

BAYOU HEALTH Prepaid Summary PI173 Denied Claims Report

Health Plan ID # 2162934

Health Plan Name: LaCare

Reporting Month: August

Begin Date: 08012013

End Date: 08312013

DHH Denial Code	DHH Denial Description	# of Denied Claim Lines
1	Lack of documentation to support Medical Necessity	2
2	Prior Authorization was not on file	19474
3	Member has other insurance that must be billed first	3694
4	Claim was submitted after the filing deadline	5
5	Service was not covered by the BAYOU HEALTH PLAN	1954
6	All Other	58467
Total		83596