

## Denied Claims Report

Health Plan ID: 2162845  
 Health Plan Name: Louisiana Healthcare Connections - LA  
 Health Plan Contact: \*\*\*  
 Contact Email:  
 Report Period Start Date: 8/1/2013  
 Report Period End Date: 8/31/2013  
 Report Due Date: 9/15/2013

## BAYOU HEALTH Reporting

Document ID: P173  
 Document Name: **Denied Claims Report**  
 Reporting Frequency: Monthly  
 Report Due Date: 15th of the month following end of reporting period  
 File Type: Excel  
 Subject Matter: Informatics (I)

#DENIAL_CODE	COUNT
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Denial Reason Code 1 - Lack of documentation to support Medical Necessity	6777
Denial Reason Code 2 - Prior Authorization was not on file	5837
Denial Reason Code 3 - Member has other insurance that must be billed first	4343
Denial Reason Code 4 - Claim was submitted after the filing deadline	2179
Denial Reason Code 5 - Service was not covered by the BAYOU HEALTH PLAN	9651
Denial Reason Code 6 - ADD-ON CODE CANNOT BE BILLED WITHOUT PRIMARY CODE	22
Denial Reason Code 6 - AFTER REVIEW, PREV DECISION UPHELD, SEE PROV HANDBOOK FOR APPEAL PROCESS	621
Denial Reason Code 6 - Adjustment to previously submitted claim	1
Denial Reason Code 6 - CPT NOT REIMBURSED SEPARATELY. INCLUDED AS PART OF INCLUSIVE PROCEDURE	1610
Denial Reason Code 6 - DENIAL: AIM CREDIT BALANCE RECOVERY	1
Denial Reason Code 6 - DENIED:RESUBMIT WITH A VALID NDC NBR,QUALIFIER AND UNITS FOR PROCESSING	5
Denial Reason Code 6 - DENY - INVALID ADMIT TYPE FOR AGE OF PATIENT BILLED	25
Denial Reason Code 6 - DENY - MOM AND BABY CHARGES SHOULD BE BILLED SEPARATELY	26
Denial Reason Code 6 - DENY - NUMBER OF BLOOD UNITS IS REQUIRED	1
Denial Reason Code 6 - DENY - PLEASE RESUBMIT ACCORDING TO VACCINE GUIDELINES	93
Denial Reason Code 6 - DENY-ENCOUNTER CODE REQUIRED AND MUST BE BILLED W/PAYABLE DETAIL LINES	398
Denial Reason Code 6 - DENY-UB04: INVALID TOB	57
Denial Reason Code 6 - DENY: DENIED AFTER REVIEW OF PATIENT S CLAIM HISTORY	6477
Denial Reason Code 6 - DENY: DUPLICATE SUBMISSION-ORIGINAL CLAIM STILL IN PEND STATUS	1135
Denial Reason Code 6 - DENY: LATE CHARGES DENIED, REPLACEMENT BILL REQUIRED FOR PROCESSING	18
Denial Reason Code 6 - DENY: PAYMENT INCLUDED IN THE HIGHER INTENSITY CODE BILLED	12
Denial Reason Code 6 - DENY: PLEASE FORWARD TO THE DENTAL VENDOR FOR PROCESSING	22
Denial Reason Code 6 - DENY: PROCEDURE IS INAPPROPRIATE FOR PROVIDER SPECIALTY	27
Denial Reason Code 6 - DENY: PROCEDURE NOT COVERED FOR THE MEMBER S AGE	101
Denial Reason Code 6 - DENY: THIS CPT CODE IS INVALID WHEN BILLED WITH THIS DIAGNOSIS	4
Denial Reason Code 6 - DENY: THIS IS A DELETED CODE AT THE TIME OF SERVICE	27
Denial Reason Code 6 - DENY: ADJUSTMENT WAS NOT RECEIVED WITHIN TIMELY FILING LIMIT	214
Denial Reason Code 6 - DENY: ADMISSION SOURCE MISSING OR INVALID	26
Denial Reason Code 6 - DENY: AHCCCS PROVIDER STATUS DOES NOT=A - ACTIVE FOR DATE OF SERVICE	1
Denial Reason Code 6 - DENY: ATTENDING PROVIDER NAME/NPI MISSING OR INVALID	1
Denial Reason Code 6 - DENY: BASED ON REVIEW OF MED RECORDS	1258
Denial Reason Code 6 - DENY: BENEFIT MAXIMUM HAS BEEN REACHED	1221
Denial Reason Code 6 - DENY: BILL WITH SPECIFIC VACCINE CODE	2595
Denial Reason Code 6 - DENY: BILLED SERVICE DOES NOT MATCH UNITS DATES - CORRECT AND RESUBMIT	118
Denial Reason Code 6 - DENY: CODE IS CONSIDERED AN INTEGRAL COMPONENT OF THE E M CODE BILLED	9
Denial Reason Code 6 - DENY: CODE REPLACED BASED ON CODE AUDITING SOFTWARE RECOMMENDATION	806
Denial Reason Code 6 - DENY: CODE WAS DENIED BY CODE AUDITING SOFTWARE	1357
Denial Reason Code 6 - DENY: DENIED BY MEDICAL SERVICES	742
Denial Reason Code 6 - DENY: DIAGNOSIS CODE 3 MISSING OR INVALID	1
Denial Reason Code 6 - DENY: DIAGNOSIS,CPT HCPCS ICD-9 CODE,MODIFIER INVALID ON DATE OF SERVICE	7
