

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: 20140301
Report Period End Date: 20140331
Submission Date of Report: 20140415

BAYOU HEALTH Reporting

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Document Name: **Prepaid Denied Claims**
Reporting Frequency: Monthly
Report Due Date: 15th of the month following end of reporting period
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Subject Matter: Informatics (I)

DHH Denial Code	Denial Reason	Total
1	Lack of documentation to support Medical Necessity	613
2	Prior Authorization was not on file	5606
3	Member has other insurance that must be billed fir	3934
4	Claim was submitted after the filing deadline	2696
5	Service was not covered by the BAYOU HEALTH PLAN	373
6	All Other	52664
Total	Grand Total	65886