

BAYOU HEALTH Shared Denied Claim Summary
UHC - 2162438
For period Paid clams JULY 2012
Run Date of 10/02/2012

DHH DENIAL CODE	COSMOS DENIAL CDE	COSMOS_REASON_CODE_DESCRIPTION	COUNT
01	262	SERVICE NOT APPRVD BY HEALTHPLAN	350
01	282	SUBMIT ITEMIZED HOSPITAL BILL AND UB04	106
01	404	CONSENT FORM NOT ATTACHED/COMPLETED	1828
02	026	REQUIRES NOTIFICATION	89
02	087	REQUIRES NOTIFICATION	332
02	292	REQUIRES NOTIFICATION/PLAN NOT NOTIFIED	2492
02	502	REQUIRES NOTIFICATION	6
05	068	NOT COVERED SERVICE	28
05	482	MANUALLY SPLIT CLAIM-DO NOT BILL MEMB	882
05	902	SVCS RECEIVED FROM INELIGIBLE PROVIDER	19
06	040	CLAIM AFTER MEMBER TERMINATION DATE	759
06	041	CLAIM BEFORE MEMB EFF DATE	791
06	051	THESE CHARGES ARE FOR SERVICES PROVIDED AFTER THIS PATIENT'S COVERAGE WAS CANCELLED, THEREFORE, THEY ARE NOT COVERED.	1849
06	052	BEFORE MEMBER EFF. DATE	2859
06	2024	AMBULANCE DENIAL	1176
06	300	SUBMIT ACTIVE PROCEDURE CODE FOR DOS	16
06	333	DIAG OR CPT CODE MISSING OR INVALID	101
06	374	NBR OF UNITS DONT CORRESPOND W/DATE SPAN	86
06	549	DIAGNOSIS (ICD) CODE REQUIRES 5TH DIGIT - THE PROVIDER NEEDS TO RESUBMIT THE CLAIM WITH THE REQUIRED 5TH DIGIT.	193
06	550	DIAGNOSIS (ICD) CODE REQUIRES 4TH DIGIT - THE PROVIDER NEEDS TO RESUBMIT THE CLAIM WITH THE REQUIRED 4TH DIGIT.	55