

BAYOU HEALTH Prepaid Summary PI173 Denied Claims Report

Health Plan ID # 2162934

Health Plan Name: LaCare

Reporting Month: April

Begin Date: 4012013

End Date: 4302013

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	20189
3	Member has other insurance that must be billed first	3997
4	Claim was submitted after the filing deadline	1071
5	Service was not covered by the BAYOU HEALTH PLAN	90
6	All Other	71937
Total		97284

- The Summary includes claim line denials regardless of whether the claim was denied, with the exception of Inpatient claims. Inpatient claims are reported at the claim level.
- Should more than one Primary Insurance Carrier exist the record will be listed in the detail multiple times.
- VSP data is not available at this time.