

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: 3/1/2014
Report Period End Date: 3/31/2014

Submission Date of Report:
4/15/2014

BAYOU HEALTH Reporting

Document ID: P1173 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	9309
2	Prior Authorization was not on file	4144
3	Member has other insurance that must be billed first	5736
4	Claim was submitted after the filing deadline	1376
5	Service was not covered by the BAYOU HEALTH PLAN	9043
6	All Other	49621
Total		79229

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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	77
EX07	DENY: THE PROCEDURE CODE IS INCONSISTENT WITH THE PATIENT S SEX	12
EX09	DENY: THE DIAGNOSIS IS INCONSISTENT WITH THE PATIENT S AGE	291
EX0M	Adjustment to previously submitted claim	143
EX0Y	DENY - MOM AND BABY CHARGES SHOULD BE BILLED SEPARATELY	11
EX0Z	DENY - INVALID ADMIT TYPE FOR AGE OF PATIENT BILLED	2
EX10	DENY: THE DIAGNOSIS IS INCONSISTENT WITH THE PATIENT S SEX	75
EX16	DENY: REVENUE CODE NOT REIMBURSABLE - CPT HCPCS CODE REQUIRED	1554
EX18	DENY: DUPLICATE CLAIM SERVICE	9086
EX1I	INFO: Provider Allowable adjusted to include ACA Parity Payment	232
EX1K	DENY: CPT OR DX CODE IS NOT VALID FOR AGE OF PATIENT	2
EX35	DENY: BENEFIT MAXIMUM HAS BEEN REACHED	1197
EX3D	DENY:NON-SPECIFIC DIAGNOSIS OR ICD9 PROC NEEDS 4TH DIGIT PLEASE RES	1
EX4D	DENY: NON-SPECIFIC DIAGNOSIS- REQUIRES 5TH DIGIT PLEASE RESUBMIT	17
EX4I	INFO: ACA PARITY PAYMENT MADE PREVIOUSLY VIA INTERIM CHECK	9
EX4f	DENY: DIAGNOSIS CODE 5 MISSING OR INVALID	2
EX4j	DENY: DIAGNOSIS CODE 9 MISSING OR INVALID	1
EX4k	DENY: DIAGNOSIS CODE 10 MISSING OR INVALID	2
EX4I	DENY: DIAGNOSIS CODE 11 MISSING OR INVALID	1
EX4m	DENY: DIAGNOSIS CODE 12 MISSING OR INVALID	1
EX57	DENY: CODE WAS DENIED BY CODE AUDITING SOFTWARE	442
EX58	DENY: CODE REPLACED BASED ON CODE AUDITING SOFTWARE RECOMMEND	475
EX6L	EOB INCOMPLETE-PLEASE RESUBMIT WITH REASON OF OTHER INSURANCE D	57
EX86	DENY: THIS IS NOT A VALID MODIFIER FOR THIS CODE	1
EX8F	DENY: ADMISSION SOURCE MISSING OR INVALID	37
EX8b	DENY: DISCHARGE HOUR INVALID WITH DISCHARGE STATUS 30	4
EX9K	CLAIM CANNOT BE PROCESSED WITHOUT PATHOLOGY REPORT	2
EX9M	DENY: THIS CPT CODE IS INVALID WHEN BILLED WITH THIS DIAGNOSIS	5
EXAi	PAY: SERVICE PROCESSED THRU COB AUTOMATION	450
EXAm	DENY: ADMINISTRATIVE DENIAL	1
EXBG	DENY: TYPE OF BILL MISSING OR INCORRECT ON CLAIM, PLEASE RE-SUBMIT	3197
EXBU	DENY - NUMBER OF BLOOD UNITS IS REQUIRED	3
EXBY	REQUEST COMPLETE NO ACTION NECESSARY	2
EXCV	DENY: BILL WITH SPECIFIC VACCINE CODE	564
EXDD	DENY: SIGNED CONSENT FORM HAS NOT BEEN RECEIVED	49
EXDS	DENY: DUPLICATE SUBMISSION-ORIGINAL CLAIM STILL IN PEND STATUS	243
EXDT	DENY: PLEASE FORWARD TO THE DENTAL VENDOR FOR PROCESSING	63
EXDX	DIAGNOSIS BILLED IS INVALID, PLEASE RESUBMIT WITH CORRECT CODE	1
EXDZ	DENY: SERVICE HAS EXCEEDED THE AUTHORIZED LIMIT	152
EXE4	DENY: ICD9 PROCEDURE CODE MISSING OR INVALID	19
EXEB	DENY: DENIED BY MEDICAL SERVICES	584
EXFH	DENY: RESUBMIT CLAIM UNDER FQHC RHC CLINIC NPI NUMBER	197
EXEC	DIAGNOSIS CANNOT BE USED AS PRIMARY DIAGNOSIS, PLEASE RESUBMIT	122

