

Health Plan ID 2162438
 Health Plan Name UnitedHealthcare Community Plan
 Health Plan Contact xxx
 Contact Email xxx

UHC DENIAL SUMMARY
ADJUDICATION DATE: APRIL 2013

Run Date of 05/08/13

(This summary represents those denial codes mapped to the State of Louisiana's designated 5 Denial Codes.)

DHH DENIAL CODE	COSMOS DENIAL CDE	COSMOS_REASON_CODE_DESCRIPTION	COUNT
06	051	THESE CHARGES ARE FOR SERVICES PROVIDED AFTER THIS PATIENT'S COVERAGE WAS CANCELLED, THEREFORE, THEY ARE NOT COVERED	4606
06	052	BEFORE MEMBER EFF. DATE	3653
06	040	CLAIM AFTER MEMBER TERMINATION DATE	2162
02	292	REQUIRES NOTIFICATION/PLAN NOT NOTIFIED	1826
05	482	MANUALLY SPLIT CLAIM-DO NOT BILL MEMB	1376
01	642	CONSENT FORM IS NOT ATTACHED, INVALID	1334
06	041	CLAIM BEFORE MEMB EFF DATE	838
06	991	NPI MISSING OR INVALID	620
01	262	SERVICE NOT APPRVD BY HEALTHPLAN	542
06	2024	AMBULANCE DENIAL	291
06	549	DIAGNOSIS (ICD) CODE REQUIRES 5TH DIGIT - THE PROVIDER NEEDS TO RESUBMIT THE CLAIM WITH THE REQUIRED 5TH DIGIT.	182
06	300	SUBMIT ACTIVE PROCEDURE CODE FOR DOS	138
06	333	DIAG OR CPT CODE MISSING OR INVALID	137
02	087	REQUIRES NOTIFICATION	96
06	374	NBR OF UNITS DONT CORRESPOND W/DATE SPAN	67
05	068	NOT COVERED SERVICE	37
06	092	INCORRECT MODIFIER	37
06	550	DIAGNOSIS (ICD) CODE REQUIRES 4TH DIGIT - THE PROVIDER NEEDS TO RESUBMIT THE CLAIM WITH THE REQUIRED 4TH DIGIT.	23
02	026	REQUIRES NOTIFICATION	13
06	291	INCORRECT MEMBER NUMBER SUBMITTED	9
02	502	REQUIRES NOTIFICATION	8