

Shared Savings Denied Claims- Medical Summary

Health Plan ID: 2162438
 Health Plan Name: UnitedHealthcare Community Plan
 Health Plan Contact: ***
 Contact Email: ***
 Report Period Start Date: 20140101
 Report Period End Date: 20140131
 Submission Date of Report: 20140214

BAYOU HEALTH Reporting

Document ID: SI173 Revision Date: 11/01/2013
 Document Name: **Shared Savings Denied Claims**
 Reporting Frequency: Monthly
 Report Due Date: 15th of the month following end of reporting period
 File Type: Excel
 Subject Matter: Informatics (I)

DHH Denial Code	DHH Denial Description	# of Denied Claim Lines
1	Lack of documentation to support Medical Necessity	1183
2	Prior Authorization was not on file	4271
3	Member has other insurance that must be billed first	0
4	Claim was submitted after the filing deadline	251
5	Service was not covered by the BAYOU HEALTH PLAN	546
6	All Other	24931
Total		31182

Shared Savings Denied Claims- 06 Medical Crosswalk

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Health Plan Denial Code	Description	Total
040	CLAIM AFTER MEMBER TERMINATION DATE	3105
041	CLAIM BEFORE MEMB EFF DATE	656
051	THESE CHARGES ARE FOR SERVICES PROVIDED AFTER THIS PATIENT'S COVERAGE WAS CANCELLED, THEREFORE, THEY ARE NOT COVERED.	4643
052	BEFORE MEMBER EFF. DATE	2534
082	EOB REC'D LACKS CORRECT INFO	160
092	INCORRECT MODIFIER	62
1038	RESUBMIT W/CORRECT NDC# UNITS, QUANTITY	150
1084	ALL CHGS DENIED AS INPT CHGS NOT AUTHD	1349
1142	PLS SUBMIT W/VALID MOLINA CARRIER CODE	6667
2014	CLAIM/EOB SUBMITTED IS NOT LEGIBLE.	80
2024	AMBULANCE DENIAL	588
2026	INVALID MOLINA BILL TYPE	979
2027	DME CHARGES. SUBMIT TO MOLINA DIRECTLY.	176
300	SUBMIT ACTIVE PROCEDURE CODE FOR DOS	29
333	DIAG OR CPT CODE MISSING OR INVALID	161
374	NBR OF UNITS DONT CORRESPOND W/DATE SPAN	129
492	SUBMIT MOM/BABY CHGS ON SEPARATE UB92'S	12
549	DIAGNOSIS (ICD) CODE REQUIRES 5TH DIGIT - THE PROVIDER NEEDS TO RESUBMIT THE CLAIM WITH THE REQUIRED 5TH DIGIT.	119
550	DIAGNOSIS (ICD) CODE REQUIRES 4TH DIGIT - THE PROVIDER NEEDS TO RESUBMIT THE CLAIM WITH THE REQUIRED 4TH DIGIT.	62
6020	MISSING MED RECORD FOR THIS SERVICE	2597
991	NPI MISSING OR INVALID	703
Total		24961

*Description and totals of all 'Code 6' Denial Codes in Detailed Report.

*Add additional rows as needed.