

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: 20140301
 Report Period End Date: 20140331
 Submission Date of Report: 20140411

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
01	Lack of documentation to support Medical Necessity	806
02	Prior Authorization was not on file	3705
03	Member has other insurance that must be billed first	0
04	Claim was submitted after the filing deadline	113
05	Service was not covered by the BAYOU HEALTH PLAN	39
06	All Other	23779
Total		28442

Shared Savings Denied Claims- 06 Medical Crosswalk

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 Report Period Start Date: 20140301
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BAYOU HEALTH Reporting

Document ID: S1173
 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)

Health Plan Denial Code	Description	Total
1142	PLS SUBMIT W/VALID MOLINA CARRIER CODE	5708
051	THESE CHARGES ARE FOR SERVICES PROVIDED AFTER THIS PATIENT'S COVERAGE WAS CANCELLED, THEREFORE, THEY ARE NOT COVERED.	4381
052	BEFORE MEMBER EFF. DATE	4156
040	CLAIM AFTER MEMBER TERMINATION DATE	2628
6020	MISSING MED RECORD FOR THIS SERVICE	2441
2026	INVALID MOLINA BILL TYPE	1193
1084	ALL CHGS DENIED AS INPT CHGS NOT AUTHD	721
991	NPI MISSING OR INVALID	570
2024	AMBULANCE DENIAL	485
041	CLAIM BEFORE MEMB EFF DATE	413
2027	DME CHARGES. SUBMIT TO MOLINA DIRECTLY.	291
549	DIAGNOSIS (ICD) CODE REQUIRES 5TH DIGIT - THE PROVIDER NEEDS TO RESUBMIT THE CLAIM WITH THE REQUIRED 5TH DIGIT.	197
333	DIAG OR CPT CODE MISSING OR INVALID	190
1038	RESUBMIT W/CORRECT NDC# UNITS, QUANTITY	158
082	EOB REC'D LACKS CORRECT INFO	93
2014	CLAIM/EOB SUBMITTED IS NOT LEGIBLE.	57
550	DIAGNOSIS (ICD) CODE REQUIRES 4TH DIGIT - THE PROVIDER NEEDS TO RESUBMIT THE CLAIM WITH THE REQUIRED 4TH DIGIT.	45
092	INCORRECT MODIFIER	30
374	NBR OF UNITS DONT CORRESPOND W/DATE SPAN	13
300	SUBMIT ACTIVE PROCEDURE CODE FOR DOS	7
038	INCORRECT DIAGNOSIS CODE	2