

Denied Claims Report

Health Plan ID: 2162845
Health Plan Name: Louisiana Healthcare Connections - LA
Health Plan Contact: ***
Contact Email: ***
Report Period Start Date: 3/1/2013
Report Period End Date: 3/31/2013

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	45
Denial Reason Code 2 - Prior Authorization was not on file	8610
Denial Reason Code 3 - Member has other insurance that must be billed first	5167
Denial Reason Code 4 - Claim was submitted after the filing deadline	438
Denial Reason Code 5 - Service was not covered by the BAYOU HEALTH PLAN	8974
Denial Reason Code 6 - ALL OTHER	78635
TOTAL	101869

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.