

## BAYOU HEALTH Prepaid Summary PI173 Denied Claims Report

Health Plan ID # 2162934

Health Plan Name: AmeriHealth Caritas Louisiana

Reporting Month: September

Begin Date: 9012013

End Date: 9302013

DHH Denial Code	DHH Denial Description	# of Denied Claim Lines
1	Lack of documentation to support Medical Necessity	4
2	Prior Authorization was not on file	19248
3	Member has other insurance that must be billed first	4567
4	Claim was submitted after the filing deadline	1350
5	Service was not covered by the BAYOU HEALTH PLAN	2124
6	All Other	68481
Total		95774