

S173 SUMMARY

BAYOU HEALTH Shared Denied Claim Report
 UnitedHealthcare Community Plan/2162438
 For period Paid claims OCTOBER 2012

LA DHH DENIAL SUMMARY
 ADJUDICATION DATE:OCTOBER 2012

(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
02	026	REQUIRES NOTIFICATION	2
06	040	CLAIM AFTER MEMBER TERMINATION DATE	1343
06	041	CLAIM BEFORE MEMB EFF DATE	797
06	051	THESE CHARGES ARE FOR SERVICES PROVIDED AFTER THIS PATIENT'S COVERAGE WAS CANCELLED, THEREFORE, THEY ARE NOT COVERED.	2268
06	052	BEFORE MEMBER EFF. DATE	2224
05	068	NOT COVERED SERVICE	27
02	087	REQUIRES NOTIFICATION	302
06	092	INCORRECT MODIFIER	78
06	2024	AMBULANCE DENIAL	1229
01	262	SERVICE NOT APPRVD BY HEALTHPLAN	747
01	282	SUBMIT ITEMIZED HOSPITAL BILL AND UB04	383
04	289	CLAIM FILED AFTER TIME LIMIT	729
02	292	REQUIRES NOTIFICATION/PLAN NOT NOTIFIED	5923
06	300	SUBMIT ACTIVE PROCEDURE CODE FOR DOS	24
06	333	DIAG OR CPT CODE MISSING OR INVALID	139
06	374	NBR OF UNITS DONT CORRESPOND W/DATE SPAN	60
04	381	REVIEWED TIME LIMIT - DENIAL UPHELD	133
01	404	CONSENT FORM NOT ATTACHED/COMPLETED	1958
05	482	MANUALLY SPLIT CLAIM-DO NOT BILL MEMB	1310
02	502	REQUIRES NOTIFICATION	17
06	549	DIAGNOSIS (ICD) CODE REQUIRES 5TH DIGIT - THE PROVIDER NEEDS TO RESUBMIT THE CLAIM WITH THE REQUIRED 5TH DIGIT.	230
06	550	DIAGNOSIS (ICD) CODE REQUIRES 4TH DIGIT - THE PROVIDER NEEDS TO RESUBMIT THE CLAIM WITH THE REQUIRED 4TH DIGIT.	83
01	642	CONSENT FORM IS NOT ATTACHED, INVALID	102
05	902	SVCS RECEIVED FROM INELIGIBLE PROVIDER	6
			20114