

Prepaid Denied Claims- Medical Summary

Health Plan ID: 2162845
Health Plan Name: Louisiana Healthcare Connections - LA
Health Plan Contact: ***
Contact Email: ***
Report Period Start Date: 1/1/2014
Report Period End Date: 1/31/2014
Submission Date of Report:
2/14/2014

BAYOU HEALTH Reporting

Document ID: PI173 Revision Date 11/01/2013
Document Name: **Prepaid Denied Claims**
Reporting Frequency: Monthly
Report Due Date: 15th of the month following end of reporting period
File Type: Excel
Subject Matter: Informatics (I)

DHH Denial Code	DHH Denial Description	# of Denied Claim Lines
1	Lack of documentation to support Medical Necessity	13934
2	Prior Authorization was not on file	4848
3	Member has other insurance that must be billed first	3342
4	Claim was submitted after the filing deadline	1591
5	Service was not covered by the BAYOU HEALTH PLAN	8490
6	All Other	44473
Total		76678

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Prepaid Denied Claims- 06 Medical Crosswalk

Health Plan ID: 2162845
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Health Plan Denial Code	Health Plan Denial Code Description	Total
EX06	DENY: THE PROCEDURE CODE IS INCONSISTENT WITH THE PATIENT S AGE	64
EX07	DENY: THE PROCEDURE CODE IS INCONSISTENT WITH THE PATIENT S SEX	18
EX09	DENY: THE DIAGNOSIS IS INCONSISTENT WITH THE PATIENT S AGE	273
EX0M	Adjustment to previously submitted claim	6
EX0Y	DENY - MOM AND BABY CHARGES SHOULD BE BILLED SEPARATELY	9
EX10	DENY: THE DIAGNOSIS IS INCONSISTENT WITH THE PATIENT S SEX	73
EX16	DENY: REVENUE CODE NOT REIMBURSABLE - CPT HCPCS CODE REQUIRED	1575
EX18	DENY: DUPLICATE CLAIM SERVICE	10340
EX1B	DENY - SERVICE INELIGIBLE FOR REIMBURSEMENT FOR PROVIDER TYPE AS BILLED	3
EX1I	INFO: Provider Allowable adjusted to include ACA Parity Payment	1
EX2F	DENY-UB04: INVALID TOB	8
EX35	DENY: BENEFIT MAXIMUM HAS BEEN REACHED	983
EX3D	DENY:NON-SPECIFIC DIAGNOSIS OR ICD9 PROC NEEDS 4TH DIGIT PLEASE RESUBMIT	4
EX4D	DENY: NON-SPECIFIC DIAGNOSIS- REQUIRES 5TH DIGIT PLEASE RESUBMIT	19
EX4I	INFO: ACA PARITY PAYMENT MADE PREVIOUSLY VIA INTERIM CHECK	6
EX57	DENY: CODE WAS DENIED BY CODE AUDITING SOFTWARE	315
EX58	DENY: CODE REPLACED BASED ON CODE AUDITING SOFTWARE RECOMMENDATION	377
EX5B	DENY - SERVICE INELIGIBLE FOR REIMBURSEMENT	3
EX6L	EOB INCOMPLETE-PLEASE RESUBMIT WITH REASON OF OTHER INSURANCE DENIAL	7
EX81	ORIGINAL CODE WAS REPLACED BY HPR CODEREVIEW SOFTWARE	1
EX86	DENY: THIS IS NOT A VALID MODIFIER FOR THIS CODE	3
EX8F	DENY: ADMISSION SOURCE MISSING OR INVALID	19
EX8b	DENY: DISCHARGE HOUR INVALID WITH DISCHARGE STATUS 30	5
EX8k	DENY: ATTENDING PROVIDER NAME/NPI MISSING OR INVALID	4
EX9M	DENY: THIS CPT CODE IS INVALID WHEN BILLED WITH THIS DIAGNOSIS	4
EXAi	PAY: SERVICE PROCESSED THRU COB AUTOMATION	318
EXBG	DENY: TYPE OF BILL MISSING OR INCORRECT ON CLAIM, PLEASE RE-SUBMIT	104
EXBK	DENY: BILLED SERVICE DOES NOT MATCH UNITS DATES - CORRECT AND RESUBMIT	2
EXBS	DENY: INVALID DATES OF SERVICE PLEASE RE-SUBMIT	3
EXBU	DENY - NUMBER OF BLOOD UNITS IS REQUIRED	1
EXBY	REQUEST COMPLETE NO ACTION NECESSARY	2
EXCV	DENY: BILL WITH SPECIFIC VACCINE CODE	512
EXCa	DENY: PRIMARY CARRIER PAID UNDER CAPITATION ARRANGEMENT	3
EXDD	DENY: SIGNED CONSENT FORM HAS NOT BEEN RECEIVED	10
EXDJ	DENY:INAPPROPRIATE CODE BILLED,CORRECT & RESUBMIT	1
EXDS	DENY: DUPLICATE SUBMISSION-ORIGINAL CLAIM STILL IN PEND STATUS	263
EXDT	DENY: PLEASE FORWARD TO THE DENTAL VENDOR FOR PROCESSING	42
EXDZ	DENY: SERVICE HAS EXCEEDED THE AUTHORIZED LIMIT	226

