

BAYOU HEALTH Prepaid Summary PI173 Denied Claims Report

Health Plan ID # 2162934

Health Plan Name: LaCare

Reporting Month: January

Begin Date: 1012013

End Date: 1312013

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	18340
3	Member has other insurance that must be billed first	4520
4	Claim was submitted after the filing deadline	0
5	Service was not covered by the BAYOU HEALTH PLAN	471
6	All Other	79599
Total		102930