

Amerigroup

United Healthcare Community Plan

Sunflower

Hospital Inpatient

Rank	Denial Reason	# Lines Denied In Month	Claims Dollar Amount
1	Denial result not obtained	107	\$ 3,532,999.54
2	Denial Duplicate Claim	97	\$ 4,495,762.61
3	Submit member's claims - no charge limit	69	\$ 2,728,931.74
4	Charge processed under original submit	28	\$ 1,659,216.97
5	Denial-not allowed under contract	27	\$ 4,106,619
6	Submitted after plan filing limit	25	\$ 247,158.99
7	Primary carrier file req	24	\$ 270,089.54
8	Valid DRC required	12	\$ 84,333.64
9	This is a non-covered service	9	\$ 3,669.33
10	Service Disallowed by UIM	7	\$ 136,234.51

Hospital Outpatient

Rank	Denial Reason	# Lines Denied In Month	Claims Dollar Amount
1	Denial-not allowed under contract	1452	\$ 726,642.81
2	Deny result not obtained	1343	\$ 1,322,227.49
3	Primary carrier file req	121	\$ 545,447.95
4	Procedure non-reimbursable	161	\$ 202,931.18
5	Submitted after plan filing limit	148	\$ 341,928.84
6	Charge processed under original submit	144	\$ 515,576.67
7	Delinquent Duplicate Claim	69	\$ 148,043.88
8	Claim fees are not reimbursable	59	\$ 14,256.58
9	Information to a current procedure	27	\$ 28,555.52
10	Description of service required	23	\$ 243,899.20

Rank	Denial Reason	# Lines Denied In Month	Claims Dollar Amount
1	88 - DUR Defect Error	4,552	
2	41 - Submit Bill To Other Processor Or Primary Payer	4,161	
3	7M - Discrepancy Between Other Coverage Code And Other	3,997	
4	70 - Product/Service Not Covered	3,413	
5	69 - Filled After Coverage Terminated	2,859	
6	79 - Refill Too Soon	2,458	
7	75 - Plan Limitations Exceeded	2,215	
8	13 - M/I/Other Coverage Code	1,482	
9	101 - M/I/ Bin Number	1,106	
10	75 - Prior Authorization Required	501	

Hospital Inpatient

Rank	Denial Reason - U992	Month To Date # of Claims Denied	Claims Dollars Billied
1	NO AUTHORIZATION ON FILE	606	\$ 1,524,002.18
2	AUTH ON FILE IS DENIED	524	\$ 1,044,460.92
3	DEFINITE DUPLICATE CLAIM	487	\$ 3,155,744.73
4	POA REQUESTED BUT IS NOT VALID	279	\$ 809,397.45
5	SEND PRIMARY CARRIERS EOB	268	\$ 629,497.66
6	UNRECOGNIZABLE DRG	193	\$ 488,903.95
7	CLAIM ANALYSED, DUPLICATE CLAIM	185	\$ 510,204.38
8	BENEFIT BASED ON ADMISSION DATE	175	\$ 337,598.19
9	SUBMITTED AFTER PROVIDER'S FILING LIMIT	165	\$ 189,034.14
10	TERMINATION	163	\$ 1,349,924.64

Hospital Outpatient

Rank	Denial Reason - U992	Month To Date # of Claims Denied	Claims Dollars Billied
1	SERVICE IS NOT CONTRACTED	1799	\$ 661,919.00
2	RESUBMIT ON CORRECT CLAIM FORM	1622	\$ 7,912,913.96
3	SEND PRIMARY CARRIERS EOB	1254	\$ 528,635.49
4	CLAIM ANALYSED, DUPLICATE CLAIM	1121	\$ 388,001.73
5	DEFINITE DUPLICATE CLAIM	818	\$ 509,883.86
6	TERMINATION	620	\$ 522,744.59
7	SUBMITTED AFTER PROVIDER'S FILING LIMIT	512	\$ 228,992.32
8	SERVICE IS INCLUDED IN CASE RATE	406	\$ 136,445.03
9	INVALID PROVIDER NPI WAS BILLED	366	\$ 136,620.30
10	NETWORK STD BE SCHEM	278	\$ 385,425.09

