

## Denied Claims Report

Health Plan ID: 2162845  
Health Plan Name: Louisiana Healthcare Connections - LA  
Health Plan Contact: \*\*\*  
Contact Email: \*\*\*  
Report Period Start Date: 8/1/2012  
Report Period End Date: 8/31/2012

## 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	0
Denial Reason Code 2 - Prior Authorization was not on file	14863
Denial Reason Code 3 - Member has other insurance that must be billed first	2837
Denial Reason Code 4 - Claim was submitted after the filing deadline	18
Denial Reason Code 5 - Service was not covered by the BAYOU HEALTH PLAN	16840
Denial Reason Code 6 - ALL OTHER	81958
TOTAL	116516

**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.**