

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: 20140201
 Report Period End Date: 20140228
 Submission Date of Report: 20140314

BAYOU HEALTH Repo

Document ID: PI173 Revision Date 11/01/2
 Document Name: **Prepaid Denied Claims**
 Reporting Frequency: Monthly
 Report Due Date: 15th of the month following end of report
 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	19
2	Prior Authorization was not on file	4137
3	Member has other insurance that must be billed first	4107
4	Claim was submitted after the filing deadline	3011
5	Service was not covered by the BAYOU HEALTH PLAN	309
6	All Other	49,948
Total		61,531

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