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EXFL	DENY: NON-COVERED - CONTACT PROVIDER SERVICES	40
EXGA	DENY: PROCEDURE NOT COVERED FOR THE MEMBER S AGE	138
EXGX	DENY-ENCOUNTER CODE REQUIRED AND MUST BE BILLED W/PAYABLE DETA	551
EXH1	DENY: PROVIDER MUST USE HCPC CPT FOR CORRECT PRICING	16
EXHQ	DENY: EDI CLAIM MUST BE SUBMITTED IN HARD COPY W CONSENT FORM AT	216
EXHW	DENY: PAYMENT INCLUDED IN THE HIGHER INTENSITY CODE BILLED	21
EXI1	OTHER INSURANCE EOB SUBMITTED DOES NOT MATCH BILLED, PLEASE RESU	97
EXIE	CPT NOT REIMBURSED SEPARATELY. INCLUDED AS PART OF INCLUSIVE PROC	2435
EXIM	DENY: RESUBMIT WITH MODIFIER SPECIFIED BY STATE FOR PROPER PAYMEN	309
EXIp	DENY: INAPPROPRIATE PRIMARY ADMITTING DIAG CODE	3
EXKZ	DENY: INVALID PLACE OF SERVICE, PLEASE CONSULT THE PROV MANUAL	51
EXLD	Deny: svcs not eligible for Medicare Primary members	11
EXLN	Adjust- Incorrect Provider Paid	12
EXMH	DENY: PLEASE SUBMIT TO MENTAL HEALTH PLAN FOR PROCESSING	1491
EXMQ	DENY: MEMBER NAME NUMBER DATE OF BIRTH DO NOT MATCH,PLEASE RES	6
EXN4	DENY: YOUR NPI IS NOT ON FILE VALID OR YOU HAVE NOT BILLED WITH YOU	220
EXN5	DENY: NDC MISSING/INVALID OR NOT APPROPRIATE FOR PROCEDURE	853
EXN8	INCORRECT NPI FOR PROVIDER	138
EXND	DENY: THIS IS A DELETED CODE AT THE TIME OF SERVICE	1
EXNT	DENY:PROVIDER NOT CONTRACTED FOR THIS SERVICE-DO NOT BILL PATIENT	2515
EXNV	DENY: STERILIZATION CONSENT FORM IS NOT VALID OR IS MISSING INFORM,	228
EXNX	DENY: INVALID OR NO TAX ID NUMBER SUBMITTED ON CLAIM, PLEASE RESU	11
EXNa	NIA PRICING APPLIED	7
EXOX	DENY: CODE IS CONSIDERED AN INTEGRAL COMPONENT OF THE E M CODE B	2
EXPF	DENY: PROFESSIONAL FEE MUST BE BILLED ON HCFA FORM	8
EXQR	DENY: ADJUSTMENT WAS NOT RECEIVED WITHIN TIMELY FILING LIMIT	115
EXRQ	DENY: ORIGINAL SUBMISSION WAS NOT RECEIVED WITHIN TIMELY FILING LI	5
EXRt	DENY: RESUBMIT WITH COB FOR NON-T1015 LINES	201
EXSU	DENY: VISIT IS INCLUDED IN SURGERY	3
EXUT	DENY: CPT MODIFIER NOT APPROPRIATE WHEN BILLED WITH MULTIPLE UNIT	1
EXVC	DENY - PLEASE RESUBMIT ACCORDING TO VACCINE GUIDELINES	63