Rank	# received during reporting period	# denied during reporting period	Claims Dollars Billied
1	Non-covered service/item	5,402	
2	Service not authorized	752	
3	Service limit exceeded without PA	4,347	
4	Member not eligible	1,190	
5	Provider not contracted for service	1	
6	Duplicate Claim	261	
7	Error in billing procedure code, NIP, etc)	3,476	
8	Date of service not covered	-	
9	Exceed filing time limit	-	
10	Claim and PA not matching	-	

Hospital Inpatient

Rank	Denial Reason	# Lines Denied In Month	Claims Dollar Amount
1	DENY: DUPLICATE CLAIM SERVICE	325	\$6,707,313.2
2	DENY: THIS SERVICE IS NOT COVERED	288	\$89,330.1
3	DENY: AUTHORIZATION NOT ON FILE	217	\$6,992,580.2
4	DENY: THE TIME LIMIT FOR FILING HAS EXPIRED	217	\$1,660,289.5
5	DENY: BILL PRIMARY INSURER 1ST RESUBMIT WITH EOB	195	\$795,282.2
6	DENY: DENIED AFTER REVIEW OF PATIENT'S CLAIM HISTORY	136	\$69,572.2
7	PROCEDURE CODE UNBUNDLED FROM GLOBAL PROCEDURE CODE	76	\$31,276.2
8	DENY: PLEASE SUBMIT TO MENTAL HEALTH VENDOR FOR PROCESSING	56	\$17,285.2
9	DENY: RESUBMIT WITH CORRECT MODIFIER	52	\$70,909.2
10	INCOMPLETE NPI FOR PROVIDER	51	\$50,389.2

Hospital Outpatient

Rank	Denial Reason	# Lines Denied In Month	Claims Dollar Amount
1	DENY: PROVIDER MUST USE HCPC-CPT FOR CORRECT PRICING	4302	\$1,414,268.3
2	REIMBURSABLE	3929	\$120,331.2
3	DENY: THIS SERVICE IS NOT COVERED	367	\$2,161,616.2
4	DENY: NOT REIMBURSABLE PER STATE GUIDELINES OR CONTRACT	2016	\$327,881.1
5	PROCEDURE CODE PARS INCIDENTAL, MUTUALLY EXCLUSIVE OR UNBUNDLED	1473	\$1,270,667.2
6	DENY: NAME OF DRUG, NDC NUMBER AND QUANTITY IS REQUIRED TO PROCESS CLAIM	1172	\$609,854.2
7	PROGRESS CLAIM	1080	\$1,131,387.5
8	DENY: DENIED AFTER REVIEW OF PATIENT'S CLAIM HISTORY	984	\$346,388.2
9	DENY: BILL PRIMARY INSURER 1ST RESUBMIT WITH EOB	907	\$844,430.2
10	DENY: AUTHORIZATION NOT ON FILE	620	\$956,617.2

Rank	Denial Reason	# Lines Denied In Month	Claims Dollar Amount
1	REPL. TOO SOON	1204	
2	PLAN LIMITATIONS EXCEEDED	10258	
3	NOC NOT COVERED	7377	
4	M/I/OTHER COVERAGE CODE	4079	
5	CLAIM NOT PROCESSED	3995	
6	PRIOR AUTHORIZATION REQUIRED	3443	
7	NON-MATCHED CARHOLDER ID	3028	
8	FILED AFTER COVERAGE EXPIRED	2984	
9	PRNG-DIAGNOSIS MISMATCH	1421	
10	M/I DISPENSE AS WAITEN CODE	996	

NOTE: All claim dollar amounts represent BILLED amount, not expected payment amount.

United Healthcare Community Plan

Rank	Denial Reason	# Times Denied In Month	Claims Dollar Amount
1	Denial Reason: This is a duplicate of a previously processed claim	487	\$ 27,378.29
2	The member's coverage was not in effect on the date the service was provided	319	\$ 17,301.99
3	Please resubmit claims with the EOB from the primary carrier	283	\$ 18,448.27
4	Provider contract is not effective on date of service	214	\$ 10,607.20
5	This is a duplicate of a claim currently in process	206	\$ 22,295.38
6	This claim was submitted after the claim timely-filing limit	202	\$ 11,850.53
7	The member's age or tooth is not within plan guidelines for this procedure	125	\$ 26,931.87
8	KS-Service not covered when billed with only diagnostic/preventative services	83	\$ 70.00
9	Service replaced with FQHC Encounter Payment	77	\$ 4,923.00
10	Service replaced due to quantity recoding	38	\$ 1,485.80

