

SI173 Summary

LA DHH DENIAL SUMMARY
 ADJUDICATION DATE:SEPTEMBER 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	513
01	282	SUBMIT ITEMIZED HOSPITAL BILL AND UB04	278
01	404	CONSENT FORM NOT ATTACHED/COMPLETED	1589
01	642	CONSENT FORM IS NOT ATTACHED, INVALID	115
02	026	REQUIRES NOTIFICATION	88
02	087	REQUIRES NOTIFICATION	331
02	292	REQUIRES NOTIFICATION/PLAN NOT NOTIFIED	3568
02	502	REQUIRES NOTIFICATION	25
04	289	CLAIM FILED AFTER TIME LIMIT	651
04	381	REVIEWED TIME LIMIT - DENIAL UPHELD	74
05	068	NOT COVERED SERVICE	22
05	482	MANUALLY SPLIT CLAIM-DO NOT BILL MEMB	946
06	040	CLAIM AFTER MEMBER TERMINATION DATE	1135
06	041	CLAIM BEFORE MEMB EFF DATE	874
06	051	THESE CHARGES ARE FOR SERVICES PROVIDED AFTER THIS PATIENT'S COVERAGE WAS CANCELLED, THEREFORE, THEY ARE NOT COVERED.	2007
06	052	BEFORE MEMBER EFF. DATE	5030
06	092	INCORRECT MODIFIER	5
06	2024	AMBULANCE DENIAL	1055
06	300	SUBMIT ACTIVE PROCEDURE CODE FOR DOS	20
06	333	DIAG OR CPT CODE MISSING OR INVALID	159
06	374	NBR OF UNITS DONT CORRESPOND W/DATE SPAN	44
06	549	DIAGNOSIS (ICD) CODE REQUIRES 5TH DIGIT - THE PROVIDER NEEDS TO RESUBMIT THE CLAIM WITH THE REQUIRED 5TH DIGIT.	159
06	550	DIAGNOSIS (ICD) CODE REQUIRES 4TH DIGIT - THE PROVIDER NEEDS TO RESUBMIT THE CLAIM WITH THE REQUIRED 4TH DIGIT.	39