

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

**LA DHH DENIAL SUMMARY
 ADJUDICATION DATE: MARCH 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
06	052	BEFORE MEMBER EFF. DATE	3306
06	051	THESE CHARGES ARE FOR SERVICES PROVIDED AFTER THIS PATIENT'S COVERAGE WAS CANCELLED, THEREFORE, THEY ARE NOT COVERED.	2680
02	292	REQUIRES NOTIFICATION/PLAN NOT NOTIFIED	2324
06	040	CLAIM AFTER MEMBER TERMINATION DATE	1744
01	642	CONSENT FORM IS NOT ATTACHED, INVALID	1467
05	482	MANUALLY SPLIT CLAIM-DO NOT BILL MEMB	1250
06	991	NPI MISSING OR INVALID	733
06	041	CLAIM BEFORE MEMB EFF DATE	730
02	087	REQUIRES NOTIFICATION	600
06	300	SUBMIT ACTIVE PROCEDURE CODE FOR DOS	404
01	262	SERVICE NOT APPRVD BY HEALTHPLAN	382
06	2024	AMBULANCE DENIAL	329
06	549	DIAGNOSIS (ICD) CODE REQUIRES 5TH DIGIT - THE PROVIDER NEEDS TO RESUBMIT THE CLAIM WITH THE REQUIRED 5TH DIGIT.	251
06	333	DIAG OR CPT CODE MISSING OR INVALID	176
06	550	DIAGNOSIS (ICD) CODE REQUIRES 4TH DIGIT - THE PROVIDER NEEDS TO RESUBMIT THE CLAIM WITH THE REQUIRED 4TH DIGIT.	70
02	026	REQUIRES NOTIFICATION	48
06	092	INCORRECT MODIFIER	39
02	502	REQUIRES NOTIFICATION	26
06	374	NBR OF UNITS DONT CORRESPOND W/DATE SPAN	25
06	291	INCORRECT MEMBER NUMBER SUBMITTED	22
05	068	NOT COVERED SERVICE	21
01	404	CONSENT FORM NOT ATTACHED/COMPLETED	14
			16641