Rank	Denial Reason	# Times Denied In Month	Claims Dollar Amount
1	Provider Contract Not Effective on Date of Service	409	\$ 79,845.90
2	No Primary Insurer EOB Present	364	\$ 29,626.01
3	Invalid Procedure Code	308	\$ 45,521.43
4	Duplicate Service Previously Paid	256	\$ 48,579.08
5	Un timely Filing	236	\$ 44,747.25
6	Patient Ineligible	140	\$ 14,693.05
7	Duplicate Service Being Processed	130	\$ 13,021.25
8	No Reimbursement Information Found For Service	44	\$ 17,090.07
9	Verify POS for Diag Code V80.1 is = 11	36	\$ 9,557.82
10	Service Authorization Required	35	\$ 44,876.79

Sunflower

Rank	Denial Reason	# Times Denied In Month	Claims Dollar Amount
1	Service replaced with FQHC Encounter Payment	2,698	\$157,395.00
2	Service replaced due to x-ray recoding	1,169	\$58,088.00
3	Service replaced due to quantity recoding	865	\$44,039.80
4	This service is not covered under the plan	418	\$30,687.00
5	Service denied - exceeds maximum allowed per period	387	\$26,422.07
6	The member's age or tooth is not within plan guidelines for this procedure	237	\$40,377.00
7	The member's coverage was not in effect on the date the service was provided	227	\$10,548.88
8	Provider contract is not effective on date of service	134	\$11,553.57
9	Service Replaced by Alternative Benefit	124	\$5,589.43
10	KS-Service billable only when other restorative services are on same	77	\$20,909.00

Rank	Denial Reason	# Times Denied In Month	Claims Dollar Amount
1	Denied: No amount billed for this service.	643	\$0.00
2	Denied: Maximum visits were previously exhausted for the benefit period. Patient may be billed.	585	\$35,990.82
3	Denied: Referral / Pre-certification required for service submitted.	267	\$16,655.45
4	Denied: Duplicate charge/service. Service billed previously for same member and date of service.	257	\$18,421.15
5	Denied: Service not covered by Opticare. Submit claim directly to Payor.	147	\$26,958.66
6	Denied: Diagnosis is not appropriate for use with billed CPT. Please consult your plan specifics.	143	\$4,898.00
7	Denied: Our records indicate patient has insurance through another carrier. Please resubmit claim with primary EOB or written verification from patient on the status of other insurance.	128	\$10,184.10
8	Denied: Diagnosis is not compatible with the Hardware codes billed.	111	\$5,940.43
9	Denied: Claim was not received within the 180 day filing period. Refer to Plan Specifics for timely filing period guidelines.	91	\$5,430.17
10	Denied: Violates state Medicaid billing/recoding guidelines. Member may not be billed.	77	\$4,055.50

Rank	Denial Reason	# Times Denied In Month	Claims Dollar Amount
1	This procedure is a duplicate of a service previously processed.	1,748	\$ 79,193.52
2	Service is not covered. Please refer to your Office Reference Manual for definition of covered dental/orthodontic, pediatric rates and procedure codes. Service exceeds benefit allowance. This service is allowed once every 6 months.	916	\$ 25,137.61
3	Patient is not eligible for services; coverage is not active. The patient was covered on the date of service by another insurance company which is the primary carrier. After the prime carrier has determined its liability, resubmit this claim with a copy of the prime carrier's EOB.	393	\$ 9,792.50
4	Service exceeds benefit allowance. This service is allowed once every 12 months.	271	\$ 10,346.34
5	Service exceeds benefit allowance. Service is limited to one per every 36 months.	225	\$ 14,519.27
6	Service exceeds benefit allowance. Service is limited to one per every 36 months.	160	\$ 4,212.92
7	Separate billing for this procedure code is not allowed. Service allowance is included in treatment rendered.	107	\$ 6,776.50
8	The patient is over the age limit for this procedure.	83	\$ 1,992.75
9	The claim needs to include the procedure code, the encounter code and corresponding fee to reflect your affiliation with a Federally Qualified Health Center.	77	\$ 2,107.50
10		62	\$ 5,065.95

