifier	1
Denial Reason Code 6 - Inappropriate billing for this contract	3
Denial Reason Code 6 - Inappropriate for age	144
Denial Reason Code 6 - Inappropriate Modifier for Service	2,403
Denial Reason Code 6 - Incidental due to a procedure in history	278
Denial Reason Code 6 - Incidental to a current procedure	5,973
Denial Reason Code 6 - Included in Mother's per diem/case rate	174
Denial Reason Code 6 - Included in per diem/case rate	1
Denial Reason Code 6 - Incorrect billing form/provider	70
Denial Reason Code 6 - Incorrect code for specialty type	5
Denial Reason Code 6 - Incorrect Subscriber	8
Denial Reason Code 6 - Incorrect Tax ID#	185
Denial Reason Code 6 - Insufficient for medical criteria	5
Denial Reason Code 6 - Invalid Gender for Procedure	5
Denial Reason Code 6 - Invalid ICD9 Diagnosis Code	2

Denial Reason Code 6 - Invalid Place of Service Billed	14
Denial Reason Code 6 - Invoice required	5
Denial Reason Code 6 - Magellan responsibility	621
Denial Reason Code 6 - Manual pricing applied	8
Denial Reason Code 6 - Medical visit occurred on same day	182
Denial Reason Code 6 - Member not eligible for product category	11
Denial Reason Code 6 - Modifier Pricing Applied	2
Denial Reason Code 6 - Modifiers do not match units billed.	6
Denial Reason Code 6 - Multiple proc reduction applies	16
Denial Reason Code 6 - Multiple Same Day Surgery Reductions	179
Denial Reason Code 6 - Mutually Exclusive to another procedure	758
Denial Reason Code 6 - NCCI Daily maximum exceeded	1,202
Denial Reason Code 6 - NDC number is invalid	5
Denial Reason Code 6 - NDC number required	16
Denial Reason Code 6 - NDC, UOM or Qty is missing or invalid	1,711
Denial Reason Code 6 - New consult on existing patient	1
Denial Reason Code 6 - New visit frequency edit	204
Denial Reason Code 6 - No Original claim on file.	3
Denial Reason Code 6 - Non-Compliant CPT/HCPCS code	17
Denial Reason Code 6 - Non-Compliant Modifier	1
Denial Reason Code 6 - Not a Covered Service	609
Denial Reason Code 6 - Paid at applicable FQHC/RHC rate	1
Denial Reason Code 6 - Partial admission approved	3
Denial Reason Code 6 - Pended Status, Zero Units	12
Denial Reason Code 6 - Per pregnancy maximum exceeded	78
Denial Reason Code 6 - Post-Op within 90 day of surgery in hist	38

Denial Reason Code 6 - PreOp Conflict within 1 day of surgery	5
Denial Reason Code 6 - Procedure billed in an invalid location	167
Denial Reason Code 6 - Procedure exceeds max daily allowance	51
Denial Reason Code 6 - Procedure non-reimbursable	932
Denial Reason Code 6 - Procedure not supported by Diagnosis	257
Denial Reason Code 6 - Professional component mod not present	129
Denial Reason Code 6 - Reduced allowable	3
Denial Reason Code 6 - Repeat procedure requires medical review	3
Denial Reason Code 6 - Resubmit one place of service per claim	5
Denial Reason Code 6 - Resubmit with NDC# and description	4
Denial Reason Code 6 - Resubmit with rendering provider NPI	106
Denial Reason Code 6 - Resubmit with servicing provider	1
Denial Reason Code 6 - Resubmit with valid/correct Service Date	1
Denial Reason Code 6 - RV code requires a valid procedure code	74
Denial Reason Code 6 - Serum Available at No Cost through VFC	2,299
Denial Reason Code 6 - Service included in higher level of care	96
Denial Reason Code 6 - Service inconsistent with mbr gender	3
Denial Reason Code 6 - Service not billed with appropriate mod	1
Denial Reason Code 6 - Service not reimbursable	5
Denial Reason Code 6 - Services Disallowed by UM	76
Denial Reason Code 6 - Services not separately payable	41
Denial Reason Code 6 - State responsibility	11
Denial Reason Code 6 - State Medicaid ID required for payment	5,815
Denial Reason Code 6 - Submit claim to eyeQuest	77
Denial Reason Code 6 - Submit Claim to Vendor-UNIVITA	258
Denial Reason Code 6 - Submit mother's claims - nb chrgrs incl	8

Denial Reason Code 6 - Submit to Logisticare	135
Denial Reason Code 6 - Submit to State Medicaid	1
Denial Reason Code 6 - Surgical supplies not separately payable	78
Denial Reason Code 6 - Termination	3,497
Denial Reason Code 6 - Time units in total minutes needed	1
Denial Reason Code 6 - Units allowed for modifier 50 is 1	5
Denial Reason Code 6 - Unlisted/Nonspecific Procedure Code	160
Denial Reason Code 6 - Valid CLIA # must be submitted	3,900
Denial Reason Code 6 - Void Billing Error	1
Denial Reason Code 6 - Void Other	2
Denial Reason Code 6 - Well Newborn Claims Not Reimbursable	204
Total	76,504

BAYOU HEALTH Prepaid Denied Claim Report Summary: eyeQuest
Amerigroup Louisiana, Inc.: 2162519
For Period 20130201 to 20130228
3/15/2013

Denial Reason	Total
1 - Lack of documentation to support Medical Necessity	2
2 - Prior Authorization was not on file	4
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	44
6 - Duplicate Services	287
6 - LA AMGP Lens Option Fee	6
6 - Diagnosis code not found	2
6 - Dispensing fee not paid without materials	24
Grand Total	369

BAYOU HEALTH Prepaid Denied Claim Report Summary: Univita
Amerigroup Louisiana, Inc.: 2162519
For Period 20130201 to 20130228
3/15/2013

Denial Reason	Total
1 - Lack of documentation to support Medical Necessity	145
2 - Prior Authorization was not on file	719
3 - Member has other insurance that must be billed first	0
4 - Claim was submitted after the filing deadline	160
5 - Service was not covered by the BAYOU HEALTH PLAN	0
6 - The diagnosis is inconsistent with the patient's gender	1
6 - Duplicate Claim	83
6 - This Claim has been processed according to the authorization/contracted rates on file	72
6 - This (these) diagnosis(es) is (are) not covered, missing, or are invalid.	20
Grand Total	1200

BAYOU HEALTH Prepaid Denied Claim Report Summary: Logisticare
Amerigroup Louisiana, Inc.: 2162519
For Period 20130201 to 20130228
3/15/2013

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	1
6 - Invalid Driver Name	71
6 - Member No Show	1
6 - Invalid Vehicle Number	2
Grand Total	75