

## BAYOU HEALTH Prepaid Summary PI173 Denied Claims Report

Health Plan ID # 2162934

Health Plan Name: LaCare

Reporting Month: July

Begin Date: 7012013

End Date: 7312013

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	28595
3	Member has other insurance that must be billed first	4057
4	Claim was submitted after the filing deadline	595
5	Service was not covered by the BAYOU HEALTH PLAN	1390
6	All Other	86270
Total		120907