

BAYOU HEALTH Shared Denied Claim Report
UnitedHealthcare Community Plan / 2162438
For Period Paid Claims JANUARY 2013

LA DHH DENIAL SUMMARY
ADJUDICATION DATE: JANUARY 2013

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

| DHH DENIAL CODE | COSMOS DENIAL CODE | COSMOS_REASON_CODE_DESCRIPTION | COUNT |
|------------------------|---------------------------|---|--------------|
| 01 | 262 | SERVICE NOT APPRVD BY HEALTHPLAN | 694 |
| 01 | 642 | CONSENT FORM IS NOT ATTACHED, INVALID | 2005 |
| 02 | 026 | REQUIRES NOTIFICATION | 51 |
| 02 | 087 | REQUIRES NOTIFICATION | 536 |
| 02 | 292 | REQUIRES NOTIFICATION/PLAN NOT NOTIFIED | 3858 |
| 02 | 502 | REQUIRES NOTIFICATION | 14 |
| 05 | 068 | NOT COVERED SERVICE | 53 |
| 05 | 482 | MANUALLY SPLIT CLAIM-DO NOT BILL MEMB | 1548 |
| 05 | 902 | SVCS RECEIVED FROM INELIGIBLE PROVIDER | 1 |
| 06 | 040 | CLAIM AFTER MEMBER TERMINATION DATE | 1629 |
| 06 | 041 | CLAIM BEFORE MEMB EFF DATE | 840 |
| 06 | 051 | THESE CHARGES ARE FOR SERVICES PROVIDED AFTER THIS PATIENT'S COVERAGE WAS CANCELLED, THEREFORE, THEY ARE NOT COVERED. | 2986 |
| 06 | 052 | BEFORE MEMBER EFF. DATE | 3653 |
| 06 | 092 | INCORRECT MODIFIER | 105 |
| 06 | 2024 | AMBULANCE DENIAL | 681 |
| 06 | 291 | INCORRECT MEMBER NUMBER SUBMITTED | 11 |
| 06 | 300 | SUBMIT ACTIVE PROCEDURE CODE FOR DOS | 396 |
| 06 | 333 | DIAG OR CPT CODE MISSING OR INVALID | 237 |
| 06 | 374 | NBR OF UNITS DONT CORRESPOND W/DATE SPAN | 105 |
| 06 | 549 | DIAGNOSIS (ICD) CODE REQUIRES 5TH DIGIT - THE PROVIDER NEEDS TO RESUBMIT THE CLAIM WITH THE REQUIRED 5TH DIGIT. | 286 |
| 06 | 550 | DIAGNOSIS (ICD) CODE REQUIRES 4TH DIGIT - THE PROVIDER NEEDS TO RESUBMIT THE CLAIM WITH THE REQUIRED 4TH DIGIT. | 55 |
| 06 | 991 | NPI MISSING OR INVALID | 1447 |
| | | | 21191 |