

LA DHH DENIAL SUMMARY

ADJUDICATION DATE: NOVEMBER 2013

Run Date of 12/09/13

(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	1142	PLS SUBMIT W/VALID MOLINA CARRIER CODE	4951
06	052	BEFORE MEMBER EFF. DATE	3434
06	051	THESE CHARGES ARE FOR SERVICES PROVIDED AFTER THIS PATIENT'S COVERAGE WAS CANCELLED, THEREFORE, THEY ARE NOT COVERED.	3381
02	292	REQUIRES NOTIFICATION/PLAN NOT NOTIFIED	3354
06	040	CLAIM AFTER MEMBER TERMINATION DATE	1928
06	6020	MISSING MED RECORD FOR THIS SERVICE	1599
02	087	REQUIRES NOTIFICATION	1373
01	642	CONSENT FORM IS NOT ATTACHED, INVALID	752
06	991	NPI MISSING OR INVALID	513
06	2026	INVALID MOLINA BILL TYPE	403
06	041	CLAIM BEFORE MEMB EFF DATE	394
06	2024	AMBULANCE DENIAL	343
05	482	MANUALLY SPLIT CLAIM-DO NOT BILL MEMB	272
06	2014	CLAIM/EOB SUBMITTED IS NOT LEGIBLE.	216
06	333	DIAG OR CPT CODE MISSING OR INVALID	197
06	2027	DME CHARGES. SUBMIT TO MOLINA DIRECTLY.	139
06	549	DIAGNOSIS (ICD) CODE REQUIRES 5TH DIGIT - THE PROVIDER NEEDS TO RESUBMIT THE CLAIM WITH THE REQUIRED 5TH DIGIT.	117
06	082	EOB REC'D LACKS CORRECT INFO	116
06	374	NBR OF UNITS DONT CORRESPOND W/DATE SPAN	86
04	381	REVIEWED TIME LIMIT - DENIAL UPHELD	82
04	289	CLAIM FILED AFTER TIME LIMIT	63
01	262	SERVICE NOT APPRVD BY HEALTHPLAN	42
06	550	DIAGNOSIS (ICD) CODE REQUIRES 4TH DIGIT - THE PROVIDER NEEDS TO RESUBMIT THE CLAIM WITH THE REQUIRED 4TH DIGIT.	38
06	092	INCORRECT MODIFIER	32
06	1038	RESUBMIT W/CORRECT NDC# UNITS, QUANTITY	27
05	068	NOT COVERED SERVICE	26
06	300	SUBMIT ACTIVE PROCEDURE CODE FOR DOS	9