

Denied Claims Report

Health Plan ID: 2162845
 Health Plan Name: Louisiana Healthcare Connections - LA
 Health Plan Contact: ***
 Contact Email:
 Report Period Start Date: 9/1/2013
 Report Period End Date: 9/30/2013
 Report Due Date: 10/15/2013

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
Denial Reason Code 1 - Lack of documentation to support Medical Necessity	11084
Denial Reason Code 2 - Prior Authorization was not on file	5653
Denial Reason Code 3 - Member has other insurance that must be billed first	6496
Denial Reason Code 4 - Claim was submitted after the filing deadline	2571
Denial Reason Code 5 - Service was not covered by the BAYOU HEALTH PLAN	8835
Denial Reason Code 6 - ADD-ON CODE CANNOT BE BILLED WITHOUT PRIMARY CODE	24
Denial Reason Code 6 - AFTER REVIEW, PREV DECISION UPHELD, SEE PROV HANDBOOK FOR APPEAL PROCESS	539
Denial Reason Code 6 - CPT NOT REIMBURSED SEPARATELY. INCLUDED AS PART OF INCLUSIVE PROCEDURE	1077
Denial Reason Code 6 - DENIED:RESUBMIT WITH A VALID NDC NBR,QUALIFIER AND UNITS FOR PROCESSING	41
Denial Reason Code 6 - DENY - MOM AND BABY CHARGES SHOULD BE BILLED SEPARATELY	66
Denial Reason Code 6 - DENY - NUMBER OF BLOOD UNITS IS REQUIRED	9
Denial Reason Code 6 - DENY - PLEASE RESUBMIT ACCORDING TO VACCINE GUIDELINES	82
Denial Reason Code 6 - DENY - SERVICE INELIGIBLE FOR REIMBURSEMENT	12
Denial Reason Code 6 - DENY-ENCOUNTER CODE REQUIRED AND MUST BE BILLED W/PAYABLE DETAIL LINES	481
Denial Reason Code 6 - DENY-UB04: INVALID TOB	17
Denial Reason Code 6 - DENY: DENIED AFTER REVIEW OF PATIENT S CLAIM HISTORY	9356
Denial Reason Code 6 - DENY: DUPLICATE SUBMISSION-ORIGINAL CLAIM STILL IN PEND STATUS	256
Denial Reason Code 6 - DENY: LATE CHARGES DENIED, REPLACEMENT BILL REQUIRED FOR PROCESSING	21
Denial Reason Code 6 - DENY: PAYMENT INCLUDED IN THE HIGHER INTENSITY CODE BILLED	24
Denial Reason Code 6 - DENY: PLEASE FORWARD TO THE DENTAL VENDOR FOR PROCESSING	24
Denial Reason Code 6 - DENY: PROCEDURE IS INAPPROPRIATE FOR PROVIDER SPECIALTY	63
Denial Reason Code 6 - DENY: PROCEDURE NOT COVERED FOR THE MEMBER S AGE	132
Denial Reason Code 6 - DENY: THIS CPT CODE IS INVALID WHEN BILLED WITH THIS DIAGNOSIS	8
Denial Reason Code 6 - DENY: THIS IS A DELETED CODE AT THE TIME OF SERVICE	14
Denial Reason Code 6 - DENY: ADJUSTMENT WAS NOT RECEIVED WITHIN TIMELY FILING LIMIT	457
Denial Reason Code 6 - DENY: ADMISSION SOURCE MISSING OR INVALID	41
Denial Reason Code 6 - DENY: ATTENDING PROVIDER NAME/NPI MISSING OR INVALID	1
Denial Reason Code 6 - DENY: BASED ON REVIEW OF MED RECORDS	56
Denial Reason Code 6 - DENY: BENEFIT MAXIMUM HAS BEEN REACHED	939
Denial Reason Code 6 - DENY: BILL WITH SPECIFIC VACCINE CODE	584
Denial Reason Code 6 - DENY: BILLED SERVICE DOES NOT MATCH UNITS DATES - CORRECT AND RESUBMIT	25
Denial Reason Code 6 - DENY: CODE IS CONSIDERED AN INTEGRAL COMPONENT OF THE E M CODE BILLED	4
Denial Reason Code 6 - DENY: CODE REPLACED BASED ON CODE AUDITING SOFTWARE RECOMMENDATION	619
Denial Reason Code 6 - DENY: CODE WAS DENIED BY CODE AUDITING SOFTWARE	596
Denial Reason Code 6 - DENY: CPT MODIFIER NOT APPROPRIATE WHEN BILLED WITH MULTIPLE UNITS	1
Denial Reason Code 6 - DENY: DENIED AFTER REVIEW OF PROVIDER S CLAIMS HISTORY	2
Denial Reason Code 6 - DENY: DENIED BY MEDICAL SERVICES	575
Denial Reason Code 6 - DENY: DISCHARGE HOUR INVALID WITH DISCHARGE STATUS 30	145
Denial Reason Code 6 - DENY: DISCHARGE HOUR MISSING OR INVALID	1
Denial Reason Code 6 - DENY: DUPLICATE CLAIM SERVICE	13561
Denial Reason Code 6 - DENY: EDI CLAIM MUST BE SUBMITTED IN HARD COPY W CONSENT FORM ATTACHED	413
Denial Reason Code 6 - DENY: HCPCS CPT is not compatible with REV code billed	561