Rank	Denial Reason	# Times Denied In Month	Claims Dollar Amount
1	Denied: Our records indicate patient has insurance through another carrier. Please resubmit claim with primary EOB or written verification.	292	\$62,050.16
2	Denied: Each Service was Denied for various reasons.	242	\$61,790.14
3	Denied: Duplicate Charge/Service. Service billed previously for same member and date of service.	108	\$21,140.00
4	Denied: Provider is not contracted to provide Medical/Surgical Services.	62	\$13,800.00
5	Denied: Maximum visits were previously exhausted for the benefit period. Patient may be billed.	61	\$8,486.00
6	Denied: Non-Contracted Provider. Contact Network Management at (800) 531-2318 to become a participating provider and/or location.	53	\$12,710.75
7	Denied: Claim was not received within the 180 day filing period. Refer to Plan Specifics for timely filing period guidelines.	47	\$24,464.88
8	Denied: Maximum Units of Service were previously exhausted for the benefit period. Patient may be billed.	35	\$3,350.43
9	Denied: Diagnosis is not compatible with the Hardware codes billed.	28	\$4,310.45
10	Denied: Inappropriate Primary Diagnosis	23	\$8,577.95

NOTE: All claim dollar amounts represent BILLED amount, not expected payment amount.

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Medical (physical health not otherwise specified)

Rank	Denial Reason	# Lines Denied In Month	Claims Dollar Amount
1	Deny preauth not obtained	5184	\$ 2,126,875.53
2	Deny Duplicate Claim	1674	\$ 807,659.68
3	Submitted after plan filing limit	1266	\$ 818,277.94
4	Termination	1176	\$ 360,954.19
5	Primary carrier file req	1176	\$ 597,117.73
6	Disallov-not allowed under contract	720	\$ 196,403.96
7	Submitted After Provider's Filing Limit	361	\$ 154,749.61
8	Billing Error	283	\$ 46,881.68
9	Coordination of benefit - No Payment	266	\$ 49,169.05
10	CCI Incidental Procedure in History	192	\$ 26,237.31

United Healthcare Community Plan

Medical (physical health not otherwise specified)

Rank	Denial Reason - CMS1500	Month to Date # of Claims Denied	Claims dollars billed
1	DEFINITE DUPLICATE CLAIM	3,730	\$ 918,095.60
2	SEND PRIMARY CAREERS EOB	2,517	\$ 314,268.92
3	NETWORK STD FEE SCHED	2,128	\$ 1,166,597.85
4	TERMINATION	1,801	\$ 923,097.39
5	SUBMITTED AFTER PROVIDER'S FILING LIMIT	1,489	\$ 677,250.04
6	INCL IN ANOTHER PROCEDURE	697	\$ 117,488.23
7	SERVICE IS NOT CONTRACTED	619	\$ 973,191.81
8	CLAIM ANALYZED, DUPLICATE CLAIM	543	\$ 142,070.51
9	PREVIOUSLY PROCESSED	490	\$ 116,639.72
10	CORRECT BILLING ADDRESS NEEDED	429	\$ 52,940.75

Sunflower

Medical (physical health not otherwise specified)

Rank	Denial Reason	# Lines Denied In Month	Claims Dollar Amount
1	REBILBURSABLE	4564	\$71,984.56
2	DENY: PER STATE GUIDELINES-PROCEDURE NOT SEPARATELY	3821	\$482,818.12
3	DENY: AUTHORIZATION NOT ON FILE	3148	\$979,088.42
4	DENY: DUPLICATE CLAIM SERVICE	2118	\$872,095.97
5	DENY: BILL PRIMARY INSURER 1ST RESUBMIT WITH EOB	1870	\$699,605.09
6	DENY: THE TIME LIMIT FOR FILING HAS EXPIRED	1376	\$1,388,116.79
7	DENY: DENIED AFTER REVIEW OF PATIENT'S CLAIM HISTORY	806	\$174,178.72
8	OTHER INSURANCE EOB SUBMITTED DOES NOT MATCH BILLED, PLEASE CORRECT IPI FOR PROVIDER	781	\$369,586.13
9	RESUBMIT	758	\$103,960.23
10	DENY: BENEFIT MAXIMUM HAS BEEN REACHED	587	\$303,030.78

Nursing Facilities (Total)