Health Plan Denial Code	Health Plan Denial Code Description	Total
EXE4	DENY: ICD9 PROCEDURE CODE MISSING OR INVALID	8
EXEB	DENY: DENIED BY MEDICAL SERVICES	331
EXEC	DIAGNOSIS CANNOT BE USED AS PRIMARY DIAGNOSIS, PLEASE RESUBMIT	212
EXFH	DENY: RESUBMIT CLAIM UNDER FQHC RHC CLINIC NPI NUMBER	39
EXFL	DENY: NON-COVERED - CONTACT PROVIDER SERVICES	35
EXGA	DENY: PROCEDURE NOT COVERED FOR THE MEMBER S AGE	107
EXGX	DENY-ENCOUNTER CODE REQUIRED AND MUST BE BILLED W/PAYABLE DETAIL LINES	583
EXH1	DENY: PROVIDER MUST USE HCPC CPT FOR CORRECT PRICING	18
EXHQ	DENY: EDI CLAIM MUST BE SUBMITTED IN HARD COPY W CONSENT FORM ATTACHED	166
EXHW	DENY: PAYMENT INCLUDED IN THE HIGHER INTENSITY CODE BILLED	20
EXI1	OTHER INSURANCE EOB SUBMITTED DOES NOT MATCH BILLED, PLEASE RESUBMIT	43
EXI6	DENY: DIAGNOSIS,CPT HCPCS ICD-9 CODE,MODIFIER INVALID ON DATE OF SERVICE	4
EXIE	CPT NOT REIMBURSED SEPARATELY. INCLUDED AS PART OF INCLUSIVE PROCEDURE	2127
EXIG	DENY: INVALID OR MISSING DISCHARGE STATUS, PLEASE RE-SUBMIT	4
EXIM	DENY: RESUBMIT WITH MODIFIER SPECIFIED BY STATE FOR PROPER PAYMENT	329
EXKA	PROVIDER MEDICAID ID REQUIRED FROM MEMBER STATE; OBTAIN ID & RESUBMIT	7
EXKZ	DENY: INVALID PLACE OF SERVICE, PLEASE CONSULT THE PROV MANUAL	17
EXLD	Deny: svcs not eligible for Medicare Primary members	13
EXLN	Adjust- Incorrect Provider Paid	1
EXMH	DENY: PLEASE SUBMIT TO MENTAL HEALTH PLAN FOR PROCESSING	1517
EXMQ	DENY: MEMBER NAME NUMBER DATE OF BIRTH DO NOT MATCH,PLEASE RESUBMIT	11
EXN4	DENY: YOUR NPI IS NOT ON FILE VALID OR YOU HAVE NOT BILLED WITH YOUR NPI	54
EXN5	DENY: NDC MISSING/INVALID OR NOT APPROPRIATE FOR PROCEDURE	918
EXND	DENY: THIS IS A DELETED CODE AT THE TIME OF SERVICE	29
EXNT	DENY:PROVIDER NOT CONTRACTED FOR THIS SERVICE-DO NOT BILL PATIENT	2092
EXNV	DENY: STERILIZATION CONSENT FORM IS NOT VALID OR IS MISSING INFORMATION	152
EXNX	DENY: INVALID OR NO TAX ID NUMBER SUBMITTED ON CLAIM, PLEASE RESUBMIT	3
EXNa	NIA PRICING APPLIED	9
EXOX	DENY: CODE IS CONSIDERED AN INTEGRAL COMPONENT OF THE E M CODE BILLED	6
EXPF	DENY: PROFESSIONAL FEE MUST BE BILLED ON HCFA FORM	13
EXQR	DENY: ADJUSTMENT WAS NOT RECEIVED WITHIN TIMELY FILING LIMIT	199
EXRJ	DENY: REVENUE CODES NOT BILLED ON THE UB92, PLEASE RE-SUBMIT	11
EXRQ	DENY: ORIGINAL SUBMISSION WAS NOT RECEIVED WITHIN TIMELY FILING LIMIT	7
EXRt	DENY: RESUBMIT WITH COB FOR NON-T1015 LINES	206
EXSU	DENY: VISIT IS INCLUDED IN SURGERY	7
EXUZ	DENY: SERVICES BILLED ON INCORRECT FORM, PLEASE REBILL ON A UB92	69
EXVC	DENY - PLEASE RESUBMIT ACCORDING TO VACCINE GUIDELINES	81
EXVI	PAY: REIMBURSEMENT INCLUDED IN GLOBAL FEE	2
EXVS	DENY: PLEASE SUBMIT TO THE VISION VENDOR FOR PROCESSING	205
EXVU	DENIED:RESUBMIT WITH A VALID NDC NBR,QUALIFIER AND UNTS FOR PROCESSING	2
EXY1	DENY: BASED ON REVIEW OF MED RECORDS	67
EXY6	DENY:INSUFFICIENT INFO FOR PROCESSING,RESUBMIT W PRIME S ORIGINAL EOB	33
EXZC	DENY: PROCEDURE IS INAPPROPRIATE FOR PROVIDER SPECIALTY	21
EXZH	DENY: HCPCS CPT is not compatible with REV code billed	461
EXZL	DENY: LATE CHARGES DENIED, REPLACEMENT BILL REQUIRED FOR PROCESSING	28
EXZW	AFTER REVIEW, PREV DECISION UPHELD, SEE PROV HANDBOOK FOR APPEAL PROCESS	380
EXcL	DENY:NO ACTION NEEDED - WILL BE REPROCESSED AFTER STATE REVIEWS NEW CODE	108
EXov	DENY: HMS OVERPAYMENT RECOUPMENT	3
EXtc	SERVICE ONLY PAYABLE WITH A PAYABLE TRANSPORT CODE	113
EXx1	INAPPROPRIATE LEVEL OF E M SERVICE BILLED	33

