

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

LA DHH DENIAL SUMMARY
ADJUDICATION DATE:NOVEMBER 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
01	262	SERVICE NOT APPRVD BY HEALTHPLAN	421
01	282	SUBMIT ITEMIZED HOSPITAL BILL AND UB04	310
01	404	CONSENT FORM NOT ATTACHED/COMPLETED	1225
01	642	CONSENT FORM IS NOT ATTACHED, INVALID	488
02	026	REQUIRES NOTIFICATION	24
02	087	REQUIRES NOTIFICATION	234
02	292	REQUIRES NOTIFICATION/PLAN NOT NOTIFIED	3651
02	502	REQUIRES NOTIFICATION	19
04	289	CLAIM FILED AFTER TIME LIMIT	184
04	381	REVIEWED TIME LIMIT - DENIAL UPHELD	25
05	068	NOT COVERED SERVICE	30
05	482	MANUALLY SPLIT CLAIM-DO NOT BILL MEMB	930
05	902	SVCS RECEIVED FROM INELIGIBLE PROVIDER	3
06	040	CLAIM AFTER MEMBER TERMINATION DATE	1080
06	041	CLAIM BEFORE MEMB EFF DATE	1099
06	051	THESE CHARGES ARE FOR SERVICES PROVIDED AFTER THIS PATIENT'S COVERAGE WAS CANCELLED, THEREFORE, THEY ARE NOT COVERED.	2652
06	052	BEFORE MEMBER EFF. DATE	4391
06	092	INCORRECT MODIFIER	47
06	2024	AMBULANCE DENIAL	828
06	300	SUBMIT ACTIVE PROCEDURE CODE FOR DOS	17
06	333	DIAG OR CPT CODE MISSING OR INVALID	112
06	374	NBR OF UNITS DONT CORRESPOND W/DATE SPAN	10
06	549	DIAGNOSIS (ICD) CODE REQUIRES 5TH DIGIT - THE PROVIDER NEEDS TO RESUBMIT THE CLAIM WITH THE REQUIRED 5TH DIGIT.	196
06	550	DIAGNOSIS (ICD) CODE REQUIRES 4TH DIGIT - THE PROVIDER NEEDS TO RESUBMIT THE CLAIM WITH THE REQUIRED 4TH DIGIT.	41
06	991	NPI MISSING OR INVALID	475