

BAYOU HEALTH Prepaid Summary PI173 Denied Claims Report

Health Plan ID # 2162934
 Health Plan Name: LaCare

Reporting Month: December
 Begin Date: 12012012
 End Date: 12312012

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	22707
3	Member has other insurance that must be billed first	3736
4	Claim was submitted after the filing deadline	0
5	Service was not covered by the BAYOU HEALTH PLAN	837
6	All Other	61276
Total		88556