Denial Reason Code 6 - DENY: HMS OVERPAYMENT RECOUPMENT	15
Denial Reason Code 6 - DENY: ICD9 PROC CODE 1 MISSING OR INVALID	19
Denial Reason Code 6 - DENY: ICD9 PROC CODE 2 MISSING OR INVALID	9
Denial Reason Code 6 - DENY: ICD9 PROCEDURE CODE MISSING OR INVALID	40
Denial Reason Code 6 - DENY: INVALID DATES OF SERVICE PLEASE RE-SUBMIT	34
Denial Reason Code 6 - DENY: INVALID DELETED MISSING CPT CODE	7
Denial Reason Code 6 - DENY: INVALID OR MISSING DISCHARGE STATUS, PLEASE RE-SUBMIT	28
Denial Reason Code 6 - DENY: INVALID PLACE OF SERVICE, PLEASE CONSULT THE PROV MANUAL	34
Denial Reason Code 6 - DENY: MEDICAID AND TIN NUMBERS ON FILE DO NOT MATCH	2
Denial Reason Code 6 - DENY: MEMBER NAME NUMBER DATE OF BIRTH DO NOT MATCH,PLEASE RESUBMIT	86
Denial Reason Code 6 - DENY: MODIFIER INVALID FOR PROCEDURE OR MODIFIER NOT REPORTED	212
Denial Reason Code 6 - DENY: NDC MISSING/INVALID OR NOT APPROPRIATE FOR PROCEDURE	1233
Denial Reason Code 6 - DENY: NON-COVERED - CONTACT PROVIDER SERVICES	28
Denial Reason Code 6 - DENY: NON-SPECIFIC DIAGNOSIS- REQUIRES 5TH DIGIT PLEASE RESUBMIT	59
Denial Reason Code 6 - DENY: ORIGINAL SUBMISSION WAS NOT RECEIVED WITHIN TIMELY FILING LIMIT	21
Denial Reason Code 6 - DENY: PLEASE SUBMIT TO MENTAL HEALTH PLAN FOR PROCESSING	1907
Denial Reason Code 6 - DENY: PLEASE SUBMIT TO THE VISION VENDOR FOR PROCESSING	216
Denial Reason Code 6 - DENY: PRIMARY CARRIER PAID UNDER CAPITATION ARRANGEMENT	2
Denial Reason Code 6 - DENY: PROCEDURES INCLUDED IN FINAL RESTORATION	3
Denial Reason Code 6 - DENY: PROFESSIONAL FEE MUST BE BILLED ON HCFA FORM	18
Denial Reason Code 6 - DENY: PROVIDER MUST USE HCPC CPT FOR CORRECT PRICING	13
Denial Reason Code 6 - DENY: RESUBMIT CLAIM UNDER FQHC RHC CLINIC NPI NUMBER	26
Denial Reason Code 6 - DENY: RESUBMIT WITH COB FOR NON-T1015 LINES	237
Denial Reason Code 6 - DENY: RESUBMIT WITH MODIFIER SPECIFIED BY STATE FOR PROPER PAYMENT	376
Denial Reason Code 6 - DENY: REVENUE CODE NOT REIMBURSABLE - CPT HCPCS CODE REQUIRED	1355
Denial Reason Code 6 - DENY: REVENUE CODES NOT BILLED ON THE UB92, PLEASE RE-SUBMIT	32
Denial Reason Code 6 - DENY: SERVICE HAS EXCEEDED THE AUTHORIZED LIMIT	364
Denial Reason Code 6 - DENY: SERVICES BILLED ON INCORRECT FORM, PLEASE REBILL ON A UB92	14
Denial Reason Code 6 - DENY: SIGNATURE MISSING FROM BOX 31, PLEASE RESUBMIT	57
Denial Reason Code 6 - DENY: SIGNED CONSENT FORM HAS NOT BEEN RECEIVED	79
Denial Reason Code 6 - DENY: STERILIZATION CONSENT FORM IS NOT VALID OR IS MISSING INFORMATION	519
Denial Reason Code 6 - DENY: SVS INCLUDED INCORRECT CPT COMBINATIONS RESUBMIT CORRECTED BILL	1
Denial Reason Code 6 - DENY: THE DIAGNOSIS IS INCONSISTENT WITH THE PATIENT S AGE	266
Denial Reason Code 6 - DENY: THE DIAGNOSIS IS INCONSISTENT WITH THE PATIENT S SEX	101
Denial Reason Code 6 - DENY: THE PROCEDURE CODE IS INCONSISTENT WITH THE PATIENT S AGE	114
Denial Reason Code 6 - DENY: THE PROCEDURE CODE IS INCONSISTENT WITH THE PATIENT S SEX	29
Denial Reason Code 6 - DENY: TYPE OF BILL MISSING OR INCORRECT ON CLAIM, PLEASE RE-SUBMIT	19
Denial Reason Code 6 - DENY: VISIT IS INCLUDED IN SURGERY	5
Denial Reason Code 6 - DENY:Admin Denial	5
Denial Reason Code 6 - DENY:INAPPROPRIATE CODE BILLED,CORRECT & RESUBMIT	1
Denial Reason Code 6 - DENY:INSUFFICIENT INFO FOR PROCESSING,RESUBMIT W PRIME S ORIGINAL EOB	53
Denial Reason Code 6 - DENY:NO ACTION NEEDED - WILL BE REPROCESSED AFTER STATE REVIEWS NEW CODE	6
Denial Reason Code 6 - DENY:NON-SPECIFIC DIAGNOSIS OR ICD9 PROC NEEDS 4TH DIGIT PLEASE RESUBMIT	30
Denial Reason Code 6 - DENY:PROVIDER NOT CONTRACTED FOR THIS SERVICE-DO NOT BILL PATIENT	2393