Denial Reason Code 6 - DENY: DISCHARGE HOUR INVALID WITH DISCHARGE STATUS 30	156
Denial Reason Code 6 - DENY: DUPLICATE CLAIM SERVICE	11347
Denial Reason Code 6 - DENY: EDI CLAIM MUST BE SUBMITTED IN HARD COPY W CONSENT FORM ATTACHED	290
Denial Reason Code 6 - DENY: HCPCS CPT is not compatible with REV code billed	940
Denial Reason Code 6 - DENY: HMS OVERPAYMENT RECOUPMENT	8
Denial Reason Code 6 - DENY: ICD9 PROC CODE 1 MISSING OR INVALID	44
Denial Reason Code 6 - DENY: ICD9 PROC CODE 2 MISSING OR INVALID	28
Denial Reason Code 6 - DENY: ICD9 PROC CODE 4 MISSING OR INVALID	21
Denial Reason Code 6 - DENY: ICD9 PROC CODE 6 MISSING OR INVALID	22
Denial Reason Code 6 - DENY: ICD9 PROCEDURE CODE MISSING OR INVALID	142
Denial Reason Code 6 - DENY: INVALID ADMITTING DIAG CODE	8
Denial Reason Code 6 - DENY: INVALID DATES OF SERVICE PLEASE RE-SUBMIT	77
Denial Reason Code 6 - DENY: INVALID DELETED MISSING CPT CODE	5
Denial Reason Code 6 - DENY: INVALID OR MISSING DISCHARGE STATUS, PLEASE RE-SUBMIT	33
Denial Reason Code 6 - DENY: INVALID PLACE OF SERVICE, PLEASE CONSULT THE PROV MANUAL	14
Denial Reason Code 6 - DENY: MEMBER NAME NUMBER DATE OF BIRTH DO NOT MATCH,PLEASE RESUBMIT	145
Denial Reason Code 6 - DENY: MODIFIER INVALID FOR PROCEDURE OR MODIFIER NOT REPORTED	324
Denial Reason Code 6 - DENY: NDC MISSING/INVALID OR NOT APPROPRIATE FOR PROCEDURE	1394
Denial Reason Code 6 - DENY: NON-COVERED - CONTACT PROVIDER SERVICES	11
Denial Reason Code 6 - DENY: NON-SPECIFIC DIAGNOSIS- REQUIRES 5TH DIGIT PLEASE RESUBMIT	94
Denial Reason Code 6 - DENY: PLEASE SUBMIT TO MENTAL HEALTH PLAN FOR PROCESSING	2313
Denial Reason Code 6 - DENY: PLEASE SUBMIT TO THE VISION VENDOR FOR PROCESSING	220
Denial Reason Code 6 - DENY: PRIMARY CARRIER PAID UNDER CAPITATION ARRANGEMENT	4
Denial Reason Code 6 - DENY: PROFESSIONAL FEE MUST BE BILLED ON HCFA FORM	1
Denial Reason Code 6 - DENY: PROVIDER MUST USE HCPC CPT FOR CORRECT PRICING	12
Denial Reason Code 6 - DENY: RESUBMIT CLAIM UNDER FQHC RHC CLINIC NPI NUMBER	174
Denial Reason Code 6 - DENY: RESUBMIT WITH COB FOR NON-T1015 LINES	259
Denial Reason Code 6 - DENY: RESUBMIT WITH MODIFIER SPECIFIED BY STATE FOR PROPER PAYMENT	303
Denial Reason Code 6 - DENY: REVENUE CODE NOT REIMBURSABLE - CPT HCPCS CODE REQUIRED	1722
Denial Reason Code 6 - DENY: REVENUE CODES NOT BILLED ON THE UB92, PLEASE RE-SUBMIT	71
Denial Reason Code 6 - DENY: SERVICE HAS EXCEEDED THE AUTHORIZED LIMIT	335
Denial Reason Code 6 - DENY: SERVICES BILLED ON INCORRECT FORM, PLEASE REBILL ON A UB92	40
Denial Reason Code 6 - DENY: SIGNATURE MISSING FROM BOX 31, PLEASE RESUBMIT	46
Denial Reason Code 6 - DENY: SIGNED CONSENT FORM HAS NOT BEEN RECEIVED	119
Denial Reason Code 6 - DENY: STERILIZATION CONSENT FORM IS NOT VALID OR IS MISSING INFORMATION	738
Denial Reason Code 6 - DENY: THE DIAGNOSIS IS INCONSISTENT WITH THE PATIENT S AGE	349
Denial Reason Code 6 - DENY: THE DIAGNOSIS IS INCONSISTENT WITH THE PATIENT S SEX	57
Denial Reason Code 6 - DENY: THE PROCEDURE CODE IS INCONSISTENT WITH THE PATIENT S AGE	105
Denial Reason Code 6 - DENY: THE PROCEDURE CODE IS INCONSISTENT WITH THE PATIENT S SEX	8
Denial Reason Code 6 - DENY: THIS DIAGNOSIS IS NOT COVERED	1
Denial Reason Code 6 - DENY: THIS IS NOT A VALID MODIFIER FOR THIS CODE	3
Denial Reason Code 6 - DENY: TYPE OF BILL MISSING OR INCORRECT ON CLAIM, PLEASE RE-SUBMIT	17
Denial Reason Code 6 - DENY:Admin Denial	18
Denial Reason Code 6 - DENY:INSUFFICIENT INFO FOR PROCESSING,RESUBMIT W PRIME S ORIGINAL EOB	39
Denial Reason Code 6 - DENY:NO ACTION NEEDED - WILL BE REPROCESSED AFTER STATE REVIEWS NEW CODE	5
Denial Reason Code 6 - DENY:NON-SPECIFIC DIAGNOSIS OR ICD9 PROC NEEDS 4TH DIGIT PLEASE RESUBMIT	15

