

BAYOU HEALTH Prepaid Summary PI173 Denied Claims Report

Health Plan ID # 2162934

Health Plan Name: AmeriHealth Caritas Louisiana

Reporting Month: December

Begin Date: 12012013

End Date: 12312013

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	11679
3	Member has other insurance that must be billed first	3320
4	Claim was submitted after the filing deadline	2832
5	Service was not covered by the BAYOU HEALTH PLAN	1305
6	All Other	62798
Total		81936