

BAYOU HEALTH Prepaid Summary PI173 Denied Claims Report

Health Plan ID # 2162934

Health Plan Name: LaCare

Reporting Month: July

Begin Date: 7012012

End Date: 7312012

DHH Denial Code	DHH Denial Description	# of Denied Claim Lines
1	Lack of documentation to support Medical Necessity	1
2	Prior Authorization was not on file	286
3	Member has other insurance that must be billed first	1628
4	Claim was submitted after the filing deadline	0
5	Service was not covered by the BAYOU HEALTH PLAN	147
6	All Other	58179
Total		60241