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Denial Reason Code 6 - DENY:PER REVIEW NO RECORD OF INPT STAY,SEND DISCHARGE SUMMARY	1
Denial Reason Code 6 - DENY:PROVIDER NOT CONTRACTED FOR THIS SERVICE-DO NOT BILL PATIENT	2075
Denial Reason Code 6 - DIAGNOSIS BILLED IS INVALID, PLEASE RESUBMIT WITH CORRECT CODE	5
Denial Reason Code 6 - DIAGNOSIS CANNOT BE USED AS PRIMARY DIAGNOSIS, PLEASE RESUBMIT	193
Denial Reason Code 6 - Deny: svcs not eligible for Medicare Primary members	44
Denial Reason Code 6 - EOB INCOMPLETE-PLEASE RESUBMIT WITH REASON OF OTHER INSURANCE DENIAL	41
Denial Reason Code 6 - INAPPROPRIATE LEVEL OF E M SERVICE BILLED	28
Denial Reason Code 6 - INCORRECT NPI FOR PROVIDER	33
Denial Reason Code 6 - MAXIMUM ALLOWANCE EXCEEDED	473
Denial Reason Code 6 - MISSING MODIFIER 26	116
Denial Reason Code 6 - MODIFIER BILLED IS NOT VALID, PLEASE RESUBMIT WITH CORRECT CODE	2
Denial Reason Code 6 - NIA PRICING APPLIED	1
Denial Reason Code 6 - OTHER INSURANCE EOB SUBMITTED DOES NOT MATCH BILLED, PLEASE RESUBMIT	137
Denial Reason Code 6 - PAY: SERVICE PROCESSED THRU COB AUTOMATION	293
Denial Reason Code 6 - PAY: CHARGES PAID AT PROVIDER S COST-TO-CHARGE RATIO ON DATE OF PAYMENT	1
Denial Reason Code 6 - PAY: MULTIPLE REFERRING AFFILIATIONS QUALIFY	1
Denial Reason Code 6 - PAY: REIMBURSEMENT INCLUDED IN GLOBAL FEE	1
Denial Reason Code 6 - PROCEDURE CODE APPENDED WITH BILATERAL 50 MODIFIER	9
Denial Reason Code 6 - PROCEDURE CODE CONFLICTS WITH MEMBER S AGE	15
Denial Reason Code 6 - PROCEDURE CODE EXCEEDS MAXIMUM ALLOWED PER DATE OF SERVICE	791
Denial Reason Code 6 - PROCEDURE CODE ICD-9 CODE INCONSISTENT WITH MEMBERS GENDER	4
Denial Reason Code 6 - PROCEDURE CODE INCONSISTENT WITH MEMBER S AGE	17
Denial Reason Code 6 - PROCEDURE CODE PAIRS INCIDENTAL, MUTUALLY EXCLUSIVE OR UNBUNDLED	7104
Denial Reason Code 6 - PROCEDURE CODE PREVIOUSLY BILLED ON HISTORICAL CLAIM	622
Denial Reason Code 6 - PROCEDURE CODE UNBUNDLED FROM GLOBAL PROCEDURE CODE	2675
Denial Reason Code 6 - PROCEDURE or DIAGNOSIS CODE DELETED, INCOMPLETE OF INVALID	31
Denial Reason Code 6 - REQUEST COMPLETE NO ACTION NECESSARY	2
Denial Reason Code 6 - SERVICE LINE REPRESENTS DENIAL OF ADDITIONAL UNITS BILLED	474
Denial Reason Code 6 - SERVICE(S) OR SUPPLIES DURING GLOBAL SURGICAL PERIOD	202
Denial Reason Code 6 - VOID SERVICES	1
TOTAL	85295

**This report was based on LA Healthcare Connections' understanding of the current report specifications provided by DHH.**  
**The report programming is still under review, thus any changes may result in resubmission of the report.**  
**This report should not be used for comparative purposes until all reporting format and specifications have been finalized.**