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Denial Reason Code 6 - DIAGNOSIS BILLED IS INVALID, PLEASE RESUBMIT WITH CORRECT CODE	2
Denial Reason Code 6 - DIAGNOSIS CANNOT BE USED AS PRIMARY DIAGNOSIS, PLEASE RESUBMIT	118
Denial Reason Code 6 - DISCHRG STS = 30 AND DISCHRG HOUR IS PRESENT OR ADMIT HOUR IS BLANK	22
Denial Reason Code 6 - Deny: svcs not eligible for Medicare Primary members	36
Denial Reason Code 6 - INAPPROPRIATE LEVEL OF E M SERVICE BILLED	34
Denial Reason Code 6 - MAXIMUM ALLOWANCE EXCEEDED	489
Denial Reason Code 6 - MISSING MODIFIER 26	95
Denial Reason Code 6 - MODIFIER BILLED IS NOT VALID, PLEASE RESUBMIT WITH CORRECT CODE	13
Denial Reason Code 6 - NIA PRICING APPLIED	27
Denial Reason Code 6 - OTHER INSURANCE EOB SUBMITTED DOES NOT MATCH BILLED, PLEASE RESUBMIT	84
Denial Reason Code 6 - PAID ACCORDING TO CONTRACT STATE PROCESSING GUIDELINES	1
Denial Reason Code 6 - PAY: SERVICE PROCESSED THRU COB AUTOMATION	467
Denial Reason Code 6 - PAY: FOR INTERNAL PURPOSES ONLY	1
Denial Reason Code 6 - PROCEDURE CODE APPENDED WITH BILATERAL 50 MODIFIER	12
Denial Reason Code 6 - PROCEDURE CODE CONFLICTS WITH MEMBER S AGE	5
Denial Reason Code 6 - PROCEDURE CODE EXCEEDS MAXIMUM ALLOWED PER DATE OF SERVICE	1024
Denial Reason Code 6 - PROCEDURE CODE ICD-9 CODE INCONSISTENT WITH MEMBERS GENDER	9
Denial Reason Code 6 - PROCEDURE CODE INCONSISTENT WITH MEMBER S AGE	23
Denial Reason Code 6 - PROCEDURE CODE PAIRS INCIDENTAL, MUTUALLY EXCLUSIVE OR UNBUNDLED	7352
Denial Reason Code 6 - PROCEDURE CODE PREVIOUSLY BILLED ON HISTORICAL CLAIM	1001
Denial Reason Code 6 - PROCEDURE CODE UNBUNDLED FROM GLOBAL PROCEDURE CODE	3514
Denial Reason Code 6 - PROCEDURE or DIAGNOSIS CODE DELETED, INCOMPLETE OF INVALID	11
Denial Reason Code 6 - REQUEST COMPLETE NO ACTION NECESSARY	3
Denial Reason Code 6 - SERVICE LINE REPRESENTS DENIAL OF ADDITIONAL UNITS BILLED	511
Denial Reason Code 6 - SERVICE(S) OR SUPPLIES DURING GLOBAL SURGICAL PERIOD	179
Denial Reason Code 6 - SINGLE UNILATERAL PROCEDURE SUBMITTED MORE THAN ONCE ON THE SAME DOS	4
TOTAL	90571

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.