Rank	Denial Reason	# Lines Denied In Month	Claims Dollar Amount
1	Coordination of benefit - No Payment	523	\$415,581.85
2	Deny Duplicate Claim	271	\$865,091.07
3	Denial of Payment for New Admissions	165	\$344,242.21
4	Filed at contracted rate	113	\$343,372.95
5	Submitted after plan filing limit	47	\$169,246.59
6	Primary carrier file req	30	\$121,400.57
7	Termination	29	\$97,037.82
8	Character processed under original submiss	18	\$50,882.84
9	Deny preauth not obtained	12	\$35,483.66
9	Service manually priced	12	\$12,145.54

Nursing Facilities (Total)

Rank	Denial Reason - CMS1500	Month to Date # of Claims Denied	Claims dollars billed
1	CLAIM PREAUTH REQUIREMENT BYPASSED	1,522	\$82,328.00
2	NO AUTHORIZATION ON FILE	210	\$30,317.84
3	BENEFITS BASED ON ADMISSION DATE	197	\$231,956.68
4	SERVICE IS NOT CONTRACTED	169	\$85,032.37
5	DEFINITE DUPLICATE CLAIM	115	\$137,827.56
6	AUTH OVERRODE DUE TO COB	103	\$5,548.79
7	MISSING OR INVALID ICD CODE	96	\$3,880.99
8	SUBMITTED AFTER PROVIDER'S FILING LIMIT	73	\$914,648.99
9	TERMINATION	59	\$30,666.04
10	CLAIM ANALYZED, DUPLICATE CLAIM	59	\$106,459.95

Nursing Facilities (Total)

Rank	Denial Reason	# Lines Denied In Month	Claims Dollar Amount
1	DENY: THIS SERVICE IS NOT COVERED	1218	\$719,485.54
2	DENY: AUTHORIZATION NOT ON FILE	795	\$1,448,013.28
3	DENY: PER STATE GUIDELINES-PROCEDURE NOT SEPARATELY	369	\$1,614.50
4	DENY: BILL PRIMARY INSURER 1ST RESUBMIT WITH EOB	298	\$467,499.35
5	DENY: DUPLICATE CLAIM SERVICE	187	\$455,090.98
6	OTHER INSURANCE EOB SUBMITTED DOES NOT MATCH BILLED, PLEASE REBILBURSABLE	132	\$11,211.92
7	DENY: THE TIME LIMIT FOR FILING HAS EXPIRED	122	\$423,348.23
8	DENY: PROCEDURE NOT COVERED FOR THE MEMBER'S AGE	88	\$5,204.33
9	DIAGNOSIS CANNOT BE USED AS PRIMARY DIAGNOSIS, PLEASE RESUBMIT	62	\$174,129.62
10	DENY: CLAIM AND AUTH SERVICE PROVIDER NOT MATCHING	56	\$132,741.84

HCBS

Rank	Denial Reason	# Lines Denied In Month	Claims Dollar Amount
1	Deny preauth not obtained	129	\$ 11,682.02
2	Deny Duplicate Claim	129	\$ 35,282.64
3	Disallov-not allowed under contract	76	\$ 21,463.26
4	Coordination of benefit - No Payment	53	\$ 10,233.55
5	Primary carrier file req	26	\$ 33,500.11
6	Network Std Fee Sched	26	\$ 1,500.00
7	Procedure non-reimbursable	22	\$ 8,884.10
8	Submitted After Provider's Filing Limit	22	\$ 19,386.13
9	Units exceed UIV authorization	15	\$ 2,827.02
9	Billing Error	15	\$ 1,233.40

HCBS

Rank	Denial Reason - CMS1500	Month to Date # of Claims Denied	Claims dollars billed
1	NO AUTHORIZATION ON FILE	378	\$ 90,083.83
2	UNITS EXCEED UIV AUTHORIZATION	371	\$ 85,633.87
3	SEND PRIMARY CAREERS EOB	313	\$ 45,910.85
4	NETWORK STD FEE SCHED	213	\$ 45,488.46
5	CONTRACT BILLING ADDRESS NEEDED	202	\$ 23,277.20
6	DEFINITE DUPLICATE CLAIM	202	\$ 28,216.68
7	SUBMITTED AFTER PROVIDER'S FILING LIMIT	168	\$ 50,730.74
8	CLAIM ANALYZED, DUPLICATE CLAIM	81	\$ 24,054.57
9	SERVICE IS NOT CONTRACTED	76	\$ 37,484.08
10	TERMINATION	75	\$ 4,325.29

