

## BAYOU HEALTH Prepaid Summary PI173 Denied Claims Report

Health Plan ID # 2162934

Health Plan Name: LaCare

Reporting Month: May

Begin Date: 5012013

End Date: 5312013

DHH Denial Code	DHH Denial Description	# of Denied Claim Lines
1	Lack of documentation to support Medical Necessity	0
2	Prior Authorization was not on file	17655
3	Member has other insurance that must be billed first	3814
4	Claim was submitted after the filing deadline	1637
5	Service was not covered by the BAYOU HEALTH PLAN	1298
6	All Other	86648
Total		111052