Health Plan Denial Code	Health Plan Denial Code Description	Total
EXx2	SERVICE(S) OR SUPPLIES DURING GLOBAL SURGICAL PERIOD	170
EXx3	PROCEDURE CODE UNBUNDLED FROM GLOBAL PROCEDURE CODE	2759
EXx4	PROCEDURE CODE ICD-9 CODE INCONSISTENT WITH MEMBERS GENDER	13
EXx5	PROCEDURE CODE CONFLICTS WITH MEMBER S AGE	10
EXx7	ADD-ON CODE CANNOT BE BILLED WITHOUT PRIMARY CODE	17
EXx8	DENY: MODIFIER INVALID FOR PROCEDURE OR MODIFIER NOT REPORTED	229
EXx9	PROCEDURE CODE PAIRS INCIDENTAL, MUTUALLY EXCLUSIVE OR UNBUNDLED	6856
EXxc	PROCEDURE or DIAGNOSIS CODE DELETED, INCOMPLETE OF INVALID	1
EXxd	PROCEDURE CODE APPENDED WITH BILATERAL 50 MODIFIER	8
EXxe	PROCEDURE CODE INCONSISTENT WITH MEMBER S AGE	16
EXxf	MAXIMUM ALLOWANCE EXCEEDED	594
EXxg	SINGLE UNILATERAL PROCEDURE SUBMITTED MORE THAN ONCE ON THE SAME DOS	30
EXxh	SERVICE LINE REPRESENTS DENIAL OF ADDITIONAL UNITS BILLED	596
EXxo	MISSING MODIFIER 26	75
EXxp	PROCEDURE CODE PREVIOUSLY BILLED ON HISTORICAL CLAIM	481
EXxq	PROCEDURE CODE EXCEEDS MAXIMUM ALLOWED PER DATE OF SERVICE	501
EXya	DENY: DENIED AFTER REVIEW OF PATIENT S CLAIM HISTORY	5606
Total		44473

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