HCBS

Rank	Denial Reason	# Lines Denied In Month	Claims Dollar Amount
1	DENY: AUTHORIZATION NOT ON FILE	693	\$348,263.10
2	DENY: BENEFIT MAXIMUM HAS BEEN REACHED	506	\$37,559.97
3	DENY: BILL PRIMARY INSURER 1ST RESUBMIT WITH EOB	284	\$169,249.80
4	DENY: THE TIME LIMIT FOR FILING HAS EXPIRED	211	\$64,890.99
5	DENY: DUPLICATE CLAIM SERVICE	155	\$55,237.31
6	DENY: THIS SERVICE IS NOT COVERED	99	\$22,223.41
7	DENY: SERVICE HAS EXCEEDED THE AUTHORIZED LIMIT	82	\$56,943.53
8	DENY: DENIED AFTER REVIEW OF PATIENT'S CLAIM HISTORY	64	\$23,441.64
9	DENY: PROCEDURE IS INAPPROPRIATE FOR PROVIDER SPECIALTY	34	\$1,562.00
10	DENY: REQUESTED INFORMATION WAS NOT PROVIDED	23	\$7,781.99

NOTE: All claim dollar amounts represent BILLED amount, not expected payment amount.

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Amerigroup

United Healthcare Community Plan

Sunflower

Rank	Denial Reason	# Lines Denied In Month	Claims Dollar Amount
1	Denial Reason - Denial	3066	\$ 351,261.18
2	Denial Reason - Duplicate Claim	2094	\$ 239,045.71
3	Spent down mbr liability deducted	602	\$ 53,168.78
4	Primary carrier info req	347	\$ 46,592.22
5	Disallow-not allowed under contract	193	\$ 19,398.43
6	Not a Covered Service	182	\$ 18,712.28
7	Termination	156	\$ 24,259.75
8	Units exceed UM authorization	141	\$ 9,224.46
9	Duplicate Service	83	\$ 9,844.06
10	Charges processed under original submits	55	\$ 5,705.00

Rank	Denial Reason - CMS1500	Month to Date # of Claims Denied	Claims Dollars Billed
1	DEFINITE DUPLICATE CLAIM	659	\$ 101,109.87
2	SEND PRIMARY CARRIER EOB	425	\$ 49,830.96
3	THE PROC CODE INCONSIST W/POS CLAIM ANALYZED, DUPLICATE CLAIM	425	\$ 75,149.55
4	PREVIOUSLY PROCESSED	382	\$ 140,627.45
5	TERMINATION	146	\$ 31,190.26
6	SUBMITTED AFTER PROVIDER'S FILING LIMIT	145	\$ 42,210.35
7	INCREASED ALLOWABLE	131	\$ 19,131.58
8	STATE IS RESPONSIBLE FOR SERVICES	100	\$ 12,059.94
9	NO AUTHORIZATION ON FILE	78	\$ 7,826.37
10		77	\$ 6,808.49

Rank	Denial Reason	# Lines Billed In Month	Claims Dollar Amount
1	DENY: AUTHORIZATION NOT ON FILE	1174	\$452,018.32
2	DENY: PROCEDURE DOES NOT MATCH AUTHORIZATION HAS	1078	\$354,524.86
3	DENY: BENEFIT LIMIT FOR SERVICES WITHOUT AN AUTHORIZATION HAS BEEN MET	440	\$56,564.18
4	DENY: THE TIME LIMIT FOR FILING HAS EXPIRED	377	\$68,756.68
5	DENY: PLEASE RESUBMIT TO THE MEDICAL PLAN FOR CONSIDERATION	230	\$71,513.20
6	DENY: DAILY MAXIMUM REACHED	163	\$11,771.24
7	DENY:PROCEDURE DOES NOT MATCH AUTHORIZATION OTHER INSURANCE EOB SUBMITTED DOES NOT MATCH BILLED, PLEASE RESUBMIT	145	\$30,650.28
8	DENY: SERVICE NOT COVERED, PROVIDER RESPONSIBILITY, DO NOT BILL MEMBER	95	\$4,680.46
9	DENY: BILL PRIMARY INSURER 1ST RESUBMIT WITH EOB	82	\$6,795.28
10		73	\$53,332.84

NOTE: All claim dollar amounts represent BILLED amount, not expected payment amount.