

BAYOU HEALTH Prepaid Summary PI173 Denied Claims Report

Health Plan ID # 2162934

Health Plan Name: LaCare

Reporting Month: February

Begin Date: 2012013

End Date: 2282013

| DHH Denial Code | DHH Denial Description | # of Denied Claim Lines |
|-----------------|--|-------------------------|
| 1 | Lack of documentation to support Medical Necessity | 0 |
| 2 | Prior Authorization was not on file | 14590 |
| 3 | Member has other insurance that must be billed first | 3462 |
| 4 | Claim was submitted after the filing deadline | 91 |
| 5 | Service was not covered by the BAYOU HEALTH PLAN | 84 |
| 6 | All Other | 68186 |
| Total | | 86413 |