

Denied Claims Report

Health Plan ID: 2162845
 Health Plan Name: Louisiana Healthcare Connections
 Health Plan Contact: ***
 Contact Email: ***
 Report Period Start Date: 11/1/2013
 Report Period End Date: 11/30/2013
 Report Due Date: 12/15/2013

BAYOU HEALTH Reporting

Document ID: P173
 Document Name: **Denied Claims Report**
 Reporting Frequency: Monthly
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 File Type: Excel
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#DENIAL_CODE	COUNT
Denial Reason Code 1 - Lack of documentation to support Medical Necessity	3627
Denial Reason Code 2 - Prior Authorization was not on file	5299
Denial Reason Code 3 - Member has other insurance that must be billed first	5839
Denial Reason Code 4 - Claim was submitted after the filing deadline	2094
Denial Reason Code 5 - Service was not covered by the BAYOU HEALTH PLAN	8993
Denial Reason Code 6 - ADD-ON CODE CANNOT BE BILLED WITHOUT PRIMARY CODE	26
Denial Reason Code 6 - AFTER REVIEW, PREV DECISION UPHELD, SEE PROV HANDBOOK FOR APPEAL PROCESS	361
Denial Reason Code 6 - ATTENDING PROVIDER NPI MISSING IR INVALID	19
Denial Reason Code 6 - Adjust- Incorrect Provider Paid	3
Denial Reason Code 6 - Adjust: Duplicate payment	1
Denial Reason Code 6 - Adjustment to previously submitted claim	452
Denial Reason Code 6 - CPT NOT REIMBURSED SEPARATELY. INCLUDED AS PART OF INCLUSIVE PROCEDURE	1593
Denial Reason Code 6 - DENIED:RESUBMIT WITH A VALID NDC NBR,QUALIFIER AND UNITS FOR PROCESSING	10
Denial Reason Code 6 - DENY - INVALID ADMIT TYPE FOR AGE OF PATIENT BILLED	7
Denial Reason Code 6 - DENY - MOM AND BABY CHARGES SHOULD BE BILLED SEPARATELY	32
Denial Reason Code 6 - DENY - NUMBER OF BLOOD UNITS IS REQUIRED	1
Denial Reason Code 6 - DENY - PLEASE RESUBMIT ACCORDING TO VACCINE GUIDELINES	194
Denial Reason Code 6 - DENY - SERVICE INELIGIBLE FOR REIMBURSEMENT	1
Denial Reason Code 6 - DENY - SERVICE INELIGIBLE FOR REIMBURSEMENT FOR PROVIDER TYPE AS BILLED	110
Denial Reason Code 6 - DENY-ENCOUNTER CODE REQUIRED AND MUST BE BILLED W/PAYABLE DETAIL LINES	460
Denial Reason Code 6 - DENY-UB04: INVALID TOB	176
Denial Reason Code 6 - DENY: DENIED AFTER REVIEW OF PATIENT S CLAIM HISTORY	8436
Denial Reason Code 6 - DENY: DUPLICATE SUBMISSION-ORIGINAL CLAIM STILL IN PEND STATUS	406
Denial Reason Code 6 - DENY: LATE CHARGES DENIED, REPLACEMENT BILL REQUIRED FOR PROCESSING	44
Denial Reason Code 6 - DENY: PAYMENT INCLUDED IN THE HIGHER INTENSITY CODE BILLED	10
Denial Reason Code 6 - DENY: PLEASE FORWARD TO THE DENTAL VENDOR FOR PROCESSING	33
Denial Reason Code 6 - DENY: PROCEDURE IS INAPPROPRIATE FOR PROVIDER SPECIALTY	13
Denial Reason Code 6 - DENY: PROCEDURE NOT COVERED FOR THE MEMBER S AGE	76
Denial Reason Code 6 - DENY: THIS CPT CODE IS INVALID WHEN BILLED WITH THIS DIAGNOSIS	12
Denial Reason Code 6 - DENY: THIS IS A DELETED CODE AT THE TIME OF SERVICE	1
Denial Reason Code 6 - DENY: ABORTION NECESSITY FORM REQUIRED FOR PROCESSING	1
Denial Reason Code 6 - DENY: ADJUSTMENT WAS NOT RECEIVED WITHIN TIMELY FILING LIMIT	162
Denial Reason Code 6 - DENY: ADMISSION SOURCE MISSING OR INVALID	14
Denial Reason Code 6 - DENY: ATTENDING PROVIDER NAME/NPI MISSING OR INVALID	41
Denial Reason Code 6 - DENY: BASED ON REVIEW OF MED RECORDS	110
Denial Reason Code 6 - DENY: BENEFIT MAXIMUM HAS BEEN REACHED	1141
Denial Reason Code 6 - DENY: BILL WITH SPECIFIC VACCINE CODE	749
Denial Reason Code 6 - DENY: BILLED SERVICE DOES NOT MATCH UNITS DATES - CORRECT AND RESUBMIT	23
Denial Reason Code 6 - DENY: CLAIM CANNOT BE PROCESSED WITHOUT AN ITEMIZED BILL	56
Denial Reason Code 6 - DENY: CODE IS CONSIDERED AN INTEGRAL COMPONENT OF THE E M CODE BILLED	5
Denial Reason Code 6 - DENY: CODE REPLACED BASED ON CODE AUDITING SOFTWARE RECOMMENDATION	580