EXVS	DENY: PLEASE SUBMIT TO THE VISION VENDOR FOR PROCESSING	227
EXVU	DENIED:RESUBMIT WITH A VALID NDC NBR,QUALIFIER AND UNTS FOR PROC	3
EXY1	DENY: BASED ON REVIEW OF MED RECORDS	38
EXY6	DENY:INSUFFICIENT INFO FOR PROCESSING,RESUBMIT W PRIME S ORIGINAL	47
EXZC	DENY: PROCEDURE IS INAPPROPRIATE FOR PROVIDER SPECIALTY	38
EXZG	Adjust: Duplicate payment	1
EXZH	DENY: HCPCS CPT is not compatible with REV code billed	528
EXZL	DENY: LATE CHARGES DENIED, REPLACEMENT BILL REQUIRED FOR PROCESSI	21
EXZW	AFTER REVIEW, PREV DECISION UPHELD, SEE PROV HANDBOOK FOR APPEAL	292
EXaM	DENY:Admin Denial	2
EXcL	DENY:NO ACTION NEEDED - WILL BE REPROCESSED AFTER STATE REVIEWS N	446
EXhn	DENY: THE MODIFIER DOES NOT MATCH	32
EXov	DENY: HMS OVERPAYMENT RECOUPMENT	51
EXtc	SERVICE ONLY PAYABLE WITH A PAYABLE TRANSPORT CODE	712
EXx1	INAPPROPRIATE LEVEL OF E M SERVICE BILLED	36
EXx2	SERVICE(S) OR SUPPLIES DURING GLOBAL SURGICAL PERIOD	126
EXx3	PROCEDURE CODE UNBUNDLED FROM GLOBAL PROCEDURE CODE	2393
EXx4	PROCEDURE CODE ICD-9 CODE INCONSISTENT WITH MEMBERS GENDER	9
EXx5	PROCEDURE CODE CONFLICTS WITH MEMBER S AGE	11
EXx7	ADD-ON CODE CANNOT BE BILLED WITHOUT PRIMARY CODE	22
EXx8	DENY: MODIFIER INVALID FOR PROCEDURE OR MODIFIER NOT REPORTED	291
EXx9	PROCEDURE CODE PAIRS INCIDENTAL, MUTUALLY EXCLUSIVE OR UNBUNDLE	7543
EXxc	PROCEDURE or DIAGNOSIS CODE DELETED, INCOMPLETE OF INVALID	3
EXxd	PROCEDURE CODE APPENDED WITH BILATERAL 50 MODIFIER	5
EXxe	PROCEDURE CODE INCONSISTENT WITH MEMBER S AGE	17

Health Plan Denial Code	Health Plan Denial Code Description	Total
EXxf	MAXIMUM ALLOWANCE EXCEEDED	481
EXxg	SINGLE UNILATERAL PROCEDURE SUBMITTED MORE THAN ONCE ON THE SA	8
EXxh	SERVICE LINE REPRESENTS DENIAL OF ADDITIONAL UNITS BILLED	481
EXxo	MISSING MODIFIER 26	93
EXxp	PROCEDURE CODE PREVIOUSLY BILLED ON HISTORICAL CLAIM	513
EXxq	PROCEDURE CODE EXCEEDS MAXIMUM ALLOWED PER DATE OF SERVICE	594
EXya	DENY: DENIED AFTER REVIEW OF PATIENT S CLAIM HISTORY	5380
Total		49598

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