

LA DHH DENIAL SUMMARY

Health Plan ID 2162438
 Health Plan Name UnitedHealthcare Community Plan
 Health Plan Contact xxx
 Contact Email xxx

UHC Denial Summary
 Adjudication Date: June 2013

(This summary represents those denial codes mapped to the State of Louisiana's designated Denial Codes.)

DHH DENIAL CODE	COSMOS DENIAL CDE	COSMOS REASON CODE DESCRIPTION	COUNT
02	292	REQUIRES NOTIFICATION/PLAN NOT NOTIFIED	2840
06	051	THESE CHARGES ARE FOR SERVICES PROVIDED AFTER THIS PATIENT'S COVERAGE WAS CANCELLED, THEREFORE, THEY ARE NOT COVERED.	2568
06	052	BEFORE MEMBER EFF. DATE	2411
06	040	CLAIM AFTER MEMBER TERMINATION DATE	2004
06	6020	MISSING MED RECORD FOR THIS SERVICE	1791
05	482	MANUALLY SPLIT CLAIM-DO NOT BILL MEMB	1180
06	991	NPI MISSING OR INVALID	788
01	262	SERVICE NOT APPRVD BY HEALTHPLAN	611
01	642	CONSENT FORM IS NOT ATTACHED, INVALID	572
06	041	CLAIM BEFORE MEMB EFF DATE	441
06	2024	AMBULANCE DENIAL	227
06	549	DIAGNOSIS (ICD) CODE REQUIRES 5TH DIGIT - THE PROVIDER NEEDS TO RESUBMIT THE CLAIM WITH THE REQUIRED 5TH DIGIT.	212
02	087	REQUIRES NOTIFICATION	209
06	333	DIAG OR CPT CODE MISSING OR INVALID	176
06	374	NBR OF UNITS DONT CORRESPOND W/DATE SPAN	143
04	289	CLAIM FILED AFTER TIME LIMIT	125
02	502	REQUIRES NOTIFICATION	64
06	300	SUBMIT ACTIVE PROCEDURE CODE FOR DOS	46
06	550	DIAGNOSIS (ICD) CODE REQUIRES 4TH DIGIT - THE PROVIDER NEEDS TO RESUBMIT THE CLAIM WITH THE REQUIRED 4TH DIGIT.	35
05	068	NOT COVERED SERVICE	33
06	092	INCORRECT MODIFIER	22
04	381	REVIEWED TIME LIMIT - DENIAL UPHELD	8
06	6021	PLS SUBMIT MEDICAL RECORD & CONSENT FORM	3
02	026	REQUIRES NOTIFICATION	2
01	404	CONSENT FORM NOT ATTACHED/COMPLETED	2