

Prepaid Denied Claims- Amerigroup Louisiana, Inc.

Health Plan ID: 2162519
Health Plan Name: Amerigroup Louisiana, Inc.
Health Plan Contact: ***
Contact Email: ***
Report Period Start Date: 20140101
Report Period End Date: 20140131
Submission Date of Report: 20140214

BAYOU HEALTH Reporting

Document ID: PI173 Revision Date 11/01/2013
Document Name: **Prepaid Denied Claims**
Reporting Frequency: Monthly
Report Due Date: 15th of the month following end of reporting period
File Type: Excel
Subject Matter: Informatics (I)

| DHH Denial Code | DHH Denial Description | # of Denied Claim Lines |
|-----------------|--|-------------------------|
| 1 | Lack of documentation to support Medical Necessity | 36 |
| 2 | Prior Authorization was not on file | 3771 |
| 3 | Member has other insurance that must be billed first | 3001 |
| 4 | Claim was submitted after the filing deadline | 1949 |
| 5 | Service was not covered by the BAYOU HEALTH PLAN | 311 |
| 6 | All Other | 56485 |
| Total | | 65,553 |