

Shared Savings Denied Claims- Medical Summary

Health Plan ID: 2162438
 Health Plan Name: UnitedHealthcare Community Plan
 Health Plan Contact: ***
 Contact Email: ***
 Report Period Start Date: 20140201
 Report Period End Date: 20140228
 Submission Date of Report: 20140317

BAYOU HEALTH Reporting

Document ID: SI173 Revision Date: 11/01/2013
 Document Name: **Shared Savings Denied Claims**
 Reporting Frequency: Monthly
 Report Due Date: 15th of the month following end of reporting period
 File Type: Excel
 Subject Matter: Informatics (I)

DHH Denial Code	DHH Denial Description	# of Denied Claim Lines
01	Lack of documentation to support Medical Necessity	766
02	Prior Authorization was not on file	2370
03	Member has other insurance that must be billed first	0
04	Claim was submitted after the filing deadline	63
05	Service was not covered by the BAYOU HEALTH PLAN	20
06	All Other	16204
Total		19423

Shared Savings Denied Claims- 06 Medical Crosswalk

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BAYOU HEALTH Reporting

Document ID: S1173
 Document Name: Shared Savings Denied Claims
 Reporting Frequency: Monthly
 Report Due Date: 15th of the month following end of reporting period
 File Type: Excel
 Subject Matter: Informatics (I)

Revision Date: 11/01/2

Health Plan Denial Code	Description	Total
040	CLAIM AFTER MEMBER TERMINATION DATE	1403
041	CLAIM BEFORE MEMB EFF DATE	501
051	THESE CHARGES ARE FOR SERVICES PROVIDED AFTER THIS PATIENT'S COVERAGE WAS CANCELLED, THEREFORE, THEY ARE NOT COVERED.	3350
052	BEFORE MEMBER EFF. DATE	1658
082	EOB REC'D LACKS CORRECT INFO	131
092	INCORRECT MODIFIER	70
1038	RESUBMIT W/CORRECT NDC# UNITS, QUNITY	99
1084	ALL CHGS DENIED AS INPT CHGS NOT AUTHD	601
1142	PLS SUBMIT W/VALID MOLINA CARRIER CODE	3568
2014	CLAIM/EOB SUBMITTED IS NOT LEGIBLE.	51
2024	AMBULANCE DENIAL	539
2026	INVALID MOLINA BILL TYPE	1878
2027	DME CHARGES. SUBMIT TO MOLINA DIRECTLY.	168
300	SUBMIT ACTIVE PROCEDURE CODE FOR DOS	8
333	DIAG OR CPT CODE MISSING OR INVALID	79
374	NBR OF UNITS DONT CORRESPOND W/DATE SPAN	12
549	DIAGNOSIS (ICD) CODE REQUIRES 5TH DIGIT - THE PROVIDER NEEDS TO RESUBMIT THE CLAIM WITH THE REQUIRED 5TH DIGIT.	155
550	DIAGNOSIS (ICD) CODE REQUIRES 4TH DIGIT - THE PROVIDER NEEDS TO RESUBMIT THE CLAIM WITH THE REQUIRED 4TH DIGIT.	18
6020	MISSING MED RECORD FOR THIS SERVICE	1515
991	NPI MISSING OR INVALID	405