Denial Reason Code 6 - DENY: CODE WAS DENIED BY CODE AUDITING SOFTWARE	419
Denial Reason Code 6 - DENY: DENIED BY MEDICAL SERVICES	593
Denial Reason Code 6 - DENY: DISCHARGE HOUR INVALID WITH DISCHARGE STATUS 30	44
Denial Reason Code 6 - DENY: DUPLICATE CLAIM SERVICE	13985
Denial Reason Code 6 - DENY: EDI CLAIM MUST BE SUBMITTED IN HARD COPY W CONSENT FORM ATTACHED	283
Denial Reason Code 6 - DENY: HCPCS CPT is not compatible with REV code billed	528
Denial Reason Code 6 - DENY: HMS OVERPAYMENT RECOUPMENT	10
Denial Reason Code 6 - DENY: ICD9 PROCEDURE CODE MISSING OR INVALID	57
Denial Reason Code 6 - DENY: INVALID DATES OF SERVICE PLEASE RE-SUBMIT	31
Denial Reason Code 6 - DENY: INVALID OR MISSING DISCHARGE STATUS, PLEASE RE-SUBMIT	49
Denial Reason Code 6 - DENY: INVALID PLACE OF SERVICE, PLEASE CONSULT THE PROV MANUAL	1
Denial Reason Code 6 - DENY: MEMBER NAME NUMBER DATE OF BIRTH DO NOT MATCH,PLEASE RESUBMIT	15
Denial Reason Code 6 - DENY: MODIFIER INVALID FOR PROCEDURE OR MODIFIER NOT REPORTED	323
Denial Reason Code 6 - DENY: NDC MISSING/INVALID OR NOT APPROPRIATE FOR PROCEDURE	963
Denial Reason Code 6 - DENY: NON-COVERED - CONTACT PROVIDER SERVICES	66
Denial Reason Code 6 - DENY: NON-SPECIFIC DIAGNOSIS- REQUIRES 5TH DIGIT PLEASE RESUBMIT	9
Denial Reason Code 6 - DENY: PLEASE SUBMIT TO MENTAL HEALTH PLAN FOR PROCESSING	2113
Denial Reason Code 6 - DENY: PLEASE SUBMIT TO THE VISION VENDOR FOR PROCESSING	264
Denial Reason Code 6 - DENY: PROFESSIONAL FEE MUST BE BILLED ON HCFA FORM	22
Denial Reason Code 6 - DENY: PROVIDER MUST USE HCPC CPT FOR CORRECT PRICING	16
Denial Reason Code 6 - DENY: RESUBMIT CLAIM UNDER FQHC RHC CLINIC NPI NUMBER	150
Denial Reason Code 6 - DENY: RESUBMIT WITH COB FOR NON-T1015 LINES	273
Denial Reason Code 6 - DENY: RESUBMIT WITH MODIFIER SPECIFIED BY STATE FOR PROPER PAYMENT	194
Denial Reason Code 6 - DENY: REVENUE CODE NOT REIMBURSABLE - CPT HCPCS CODE REQUIRED	1558
Denial Reason Code 6 - DENY: REVENUE CODES NOT BILLED ON THE UB92, PLEASE RE-SUBMIT	56
Denial Reason Code 6 - DENY: SERVICE HAS EXCEEDED THE AUTHORIZED LIMIT	381
Denial Reason Code 6 - DENY: SERVICES BILLED ON INCORRECT FORM, PLEASE REBILL ON A UB92	42
Denial Reason Code 6 - DENY: SIGNATURE MISSING FROM BOX 31, PLEASE RESUBMIT	33
Denial Reason Code 6 - DENY: SIGNED CONSENT FORM HAS NOT BEEN RECEIVED	125
Denial Reason Code 6 - DENY: STERILIZATION CONSENT FORM IS NOT VALID OR IS MISSING INFORMATION	211
Denial Reason Code 6 - DENY: THE DIAGNOSIS IS INCONSISTENT WITH THE PATIENT S AGE	345
Denial Reason Code 6 - DENY: THE DIAGNOSIS IS INCONSISTENT WITH THE PATIENT S SEX	97
Denial Reason Code 6 - DENY: THE PROCEDURE CODE IS INCONSISTENT WITH THE PATIENT S AGE	84
Denial Reason Code 6 - DENY: THE PROCEDURE CODE IS INCONSISTENT WITH THE PATIENT S SEX	19
Denial Reason Code 6 - DENY: THIS IS NOT A VALID MODIFIER FOR THIS CODE	2
Denial Reason Code 6 - DENY: VISIT IS INCLUDED IN SURGERY	1
Denial Reason Code 6 - DENY: YOUR NPI IS NOT ON FILE VALID OR YOU HAVE NOT BILLED WITH YOUR NPI	400
Denial Reason Code 6 - DENY:Admin Denial	4
Denial Reason Code 6 - DENY:INSUFFICIENT INFO FOR PROCESSING,RESUBMIT W PRIME S ORIGINAL EOB	56
Denial Reason Code 6 - DENY:NO ACTION NEEDED - WILL BE REPROCESSED AFTER STATE REVIEWS NEW CODE	8
Denial Reason Code 6 - DENY:NON-SPECIFIC DIAGNOSIS OR ICD9 PROC NEEDS 4TH DIGIT PLEASE RESUBMIT	2
Denial Reason Code 6 - DENY:PROVIDER NOT CONTRACTED FOR THIS SERVICE-DO NOT BILL PATIENT	2655
Denial Reason Code 6 - DIAGNOSIS BILLED IS INVALID, PLEASE RESUBMIT WITH CORRECT CODE	8
Denial Reason Code 6 - DIAGNOSIS CANNOT BE USED AS PRIMARY DIAGNOSIS, PLEASE RESUBMIT	119
Denial Reason Code 6 - Deny: svcs not eligible for Medicare Primary members	49
Denial Reason Code 6 - EOB INCOMPLETE-PLEASE RESUBMIT WITH REASON OF OTHER INSURANCE DENIAL	43

