

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

LA DHH DENIAL SUMMARY
 ADJUDICATION DATE: MAY 2013

Run Date of 06/11/13

(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	052	BEFORE MEMBER EFF. DATE	3982
06	051	THESE CHARGES ARE FOR SERVICES PROVIDED AFTER THIS PATIENT'S COVERAGE WAS CANCELLED, THEREFORE, THEY ARE NOT COVERED.	3620
02	292	REQUIRES NOTIFICATION/PLAN NOT NOTIFIED	2748
01	6020	MISSING MED RECORD FOR THIS SERVICE	1964
06	040	CLAIM AFTER MEMBER TERMINATION DATE	1808
01	642	CONSENT FORM IS NOT ATTACHED, INVALID	1674
05	482	MANUALLY SPLIT CLAIM-DO NOT BILL MEMB	1548
06	300	SUBMIT ACTIVE PROCEDURE CODE FOR DOS	952
01	262	SERVICE NOT APPRVD BY HEALTHPLAN	828
06	991	NPI MISSING OR INVALID	783
06	041	CLAIM BEFORE MEMB EFF DATE	612
04	289	CLAIM FILED AFTER TIME LIMIT	499
06	2024	AMBULANCE DENIAL	334
06	333	DIAG OR CPT CODE MISSING OR INVALID	280
06	549	DIAGNOSIS (ICD) CODE REQUIRES 5TH DIGIT - THE PROVIDER NEEDS TO RESUBMIT THE CLAIM WITH THE REQUIRED 5TH DIGIT.	274
02	087	REQUIRES NOTIFICATION	150
06	374	NBR OF UNITS DONT CORRESPOND W/DATE SPAN	120
04	381	REVIEWED TIME LIMIT - DENIAL UPHELD	62
01	6021	PLS SUBMIT MEDICAL RECORD & CONSENT FORM	62
06	092	INCORRECT MODIFIER	49
06	550	DIAGNOSIS (ICD) CODE REQUIRES 4TH DIGIT - THE PROVIDER NEEDS TO RESUBMIT THE CLAIM WITH THE REQUIRED 4TH DIGIT.	43
05	068	NOT COVERED SERVICE	41
02	502	REQUIRES NOTIFICATION	34
05	902	SVCS RECEIVED FROM INELIGIBLE PROVIDER	14
06	291	INCORRECT MEMBER NUMBER SUBMITTED	10
02	026	REQUIRES NOTIFICATION	6