

BAYOU HEALTH Prepaid Summary PI173 Denied Claims Report

Health Plan ID # 2162934

Health Plan Name: LaCare

Reporting Month: March

Begin Date: 3012013

End Date: 3312013

DHH Denial Code	DHH Denial Description	# of Denied Claim Lines
1	Lack of documentation to support Medical Necessity	1
2	Prior Authorization was not on file	16672
3	Member has other insurance that must be billed first	3987
4	Claim was submitted after the filing deadline	457
5	Service was not covered by the BAYOU HEALTH PLAN	72
6	All Other	71837
Total		93026