Denial Reason Code 6 - INAPPROPRIATE LEVEL OF E M SERVICE BILLED	33
Denial Reason Code 6 - MAXIMUM ALLOWANCE EXCEEDED	398
Denial Reason Code 6 - MISSING MODIFIER 26	109
Denial Reason Code 6 - NIA PRICING APPLIED	6
Denial Reason Code 6 - OTHER INSURANCE EOB SUBMITTED DOES NOT MATCH BILLED, PLEASE RESUBMIT	162
Denial Reason Code 6 - PAID ACCORDING TO CONTRACT STATE PROCESSING GUIDELINES	10
Denial Reason Code 6 - PAY: SERVICE PROCESSED THRU COB AUTOMATION	437
Denial Reason Code 6 - PAY: CHARGES PAID AT PROVIDER S COST-TO-CHARGE RATIO ON DATE OF PAYMENT	12
Denial Reason Code 6 - PAY: MULTIPLE REFERRING AFFILIATIONS QUALIFY	3
Denial Reason Code 6 - PROCEDURE CODE APPENDED WITH BILATERAL 50 MODIFIER	9
Denial Reason Code 6 - PROCEDURE CODE CONFLICTS WITH MEMBER S AGE	8
Denial Reason Code 6 - PROCEDURE CODE EXCEEDS MAXIMUM ALLOWED PER DATE OF SERVICE	814
Denial Reason Code 6 - PROCEDURE CODE ICD-9 CODE INCONSISTENT WITH MEMBERS GENDER	5
Denial Reason Code 6 - PROCEDURE CODE INCONSISTENT WITH MEMBER S AGE	28
Denial Reason Code 6 - PROCEDURE CODE PAIRS INCIDENTAL, MUTUALLY EXCLUSIVE OR UNBUNDLED	7545
Denial Reason Code 6 - PROCEDURE CODE PREVIOUSLY BILLED ON HISTORICAL CLAIM	690
Denial Reason Code 6 - PROCEDURE CODE UNBUNDLED FROM GLOBAL PROCEDURE CODE	3686
Denial Reason Code 6 - PROCEDURE or DIAGNOSIS CODE DELETED, INCOMPLETE OF INVALID	4
Denial Reason Code 6 - REQUEST COMPLETE NO ACTION NECESSARY	3
Denial Reason Code 6 - SERVICE LINE REPRESENTS DENIAL OF ADDITIONAL UNITS BILLED	413
Denial Reason Code 6 - SERVICE ONLY PAYABLE WITH A PAYABLE TRANSPORT CODE	123
Denial Reason Code 6 - SERVICE(S) OR SUPPLIES DURING GLOBAL SURGICAL PERIOD	208
Denial Reason Code 6 - SINGLE UNILATERAL PROCEDURE SUBMITTED MORE THAN ONCE ON THE SAME DOS	2
Denial Reason Code 6 - TAX ID SUBMITTED IS INCORRECT FOR DATE OF SERVICE. PLEASE RESUBMIT	132
TOTAL	82757

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.